

THE ROLE OF MENTAL HEALTH STATUS ON QUALITY OF LIFE IN PROSTATE CANCER PATIENTS WHO CHOOSE ACTIVE SURVEILLANCE

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According to some authors, although Active Surveillance (AS) is not generally associated with poor quality of life (QoL), specific personality traits correlate with patients' psychological distress (van den Bergh et al., Cancer 2009). We were interested in evaluating 70 patients who entered Active Surveillance PRIAS study at our Prostate Program to see if there is a similar association between mental health (MH) status and QoL.

MH status was measured by Symptom Checklist 90 (SCL-90), HRQoL was measured by Functional Assessment of Cancer Therapy – Prostate Version (FACT-P) and Adjustment to cancer by Mini-Mental Adjustment to Cancer Scale (Mini-MAC).

Depending on the subscale considered, 85-90% of patients showed low levels of MH symptoms. When present, an impaired MH status was correlated with a dysfunctional style of coping with cancer and with poor HRQoL. Specifically, patients:

- with high scores in hostility domain showed greater anxious preoccupation, greater helplessness/hopelessness and lower social well being;
- with high scores in interpersonal sensitivity domain showed greater anxious preoccupation and greater helplessness/hopelessness;
- with high scores in depression domain showed lower scores in physical, functional, emotional, and social well being.

To date, only 1/70 patient (follow-up range 3 – 38 months) dropped out due to their adjustment to the disease, which is indeed influenced by MH. In conclusion, MH status should not be considered an inclusion/exclusion criterion but psychologically vulnerable patients could benefit from effective physician-patient communication and better education, which can alleviate anxiety and uncertainty.

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