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# When Prostate Cancer Strikes: Bringing Your Life Back into View

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# Thank You and Acknowledgement to: Andrew Roth, MD

- **The first “prostate cancer” psychiatrist**
- **Retired at the end of 2022**
- **Mentor and friend**
- **Many of his slides, thoughts, and guidance in this talk**





# Disclosure

- **There are no industry financial disclosures**
- **US NIH:**
  - NIH R21 CA 149536
  - NIH R01 CA 190636



# Why me? Why not me? What Now?

- **Common emotional reactions to new prostate cancer diagnoses**
- **The effects of a prostate cancer diagnosis on a man and his partner**
- **How these emotional reactions may be similar and distinct from others experienced earlier in life**





**“Life in the front of your mind,  
cancer in the back of your mind”**





# Types of Anxiety

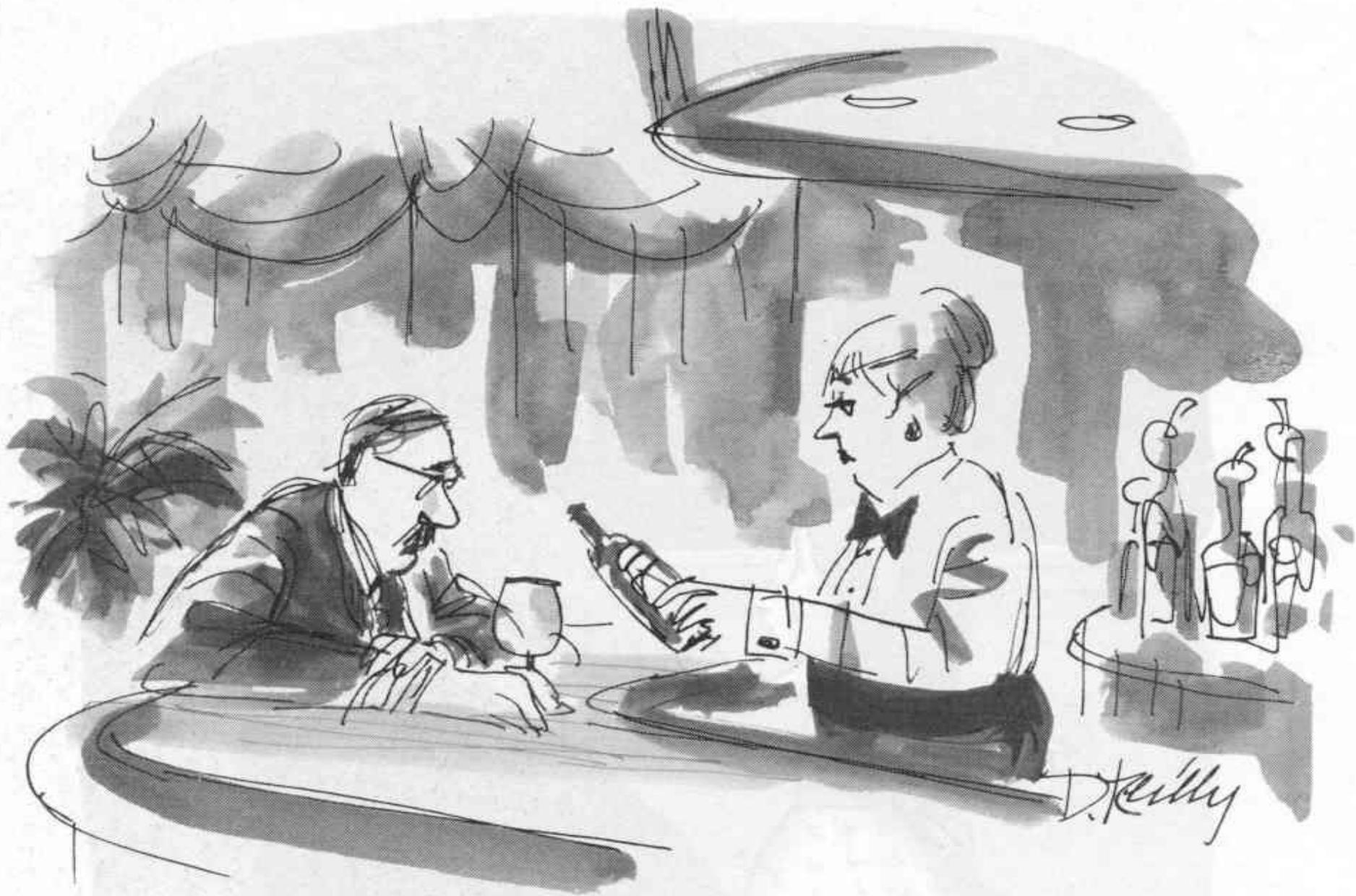
- **Clean anxiety**
- **Dirty anxiety**



# How to Limit Dirty Anxiety

- **Keep track of when you are experiencing dirty anxiety**
- **Stress reducing activities that diminish daytime anxiety and insomnia**
- **Behaviorally stimulating and problem-solving activities**
- **Methods to avoid the thought-traps that prolong worry rather than resolve it**
- **Try to limit amount of time on Google searching about prostate cancer**





*"Half empty, please."*

# The Glass Half Full is Better

- **Something is better than Nothing**
- **Aiming for 'Good Enough'**
- **Content vs Happy**
- **Start low, go slow, but go...**



# Emotional Judo

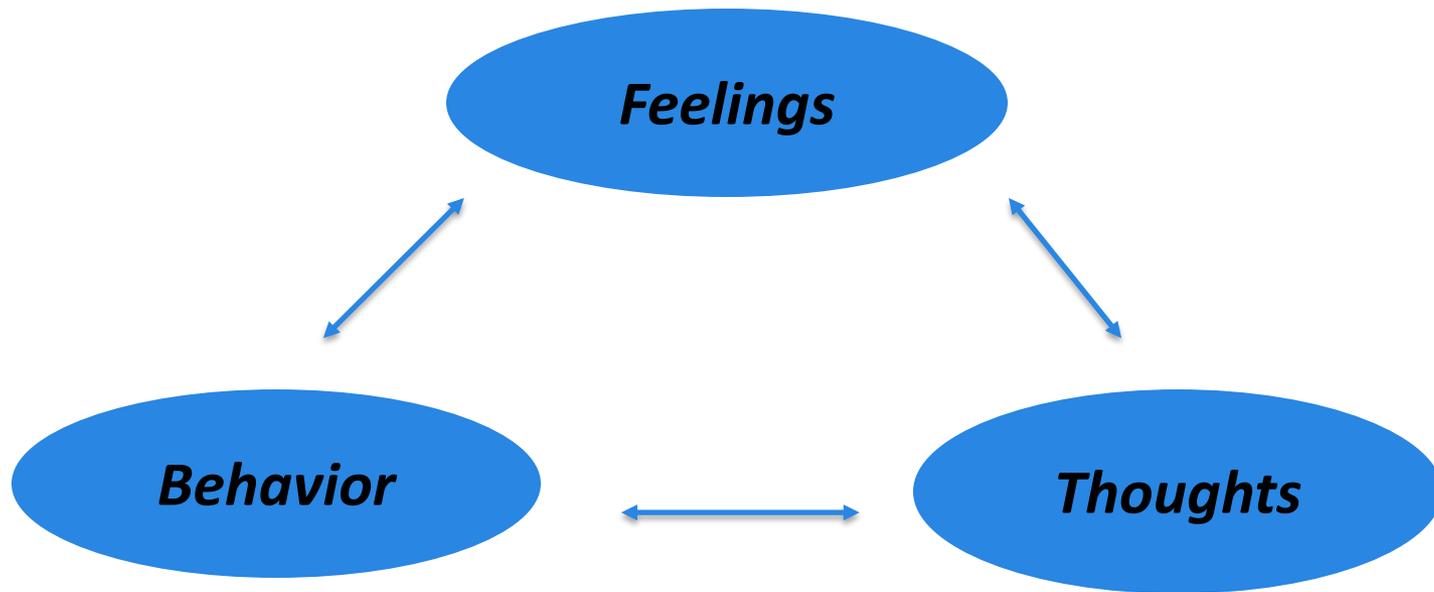
(©2015 AJRoth; OUPress)

- **EJ combines aspects of supportive psychotherapy, cognitive behaviorally oriented psychotherapy, problem-solving therapy, and Acceptance and Commitment Therapy into a practical method for easy teaching, understanding and practice for men with all stages of prostate cancer.**
- **Found to be successful in real clinic time with men with prostate cancer.**



# Cognitive-Behavioral Model

**“I feel so depressed... ..so anxious”**



**Person does nothing**

**“I can’t do anything now”  
Catastrophize; All or Nothing**



# Enter the DRAFT of Emotional Judo

(©2015 AJRoth; OUPress)

**Detect** uncomfortable emotions, thoughts, or behaviors.

**Recognize** the rational and irrational aspects of the emotions, thoughts, or behaviors.

**Acknowledge** and accept your current circumstances and the good that still exists and how the irrational aspects of your emotions, thoughts, or behaviors pull you away from what you really want.

**Flip** your attention away from the distress and back to the present with the *however* statement.

**Transform** through relaxation, distraction, or quick-list activities to a pleasurable or meaningful activity.

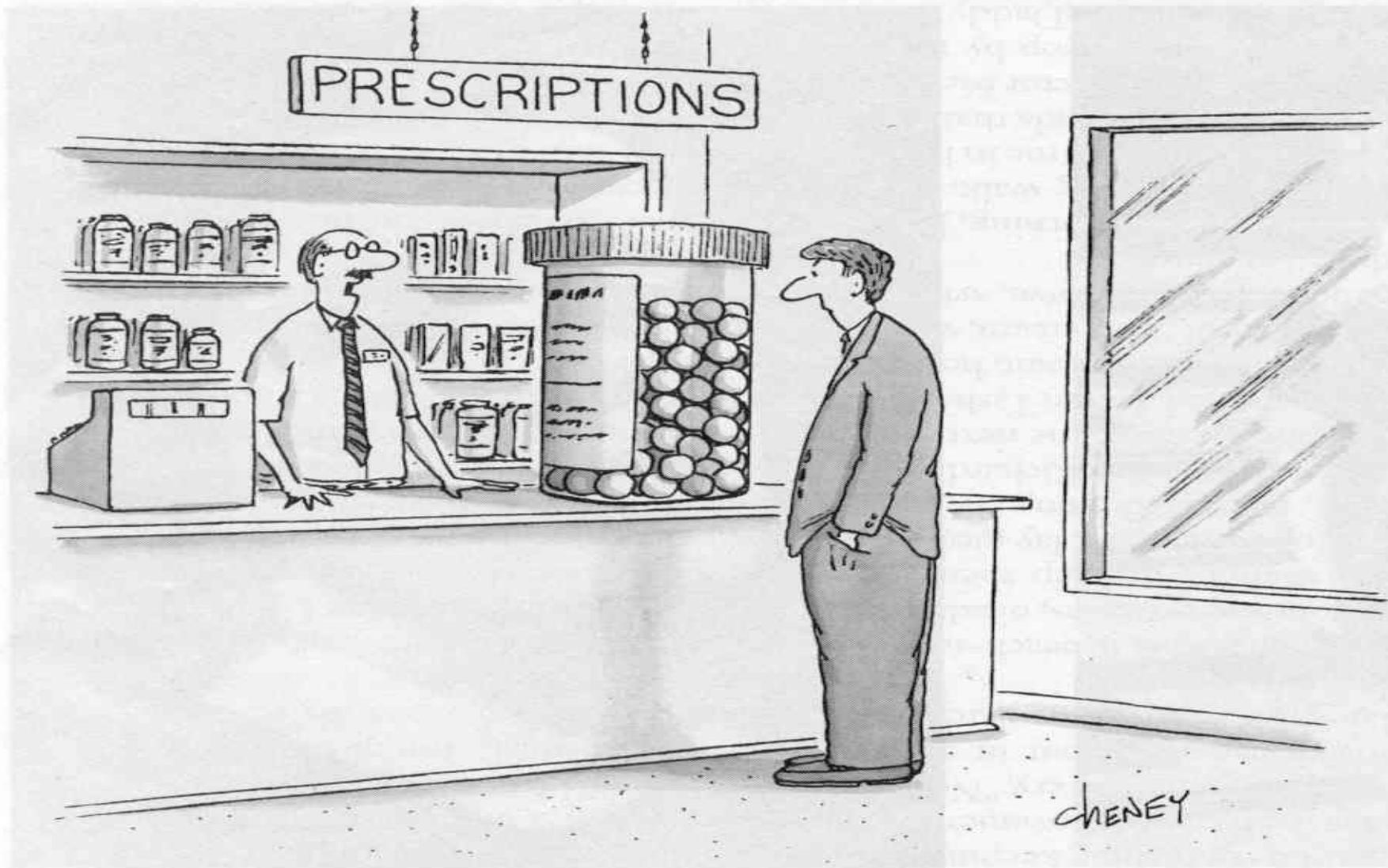


# Do I Really Need a Psychiatric Medicine to Cope with Cancer?

*“We can’t solve problems by using the same kind of thinking we used when we created them.” –Albert Einstein*

- Signals to recognize intolerable anxiety, insomnia or sadness
- Clues about whether those symptoms are related to physiological or psychological causes
- When you should consult a mental health professional and how to decrease the stigma of seeking psychiatric help
- Information about the value and utilization of psychiatric medications for patients and spouses
- Techniques for coping with distress about fears of cancer recurrence that come from state of the art psychotherapy and psychopharmacological treatment regimens





*"It's a new anti-depressant—instead of swallowing it, you throw it at anyone who appears to be having a good time."*



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# Anxiety Can Lead to Avoidance of Valued Life Activities



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*"Among men, sex sometimes results in intimacy; among women, intimacy sometimes results in sex." ~ Barbara Cartland*

- Coping with erectile dysfunction.
  - *“What good am I if I can’t get an erection after treatment?”*
  - *“What’s the point of physical intimacy if I can’t have sex the way I’ve been used to all of my life?”*
- Temporary and long term complications of erectile dysfunction
- Managing expectations by re-evaluation and re-setting goals and priorities
  - the nuances of penile rehabilitation
- How to maintain healthy relationships by not throwing away physical intimacy when erections are not sufficient for intercourse
- How to discuss and meet sexual challenges when you are single and thinking about dating





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# Men Avoid Sexual Situations and using ED Treatments



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# Men Avoid & Drop-out of ED Treatment

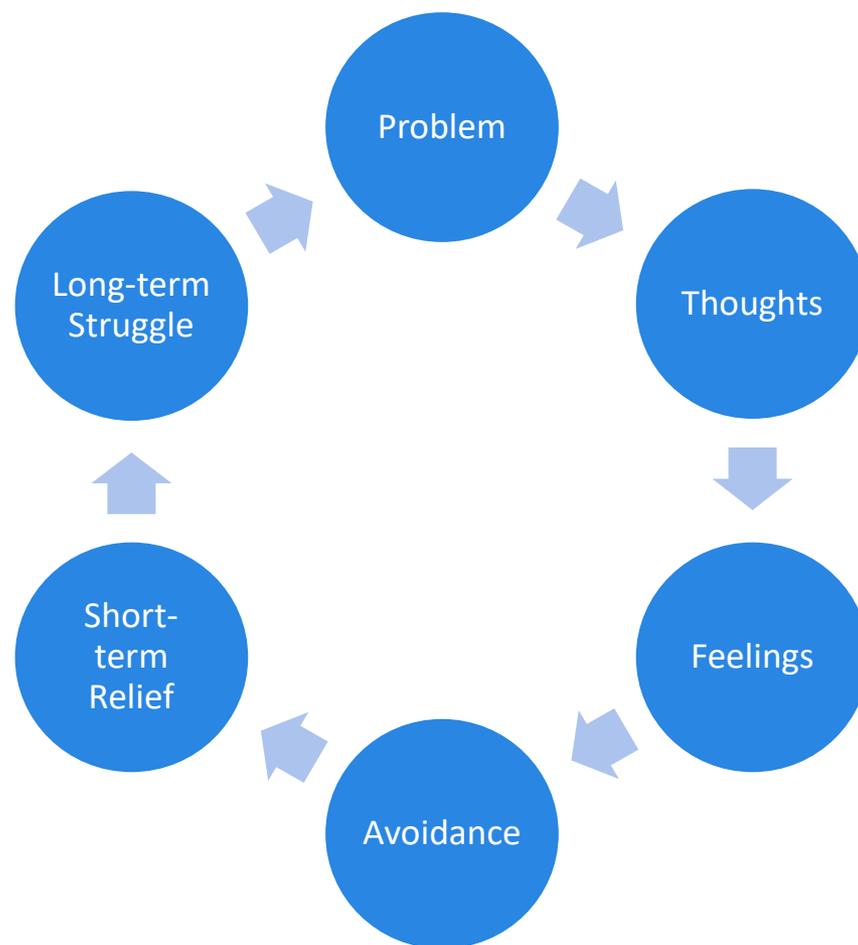
- **Many drop out of treatment**
  - 50% of PDE5i users<sup>1</sup>
  - 50% of injection users<sup>2</sup>
- **Self-report injection use<sup>3</sup>**
  - Only 60% continue at 4 months
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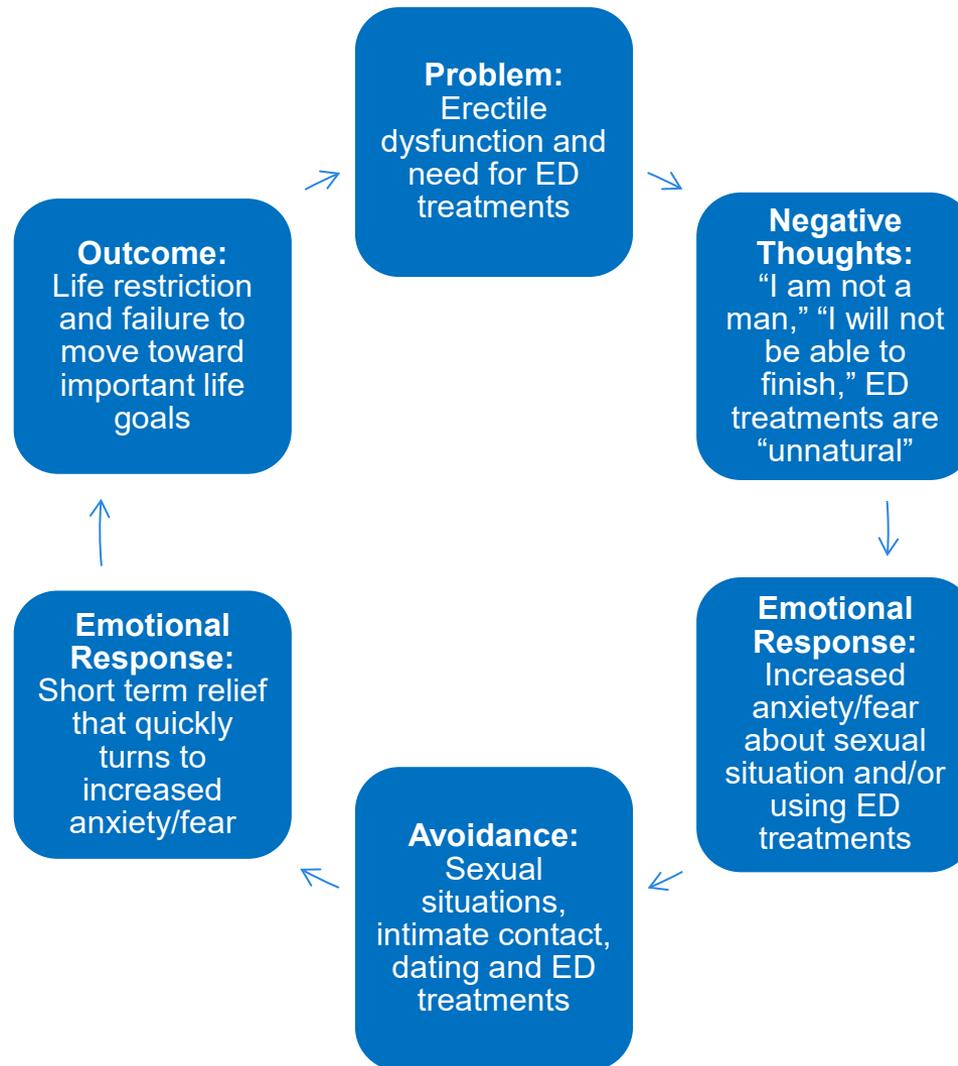
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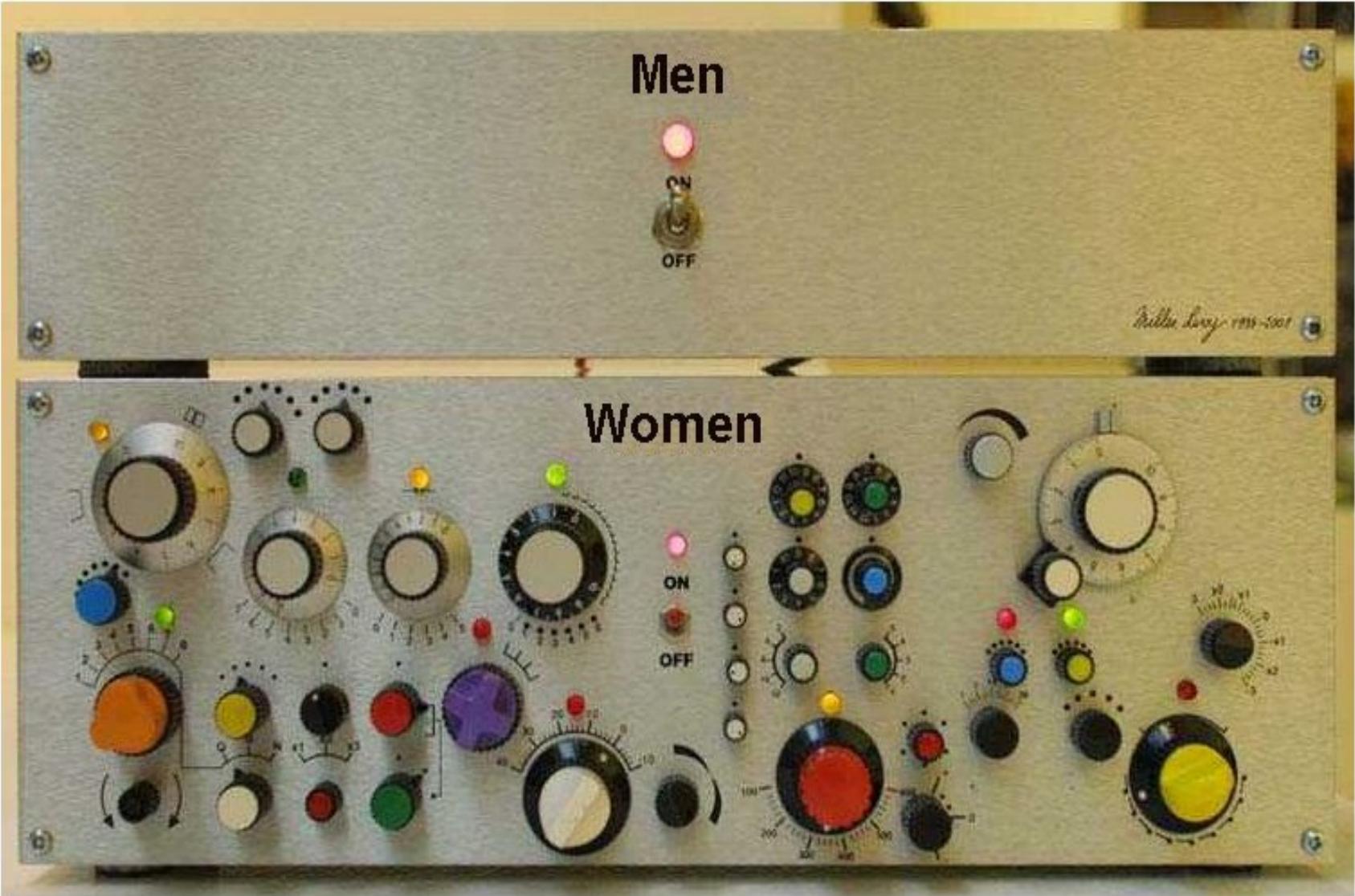


# ACT: Cycle of Avoidance and Control



# Cycle of Avoidance and Control



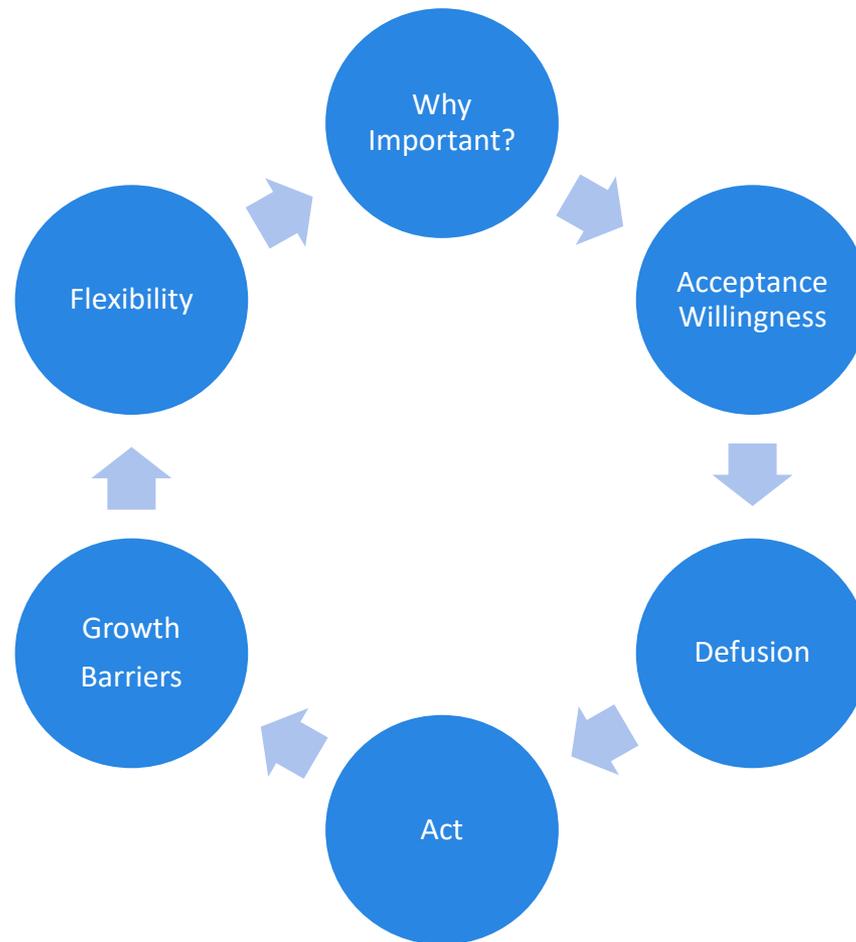


# Acceptance and Commitment Therapy (ACT)

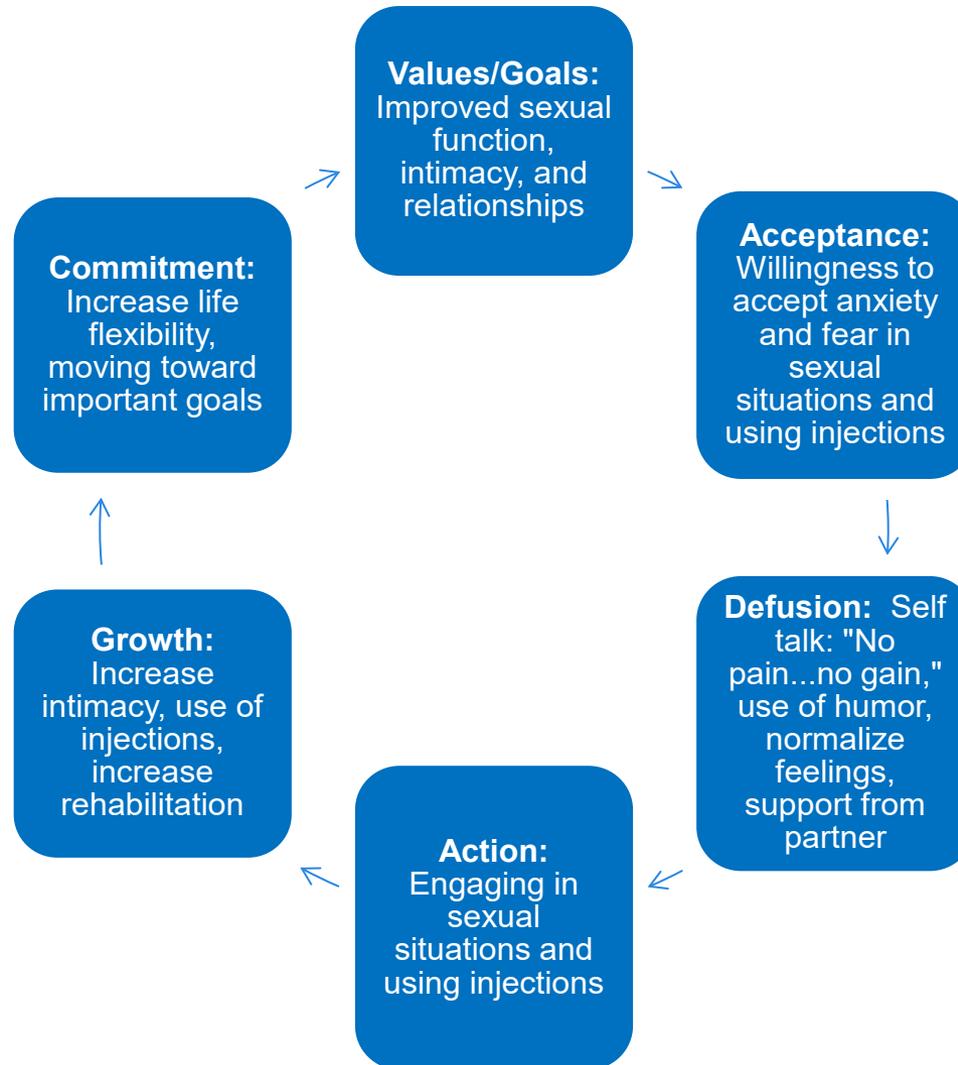
- **Define important values**
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  - Acknowledge the distress
  - Willingness to experience the emotional distress
- **Emotional processing of psychological distress**
  - “Exposure” therapy
- **Commitment**



# ACT: Cycle of Acceptance and Commitment



# ACT-ED: Cycle of Acceptance and Commitment





# Urinary, Bowel and Energy Leaks: This Wasn't Supposed to Happen

- **Coming to terms with temporary or long-term complications of treatment**
- **Tincture of time and commitment to adjusting**

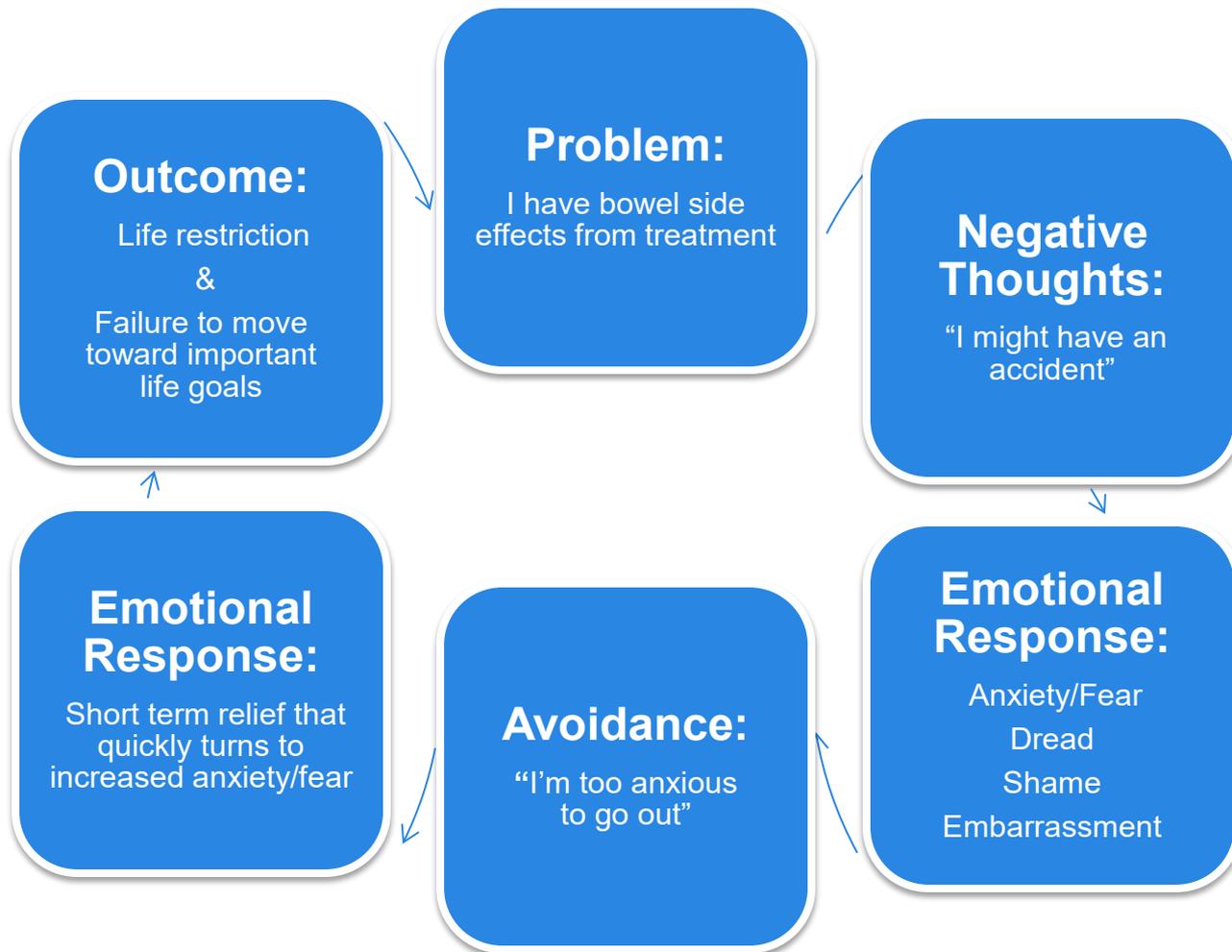


# How to Use ACT Concepts Clinically

- **Ask about life activities avoided because of UI**
- **Explore importance of these activities**
- **Ask about barriers or why they are avoiding**
- **Discuss anxiety and frustration**
- **Acceptance**
  - Anxiety or frustration when engaging in activities
- **Willingness**
  - Engaging in activities despite anxiety and frustration
- **Commitment**
  - To reengage in a specific activity



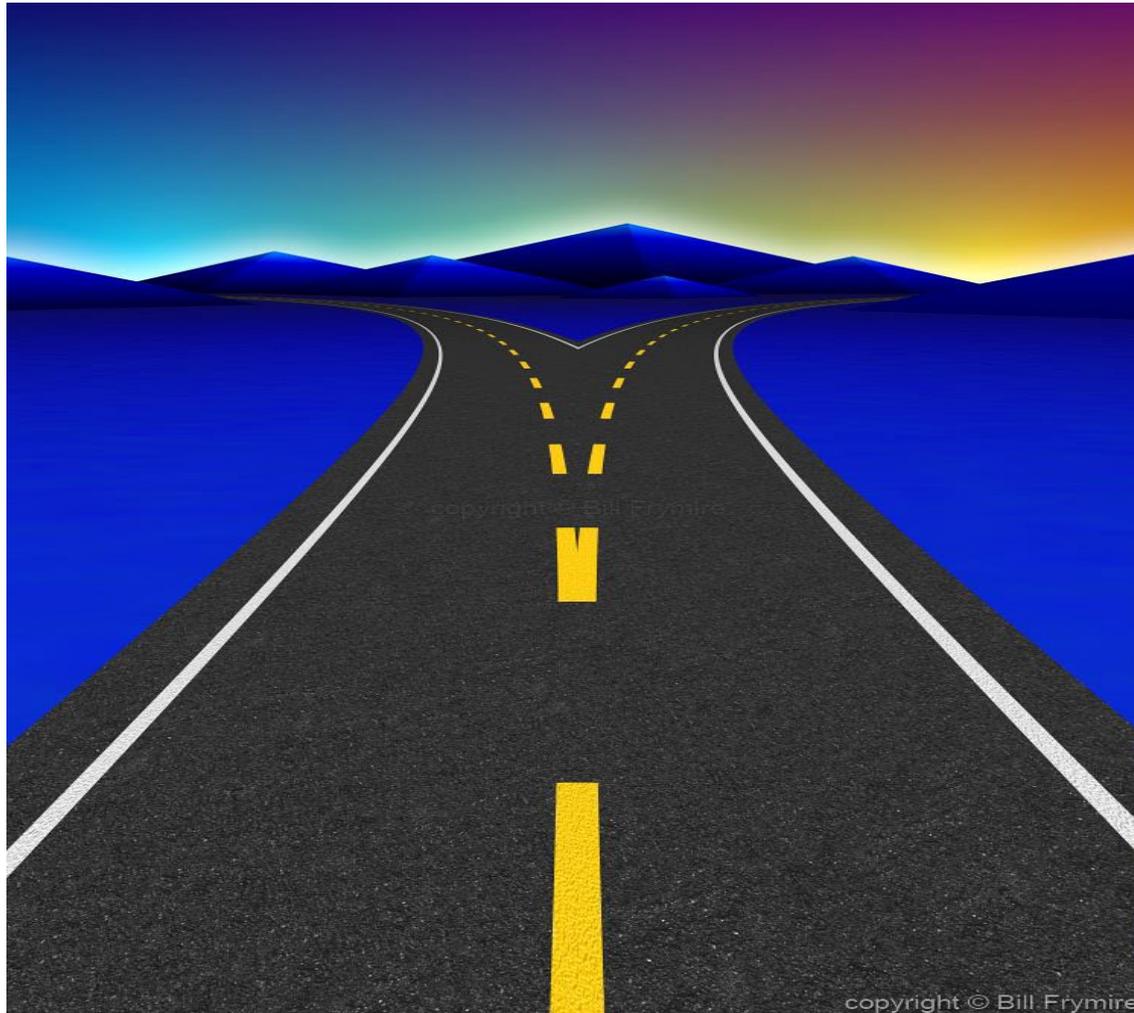
# A Cycle of Avoidance & Control in Cancer



# Cycle of Acceptance & Commitment in Cancer



# Metaphor: Fork in the Road



# Spouses or Partners Can See Half Full Too

*When a star player is slumping, a little rest helps, but teammates can 'pick him up' by upping their play.*

*Is he a burden on them or is this what a team does when they care?*

- How a couple can avoid imploding around the prostate cancer
- How to get beyond the barriers of the stalled communication that arise because of the 'tension of good intentions'
- How to improve communication skills
- The importance of maintaining physical and emotional intimacy
- How spouses and partners can take care of themselves while they are taking care of their ill or recuperating loved ones



# Coping with Recurrence...

## ...Going Hormonal

- Recurrence of prostate cancer after primary treatment
- Being diagnosed with a cancer that is advanced and not curable
- The emotional reactions of sadness, anger and mistrust that arise after forging a private, inner contract of ‘complications for cure’, that now feels betrayed
- Renewed PSA Anxiety and how to avoid the mental trap of counting down to death
- The psychological and physical impact of hormonal therapy



# Grieving Losses...

## Time to Re-Invest in Your Future As a Wise Role Model

- **Losses experienced with prostate cancer**
  - **Trust; Physical Wholeness; Maleness**
  - **A Sense of Invulnerability and Immortality**
  - **Grieving**
- **Strategies for finding more meaning, purpose and connection in relationships**
- **The life-changing benefits of developing a Role-Model potential, regardless of illness status**



- 
- **Clean anxiety**
  - **Dirty anxiety**

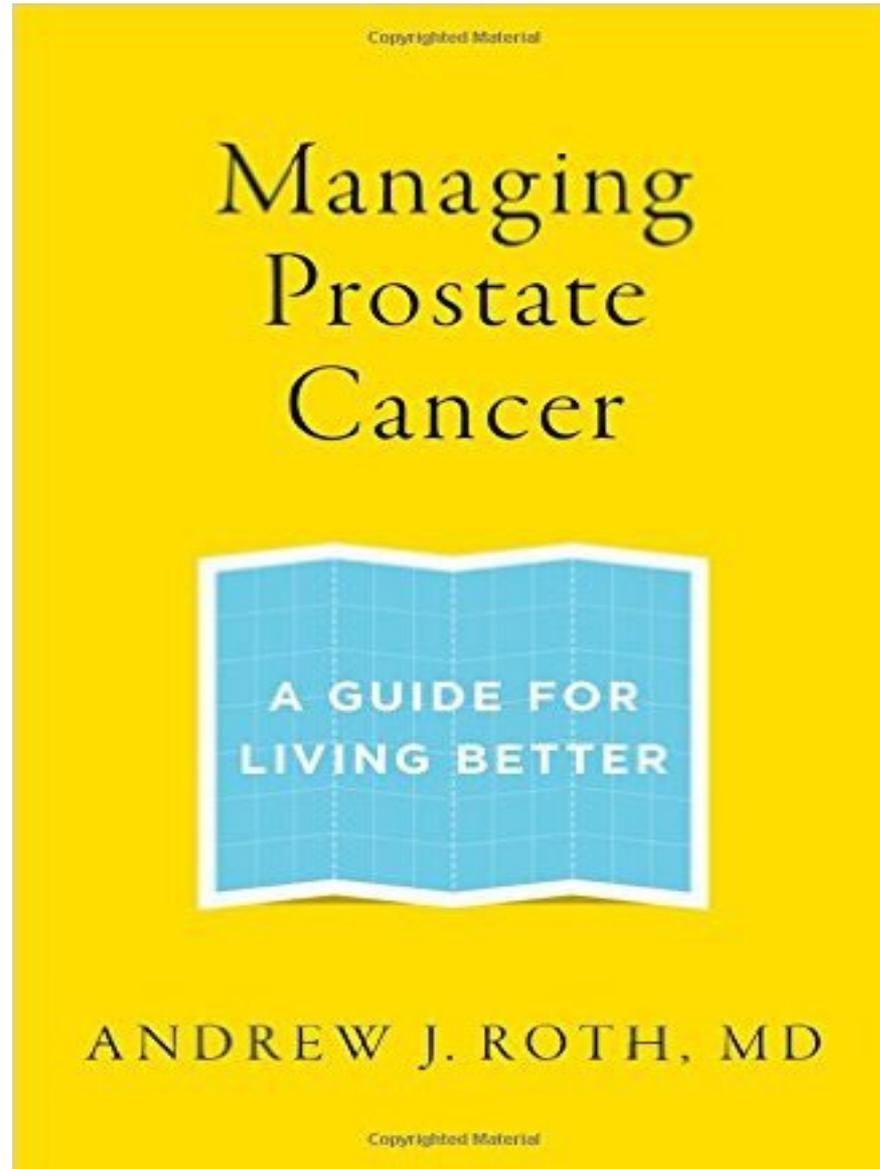


# Conclusion

- **A diagnosis of prostate cancer can be devastating**
- **Life in the front of your mind, cancer in the back of your mind**
- **Anxiety**
  - Clean
  - Dirty
- **Emotional Judo:**
  - Detect, Recognize, Acknowledge, Flip, and Transform
- **Keep an eye on avoidance**
- **All prostate cancer treatments impact sexual functioning**
- **We can help**



# Disclosure



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# Sexual Functioning



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# All Prostate Cancer Treatments Impact Sexual Functioning



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# Sexual Dysfunction Following Cancer Treatment

- **Erectile dysfunction**
- **Loss of ejaculate**
  - No ejaculate after radical prostatectomy (RP)
  - Reduction following radiation
- **Orgasm changes**
- **Sexual urinary incontinence**
  - Foreplay incontinence
  - Orgasm associated urine leak
- **Penile morphology changes**
  - Loss of length and girth
- **Loss of libido**
  - Secondary to other sexual function changes
  - Androgen deprivation therapy
- **Peyronie's disease**



# Erectile Function Recovery After RP: Back to Baseline

Back to Baseline at 24m Post-RP

Subjects	N	With PDE5i	No PDE5i
Total Sample	180	43%	22%
Good Baseline Erections	132	36%	16%

Back to Baseline For Men with Good Baseline Erections by Age

Age	N	With PDE5i	No PDE5i
< 60	81	48%	23%
≥ 60	51	16%	4%

# Sexual Dysfunction After Localized Treatment for Prostate Cancer

- **Of 1,236 men 4.3 years after treatment:<sup>1</sup>**
  - 85% rated that erectile dysfunction (ED) was a problem
- **Of 553 men who had a RP, at 70m after treatment:<sup>2</sup>**
  - 17% had erections firm enough for intercourse

<sup>1</sup>Schover et al., Cancer, 2002; <sup>2</sup>Donavan et al., NEJM, 2016





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**So What?**



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## What I hear

- **“Well...at your age, does it really matter?”**
- **“You shouldn’t be upset, your cancer is gone.”**
- **“You will get used to it.”**



# Impact of ED

- **ED is associated with depression<sup>1,2</sup>**
- **ED bother does not dissipate<sup>3</sup>**
  - Report lower general life happiness
  - No logical predictors
- **Significant relationship difficulties<sup>4</sup>**

<sup>1</sup>Araujo et al., Psychosom Med, 1998; <sup>2</sup>Nelson et al., JSM, 2010; <sup>3</sup>Nelson et al., JSM, 2010; <sup>4</sup>Muller et al., 2002



# What I Hear Men Say About Sexual Changes

- **Soul crushing**
- **Broken**
- **Deflated**
- **Inadequate**
- **Terrified**
- **I'm different than other men**



# Erections and Sexual Satisfaction

- **229 men undergoing RP**
- **Assessed for erections and sexual satisfaction at:**
  - Pre-RP
  - 24 months post-RP
- **Intercourse satisfaction decreased at 24 months:**
  - All men ( $p < 0.01$ ,  $d = 0.87$ )
  - Men with penetration hardness erections ( $p < 0.01$ ,  $d = 0.50$ )
  - Men with back to baseline erections ( $p < 0.01$ ,  $d = 0.35$ )
- **Every man “takes a hit”**



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**We Can Help**



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## ED Treatments

- **Pills**
- **Penile injections**
- **Vacuum devices**
- **Muse**
- **Penile implant**





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# Men Avoid and Drop-out of ED Treatment



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# Men Avoid & Drop-out of ED Treatment

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# Intervention to Improve Compliance with an Erectile Rehabilitation Program

NIH R21 CA 149536

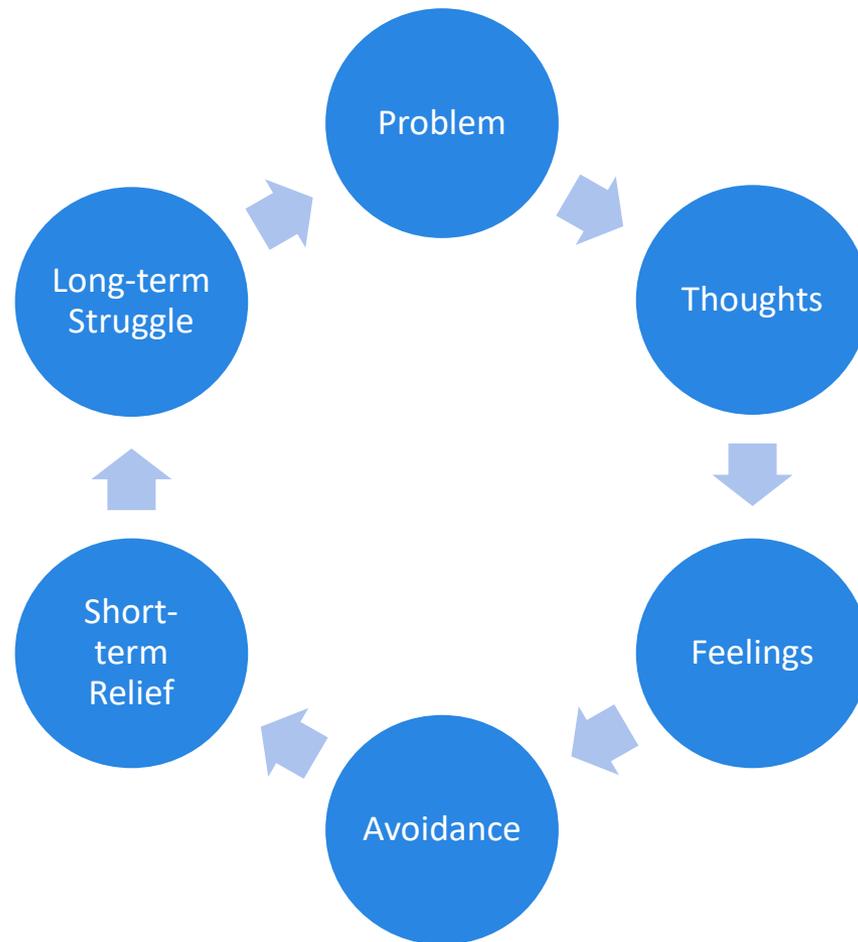


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# Phases of Intervention Development

- **Phase I:**
  - Qualitative study to help inform pilot intervention
- **Phase II:**
  - Pilot intervention using Acceptance & Commitment Therapy (ACT) concepts to improve compliance with penile rehabilitation
  - Aims: Feasibility and Efficacy
- **Phase III:**
  - Larger randomized controlled study.

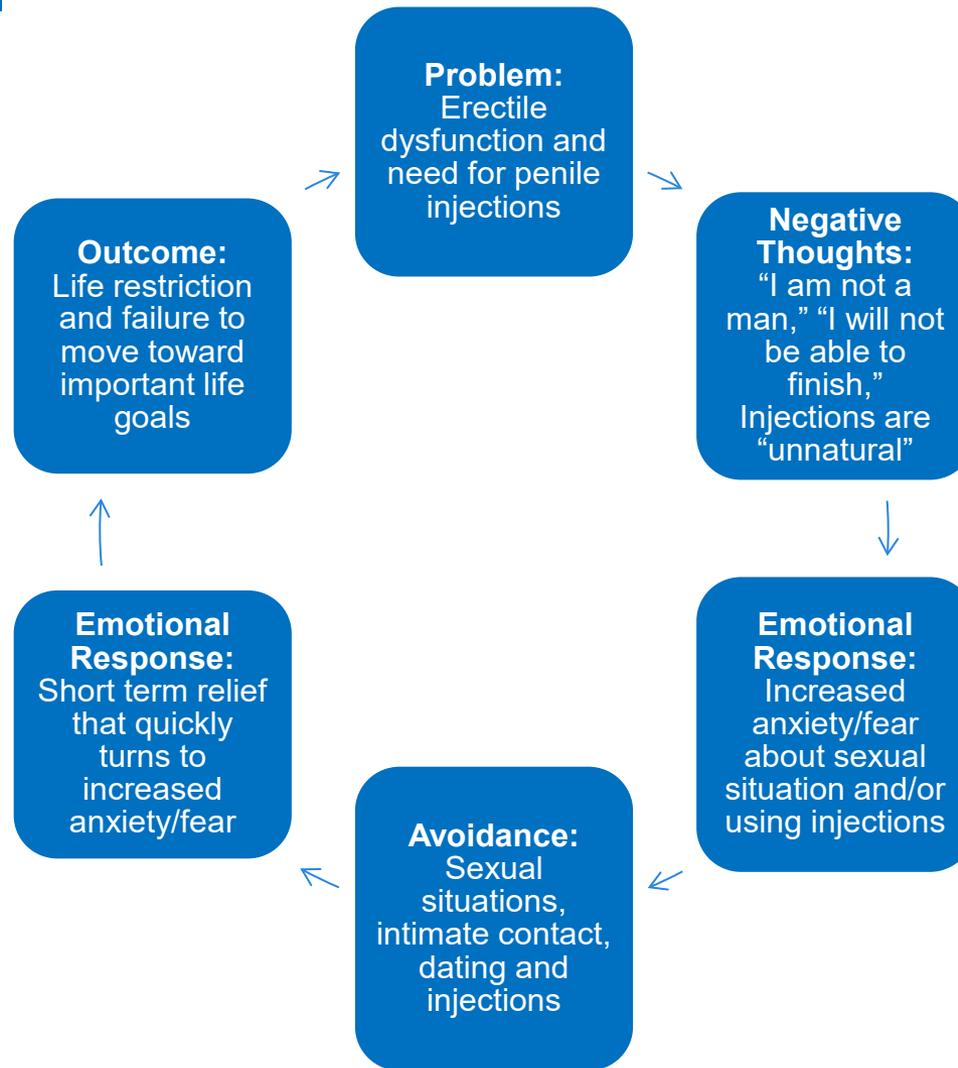
# ACT: Cycle of Avoidance and Control

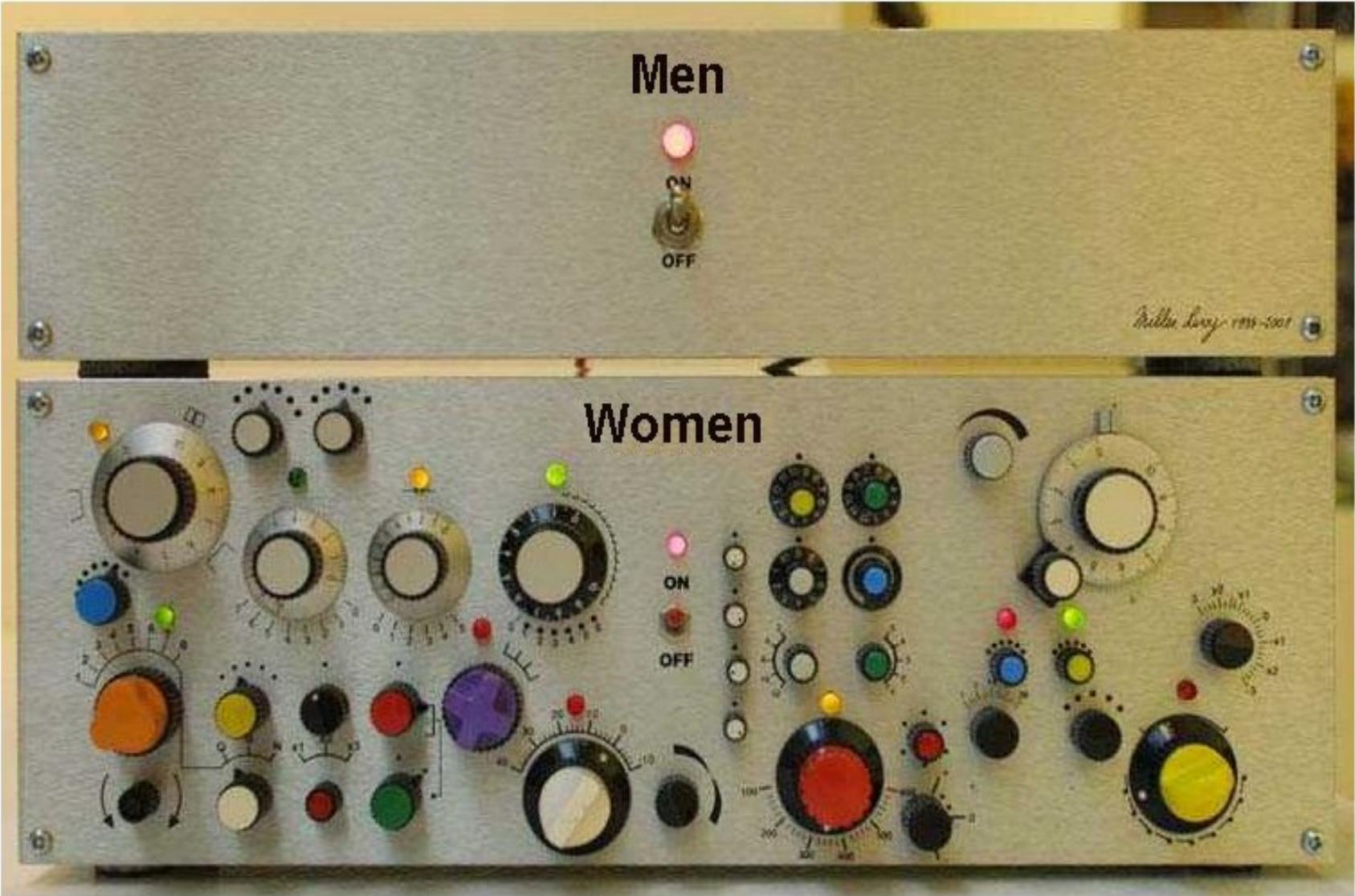


# Qualitative Study: Cycle of Frustration and Avoidance

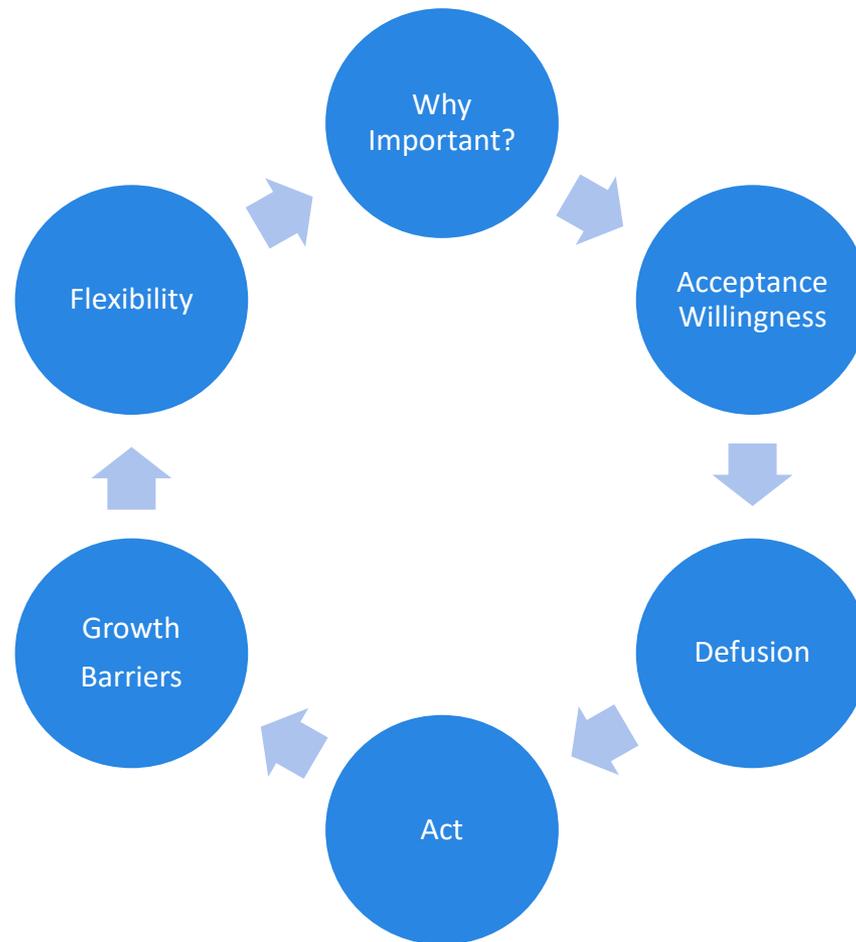
- **Disappointment/shame related to ED**
  - “I’m not a man”
  - Distress and depressive symptoms
- **Fear/anxiety of entering into a sexual situation**
  - Fear of not having a firm erection
  - “Injections are a turn-off”
  - “The whole process is humiliating”
- **Avoidance of sexual situations**
- **Loss of valued life experience**
- **Increased frustration/distress/depression**

# ACT-ED: Cycle of Avoidance and Control





# ACT: Cycle of Acceptance and Commitment

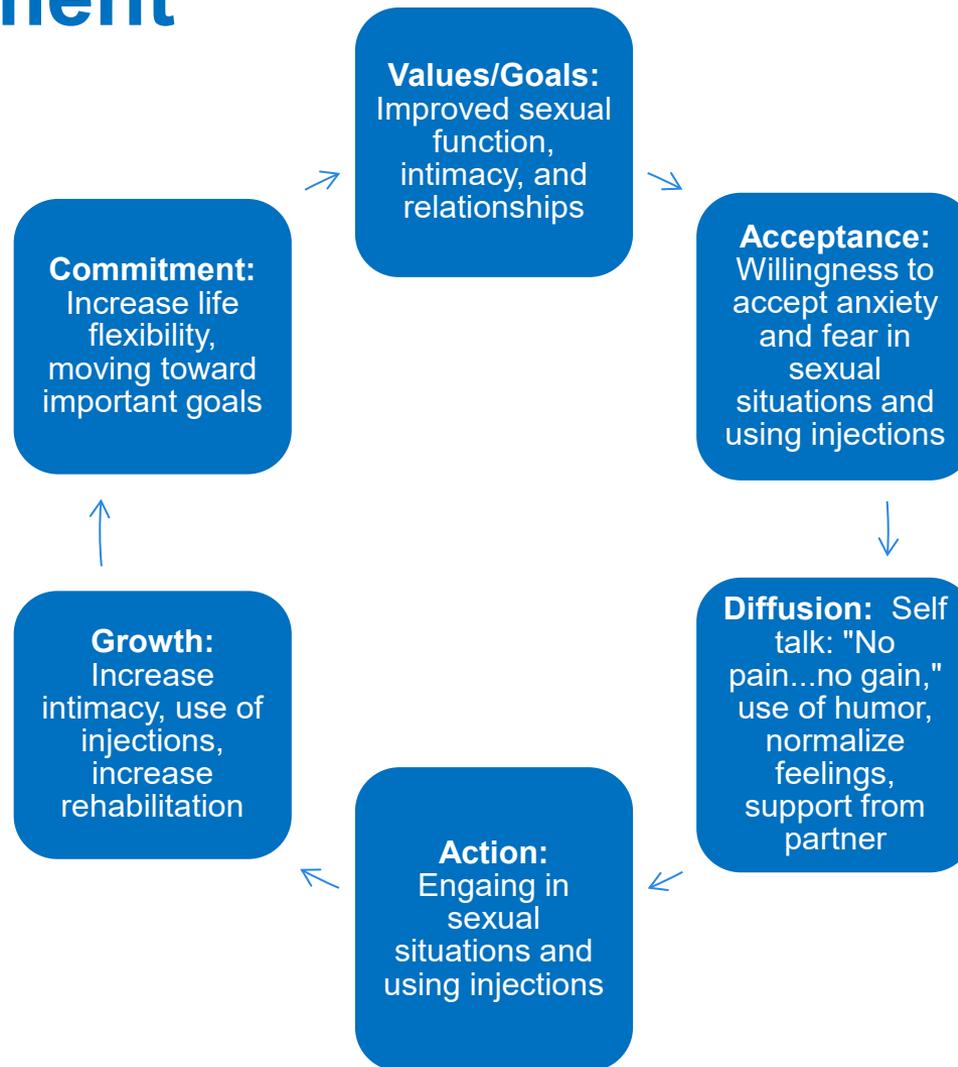


# Acceptance and Commitment Therapy

- **Define important values**
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# ACT-ED: Cycle of Acceptance and Commitment



# ACT-ED Intervention

- **Coaching vs. Therapy**
- **Explore importance of sexuality**
- **Accept short-term anxiety for long-term goal**
  - Listen to patients’ “predictions” about injections
  - Willingness to experience anxiety and frustration
- **Defuse anxiety and frustration**
  - Cognitive/emotional processing
  - Humor
  - Focus on physical sensations in sexual situation
- **Discuss barriers and solutions**
- **Commitment**
  - Set injection target



# Willingness

**“Courage is simply the willingness to be afraid and act anyway.”**

– Robert Anthony



# Sample Characteristics-6 Month Data

Sample Characteristics		
Total N		198
N by Group:	Intervention	99
	Control	99
Mean Age (years)		60 $\pm$ 7
Race	White	82%
	Black	18%
Relationship Status:	Partnered	73%
	Single	37%
Months Post-Surgery		4 $\pm$ 2
EFD w/Injections	Intervention	24.5 $\pm$ 6
	Control	25.8 $\pm$ 6



# Primary Outcome: Injection Use - 6 Months

## Injection Use at 6 Months

Variable	EME	ACT-ED	p
Median Weekly Injection Use	1.2	1.8	<b>0.01</b>
% Adherence ( $\geq 2$ x weekly)	35%	65%	<b>0.01</b>

- **Mechanism outcome:**
  - ACT-ED group demonstrating greater acceptance (p=0.04)



# Secondary Outcomes: 6 Months

Variable	Intervention vs. Control	p	d
ED Treatment Satisfaction (Range = 0-44)	↑ 6.6 points	<b>0.09</b>	<b>0.71</b>
Sexual Self-Esteem (Range = 0-100)	↑ 9.5 points	<b>0.03</b>	<b>0.76</b>
Sexual Bother (Range = 0-15)	↓ 1.2 points	0.20	0.51
Prostate Cancer Treatment Regret (Range = 0-25)	↓ 4 points	<b>0.01</b>	<b>1.18</b>

Cohen's d effect size: 0.2 = weak; 0.5 = moderate; 0.8 = strong

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Penis broken.  
Please use  
Finger!

Thanks

CANCEL

SAFETY