Studies Bring Focus To Impact Of Urologic Disease On Mental, Emotional Health

CHICAGO, May 5, 2019 /PRNewswire/ -- The burden of urologic disease can affect not only a patient's physical health, but also their emotional and mental health. Five new studies being presented this year at the AUA Annual Meeting in Chicago demonstrate the impact of male-factor infertility, as well as treatments for benign prostatic hyperplasia (BPH) and prostate cancer on emotional and mental health. These studies will be presented during a special session for media on Sunday, May 5 at 11:00 a.m. Mayo Clinic urologist Dr. Tobias Kohler, chair of the AUA Public Media Committee, will moderate this session.

Abstracts presented include:

**Publication # PD29-04**
**Qualitative Assessment of Male Partner Needs Among Infertile Couples**

Male partners react to an infertility diagnosis differently if male-factor infertility is the cause, and could benefit from specific support services geared to them, according to this study. Using focus groups of male and female participants affected by infertility, researchers collected information about individual experiences and the availability and quality of patient resources available to patients.

Key findings include:

- In cases of male-factor infertility, men reported self-blame, feelings of guilt and isolation, and loss of manhood, compared to cases of female-factor infertility, in which men saw their primary role as that of a problem-solver.
- All participants reported frustration with a lack of information available on male infertility and difficulty finding reputable websites pertaining to male reproductive health. Both men and women voiced a need for mental health resources geared toward couples.
- Men seek easy-to-understand, centralized information, whereas women had a need for more comprehensive, detailed materials.

**Publication # PD19-03**
**Correlation Of Alpha Blocker With Dementia In Patients With Benign Prostate Hyperplasia: A Nationwide Population-Based Study Using The National Health Insurance Service Database**

Alpha-blocker medications are not associated with an increased risk of dementia, according to this review of 65,481 patients in Korea. Using data from the National Health Insurance Service database, researchers identified patients with no record of cognitive dysfunction or dementia who were taking alpha-blocker medications in 2011, followed them until September 2017 and tested the effect of different alpha blockers on the risk of dementia.

Key findings include:

- After a mean follow up of 1,496 days, the incidence of dementia was 18.5 percent in the tamsulosin cohort, 19.1 percent in the doxazosin cohort, 21.2 percent in the terazosin cohort, 18 percent in the alfuzosin cohort and 21.3 percent in patients not taking medication.
- The risk of dementia did not significantly differ between the tamsulosin, doxazosin and alfuzosin cohorts.
- While the risk of dementia was higher in the terazosin and no-medication cohorts, patients taking
terazosin had a significantly lower risk of dementia than patients taking no BPH medication.

**Publication # PD25-08**
**Body Image Issues And Attitudes Towards Exercise In Men Diagnosed With Prostate Cancer Undergoing Androgen Deprivation Therapy**

Androgen-deprivation therapy (ADT) is an established treatment for prostate cancer, but side effects – such as weight gain and decreased sexual function – can significantly impact a man's body image and attitudes toward exercise. Researchers interviewed men with prostate cancer after ADT to explore a number of key topics, including ADT-induced body changes, body image issues and exercise. Findings suggest men on ADT could benefit from additional support to overcome these body issues.

Key findings include:

- Participants on ADT were concerned about body feminization, including breast enlargement, sexual function (impacting feelings of masculinity), weight gain and physical limitations (functionality loss).
- Men felt exercise counterbalanced some ADT side effects, particularly weight gain, while simultaneously enabling them to have control over their bodies in spite of a cancer diagnosis.
- In spite of this, men still identified barriers to exercise, including fatigue, time and a concern about being judged for their physical appearance or performance when exercising in groups.

**Publication # MP22-15**
**Depression In Prostate Cancer Patients Starting Androgen Deprivation Therapy**

Men taking androgen deprivation therapy (ADT) for prostate cancer may be at an increased risk of depression, particularly if depressive symptoms were present prior to treatment, according to data from the multi-center RADICAL PC study. Researchers identified 407 men starting ADT treatment and evaluated depressive symptoms using the Patient Health Questionnaire (PHQ-9) and, using biological, psychological and social predictor variables, evaluated symptom predictors.

Key findings include:

- Men with poor functional status had an increased risk of depression with ADT.
- Retired men had a decreased risk of depression.
- Indicators of advanced disease was not associated with depression.

**Publication # PD30-12**
**Risk Of Dementia Following Androgen Deprivation Therapy For Treatment Of Prostate Cancer**

Androgen deprivation therapy (ADT) has an effect on cognitive health, and pharmacologic ADT may be associated with an increased risk of dementia or Alzheimer's disease, as well as an increased use of psychiatric services by men with localized or locally advanced prostate cancer. In this retrospective cohort study using Medicare data from the Surveillance, Epidemiology, and End Results (SEER) database, researchers identified more than 100,400 men (aged 66 and older) with no prior history of stroke, dementia or use of psychiatric serves, who were diagnosed with prostate cancer between January 1992 and December 2009. Cox regression models were used to estimate risks of Alzheimer's, all-cause dementia and whether psychiatric services were utilized following different doses of pharmacologic ADT.

Key findings include:

- Pharmacologic ADT was associated with a 22 percent increased risk of all-cause dementia, a 29 percent increased risk of Alzheimer's and a 15 percent increased risk of psychiatric services use.
ADT showed a dose-responsive relationship for a duration of seven months with all-cause dementia and Alzheimer's, with an increased risk of 30 percent and 41 percent, respectively. Use of ADT for longer than seven months was associated with a greater risk of all-cause dementia, Alzheimer's and an increased use of psychiatric services.

"The interplay of mental health and disease pathophysiology is an area of unmet need," Dr. Kohler said. "These four studies elegantly remind us that medications and medical interventions can affect our emotional wellness and we must be on the lookout for both negative and positive impacts."

**About the American Urological Association:** Founded in 1902 and headquartered near Baltimore, Maryland, the American Urological Association is a leading advocate for the specialty of urology, and has more than 22,000 members throughout the world. The AUA is a premier urologic association, providing invaluable support to the urologic community as it pursues its mission of fostering the highest standards of urologic care through education, research and the formulation of health policy.

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