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Telephone Social Support and Education for Adaptation to Prostate Cancer: A Pilot Study

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Purpose/Objectives: To evaluate the feasibility of an intervention of telephone social support and education to increase the physical, emotional, functional, and interpersonal adaptation of men to prostate cancer.

Design: Prospective, random assignment to experimental or control treatments.

Setting: Urban New Jersey.

Sample: 17 men diagnosed with prostate cancer within four weeks of study entry. Mean age was 66 years (range = 51–78); 59% were Caucasian, 35% were African American, and 6% were American Indian.

Methods: Subjects in the experimental group received telephone social support over a 12-month period in addition to education via mailed resource kits. The control group received education through mailed resource kits only. The Functional Assessment of Cancer Therapy Scale—General Physical, Emotional, Functional, and Social/Family Well-Being subscales; Symptom Experience Scale—Prostate; and the Relationship Change Scale were administered initially and at the end of each of the three phases; the International Index of Erectile Function Scale was administered at the end of each of the three phases. Qualitative information was gathered throughout and at the conclusion of the study.

Main Research Variables: Physiologic, emotional, functional, and social adaptation to prostate cancer.

Findings: Results were somewhat more favorable for the experimental group on all outcome measures; however, differences were not statistically significant. Structured interviews with 14 of 17 subjects revealed that telephone social support and education were effective in increasing adaptation to prostate cancer.

Conclusions: Despite the lack of a significant difference between the experimental and treatment groups in this small sample of men, analysis of trends and interview feedback indicated that telephone social support, in addition to education through a mailed resource kit, has the potential to be beneficial by increasing access to supportive services.

Implications for Nursing: Telephone social support when supplementing patient education may assist men in adapting during the year following a prostate cancer diagnosis.

Key Points . . .

- Prostate cancer is the most common cancer among men in the United States.
- Diagnosis and treatments for prostate cancer are known to cause deleterious physical, emotional, functional, and interpersonal changes.
- Telephone social support in combination with education may improve men's adaptation to prostate cancer in the year following diagnosis.

2000; Siegel, Mesagno, Karus, & Christ, 1992). Researchers have yet to determine what types of telephone counseling and education are most effective in treating men and their cancer-related side effects.

Prostate cancer is a life-threatening illness, and men's emotional well-being is affected by the uncertainty and stress that accompany the diagnosis. Men are faced with various treatment choices (e.g., radical prostatectomy, external beam radiation) and sequelae (e.g., erectile dysfunction, urinary incontinence) (Litwin, McGuigan, Shpall, & Dhanani, 1999; Stanford et al., 2000). Even men who forgo immediate aggressive treatment and instead opt for watchful waiting may experience poor health-related quality of life (Galbraith, Ramirez, & Pedro, 2001). Later in the disease or treatment process, men may cope with increasing physical side effects, including

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Prostate cancer is the most common cancer diagnosed among men. In 2004, an estimated 230,110 men will be diagnosed with prostate cancer, accounting for 33% of all new cancer cases among men (American Cancer Society, 2004). In response to prostate cancer and its treatment, men experience considerable distress (Fitch, Gray, Franssen, & Johnson, 2000). However, telephone counseling and education can ameliorate distress (Champion, Skinner, & Foster,