Quality of life in men with metastatic prostate cancer in their final years before death – a long term follow up

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Results

Men with metastatic prostate cancer (mPC) experience low quality of life (QoL) and functioning and high levels of symptoms, also in comparison to standardized threshold values¹, and this was most pronounced in the last six months of life (Table 1). Men that died during or after year 2006 reported lower QoL, functioning and more pain and fatigue than those who died before 2006 (Table 2).

¹Giesinger JM, Kuijpers W, Young T, Tomaszewski KA, Friend E, Zubernigg A, et al. 2016

Conclusions

A palliative care approach, alongside possible life-prolonging treatments, that focuses on QoL and symptom relief, may serve as an important frame to give the best support to men with mPC in their final years of life.

Table 2. Comparison of symptoms and QoL between those who died before or during/after 2006

Variable	Mean (SD) before 2006 (n=91)	Mean (SD) during/after 2006 (n=99)	P-value
Global health/QoL	60.6 (25.3)	51.9 (27.5)	0.030
Emotional functioning	77.5 (21.2)	68.4 (24.4)	0.009
Physical functioning	77.2 (29.0)	68.6 (27.7)	0.047
Fatigue	34.3 (27.6)	44.0 (29.5)	0.029
Pain	26.1 (30.2)	37.2 (33.0)	0.022

Table 1. Means of QoL and symptoms in three groups based on time before death compared to threshold values

Variable	Threshold values	<6 months before death	6–18 months before death	>18 months before death	P-value
		Mean (SD)	Mean (SD)	Mean (SD)	
Global health/QoL ^a	70	38.5 (27.3)	55.7 (23.5)	64.5 (24.9)	<0.001
Emotional functioning ^a	70	59.5 (28.3)	73.6 (19.5)	78.5 (21.4)	<0.001
Physical functioning ^a	83	54.2 (31.8)	71.7 (28.5)	82.2 (22.7)	<0.001
Fatigue ^b	39	62.1 (29.7)	39.9 (28.3)	28.2. (22.8)	<0.001
Pain ^b	25	53.8 (34.5)	29.4 (29.5)	23.3 (28.3)	<0.001

^aHigher values indicate low functioning, ^bhigh values indicate high levels of symptoms

Aim

The aim of this study was to evaluate QoL, functioning and symptoms in men with mPC during their final years before death.

Methods

190 men with mPC who had died during follow-up were included from a larger, long-term prospective study. Validated questionnaires asking about participants’ QoL, emotional and physical symptoms, fatigue and pain were retrospectively analysed after the patient’s death. The men were stratified into three groups, based on time that had passed between completion of the last questionnaire and death; <6 months, 6–18 months and >18 months. The men’s scores were compared to established clinically significant threshold values. Further, ratings were compared between the men who died before and after 2006 respectively.