

Abstract

Background Prostate cancer is the third most common cancer in the male population of Hong Kong. Substantial proportion of the prostate cancer patients are affected by psychiatric morbidity. Given its negative impact on quality of life and prognosis, psychiatric morbidity should be identified and treated early. Nevertheless, little is known about the prevalence and associated factors of psychiatric morbidity in prostate cancer patients.

Objectives This study aims to identify the prevalence and associated factors of psychiatric morbidities and to evaluate the effectiveness of the Hospital Anxiety and Depression Scale (HADS) to screen for psychiatric morbidity in patients with newly diagnosed prostate cancer in a local urology clinic.

Methods This cross-sectional study examined the consecutive cases of newly diagnosed prostate cancer patients who attended follow-up in a specialist urology clinic from December 2012 to July 2013. They were evaluated for psychiatric diagnoses by semi-structural psychiatric interview, the Structured Clinical Interview for DSM-IV Axis I Disorders (SCID). Socio-demographic and clinical characteristics were compared between patients with and without psychiatric disorders. Mental health status was also assessed by a self-rating questionnaire, HADS, the accuracy of which was compared against the psychiatric diagnoses made using SCID.

Result Of the 107 patients, 38.3% had current psychiatric disorders. The point prevalence of depressive disorders, anxiety disorders, and alcohol abuse were 21.5%, 15.0% and 3.8% respectively. The lifetime prevalence of psychiatric disorders was 48.5%. Depressive disorders, anxiety disorders, and alcohol use disorders affected 27.1%, 16.8% and 10.2% of patients, respectively, in their lifetime. Major depressive disorder was the commonest mood disorder. Logistic regression analysis revealed that receiving social welfare and perceived absence of

confidant were independently associated with current psychiatric disorders and depressive disorders; younger than 65 years of age was associated with current depressive disorders, whereas family history of mental illness was related to anxiety disorders. HADS was effective in screening for these disorders. The optimal cut-off for screening any current psychiatric disorders was 8/9.

Conclusion The local population of newly diagnosed prostate cancer is at risk of developing psychiatric morbidity. Recognizing the independent associated factors can help to identify patients with a predisposition to developing psychiatric complications, and refer for appropriate intervention. The HADS can be considered as a screening instrument for psychiatric morbidity for these patients.