A systematic review of the empirical evidence identifying the unmet supportive care needs of men living with and beyond prostate cancer: Are we there yet?

Dr. Catherine Paterson\(^ab\), Allison Robertson\(^a\), Alison Smith\(^a\), Mr Ghulam Nabi \(^ab\) \(^a\) NHS Tayside, Urology Service, Ninewells Hospital, Dundee; Academic Section of Urology, Medical Research Institute, School of Medicine, University of Dundee

1. Background
Currently 250,000 men are living with and beyond prostate cancer in the UK [1]. As the number of men being diagnosed with prostate cancer continues to increase, the number of men set to deal with the physical and psychological consequences are set to rise [2]. Moreover, men have reported a range of unmet supportive care needs that contribute to a lack of person-centred care within current service provision in the UK [3]. Up until now, traditional follow-up of these men have been led by secondary care, however alternative models are now being considered [4-6] to optimise supportive care with demonstrated cost efficiency. To address areas of unmet supportive care needs in men affected by prostate cancer it is timely to take stock of the evidence.

2. Aim
Our aim was to synthesis current available evidence with regard to the unmet supportive care needs of men living with and beyond prostate cancer.

3. Methods
A systematic review was conducted according to the PRISMA Statement Guidelines. Electronic databases (DARE, Cochrane MEDLINE, BNI, PsychINFO, EMBASE and CIHAHL) were searched to identify studies employing qualitative and/or quantitative methods. Methodological evaluation was conducted, and findings were integrated in a narrative synthesis.

4. Finding/Discussion
7521 references were retrieved, 17 articles met the eligibility criteria, see figure 1.

Individual unmet needs were classified in to the following domains: social needs (2/17: 11.8%), spiritual needs (4/7: 23.5%), practical needs (4/7: 23.5%), daily living needs (5/17: 29.4%), patient-clinician communication (5/17: 29.4%), family-related needs (7/17: 41.2%), physical needs (8/17: 47.1%), psychological emotional needs (9/17: 52.9%), interpersonal/intimacy needs (11/17: 64.7%) and health system/Information needs (13/17: 76.5%). See figure 2 for the supportive care model for men with advanced stage prostate cancer.

5. Conclusion
This systematic review has identified that men can experience a range of unmet supportive care needs with the most frequently reported being needs related to intimacy, informational, physical and psychological needs. Despite the emerging evidence-base, the current with-in study limitations precludes our understanding about how the needs of men evolve over time from diagnosis to living with and beyond prostate cancer. Whether demographic or clinical variables play a moderating role, only remains to be addressed in future studies. This review has made an important contribution by informing clinicians about the complex unmet supportive care needs of men affected by this disease.

References

CONTACT: Dr Catherine Paterson  c.i.e.paterson@dundee.ac.uk