

Identifying vulnerabilities in men with cancer: social support and mental health problems

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Introduction:

- Men with cancer suffer worse mortality and morbidity rates than women.
- Men seek less help than women for health problems regardless of disease type, which can lead to poorer symptom awareness or slower medical advice seeking, late diagnoses (White, Thomson & Forman, 2009), not accessing support (Lee and Owens, 2002), and not making preventative lifestyle changes (Wilkins et al, 2008).
- Psychological barriers, pressures around masculinity, and wider cultural norms may also contribute to less help seeking (Robertson, 2007).
- Age, marital status, living alone, cancer type, geographical location, deprivation, and cancer trajectory seem to be important in a range of health-related domains (e.g., distress, psychological health, and practicing good health behaviours).

Aim:

To identify which demographic and disease variables may be indicators of low social support, depression, anxiety, distress and poorer health behaviours in men with cancer.

Comparative data

Comparison demographic data for male cancer patients in the East of Scotland (N=2669; varies due to missing data) were accessed from the Scottish Longitudinal Study (SLS; Hattersley and Boyle, 2007).

Methods:

- Recruited 127 participants between April 2009 and April 2011 using a cross-sectional survey design exploring psychosocial issues and health behaviours.
- Potential participants were identified and approached by NHS oncology staff (primarily nurses) during routine appointments and by local cancer charities (e.g. Maggie's).

Inclusion criteria:

- Men aged 18+
- Diagnosis of cancer at any stage

Results:

Table 1 shows that the characteristics of the study sample was roughly representative of men with cancer in the East of Scotland.

Table 2 shows the descriptive statistics for the psychosocial and health behaviour measures. This shows that:

- most people had relatively high levels of social support.
- 18%, 8% and 3% fell into the mild, moderate, and severe categories for anxiety, respectively and 14%, 4%, and 2% for depression.
- depending on the cut-off used for the Distress Thermometer (4 or 5), 28%, or 18% of the sample reported distress.
- the majority of people were meeting government guidelines for not smoking and drinking a maximum of 21 units of alcohol per week though fewer participants met the guidelines for exercise and fruit and vegetable intake.

Statistical analysis showed that:

- men who are divorced or separated fare the worst in terms of social support and depression.
- younger age was related to higher anxiety, and distress.
- living in an area of higher deprivation indicated greater depression and anxiety and less physical activity.
- social support was also a key indicator of psychological health.

Table 1. Demographic characteristics of study sample and men with cancer from East Scotland in Scottish longitudinal study

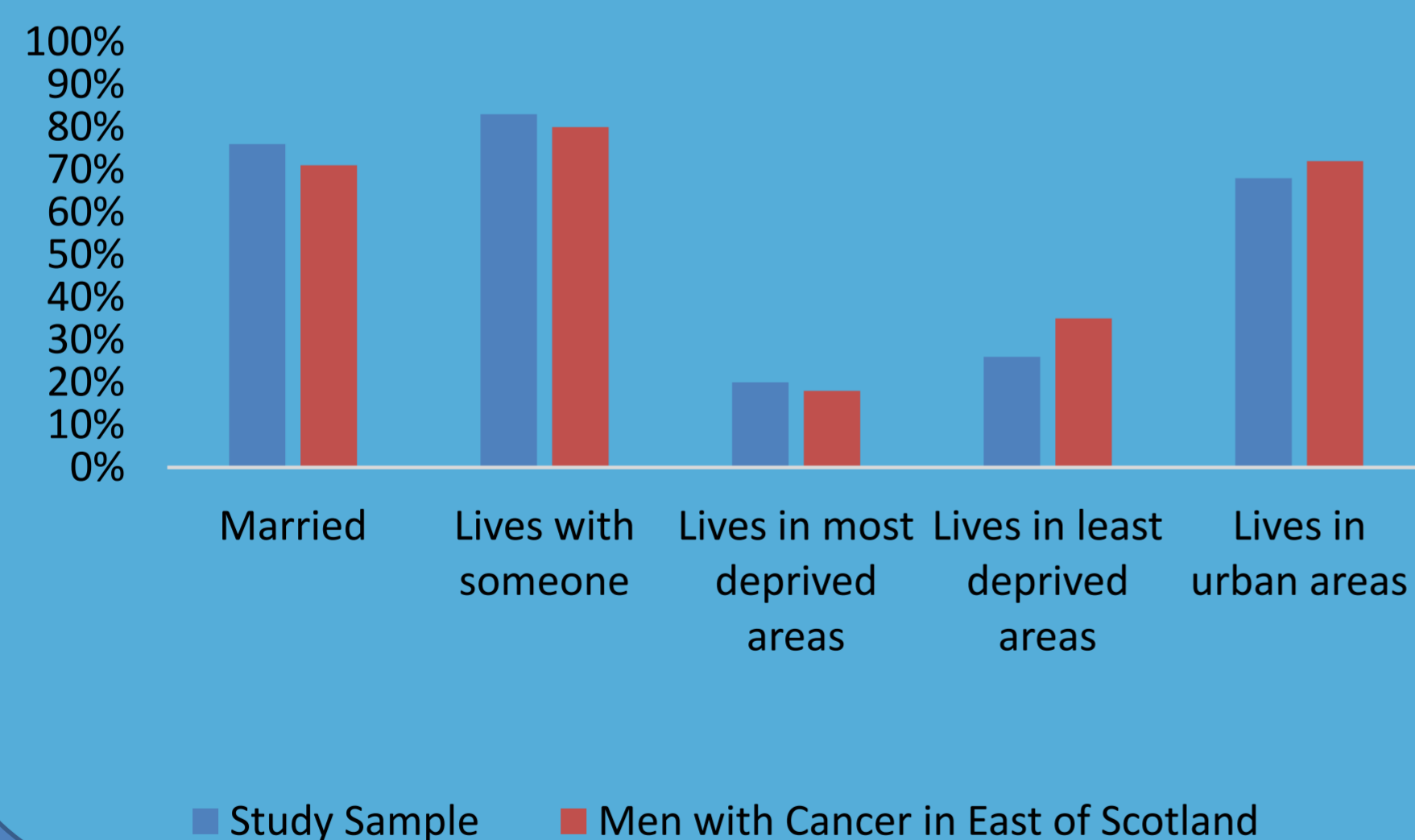


Table 2. Descriptive Statistics for Psychosocial and Health Behaviour Measures

Measure	Mean	SD
Social Provisions Scale		
Social support score (N=116)	79.3	8.3
Hospital Anxiety and Depression Scale		
Anxiety (N=117)	5.5	4
Depression (N=118)	4.3	3.6
Total score (N=117)	9.8	6.9
Distress Thermometer (DT)		
DT score (N=103)	2.4	2.4
Health Behaviours		
No of cigarettes smoked/day (N=10; all smokers)	13 (91%*)	5.4
No of units of alcohol/week (N=87; all alcohol drinkers)	13 (90%*)	18
Fruit and vegetable intake/day (N=114)	3.5 (24%*)	1.9
Hours of exercise/week (N=122)	6 (67%*)	6.3

Note. (*percentage meeting government guidelines)

Conclusions:

- Given the associations between deprivation, age and being separated/divorced with poorer psychosocial health and health behaviours, early identification of men more vulnerable to these psychosocial issues will be valuable.
- Health professionals could use these demographic factors to assist in early identification and intervention for those with poorer psychological health and health behaviours, as an adjunct to screening tools.
- Given there were fewer associations between demographic factors and health behaviours, behaviour change interventions should be developed and delivered collaboratively as part of routine cancer care.
- Since men may be reluctant to seek help, broader methods may also be needed to engage and motivate them to accept help that is available.

References

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