Provision of Individualized Information to Men and Their Partners to Facilitate Treatment Decision Making in Prostate Cancer

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**Purpose/Objectives:** To determine if providing individualized information to men who are newly diagnosed with prostate cancer and their partners would lower their levels of psychological distress and enable them to become more active participants in treatment decision making.

**Design:** Quasiexperimental, one group, pretest/post-test.

**Setting:** The Prostate Centre at Vancouver General Hospital in British Columbia, Canada.

**Sample:** Convenience sample of 74 couples. 73 men had early-stage prostate cancer. Mean age of the men was 62.2 years, and mean age of the partners was 58.1 years. The majority (> 50%) had received their high school diplomas.

**Methods:** Respondents completed measures of decision preferences and psychological distress at the time of diagnosis and four months later. All participants used a computer to identify their information and decision preferences. Computer-generated, graphic printouts were used to guide the information counseling session.

**Findings:** Patients reported assuming a more active role in medical decision making than originally intended, partners assumed a more passive role in decision making than originally intended, and all participants had lower levels of psychological distress at four months.

**Conclusions:** Evidence supports the need to provide information support to couples at the prostate cancer diagnosis to facilitate treatment decision making and lower levels of psychological distress. Future research is needed to evaluate this type of approach in the context of a randomized clinical trial design.

**Implications for Nursing:** The personalized, computer-graphic printouts can provide clinicians with an innovative method of guiding information counseling and providing decisional support to men with prostate cancer and their partners.

Prostate cancer poses a significant health concern for men and their families. Currently, prostate cancer is the most commonly diagnosed nonskin malignancy and second most common cause of male cancer-related deaths in North America (Jemal, Thomas, Murray, & Thun, 2002; National Cancer Institute of Canada, 2002). Etiology remains unknown, optimal treatment is controversial, survival rates vary, and all prostate cancer therapies have an impact on quality of life (Brawley & Barnes, 2001; McPherson, Swenson, & Kjellberg, 2001; O’Rourke, 2001). The diagnosis often is unexpected and particularly stressful for men and their partners as they first adjust to the cancer diagnosis and try to make sense of the various treatment options. Although the majority of oncology healthcare professionals believe that patients with cancer should be involved in making informed treatment choices, a significant number of men are presenting to physician offices for treatment discussions with little to no knowledge of the dis-