



SOCIODEMOGRAPHIC AND CLINICAL CHARACTERIZATION OF MEN WITH PROSTATE CANCER: SUBSIDIES FOR NURSING CARE¹

Bianca de Moura Peloso-Carvalho*
Sterline Therrier**
Camila Alessandra da Silva Marcelo***
Namie Okino Sawada****
Murilo César do Nascimento*****
Eliza Maria Rezende Dázio*****
Silvana Maria Coelho Leite Fava*****

ABSTRACT

Objective: to describe the sociodemographic and clinical characteristics of men with prostate cancer undergoing cancer care. **Method:** cross-sectional, descriptive, quantitative study. Data were collected from June to December 2019 through interviews and access to medical records, analyzed using descriptive statistics and presented in absolute and relative values. **Results:** of the 55 participants, there was predominance of men aged between 70 and 79 years (45.45%); white (45.45%); married (63.64%); with incomplete primary education (54.55%); Catholics (74.55%); residents in the urban area (87.27%); married or with a partner (34.55%); with a great relationship with family members (56.36%); retirees (80%); with monthly income from one to three minimum wages (74.55%); who classified their financial situation as regular (49.09%); denied alcohol consumption (56.36%); were former smokers (47.27%); referred to the service by the National Health Service (Brazilian SUS) (85.45%); with diagnosis time of more than 12 months (69.09%); without metastasis (61.82%); who underwent radiotherapy (38.18%) and chemotherapy (61.82%). **Conclusion:** this study showed that, in the context of illness from prostate cancer among the men interviewed, there are essential characteristics for the planning of care congruent with their demands that must be identified by health professionals.

Keywords: Population characteristics. Prostatic neoplasms. Nursing care. Oncology nursing. Men's Health.

INTRODUCTION

National estimates indicate higher morbidity and mortality rates in men aged 20 to 59 years, compared to women in the same age group, which indicates a weak relationship with services of prevention and promotion of men's health⁽¹⁻²⁾.

Although the National Policy for Comprehensive Care to Men's Health (Portuguese acronym: PNAISH) was instituted in 2009, with the objective of directing more contextualized actions to this population at all levels of care⁽²⁾, it still needs to be consolidated⁽¹⁾. That said, it is necessary to broaden the look at the health demands of the male population, paying attention to age and

ethnic-racial differences, socioeconomic conditions, urban or rural housing, gender identities, prison situation and physical and/or mental disabilities⁽²⁾.

Regarding neoplasms that affect the world population, prostate cancer was the fourth most incident type, with 1.3 million cases in 2018 and the second when considering only the male population (13.5%)⁽³⁾. In Brazil, without considering non-melanoma skin cancers, prostate cancer is the most frequent, with 65,840 new cases estimated for each year of the 2020-2022 triennium, which corresponds to 62.95 new cases per 100,000 men⁽⁴⁾.

The effects of prostate cancer and its treatment, linked to the ideals of hegemonic masculinity, have repercussions on the

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*Nurse. Doctoral Student in Nursing, Postgraduate Program at the Universidade Federal de Alfenas (UNIFAL). Alfenas, MG, Brazil. E-mail: biancamps@gmail.com. ORCID iD: <https://orcid.org/0000-0001-5336-2249>.

**Nurse. Master in Nursing, Hospital de Gimirim, Pogo Fundo, MG, Brazil. E-mail: sterlinetherrier@yahoo.br. ORCID iD: <https://orcid.org/0000-0002-7713-3288>.

***Nurse. Master's Student in Nursing, Postgraduate Program at the UNIFAL. Alfenas, MG, Brazil. E-mail: camilamarcelo@hotmail.com. ORCID iD: <https://orcid.org/0000-0001-6236-472>.

****Nurse. PhD in Nursing, Full Professor, School of Nursing, UNIFAL. Alfenas, MG, Brazil. E-mail: namie.sawada@unifal-mg.edu.br. ORCID iD: <https://orcid.org/0000-0002-1874-3481>.

*****Nurse. Doctor of Science. Adjunct Professor, School of Nursing, UNIFAL. Alfenas, MG, Brazil. E-mail: murilo@unifal-mg.edu.br. ORCID iD: <https://orcid.org/0000-0002-3436-2654>.

*****Nurse. PhD in Nursing. Associate Professor, School of Nursing, UNIFAL. Alfenas, MG, Brazil. E-mail: eliza.dazio@unifal-mg.edu.br. ORCID iD: <https://orcid.org/0000-0001-9216-6283>.

*****Nurse. Doctor of Science. Full Professor, School of Nursing, UNIFAL. Alfenas, MG, Brazil. E-mail: silvana.fava@unifal-mg.edu.br. ORCID iD: <https://orcid.org/0000-0003-3186-9596>.

biopsychosocial, economic, cultural and spiritual dimensions of men⁽⁵⁻⁷⁾, and represent a challenge for health professionals. Therefore, it is necessary to implement effective actions addressing the integrality and longitudinality of health care⁽²⁾.

In the set of relevant actors for strengthening multidisciplinary actions of health, promotion, prevention, treatment and rehabilitation, nurses demonstrate their potential for care in the health-disease process and therapeutic itinerary⁽⁸⁻⁹⁾.

In this context, the identification of sociodemographic and clinical characteristics subsidizes the planning of more assertive and contextualized actions for individualized care, and for the development of public health care policies for men. Although national and international studies of this nature directed at prostate cancer have been found⁽¹⁰⁻¹²⁾, no records of studies with data from the macroregion of southern Minas Gerais were identified.

For this reason, the present study was developed with the aim to describe the sociodemographic and clinical characteristics of men with prostate cancer undergoing cancer treatment.

METHOD

This is a cross-sectional, descriptive, quantitative study. It was conducted at the outpatient clinic of a philanthropic hospital that is an oncology high complexity reference in 26 municipalities in the south of Minas Gerais.

This study is an axis of a greater project entitled Support needs for care, social support and quality of life of people with cancer. Of the 271 people who participated in this study, 132 were women and 139 were men. Of the 139 men interviewed, 55 had a diagnosis of prostate cancer, confirmed in data from medical records. All agreed to participate in the study, thus constituting a convenience sample.

In the waiting room of the aforementioned clinic, people were approached by the researchers and invited to participate in the study. After acceptance, they were directed together with the companion, when present, to a room reserved for the first contact.

The inclusion criteria for the larger project were: people over 18 years of age, diagnosed with cancer, regardless of stage and in follow-up

treatment at the institution. Exclusion criteria were people who had some difficulty answering the following questions: What is your full name? What month are we in? What day of the week is today? What is the name of the city we are in right now?

Inclusion criteria for this study were: men diagnosed with prostate cancer.

Participants and accompanying persons, when present, were explained about the objective and relevance of the study and inclusion and exclusion criteria were analyzed. For those who met the inclusion criteria and accepted to participate in the study, the researcher read the Informed Consent form and requested the participant's or companion's signature, and gave them a copy.

After confirming participation in the study, the companion was invited to wait for the end of the interview in the waiting room. Data were collected from June to December 2019, through a face-to-face interview instrument. The questions were read by researchers with experience in data collection. The average duration of interviews was 15 minutes and the responses were recorded on a computer or cell phone.

Data related to clinical characterization were collected in the archives sector through access to medical records under supervision of the professional responsible for the sector, and institutional authorization was obtained through the Term of Commitment for the Use of Data and Medical Records (Portuguese acronym: TCUd).

The instrument used was developed and validated by Freire⁽¹³⁾ and, upon authorization, adapted to the Google forms[®] electronic form version. Then, the pilot test was conducted with three participants, which provided clarity and understanding of the questions.

The variables related to sociodemographic characterization included: age/date of birth, self-reported skin color, marital status, education, religious belief, housing conditions, living arrangement, occupation, monthly income and satisfaction with this income, origin and lifestyle habits such as smoking and drinking. Clinical variables were origin of referral, time since diagnosis, extent of disease and treatment received.

The collected data were transferred to a Microsoft Office Excel[®] database with double

entry and analyzed using descriptive statistics. Absolute and relative frequencies were calculated.

The study was approved by the Research Ethics Committee under opinion number 2.397.931 (CAAE: 78017717.9.0000.5142) following the principles of Resolution 466/2012.

RESULTS

Of the 55 participants, the following predominated: men aged 70 to 79 years old, white, married, with incomplete primary

education, Catholics, living in the urban area, with a wife or partner, great relationship with family members, retirees, monthly family income from one to three minimum wages, who classified their financial situation as regular, denied alcohol consumption and were former smokers (table 1).

Regarding the origin of participants, 20% lived in the city where the Oncology Outpatient Clinic was located and 80% lived in other cities, with the furthest being 100 km away.

Table 1. Distribution of men with prostate cancer in outpatient care according to sociodemographic data and lifestyle habits. Alfenas, Minas Gerais, 2019. (n=55).

Variables	n	%
Age range		
50- 59 years	6	10.91
60- 69 years	15	27.27
70- 79 years	25	45.45
80- 89 years	8	14.55
90- 99 years	1	1.82
Declared skin color/race		
White	25	45.45
Mixed race	18	32.73
Black	10	18.18
Yellow/Asian	2	3.64
Marital status		
Single	9	16.36
Married	35	63.64
Consensual union	1	1.82
Widower	6	10.91
Separated /divorced	4	7.27
Religion		
Catholic	41	74.54
Evangelical	12	21.82
Others	1	1.82
No religion	1	1.82
Educational level		
No schooling	10	18.18
Incomplete primary education	30	54.55
Complete primary education	8	14.55
Incomplete secondary education	0	0
Complete secondary education	4	7.27
Incomplete higher education	2	3.64
Complete higher education	1	1.82
Residence		
Urban area	48	87.27
Rural area	7	12.73
With whom lives		
Lives alone	9	16.36
Lives with wife or partner	19	34.55
Lives with children	5	9.09
Lives with another family member	6	10.91
Lives with spouse and child(ren)	14	25.45
Lives with other people (non-relative)	2	3.64
Relationship with family members		
Excellent	31	56.36
Good	20	36.36
Regular	4	7.27
Occupation		
Employed	5	9.09
Unemployed	1	1.82
Retiree	44	80
Self-employed	1	1.82
Health leave	2	3.64
Others	2	3.64

	To be continued...	
Approximate monthly family income		
Less than a salary	9	16.36
1-3 salaries	41	74.55
4-5 salaries	3	5.45
More than 5 salaries	2	3.64
Classification of financial status		
Very good	2	3.64
Good	23	41.82
Regular	27	49.09
Bad	3	5.45
Alcohol consumption		
Yes	2	3.64
No	31	56.36
No, but he used to be an alcoholic	20	36.36
Not informed	2	3.64
Smoking habit		
Yes	7	12.73
No	20	36.36
No, but used to be a smoker	26	47.27
Not informed	2	3.64
Total	55	100

Source: Prepared by the authors.

As for the clinical characterization presented in table 2, there was a predominance of participants referred by the National Health Service – Brazilian SUS (85.45%), with diagnosis time of more than 12 months

(69.09%), without metastasis (61.82%), who underwent radiotherapy (38.18%) and chemotherapy (61.82%), according to information collected from the medical records.

Table 2. Distribution of men with prostate cancer in outpatient care according to clinical data. Alfenas, Minas Gerais, 2019. (n=55).

Variables	N	%
Origin of referral		
National Health Service (Brazilian SUS)	47	85.45
Non-SUS	6	10.91
No information	2	3.64
Diagnosis time		
Less than 6 months	9	16.36
6-12 months	7	12.73
More than 12 months	38	69.09
No information	1	1.82
Metastasis		
Yes	15	27.27
No	34	61.82
No information	6	10.91
Radiotherapy		
Yes	21	38.18
No	8	14.55
No information	26	47.27
Chemotherapy		
Yes	34	61.82
No	21	38.18
Total	55	100

Source: Prepared by the authors.

DISCUSSION

Investigating the sociodemographic profile of people with cancer can contribute to identify vulnerabilities that compromise prevention actions and hinder early diagnosis and/or access to appropriate therapy, which can impact on the prognosis and quality of life⁽¹⁴⁾.

Regarding age group, it was found, as in other studies⁽¹⁰⁻¹¹⁾, that prostate cancer affects the older adults more. This corroborates literature data in which this type of cancer, more than others, is considered the cancer of older adults, since approximately three quarters of cases worldwide occur after 65 years of age⁽¹⁵⁾.

These results point to care that is aligned with

cancer care in the assistance to older adults, including the assessment of self-care capacity and the frailties of aging⁽¹⁶⁾. Such characteristics should be considered by nurses as subsidies for the development of the care plan.

Information about the prevention, illness and treatment of prostate cancer must be appropriate to the educational level of people being cared for and their families as a way to encourage adherence to therapy and autonomy for decision-making.

Since cancer is a complex chronic condition with multiple causes, often requiring advanced treatments⁽¹⁵⁾, the low educational level of participants found in the present study may constitute an obstacle to the understanding of recommendations, thereby increasing the chances of non-adherence to treatment⁽¹⁷⁻¹⁸⁾.

In this context, health professionals should seek to adapt their recommendations to an accessible language and implement the use of printed or digital educational materials, such as leaflets, pamphlets, folders or even personal relationships through counseling, embracement and dialogue⁽¹⁸⁾.

The white skin color/race found in the present investigation corroborates the result of a study⁽¹⁰⁾, but differs from others^(11,17) in which there was predominance of mixed race. Authors showed that race/color has been treated as a variable that affects access to health services, as they pointed out that more than half of non-white individuals took more than 60 days to start treatment from the first consultation. This also demonstrates socioeconomic and racial inequalities that generate these differences in access to health care⁽¹⁷⁾.

Brazilian legislation⁽²¹⁾ establishes a maximum period of 60 days between diagnosis and cancer treatment, which favors better outcomes and lower health expenses. The clinical data presented here pointed to a diagnosis time of prostate cancer of more than 12 months and the absence of metastasis for a significant portion of men. These results may be related to the early diagnosis and treatment that favor better prognoses⁽¹⁷⁾.

The multidisciplinary action organized in care networks favors access to services within the recommended deadlines and provides care actions that involve health education, screening,

diagnosis and early treatment.

Regarding lifestyle, a considerable percentage of ex-smokers and ex-alcoholics was observed. These results indicate that men used to adopt harmful habits to health, which constitutes a risk factor for prostate cancer and corroborates data on the morbidity and mortality profile of Brazilian men⁽¹⁾.

In this context, we emphasize the importance of primary and secondary prevention actions that involve men in educational activities on healthy eating with restriction to processed foods, physical activity practice, maintenance of body weight, smoking cessation and consumption of alcoholic beverages, as well as the dissemination of information on the main symptoms and preventive exams, which favors the detection of prostate cancer⁽¹⁵⁾.

Regarding the factors that can contribute to better health conditions, the Catholic religious belief, the fact of living with a partner and maintaining an excellent relationship with family members, as described in this study, can constitute important social support for coping with the disease and treatment, as found in other studies^(6,21).

From this perspective, nurses must seek to know and encourage the strengthening of these support networks, as they contribute to a less suffered transition process with a better capacity for resignification or even resilience.

Depending exclusively on retirement as a source of income and perceiving one's own financial status as regular, data from the present investigation, are related to the exclusive dependence on public services for access to transport, treatment and cancer follow-up treatment⁽²²⁾.

In this context, it is essential that health professionals working in the Oncology Outpatient Clinic seek to understand the situation of each person, especially men with a medical diagnosis of prostate cancer, in order to meet their needs, including making referrals to support services of their municipalities when necessary⁽²³⁾.

Regarding chemotherapy and radiotherapy therapeutic modalities, both have been successfully used in the treatment of prostate cancer, although subject to side effects⁽¹⁵⁾. The multidisciplinary team is responsible for

monitoring the different therapies through comprehensive care⁽²⁴⁾.

In the meantime, nurses their team must update their knowledge based on the best scientific evidence and provide empathic and dialogical relationships that can favor the search for men for an early diagnosis, despite the strong representation of ideals of hegemonic masculinity in men's symbolic imagination⁽²⁵⁾.

CONCLUSION

The characterization of men with prostate cancer predominantly portrayed white older adults, married, with incomplete primary education, Catholics, retired, with a monthly income of one to three minimum wages, living in urban areas, with excellent relationship with family members, with referral for treatment made by the Brazilian SUS and diagnosis time of more than 12 months.

Thus, this study showed that in the context of illness from prostate cancer among the men interviewed, some essential characteristics for the planning of care congruent with their

demands must be identified by health professionals. The recognition of the identified profile by nurses of that outpatient unit can enhance the educational actions aimed at subjects with low educational level, low income and who have the participation of family members, churches and services of the Brazilian SUS that made these men's referrals.

The number of participants and the local setting of the study are highlighted as uncontrolled factors that can interfere in the external validity of the study. Another limitation is related to the incompleteness of data from the medical records analyzed after the face-to-face meetings with participants, which hinders a more conclusive analysis, especially regarding therapy.

Although the results presented, cannot be generalized, they represent an important picture that partially represents men with prostate cancer in the health macroregion studied. Future research may cover other characteristics of this population, thereby contributing to better cancer care for men with prostate cancer.

CARACTERIZAÇÃO SOCIODEMOGRÁFICA E CLÍNICA DE HOMENS COM CÂNCER DE PRÓSTATA: SUBSÍDIOS PARA CUIDADOS DE ENFERMAGEM

RESUMO

Objetivo: descrever as características sociodemográficas e clínicas de homens com câncer de próstata em atendimento oncológico. **Método:** estudo transversal, descritivo, de abordagem quantitativa. Os dados foram coletados de junho a dezembro de 2019 em entrevistas e por acesso aos prontuários, analisados por meio de estatística descritiva e apresentados em valores absolutos e relativos. **Resultados:** dos 55 participantes, predominaram homens na faixa etária de 70 a 79 anos (45,45%); brancos (45,45%); casados (63,64%); com ensino fundamental incompleto (54,55%); de crença católica (74,55%); residentes de zona urbana (87,27%); com esposa ou companheira (34,55%); com ótima relação com familiares (56,36%); aposentados (80%); com renda mensal de um a três salários mínimos (74,55%); que consideravam sua situação financeira regular (49,09%); negavam etilismo (56,36); eram ex-fumantes (47,27%); encaminhados ao serviço pelo Sistema Único de Saúde (85,45%); com tempo de diagnóstico há mais de 12 meses (69,09%); sem metástase (61,82%); que realizaram radioterapia (38,18%) e quimioterapia (61,82%). **Conclusão:** este estudo permitiu evidenciar que, no contexto do adoecimento por câncer de próstata dos homens entrevistados, há características que devem ser identificadas pelos profissionais de saúde que são essenciais para o planejamento do cuidado congruente às suas demandas.

Palavras-chave: Características da população. Neoplasias da próstata. Cuidados de enfermagem. Enfermagem oncológica. Saúde do homem.

CARACTERIZACIÓN SOCIODEMOGRÁFICA Y CLÍNICA DE HOMBRES CON CÁNCER DE PRÓSTATA: COLABORACIONES PARA CUIDADOS DE ENFERMERÍA

RESUMEN

Objetivo: describir las características sociodemográficas y clínicas de hombres con cáncer de próstata en atención oncológica. **Método:** estudio transversal, descriptivo, de abordaje cuantitativo. Los datos fueron recolectados de junio a diciembre de 2019 en entrevistas y por acceso a los registros médicos, analizados por medio de estadística descriptiva y presentados en valores absolutos y relativos. **Resultados:** de los 55 participantes, predominaron hombres en la franja etaria de 70 a 79 años (45,45%); blancos (45,45%); casados (63,64%); con enseñanza básica incompleta (54,55%); de

creencia católica (74,55%); residentes de zona urbana (87,27%); com esposa ou companheira (34,55%); com ótima relação com familiares (56,36%); jubilados (80%); com renda mensal de um a três salários mínimos (74,55%); que consideravam sua situação financeira regular (49,09%); negavam etilismo (56,36); eram ex fumadores (47,27%); encaminhados ao serviço por el Sistema Único de Saúde (85,45%); com tempo de diagnóstico há mais de 12 meses (69,09%); sem metástase (61,82%); que realizaram radioterapia (38,18%) e quimioterapia (61,82%). **Conclusão:** este estudo permitiu evidenciar que, no contexto de la enfermagem por câncer de próstata de los hombres entrevistados, hay características que deben ser identificadas por los profesionales de salud que son esenciales para la planificación del cuidado apropiado a sus demandas.

Palabras clave: Características de la población. Neoplasias de próstata. Cuidados de enfermería. Enfermería oncológica. Salud del hombre.

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Corresponding author: Bianca de Moura Peloso-Carvalho. Street Gabriel Monteiro da Silva, nº 700, CEP: 37130-001, Alfenas – MG. E-mail: biancampcar@gmail.com

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