

European Association of Urology – Press Release

Mental health state associated with higher death rates for prostate and other urological cancers

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Patients with prostate, bladder or kidney cancers are at greater risk of dying if they have had psychiatric care prior to the cancer treatment. In addition, patients with these cancers show greater suicide risk than the general population, even once the data is corrected for previous psychiatric care. These are the main findings of a new study presented at the European Association of Urology congress in Barcelona. They highlight the need for psychiatric care to be integrated into cancer treatment.

There is emerging evidence that cancer survival rate is influenced by the mental health state of the patient. This work is the first which relates urological cancer survival to previous (within 5 years) use of psychiatric services, giving scientists an indication of the mental health state of patient before the cancer diagnosis. This is part of a larger study looking at the effect of mental health on cancer survival.

What did they do?

A US/Canadian team led by Assistant Professor Zachary Klaassen (Georgia Cancer Centre, Augusta, Georgia) looked at the mental health records of 191,068 urology cancer patients from Ontario in Canada (where Professor Klaassen was on temporary assignment). These patients had either suffered from prostate, bladder, or kidney cancer. They then assigned each patient a score based on whether they had used psychiatric services within the previous 5 years. 57.1% had not used these services whereas the remaining patients had received outpatient treatment (41.6%), emergency department treatment (0.84%) or hospital admission (0.40%). The patients were matched to 528,387 control patients, i.e. patients who had not suffered any cancers. Full figures are available in the attached abstract.

What did they find?

The researchers found that patients previously treated for mental health conditions had a greater risk of dying of their cancer than those who had not been treated, with the mortality risk increasing in line with the intensity of the prior mental health treatment. For example, the odds of cancer mortality were 1.78 times greater in patients who had been hospitalized for mental health problems, when compared with controls (Hazard Ratio, 1.78).

Zachary Klaassen said

“This is the first large, population-level study to show that patients with previous mental health problems are at greater risk of dying of their cancer compared to patients with no mental health history. We believe that there will be several factors behind this, but we need more studies to understand the causes.”

A second analysis looked at suicide rates following diagnosis and treatment with prostate, bladder, or kidney cancer. In common with other findings, the researchers found that suicide rates increased after cancer diagnosis. Professor Klaassen commented:

“This is the first population-level suicide study where we have been able to adjust for previous psychiatric history. We found that whereas the overall risk of suicide increased by around 16% (HR=1.16) for patients who had been diagnosed with these cancers, it went up by around 39% (HR=1.39) in patients

who had no previous history of mental health treatment. This shows the significant toll that cancer diagnosis has on the mental health of patients.

In general, we can say that patients with genitourinary malignancies who have utilized psychiatric services in the five years leading up to their cancer diagnosis are at increased risk of dying of their cancer compared to patients with the same cancer who have not sought psychiatric help. Furthermore, these patients are at greater risk of suicide. The exact reason for this relationship is unknown, however it highlights the importance of identifying at-risk patients and having a multi-disciplinary approach (including psycho-oncology) to managing these patients.”

“There are more than 20 population-level studies suggesting that cancer patients are at increased risk of suicide compared to the general population. This is the first study to account for pre-diagnosis psychiatric status, and it confirms that a cancer diagnosis in itself is a driving factor for suicidal risk. Considering that several studies have suggested that bladder cancer patients are amongst the highest-risk patients, at the Georgia Cancer Center we are working towards including prior psychiatric data on these patients to help us understand if early psychiatric assistance may help in the overall outcome. We think that this needs to be generally considered for these patients.”

Commenting, Professor Francesco Montorsi (Milano), European Association of Urology’s Adjunct Secretary General for Science said:

“This large study shows that pre-existing mental state can have a significant influence on cancer outcomes. In addition, it shows that just the diagnosis of cancer can have a bearing on whether or not the patient attempts suicide. The clinical community has a duty to treat the whole patient, not just the cancer, so we need to take note of these findings, and where possible to include appropriate precautions to take account of a patient’s mental health history.”

This is an independent comment; Professor Montorsi was not involved in this research.

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