QUALITY OF LIFE OF PATIENTS UNDERGOING RADIOTHERAPY FOR LOCALIZED PROSTATE CANCER

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ABSTRACT

Introduction: Primary prevention includes health education and the promotion of healthy lifestyle habits aimed at reducing disease incidence. In the care of patients with prostate cancer, nurses play an important role in patient and family education, psychological support, and in recognizing and alleviating emotional difficulties. Quality of life represents an important outcome in the treatment of localized prostate cancer, particularly in patients undergoing radiotherapy.

Aim: The aim of this study was to compare the quality of life and emotional status of patients with localized prostate cancer treated with radiotherapy in inpatient and outpatient settings.

Results: The results showed certain differences, but also similarities, in the perception of quality of life between the groups. Overall, respondents rated their general health and overall quality of life positively, with variability observed in specific aspects of health status. Demographic factors, including age, marital status, and level of education, did not show a significant impact on perceived quality of life. Treatment-related side effects, sexual satisfaction, and individual differences had a greater influence on quality of life perception. No statistically significant difference in quality of life was found between patients treated in outpatient and hospital settings.

Conclusion: The findings emphasize the importance of an individualized approach, continuous monitoring of radiotherapy side effects, and the provision of targeted and comprehensive patient support in order to preserve and improve quality of life.

Keywords: quality of life, nurses, prevention, prostate cancer, radiotherapy
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INTRODUCTION

The incidence of prostate cancer increases with age, with approximately 85% of all cases diagnosed after the age of 60 (1), and it is rare in individuals under the age of 40 (2,3). Research conducted in the United States additionally indicates that one in forty-four men dies from prostate cancer (4). An increased incidence of prostate cancer has been observed in the African-American population, with a difference of approximately 70% compared to the white population, the causes of which remain unclear (5,6). According to the guidelines of the American Urological Association (AUA), when evaluating a patient with prostate cancer, it is important to consider the expected life expectancy, the general health of the patient, and the characteristics of the cancer, including the Gleason score and the extent of the disease (7). When we talk about prevention, we often emphasise the primary prevention of cancer, which implies health education of an individual, group or population about risk factors that can contribute to the appearance of the disease. The goal is to eliminate or reduce exposure to risks while encouraging the adoption of healthy lifestyle habits. Tertiary prevention refers to measures that improve the quality of life and reduce the limitations of patients by providing psychosocial support and necessary rehabilitation (8). The approach to tertiary prevention is multidisciplinary, with the nurse indispensable, especially in the community; they are the team coordinators because they are the first to meet the patient and their family upon the patient's return from the health institution/hospital. Many studies have confirmed that optimistic patients, who have faith in recovery, tolerate therapy and the recovery process better. The most common psychological problems that occur in oncology patients requiring intervention are: depression, anxiety and delirium (9). Overall, in patients with localised prostate cancer, surgical treatment was associated with higher health-related quality of life in the bowel domain, and radiotherapy was associated with better outcomes in the urinary and sexual domains. Differences in health-related quality of life between surgery and radiotherapy tended to decrease over time (10). The main goal of this research is to compare the quality of life of prostate cancer patients who are treated with radiotherapy in an outpatient setting with those who are treated in a hospital setting.

MATERIALS AND METHODS

The research was conducted among patients with localised prostate cancer who underwent radiotherapy at the Banja Luka Radiotherapy Centre - IMC Affidea, both in outpatient and inpatient settings. The test group included 30 patients who received radiotherapy treatment on an outpatient basis, that is, they came from their homes, while the control group included 30 patients who received radiotherapy treatment in hospital conditions. Respondents signed an informed consent to participate in the research, with oral and written information. The research was conducted in the period from October 12 to March 13, 2024. The research was conducted using standardised questionnaires for assessing the quality of life of prostate cancer patients, namely: the general questionnaire on the quality of life, Core Quality of Life QLQ-C30, and QLQ-PR25, which refers to symptoms and health problems in patients with prostate cancer. The questionnaires used are compatible, as they have shown high internal and external reliability, and are therefore often used together. Questionnaires assessed problems with activities, limitations in performing work or other daily activities, engaging in hobbies or other activities, health problems, weight loss or

obesity, feeling less masculine due to illness or treatment, interest in sexual intercourse, sexual activity, overall health, and a comprehensive assessment of quality of life. Answers to the questions are offered on a Likert rating scale from 1 to 4 (1-Not at all, 2-A little, 3-A lot, 4-Very much). The aforementioned questionnaires, along with added socio-demographic data (age of the patient, place of residence (urban or rural area), marital status, number of immediate family members and level of education), were applied to both groups of subjects. The examination was conducted before the start of radiotherapy and four weeks after the end of radiotherapy. The questionnaires were translated into one of the official languages of Bosnia and Herzegovina, in compliance with the procedures of the European Organisation for Research and Treatment of Cancer, and consent was obtained for the conduct of this research by the authors and the institution where the research was conducted. Computer programs such as MS Office (MS Word, MS Excel) and SPSS were used to collect and store data in the research. For the analysis of statistical data, descriptive statistical methods were applied, which include the range of numerical values, the arithmetic mean and the standard deviation in order to determine statistical significance.

RESULTS

The study included 60 respondents with confirmed pathohistological diagnosis of prostate cancer. The inclusion criteria were: localized prostate cancer, oncology board decision for radiotherapy treatment, and preserved cognitive function. Regarding age distribution, the majority of respondents were aged 51–70 years (56.7%), followed by those older than 70 years (40.0%), while the smallest proportion were aged 31–50 years (3.3%).

Table 1. *Assessment of limitations in the performance of various activities*

Limitation	M	SD	Min	Max
Limitation in work or other activities	1.73	.821	1	4
Limitation in engaging in hobbies or other leisure activities	1.75	.795	1	4
Lack of air	1.65	.732	1	4
Presence of pain	1.67	.795	1	4
Need for rest	2.00	.803	1	4
Issues with sleep	1.72	.761	1	4
Weakness	1.83	.806	1	4
Loss of appetite	1.68	.792	1	4
Nausea	1.78	.804	1	4
Vomiting	1.47	.769	1	4
Constipation	1.37	.688	1	4

Table 1 presents variability in mean scores across assessed limitations and symptoms, indicating differing levels of functional limitations and symptom severity among respondents.

As shown in Table 2, both the Kolmogorov–Smirnov and Shapiro–Wilk tests revealed statistically significant results for self-rated health and quality of life ($p < 0.001$), suggesting deviation from normal distribution.

Table 2. *Normality of distribution of variables related to general health status and quality of life*

Variables	Kolmogorov-Smirnov Statistic	df	p	Shapiro-Wilk Statistic	df	p
How would you rate your health during the past week?	.190	60	.000	.889	60	.000
How would you rate your quality of life during the past week?	.178	60	.000	.881	60	.000

a. Lilliefors Significance Correction

Table 3 presents descriptive statistics for respondents' self-assessed general health status and quality of life during the previous week. The mean score for self-rated health was 5.37 (SD = 1.41), while the mean score for quality of life was slightly higher at 5.42 (SD = 1.41). Median values for both variables were 6.00, with a mode of 7, indicating that the most frequently reported ratings were at the higher end of the scale. Minimum and maximum values ranged from 2 to 7 for health and from 1 to 7 for quality of life, reflecting variability in respondents' perceptions.

Table 3. *The respondents' assessment related to the quality of life and general state of health of the last week*

	How would you rate your health during the past week?	How would you rate your quality of life during the past week?
N Valid	60	60
N Missing	0	0
M	5.37	5.42
Med	6.00	6.00
Mode	7	7
SD	1.414	1.406
Min	2	1
Max	7	7
Sum	322	325

Table 4 presents respondents' self-assessment of symptoms and health-related problems, including urinary, bowel, and other treatment-related symptoms experienced during the previous week.

Table 4. *Assessment of the subject related to symptoms or health problems*

Variables	N	Min	Max	M	SD
Did you have to urinate more often during the day?	60	1	4	2.17	.740
Did you have to urinate more often during the night?	60	1	4	2.17	.806
When you felt the urge to urinate, did you have to go to the toilet urgently?	60	1	4	1.73	.936
Was it difficult to get a good night's sleep because you often got up to urinate?	59	1	4	1.83	.813
Was it difficult for you to leave the house because you needed to be near the toilet?	60	1	4	1.37	.758
Have you had uncontrollable discharge (leakage) of urine?	60	1	4	1.47	.700
Have you had pain while urinating?	60	1	4	1.50	.725

Please answer the question only if you wear incontinence aids: is wearing incontinence aids a problem for you?	9	1	4	2.00	1.323
Have your daily activities been limited due to your urinary problems?	58	1	4	1.41	.702
Have bowel problems limited you in your daily activities?	59	1	4	1.37	.717
Have you had uncontrollable passing ("leakage") of stools?	59	1	4	1.19	.682
Was there blood in the stool?	59	1	4	1.17	.620
Have you had a bloated feeling in your stomach?	59	1	4	1.88	.745
Have you had hot flashes?	59	1	4	1.98	.754
Have you had painful or enlarged nipples or breasts?	59	1	4	1.32	.655
Have you had oedema (swelling) of your legs or joints?	59	1	4	1.37	.717

As shown in Table 4, respondents reported higher mean scores for urinary symptoms, particularly increased frequency of urination during the day (M = 2.17, SD = 0.740) and night (M = 2.17, SD = 0.806), as well as urgency to urinate (M = 1.73, SD = 0.936). Difficulties with sleep due to frequent night time urination were also reported (M = 1.83, SD = 0.813). Lower mean scores were observed for limitations in daily activities related to urinary problems (M = 1.41, SD = 0.702) and bowel problems (M = 1.37, SD = 0.717). A smaller number of respondents (N = 9) reported using incontinence aids, with a mean score indicating a moderate level of perceived difficulty (M = 2.00, SD = 1.323). Of the 60 respondents, 22 completed the section of the questionnaire related to sexual activity, while the remaining respondents did not answer these questions. This subsample (n = 22) was therefore used for the analysis of variables related to sexual functioning.

Table 5. *Normality of distribution of variables related to the sexual activity of the respondents*

Variables	K-S Statistic	df	p	S-W Statistic	df	p
How much did you enjoy sex?	.193	22	.033	.866	22	.007
Have you had problems getting or maintaining an erection?	.272	22	.000	.859	22	.005
Have you had problems with ejaculation? (e.g., dry ejaculation - no discharge of seminal fluid or sperm)	.263	22	.000	.838	22	.002
Did you feel uncomfortable during intercourse?	.327	22	.000	.764	22	.000

a. Lilliefors Significance Correction

Table 5 presents the results of the Kolmogorov–Smirnov and Shapiro–Wilk tests for variables related to sexual activity. For all assessed variables, both tests showed statistically significant results ($p < 0.05$), indicating that the data deviate from a normal distribution. Therefore, non-parametric statistical methods were applied in further analyses. In addition, descriptive analysis showed that enjoyment of sex was rated with a mean score of 2.14 (SD = 0.99), indicating moderate satisfaction.

Problems with achieving or maintaining an erection had a mean score of 2.09 (SD = 0.81), while ejaculation problems showed a similar mean value (M = 2.09), with greater variability in responses (SD = 1.02).

Table 6. *Comparison of the quality of life between outpatient and inpatient radiotherapy groups*

How would you rate your quality of life during the past week?			
		EVa	**EVna**
LTFEV	F	.589	
	Sig.	.446	
t-test for Equality of Means	t	−1.198	−1.198
	df	58	56.233
	Sig.	.236	.236
	MD	−.433	−.433
	SED	.362	.362
CI (95%)	L	−1.157	−1.158
	U	.291	.291

Table 6 presents the results of the independent samples t-test comparing the quality of life between patients treated with radiotherapy in outpatient settings and those treated in hospital settings. Levene's test for equality of variances was not statistically significant (F = 0.589, p = 0.446), indicating that the assumption of homogeneity of variances was met. The independent t-test showed no statistically significant difference in quality of life between the two groups (t = −1.198, df = 58, p = 0.236). Although no statistically significant difference was found in quality of life between the groups, a noticeable trend was observed. Patients treated in hospital settings most frequently rated their quality of life as 4, whereas patients receiving outpatient radiotherapy most frequently assigned a rating of 7.

Table 7. *Mean scale values by quality of life group*

Quality of Life			
	Group I N (Median)	**Group II** N (Median)	**p***
SYMPTOM SCALES / ITEMS			
Urinary symptoms	27 (29.35)	30 (26.68)	.879
Incontinence aid use	7 (4.79)	2 (5.75)	.629
Bowel symptoms	29 (34.07)	30 (26.07)	.051
Hormone therapy-related symptoms	26 (30.02)	27 (24.09)	.154
FUNCTIONAL SCALES			
Sexual activity	25 (27.34)	27 (25.72)	.685
Sexual function[a]	12 (12.88)	10 (9.85)	.271

*** Mann-Whitney U test**
[a]*Assessed only in sexually active respondents*

Table 7 presents the results of the Mann-Whitney U test comparing symptom and functional scale scores between Group I (outpatient) and Group II (inpatient) radiotherapy patients. No statistically significant differences between the groups were found in the majority of assessed domains, including urinary symptoms (p = .879), incontinence aid use (p = .629), hormone therapy-related symptoms (p = .154), sexual activity (p = .685), and sexual function (p = .271). However, bowel symptoms approached conventional statistical significance (p = .051), suggesting a possible trend toward greater bowel symptom burden in Group I, which warrants further investigation.

DISCUSSION

The conducted research provides insight into various aspects of quality of life among patients with localised prostate cancer undergoing radiotherapy. Overall, respondents rated their general health and quality of life positively, with a tendency toward higher scores. However, analysis of specific aspects, such as gastrointestinal symptoms or sexual satisfaction, revealed variability, with some respondents reporting moderate to severe difficulties. Among functional limitations, the "need for rest" emerged as the most pronounced symptom, with the highest mean score (M = 2.00), indicating that fatigue and the requirement for rest represent a common challenge for this population (11,12). Other aspects of health, including diarrhoea, pain, fatigue, and concentration, received moderately good scores, but variability in responses indicates that some patients experience more severe side effects than others. Urinary and bowel disturbances, sexual problems, and psychosocial issues such as anxiety and depression have been documented as common side effects, while some studies emphasise that men perceive these effects as life-altering, including urinary incontinence, erectile dysfunction, and loss of libido (13–15). In the present study, patients reported fewer side effects than expected, and most indicated willingness to tolerate temporary adverse effects for therapeutic benefit. No statistically significant differences were observed in quality of life between patients receiving radiotherapy in outpatient versus hospital settings, suggesting that the treatment environment does not markedly affect overall patient-reported quality of life. Monitoring both early and late treatment-related side effects remains essential for understanding patient experiences. Previous studies support these findings, with Boevé et al. reporting increased gastrointestinal and urinary symptoms in patients receiving combined radiotherapy and androgen deprivation therapy (ADT) compared to ADT alone (16), while Parker et al. observed no significant negative impact of radiotherapy on long-term quality of life (17). Additionally, some studies indicate that sexual function outcomes are worse after radical prostatectomy compared to radiotherapy (18,19). In localised prostate cancer, radical prostatectomy was associated with worse urinary incontinence, but not worse sexual function, at 10-year follow-up (20). In this context, nurses play a vital role in monitoring and managing treatment-related side effects, providing patient education, and offering psychosocial support, all of which are integral to maintaining and improving quality of life throughout the radiotherapy process (21). Implications for future research include the need for longitudinal studies examining both acute and chronic side effects of radiotherapy, with particular attention to sexual function, fatigue, and psychosocial outcomes. Research should also explore the effectiveness of patient education and supportive interventions to mitigate functional

limitations and improve overall quality of life. Further investigation into individualised approaches, including the impact of treatment setting, comorbidities, and psychosocial support, could guide the development of targeted strategies to enhance patient-centred care in prostate cancer management (22).

CONCLUSION

The present study confirms the multifactorial nature of quality of life among patients with localised prostate cancer undergoing radiotherapy. Although treatment-related symptoms, including fatigue and urinary or bowel dysfunction, were commonly reported, substantial variability in patient-reported outcomes suggests a significant role for individual and subjective factors in quality of life perception. Variations in treatment-related side effects and aspects of sexual functioning further support the individualised nature of treatment experiences in this patient population. No statistically significant differences were identified between patients treated in hospital settings and those receiving outpatient radiotherapy, suggesting that the treatment setting itself does not significantly influence overall patient-reported quality of life. However, a possible trend toward greater bowel symptom burden in the outpatient group was observed, which merits further investigation in larger samples. Additionally, demographic characteristics, including age, marital status and educational level, were not significantly associated with quality of life outcomes, indicating a greater influence of clinical and individual experiential factors. These findings emphasise the importance of comprehensive assessment of both physical and psychosocial domains during and after radiotherapy. The results support the need for individualised supportive care strategies and systematic monitoring of treatment-related side effects. Future research should focus on the development and evaluation of targeted interventions aimed at improving symptom management and optimising quality of life outcomes in patients with localised prostate cancer undergoing radiotherapy. Such research would benefit from longitudinal, multi-centre designs with larger sample sizes to overcome the limitations identified in the present study, including its single-centre setting, cross-sectional design, small sample size, and reliance on self-report measures.

GENERATIVE AI STATEMENT

Artificial Intelligence (AI) tools were not used in the preparation of this manuscript. The authors remain responsible for the content's integrity and originality.

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KVALITETA ŽIVOTA BOLESNIKA TIJEKOM RADIOTERAPIJE LOKALIZIRANOG KARCINOMA PROSTATE

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SAŽETAK

Uvod: Primarna prevencija obuhvaća zdravstveni odgoj i promicanje zdravih životnih navika s ciljem smanjenja učestalosti bolesti. U skrbi za bolesnike s rakom prostate medicinske sestre imaju važnu ulogu u edukaciji pacijenata i njihovih obitelji, pružanju psihološke potpore te prepoznavanju i ublažavanju emocionalnih poteškoća. Kvaliteta života predstavlja važan ishod liječenja lokaliziranog raka prostate, osobito kod bolesnika liječenih radioterapijom.

Cilj: Cilj ovog istraživanja bio je usporediti kvalitetu života i emocionalni status pacijenata s lokaliziranim rakom prostate liječenih radioterapijom u bolničkim i izvanbolničkim uvjetima.

Rezultati: Rezultati su pokazali određene razlike, ali i sličnosti u percepciji kvalitete života između skupina. Ispitanici su općenito pozitivno ocijenili svoje opće zdravlje i ukupnu kvalitetu života, uz prisutnu varijabilnost u pojedinim aspektima zdravstvenog stanja. Demografski čimbenici, uključujući dob, bračni status i razinu obrazovanja, nisu pokazali značajan utjecaj na percepciju kvalitete života. Nuspojave radioterapije, seksualno zadovoljstvo i individualne razlike pokazali su veći utjecaj na procjenu kvalitete života. Nije utvrđena statistički značajna razlika u kvaliteti života s obzirom na način liječenja (ambulantno ili bolnički).

Zaključak: Rezultati naglašavaju važnost individualiziranog pristupa, kontinuiranog praćenja nuspojava radioterapije te pružanja ciljane i sveobuhvatne podrške pacijentima s ciljem očuvanja i unapređenja kvalitete života.

Ključne riječi: kvaliteta života, medicinske sestre, prevencija, rak prostate, radioterapija
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