

Acceptance and Commitment Therapy for Adherence to an Erectile Rehabilitation Program After Radical Prostatectomy

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Disclosure

- No Disclosures



Introduction

- All treatments for prostate cancer impact sexual functioning
 - Only 16% of men get back to their baseline erections
- Effective treatments for erectile dysfunction (ED) are available
- Penile rehabilitation programs post surgery
 - Early intervention
 - Medication assisted erections 2 to 3 times/week

¹Nelson, et al., JSM, 2013; ²Mulhall et al., JSM, 2005;
³Montorsi et al, J Urol, 1997



Men Avoid and Drop-out of ED Treatment

Use of ED Treatment

- Many drop out of treatment
 - 50% of PDE5i users¹
 - 50% of injection users²
- Self-report injection use³
 - Only 60% continue at 4 months
 - Only 33% at a rate suggested for rehabilitation
- Syringe count injection use⁴
 - Mean injections/week: 0.9
 - Only 10% at a rate suggested for rehabilitation

¹IMS Health, 2001; ²Sundaram et al., Urology, 1997;
³Neleson et al., JSM, 2013, ⁴Nelson et al, SMSNA, 2013



**Pilot Psychotherapeutic Intervention to
Improve Compliance with an Erectile
Rehabilitation Program**

Phases of Intervention Development

- **Phase I:** Qualitative study to help inform pilot intervention
- **Phase II:** Pilot intervention using concepts of Acceptance and Commitment Therapy (ACT) to improve compliance with penile rehabilitation
 - Aims: Feasibility and Efficacy



ACT-ED Intervention

- Coaching vs. Therapy
- Explore importance of sexuality
- Accept short-term anxiety for long-term goal
 - Listen to patients’ “predictions” about injections
 - Willingness to experience anxiety and frustration
- Defuse anxiety and frustration
 - Cognitive/emotional processing
 - Humor
 - Focus on physical sensations in sexual situation
- Discuss/highlight barriers
- Commitment
 - Set injection target

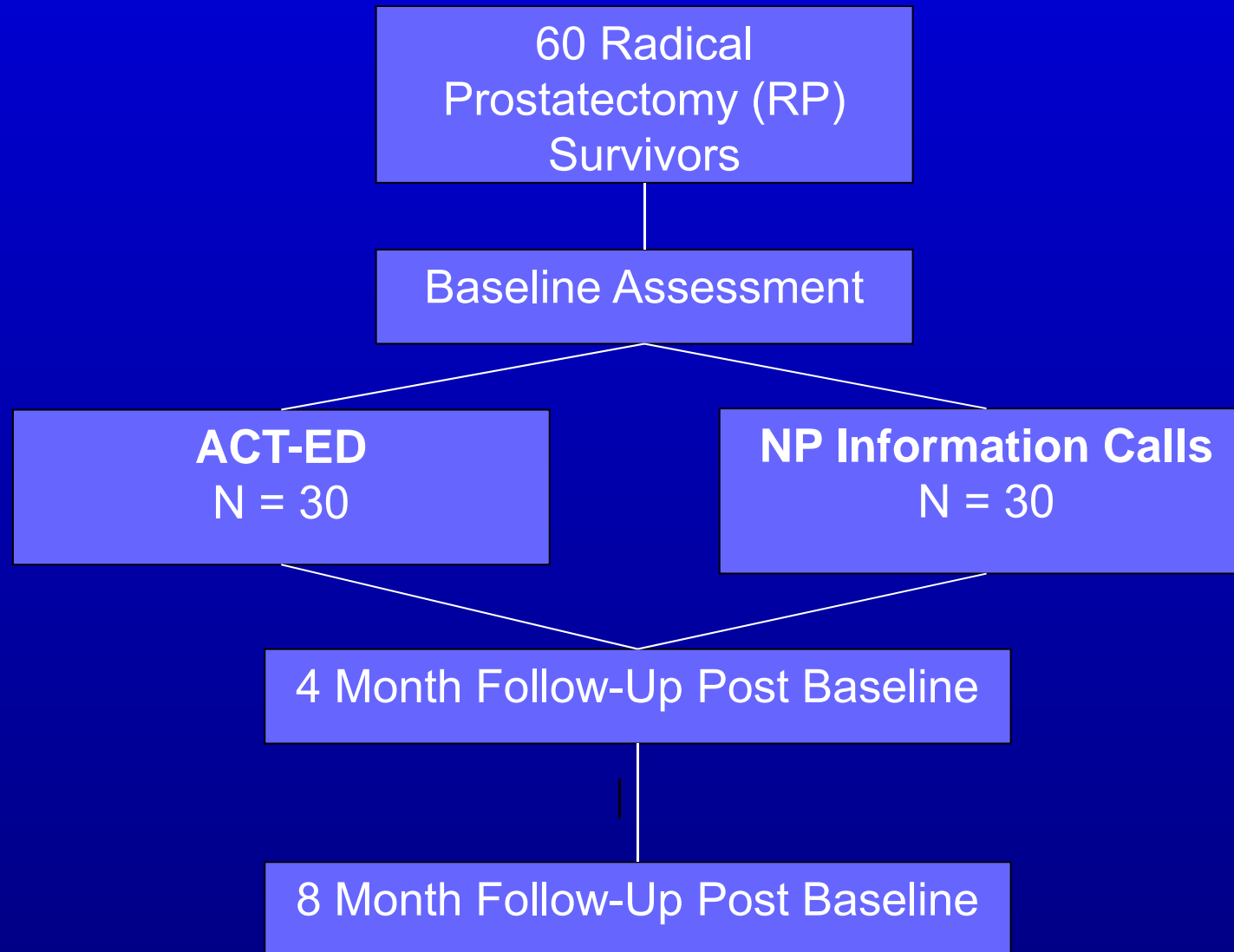


Pilot Intervention

- Randomized:
 - Injection Training + ACT-ED
 - Injection Training + Nurse Practitioner (NP) Information Phone Calls
- ACT-ED lasts 4 months
 - 4 individual sessions (in person/phone, 30-45min)
 - 3 check-in phone calls (5-10min)
- NP information phone call
 - Enhanced monitoring (EM)
 - 7 phone calls on the same schedule as ACT-ED



Pilot Intervention Design



Pilot Intervention

- Inclusion criteria
 - Within 9 months post-RP
 - Had good erectile functioning pre-surgery
 - ≥ 24 IIEF Erectile Function Domain
 - Advised to start penile injections
- Exclusion criteria
 - Specific injection phobia
 - A history of bipolar disorder or psychotic disorder
 - Current major depression



Primary Outcomes

- Feasibility
 - Acceptance rate
 - Completion rate
- Injection Use (syringe count)
 - Objective way to assess use of injections



Secondary Outcomes

- ED treatment satisfaction (EDITS)
- Sexual self-esteem and relationship quality (SEAR)
- Sexual bother (SB)
- Prostate cancer treatment regret



Analytic Strategy

- Descriptive statistics
- ANCOVA
- Reported effect sizes (Cohen's d)¹
 - Small (.20)
 - Medium (.50)
 - Large (.80)

¹Cohen, Psych Bull, 1992



Subject Characteristics

		Total Sample
N		53
N by Group	Intervention	26
	Control	27
Mean age (years)		60 \pm 7
Race	White	82%
	Black	18%
Relationship Status	Partnered	73%
	Single	37%
Months Post-Surgery		4 \pm 2
EFD w/Injections	Intervention	24.5 \pm 6
	Control	25.8 \pm 6



Primary Outcome: Feasibility

- 63 subjects recruited to the study
 - 53 subjects started the study
- Acceptance rate
 - 63% (53 out of 84)
- Completion rate for intervention group
 - 71% (21 out of 26)
 - No difference compared to EM group



Primary Outcome: Injection Use

Injection Use at 4 Months				
Variable	Control	Intervention	p	Effect
Mean Weekly Injection Use	0.9	1.7	0.001	d = 1.25
% Adherence	10%	44%	0.04	RR = 4.4



Secondary Outcomes: 4 Months

Variable	Intervention Compared to Control	p	d
ED Treatment Satisfaction (Range = 0-44)	↑ 6.6 points	0.09	0.71
Sexual Self-Esteem (Range = 0-100)	↑ 9.5 points	0.03	0.76
Sexual Bother (Range = 0-15)	↓ 1.2 points	0.20	0.51
Prostate Cancer Treatment Regret (Range = 0-25)	↓ 4 points	0.01	1.18

Cohen's d effect size: 0.2 = weak; 0.5 = moderate;
0.8 = strong



Primary Outcome: Injection Use

Injection Use at 8 Months				
Variable	Control	Intervention	p	Effect
Mean Weekly Injection Use	0.7	1.2	0.03	d = 1.08
% Adherence	0%	18%	0.18	



Secondary Outcomes: 8 Months

Variable	Intervention Compared to Control	p	d
ED Treatment Satisfaction (Range = 0-44)	↑ 5.4 points	0.15	0.61
Sexual Self-Esteem (Range = 0-100)	↑ 9.1 points	0.05	0.70
Sexual Bother (Range = 0-15)	↓ 0.9 points	0.40	0.39
Prostate Cancer Treatment Regret (Range = 0-25)	↓ 3.9 points	0.02	0.93

Cohen's d effect size: 0.2 = weak; 0.5 = moderate;
0.8 = strong



Conclusion

- Preliminary pilot data suggests ACT-ED is:
 - Feasible
 - Effective
- Significantly increased:
 - Number of injections per week
 - Adherence to erectile rehabilitation program
- Moderate to large effects on secondary outcomes
- Novel intervention:
 - Proactively helping men regain erections mitigating negative psychosocial implications of chronic ED
 - Integrates psychosocial with medical best practice
- Need to do more than support

