DANISH HEALTH AUTHORITY

NATIONAL CLINICAL GUIDELINE FOR THE REHABILITATION OF PATIENTS WITH PROSTATE CANCER

Quick Guide

Do not routinely use a depression screening tool in patients with prostate cancer, as the beneficial effect is uncertain.

Weak recommendation **AGAINST**

The recommendation was updated and changed in 2020.

When dealing with patients with prostate cancer, healthcare professionals should pay particular attention to the patient's psychological well-being and actively ask about this. Healthcare professionals should also pay particular attention to whether the patient shows depressive symptoms.

All patients with prostate cancer should be informed that depressive symptoms are common. This is particularly important as not all patients will bring up the subject themselves even though they experience symptoms.

On suspicion of depression, medical practitioners should ask specifically about depressive symptoms such as depressed mood, lack of desire and interest, reduced energy/increased fatigue, self-blame, feeling of guilt, thoughts of death or suicide, concentration difficulties, appetite changes and sleep disorders.

On suspicion of depressive symptoms or depression, healthcare professionals should provide information on where the patient can get relevant help with assessment and treatment, including help from their own general practitioner.

Healthcare professionals should pay particular attention to depressive symptoms at the time of diagnosis, in connection with change in treatment and in patients receiving medical treatment, as they are at particular risk of developing depression.

Offer moderate to intensive supervised exercise therapy to patients undergoing androgen deprivation therapy.

Strong recommendation

The recommendation was updated and changed in 2020.

Supervised exercise therapy includes exercise therapy that is instructed, supervised and monitored by a professional specialist/healthcare professional with relevant competences.

Supervised exercise therapy can be commenced immediately after the start of androgen deprivation therapy. Patients who have been in long-term androgen deprivation therapy benefit just as much from a supervised exercise therapy course as patients in early treatment.

The exercise intensity should be minimum 60-85% of 1 repetition maximum for muscle-strengthening exercises and minimum 60-85% of the estimated maximum heart rate for aerobic exercises. The intensity should be individually determined and be continuously progressive to ensure effective training.

Muscle-strengthening exercises should involve the large muscle groups in both upper and lower extremities.

Furthermore, the training should be adapted individually to the patient's functional level, resources, degree of illness and preferences.

For untrained persons who are not accustomed to contact sports, other training methods than contact sports should be considered. Injuries were reported more frequently in studies in which the intervention was football training. In addition, it is uncertain whether football training is connected with a higher risk of fractures.

Supervised exercise therapy may be based on individual training or group-based training. The total training duration should be minimum 12 weeks with supervised training sessions 2-3 times a week.

Some patients will need a motivational intervention or consultation prior to participation in supervised training.

Consider offering supervised pelvic floor muscle training, rather than hand-out of instructions or no pelvic floor muscle training, to men who suffer from incontinence following prostatectomy for prostate cancer.

Weak recommendation

It was not considered necessary to update the recommendation in 2020

Supervised pelvic floor muscle training can take place as individual training or group-based training by a healthcare professional with relevant competences (e.g. physiotherapist, general practitioner or nurse).

The training should, as a minimum, include an individual assessment with palpation and an assessment of the pelvic floor muscles as well as instruction in how to perform exercises. The training can be commenced after removal of bladder catheter. The total training period can be of up to one year's duration. Patients who do not achieve improvement should be referred for further assessment.

The training should be planned based on general physiological training principles. This means that continuous instruction, guidance and progression in the training are planned and organised to accommodate muscle strength, static and dynamic endurance as well as coordination.

Consider offering sexological counselling to patients with prostate cancer.

Weak recommendation

The recommendation was updated and changed in 2020.

Sexual side effects and dysfunctions may be a taboo, and not all patients will bring up the subject themselves.

All patients should be informed that sexual problems are common after treatment for prostate cancer and that possible treatments for sexual dysfunctions, including both medical treatment and sexological counselling, are available.

Sexological counselling can be offered to all patients who wish to receive sexological advice after having been provided with information about possible sexual side effects and possible treatments, and where it is found, based on a health professional assessment, that counselling may have an effect.

Patients who have had an active sexual life before treatment for prostate cancer are expected to have an increased interest in the intervention.

Sexological counselling may include elements of psychoeducation, couples communication/couples therapy, intimacy and sensuality training, possibly including home exercises, information/advice on possible treatments/remedial measures for sexual problems. The counselling can be combined with other treatment, including medical treatment.

Any partner should be involved in the sexological counselling in as far as possible.

It is good practice to consider whether to offer regular examination for cardiovascular risk factors to patients with prostate cancer who are undergoing androgen deprivation therapy.

Good practice (consensus)

It was not considered necessary to update the recommendation in 2020

The patient's general risk of developing cardiovascular disease should be included in the consideration of whether to perform an examination of cardiovascular risk factors.

Consider offering bone mineral density testing to patients with prostate cancer starting on androgen deprivation therapy.

Weak recommendation

It was not considered necessary to update the recommendation in 2020

Dual-energy X-ray Absorptiometry scan (DXA scan) of the hip and loin enables an assessment of the patient's bone mineral density. It may be advantageous to perform the examination at the commencement of androgen deprivation therapy and 12-24 months later. In an assessment of the scan result, it must be taken into consideration when the examination has been performed in the patient's course of treatment.

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About the quick guide

This quick guide contains the key recommendations from the national clinical guideline for the rehabilitation of patients with prostate cancer. The guideline was prepared under the auspices of the Danish Health Authority.

The guideline is expected to support a more uniform and evidence-based rehabilitation offer to patients with prostate cancer in those parts of the course of the patient's treatment that are covered by this guideline.

The national clinical guideline contains recommendations regarding selected parts of this field, and it cannot stand alone, but must be seen in conjunction with other guidelines, recommendations, process descriptions etc. in this field.

Further information at www.sst.dk
A full-length version of the national clinical guideline is available at the Danish Health Authority's website (www.sst.dk), including a detailed review of the underlying evidence on which the recommendations are based.

About the national clinical guidelines
This national clinical guideline is one of the national clinical guidelines prepared by the Danish Health Authority in the period 2017-2020.

Further information about the choice of subjects, method and process is available at www.sst.dk

National clinical guideline for the rehabilitation of patients with prostate cancer
Published by the Danish Health Authority, May 2021