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A Qualitative Exploration of the Experience of Men With Prostate Cancer Involved in Supervised Exercise Programs

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Purpose/Objectives: To provide an in-depth description of the experience of supervised exercise programs among men with prostate cancer and to identify elements critical to optimizing engagement and ongoing exercise participation.

Design: Descriptive, qualitative.

Setting: A tertiary exercise oncology center in Perth, Australia.

Sample: 12 men with prostate cancer participating in a structured, clinic-based group exercise program supervised by accredited exercise physiologists.

Methodologic Approach: Participants completed a demographic and health history questionnaire and a semistructured interview. Thematic content analysis was performed.

Findings: Participants described physiological and psychological health benefits, which reduced treatment-related side effects and positively affected self-efficacy, and identified exercise physiologists as providing information about the importance of exercise, as well as practical, emotional, and social support. Peer support encouraged discussion of shared experiences and a sense of social connection.

Conclusions: Results from the current study expand on existing quantitative data to provide evidence of psychosocial benefits among men with prostate cancer involved with supervised exercise programs. The data provide insight into the components of exercise programs that can form a framework for the development of effective supportive care programs.

Interpretation: Involvement in a structured, clinic-based group exercise program provides men with prostate cancer with considerable benefits. Supervision by qualified exercise physiologists and incorporation of a group approach are critical components of maximizing those benefits.

Key Words: exercise; prostate cancer; supportive care; survivorship care

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The diagnosis and treatment of prostate cancer is associated with significant physical and psychological sequelae that compromise quality of life. Men treated with mainstay therapies may experience some of the following side effects depending on the treatment that is provided: sexual dysfunction (Higano, 2012; Ng et al., 2012; Resnick et al., 2013; Sanda et al., 2008), urinary incontinence (Resnick et al., 2013; Sanda et al., 2008), fatigue (Pachman, Barton, Swetz, & Loprinzi, 2012), psychological distress (De Sousa, Sonavane, & Mehta, 2012; Krumwiede & Krumwiede, 2012; Saini et al., 2013), negative body composition changes (Galvão et al., 2008; Hamilton et al., 2011; Smith et al., 2012; Spry et al., 2013) that contribute to body image concerns (Harrington, Jones, & Badger, 2009), accelerated loss of bone mineral density (Galvão et al., 2008; Spry et al., 2009), reduced physical function (Alibhai et al., 2010; Galvão et al., 2009), and increased risk of comorbid conditions, such as cardiovascular disease, diabetes, metabolic syndrome, and osteoporosis (Braga-Basaria et al., 2006; Harrington, Schwenke, Epstein, & Bailey, 2014; Levine et al., 2010; Shahinian, Kuo, Freeman, & Goodwin, 2005). These issues significantly compromise quality of life for the patient (Alibhai et al., 2010; Spry et al., 2006) and his partner (Harden et al., 2013).

In the past decade, considerable clinical research has established the efficacy of exercise in counteracting many of the adverse treatment-related side effects of prostate cancer. Significant improvements have been noted in sexual dysfunction, fatigue, depression, anxiety, body composition, physical function, and quality of life through interventions involving appropriate exercise prescriptions (i.e., moderate- to vigorous-intensity aerobic and resistance exercise); reductions in the risk of developing comorbid conditions have been observed as well (Cormie, Galvão, Spry, Joseph, Chee, et al., 2014; Cormie, Galvão, Spry, Joseph, Taaffe, et al., 2014; Cormie, Newton, Spry, et al., 2013; Cormie, Newton, Taaffe, Spry, & Galvão, 2013; Cormie, Newton, Taaffe, Spry, Joseph, et al., 2013; Galvão et al., 2013; Galvão, Taaffe, Spry, Joseph, & Newton, 2010; Segal et al., 2003, 2009). The strength of evidence regarding the efficacy of exercise in counteracting side effects that result from androgen deprivation therapy (ADT) has led to its