available at www.sciencedirect.com
journal homepage: www.europeanurology.com

European Association of Urology

Letter to the Editor

Re: Rano Matta, Christopher J.D. Wallis, Mitchell G. Goldenberg, et al. Variation and Trends in Antidepressant Prescribing for Men Undergoing Treatment for Nonmetastatic Prostate Cancer: A Population-based Cohort Study. Eur Urol 2019;75:3–7

Translational Potential of Dual Detection: Depression Diagnosis plus Sense of Coherence Determination in Prostate Cancer

Matta et al. [1] quantified depressive disorders among prostate cancer patients who underwent invasive treatment. Importantly, the authors reported that those managed with active surveillance did not have a higher risk of receiving antidepressants in comparison to control subjects. The rate of antidepressant prescription (as a proxy of depression) was ~10.5% in the year after invasive treatment. Do invasive therapies induce depression because of unremitting intestinal or urinary symptoms? Although studies are suggestive of this point, we do not yet have any hard data. Depressive states can be diagnosed using numerous biomarkers, and a number of methods and rating scales have been developed, including some that link the intensity of depression with the risk of suicidality. Knowing the subtleties in vulnerability to depression in the subset of prostate cancer patients described by the authors [1], quantification of the salutogenic state of these patients could yield an integrative approach.

In pediatric cancers, antidepressant treatment in the form of "hope" (the perception that one's goals can be met) can be delivered by assigning positive expectations to the patient's practices [2]. Among adults and aged patients receiving flawless communications, acquisition of hope is quite difficult. In this setting and because of its translational potential, I suggest concomitant measurement of the sense of coherence (SOC) and a relevant test for depression diagnosis.

SOC is related to the capability to cope in the face of adversity. In brief, the SOC scale is a measure of coping and reflects the extent to which an individual perceives existence as comprehensible, manageable, and meaningful, and thus reveals a person's way of life and aptitude to respond to misfortune. A high SOC score indicates that the individual themselves looks for hope (eg, confidence in treatments, religiosity, adherence to medical prescriptions). The higher the SOC, the better is quality of life (QoL), so individuals with high SOC are less prone to developing depression. On the contrary, patients with low SOC are especially defenseless against lifetime hardships, leading to worse lifestyle arrangements, vulnerability to handicaps, and lower QoL [3].

The Antonovsky SOC questionnaire (extended and brief versions) [4] is a self-rating questionnaire of 29 items (13 in the brief version); both versions have equivalent relevance. The questionnaire is scored using a 7-point Likert scale with precise instructions for each item. It is a pen-and-paper tool that can be completed by patients themselves in a few minutes. Emotional health is crucial to the self-perception that higher SOC is an inner resource that can act as a protective psychological factor in an overall adaptation process [4]. Remarkably, a recent report showed that mortality risk in a sample of breast cancer patients declined by 2.3% for every 1-unit increase in SOC score [5]. Thus, I suggest that SOC should be systematically measured together with depression, and in patients with depression and low SOC, intensive psychiatric care is a sensible approach.

Conflicts of interest: The author has nothing to disclose.

References

[1] Matta R, Wallis CJD, Goldenberg MG, et al. Variation and trends in antidepressant prescribing for men undergoing treatment for non-metastatic prostate cancer: a population-based cohort study. Eur Urol 2019;75:3–7.
[2] Germann JN, Leonard D, Heath CL, Stewart SM, Leavey PJ. Hope as a predictor of anxiety and depressive symptoms following pediatric cancer diagnosis. J Pediatr Psychol 2018;43:152–61.
[3] Super S, Wagemakers MA, Picavet HS, Verkooijen KT, Koelen MA. Strengthening sense of coherence: opportunities for theory building in health promotion. Health Promot Int 2016;31:869–78.
[4] Callahan LF, Pincus T. The sense of coherence scale in patients with rheumatoid arthritis. Arthritis Care Res 1995;8:28–35.

DOI of original article: https://doi.org/10.1016/j.eururo.2019.01.042.
https://doi.org/10.1016/j.eururo.2019.01.043

[5] Lindblad C, Langius-Eklöf A, Petersson LM, et al. Sense of coherence is a predictor of survival: a prospective study in women treated for breast cancer. Psychooncology 2018;27:1615–21.

Salvador Vale*
Investigation Unit, Laboratorios Trinidad, Tlaxcala, Mexico

*Unidad de Investigación, Laboratorio Trinidad, Tlaxcala 90, Mexico 06760, Mexico. Tel. +55 5593 3714; Fax: +55 5593 3714.
E-mail address: svalemayorga@yahoo.com.mx.

January 24, 2019