

## COMPREHENSIVE ASSESSMENT OF PHYSICAL HEALTH NEEDS IN PROSTATE CANCER PATIENTS

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<p><b>Article Info</b></p> <p><i>Received 28/02/2026</i> <i>Revised 21/03/2026</i> <i>Accepted 01/04/2026</i></p> <p><b>Key words:</b> Prostate cancer; Physical health assessment; Symptom management; Holistic care.</p>	<p><b>ABSTRACT</b></p> <p>Prostate cancer is a leading malignancy among men worldwide and presents complex physical health challenges that require comprehensive and continuous assessment throughout the disease trajectory. This study focuses on the importance of a structured evaluation of physical health needs in prostate cancer patients, encompassing symptom burden, functional status, nutritional condition, and treatment-related complications. Patients commonly experience urinary dysfunction, erectile impairment, fatigue, pain, and metabolic disturbances, particularly as a result of interventions such as surgery, radiation therapy, and androgen deprivation therapy. Additionally, the presence of age-related comorbidities such as cardiovascular disease, diabetes, and osteoporosis further complicates clinical management and necessitates individualized care planning. A multidisciplinary approach involving oncologists, nurses, dietitians, physiotherapists, and pharmacists is essential to ensure holistic assessment and coordinated care delivery. The use of validated assessment tools and regular monitoring facilitates early detection of complications, enabling timely interventions that improve treatment tolerance and patient outcomes. Furthermore, lifestyle factors such as physical activity, nutrition, and smoking status play a significant role in influencing disease progression and recovery, highlighting the need for integrated supportive care strategies. Continuous reassessment and patient engagement through education and shared decision-making are crucial for optimizing care and enhancing quality of life. Overall, comprehensive physical health assessment serves as a foundation for delivering patient-centered, evidence-based care, reducing complications, and improving long-term outcomes in prostate cancer patients.</p>
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### INTRODUCTION

Prostate cancer is a common cancer among men globally and poses a serious public health burden in terms of health-related quality of life, morbidity and mortality. With improving early detection and treatment options resulting in better survival outcomes, there is a need to address the physical health needs of prostate cancer survivors along the disease trajectory. The physical health needs of prostate cancer survivors are multifaceted, due to the effects of the disease itself and side effects of disease

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While these therapies are effective in halting disease progression, they also cause a variety of complications treatment (surgery, radiation therapy, androgen deprivation therapy, and chemotherapy) [1]. such as bladder dysfunction, sexual dysfunction, fatigue, osteoporosis, metabolic abnormalities and cardiovascular complications.

As a result, comprehensive and individualised assessment is critical to identify these needs and to deliver optimal supportive care. Multidimensional assessment includes thorough assessment of physical symptoms, function, nutritional status, coexisting medical conditions, and adverse effects of treatment, and tracking these over time. Validated symptom scales, physical performance tests and laboratory tests are essential for assessment and management. Moreover, the impact of age cannot be ignored, with prostate cancer mostly occurring in older



men who may already have other chronic diseases like diabetes, high blood pressure and heart disease, making treatment challenges more complex and side effects more likely. Pain control is also a vital consideration, especially in metastatic prostate cancer, where bone metastases are frequent and can lead to decreased mobility and function. Furthermore, hormonal changes associated with treatment can result in sarcopenia, bone weakness and fractures, requiring early detection and strategies to prevent complications.[2] Physical health needs assessment should also be modified to account for lifestyle factors, including physical inactivity, unhealthy dietary habits, and smoking, which can worsen disease symptoms and treatment side effects. Interdisciplinary approaches, including the roles of oncologists, nurses, physiotherapists, dietitians and pharmacists, are critical to provide holistic care and enhance treatment outcomes. Similarly, ongoing assessment and review is crucial to tailor care in the context of disease progression and therapeutic outcomes. Therefore, structured physical health assessment, while improving disease outcomes, can also improve the quality of life of prostate cancer patients. Therefore, incorporating standardized assessment tools in clinical practice is essential to ensure the delivery of quality, evidence-based and holistic care for prostate cancer survivors.[3]

### **Role of Clinical Nurse Specialists in Cancer Care**

Clinical Nurse Specialists (CNSs) are valuable members of the healthcare team who contribute to the provision of high-quality, patient-centered care across the cancer care spectrum through expertise in advanced clinical practice, evidence-based care and patient support. CNSs are highly specialised professionals who operate at the nexus of clinical practice, education, leadership and research, ensuring the delivery of holistic and integrated cancer care that is personalised to the patient. CNSs are primarily involved in managing care through assessment, symptom control, treatment monitoring and supportive care interventions. They play a crucial role in managing challenging physical symptoms, including pain, fatigue, nausea, and side effects of cancer treatment, enhancing patient comfort and well-being. CNSs also play an important role in patient and family education, offering information about the disease, treatment, side effects, and self-care techniques to help patients better understand their illness and treatment, and to increase adherence to therapy.[4] In addition, CNSs advocate for patients by improving communication and coordination between patients and multidisciplinary teams, such as oncologists, surgeons, pharmacists, and other allied health professionals, to ensure optimal care transitions and continuity throughout the continuum of cancer care. They take on a leadership role in the development and implementation of clinical guidelines, quality assurance programs, and evidence-based protocols to improve patient

care and efficiency in healthcare. CNSs are also integral to research and development, with involvement in clinical trials, assessment of innovative treatments and interpretation of research evidence for practice. Psychosocial support is another important aspect of their practice, as cancer diagnosis and treatment often cause anxiety, depression, and emotional distress; CNSs offer counseling, emotional support, and referrals to supportive care services[5]. And they contribute to survivorship care and palliative care, helping manage long-term side effects of treatment and providing compassionate end-of-life care when needed. Through their clinical competency and compassionate approach, CNSs elevate patient satisfaction, prevent readmissions and contribute to better health outcomes. In the evolving world of oncology, Clinical Nurse Specialists play a crucial role in connecting care, fostering teamwork and ensuring cancer patients are provided safe and effective treatment that enhances quality of life across the cancer care continuum.

### **Assessment of Physical Health Needs in Prostate Cancer Patients**

Identification of physical health needs in prostate cancer patients is an important part of holistic cancer care, as it allows for the recognition, tracking and treatment of disease- and treatment-related complications that can affect patient outcomes, quality of life and make prostate cancer care more burdensome. Prostate cancer is unique in that it affects older men, many of whom have pre-existing medical conditions, including heart disease, diabetes and high blood pressure, and require a comprehensive initial health assessment before starting treatment. Physical health needs span several areas, including symptoms, function, nutrition and side effects of treatment. Incontinence, lower urinary tract symptoms, erectile dysfunction, fatigue and pain are the most common physical symptoms, especially in advanced disease when bone metastases are common.[6] Thus, comprehensive symptom assessment, using validated measures, is critical for early detection and management. Functional assessment, which may include mobility and independence in daily activities and performance scales such as Eastern Cooperative Oncology Group (ECOG) score, is useful to determine the patient's tolerance for treatment. Nutritional status is also crucial, determined by the effects of cancer and cancer treatment on body weight, muscle mass, and metabolic changes. Moreover, androgen deprivation therapy, a mainstay of prostate cancer treatment, has side effects such as osteoporosis, sarcopenia, anemia, and increased risk of adverse cardiovascular events, warranting routine assessment of bone health, hematological indices and metabolic profile. Pain assessment, particularly in metastatic cancer, is essential for the management of pain and to enhance functional autonomy. Finally, physical health assessment must also consider lifestyle factors such as physical activity,



nutrition, and smoking, which affect disease course and recovery. Interdisciplinary input from oncologists, nurses, physiotherapists, dietitians and pharmacists is necessary to meet the complex and changing physical needs of the patient[7]. Regular physical health assessment along the disease trajectory enables the adaptation of treatment strategies to disease course and response. In summary, a systematic process of identifying physical health needs enables early detection of problems, minimises complications, maximises tolerance to treatment, and ultimately improves quality of life in patients with prostate cancer.

### **Psychological and Emotional Support Strategies**

Psychological and emotional support interventions are critical to holistic cancer care, given the prevalence of psychological distress, such as anxiety, depression, fear, uncertainty and emotion distress experienced by patients along the cancer journey. A systematic, patient-oriented strategy for psychological support starts with early screening using established distress measures to assess emotional problems and needs. Open communication is crucial, in which health providers build rapport and offer accurate, empathetic information and support to express concerns, fears, uncertainties and other issues to improve understanding and coping strategies.[8] Counseling approaches such as cognitive behavioral therapy, supportive psychotherapy and motivational interviewing are frequently employed to challenge negative beliefs, reduce distress and promote coping skills. Psychoeducation is also important, as it allows patients and their families to understand the illness, treatment, and side effects, and reduces anxiety and uncertainty while promoting shared decision-making. Peer support and group interactions offer a space for sharing experiences, receiving emotional support, and establishing a sense of community, which helps to alleviate feelings of loneliness. Support from families is also crucial, with caregivers often providing essential support and care, and patients need to receive education and support for their families too. Mind-body practices like mindfulness meditation, relaxation training, yoga and stress reduction programs are effective in reducing psychological symptoms and enhancing well-being[9]. Furthermore, spiritual support and cultural considerations can provide comfort and meaning, particularly in advanced disease or end-of-life situations. Embedding psych-oncology specialists, such as psychologists, psychiatrists, oncology social workers and nurses, in cancer care teams facilitates prompt identification and treatment of patients with serious psychological distress. Electronic health resources and tele-counseling services also increase access to psychological support, particularly in resource-poor areas. Ongoing monitoring and follow-up are crucial for assessing the impact of interventions and tailoring support

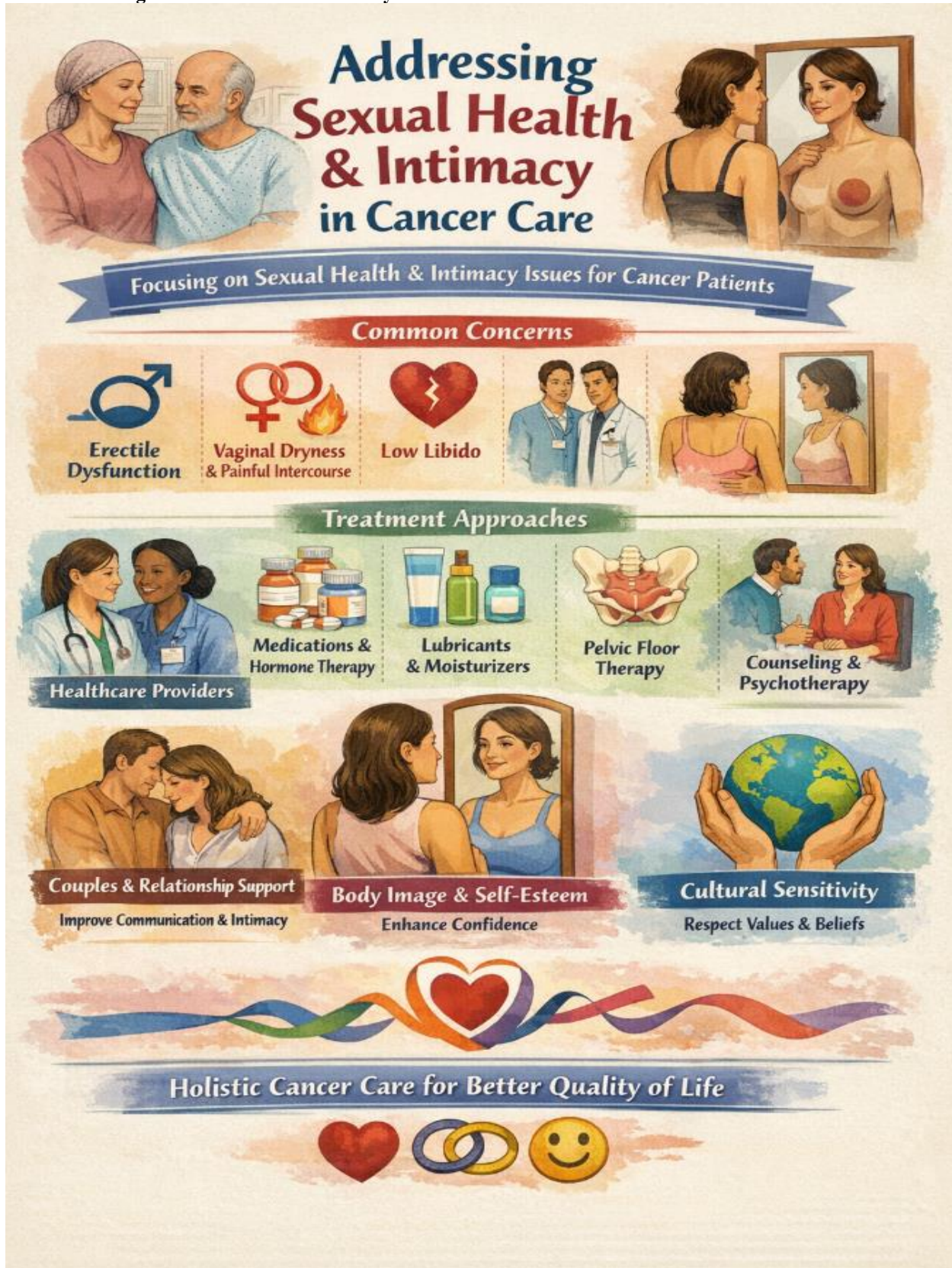
strategies to individual needs. In conclusion, prioritising psychological and emotional support strategies not only improves psychological outcomes, but also increases medication compliance, treatment satisfaction, and quality of life for patients receiving cancer treatment.[10]

### **Addressing Sexual Health and Intimacy Concerns**

Sexual health and intimacy issues deserve to be at the forefront of cancer care, especially among cancer patients receiving treatment for cancers like prostate, breast, and gynecological cancers, where treatment may have profound effects on sexual and body image issues. Side effects of cancer treatments such as surgery, radiation, chemotherapy and hormone therapies often cause physical changes, such as erectile dysfunction, altered libido, vaginal dryness, dyspareunia (painful intercourse) and changes in body image, that may compromise intimate relationships and quality of life. Thus, early detection and communication are critical to address these issues and implement strategies. Health-care providers, particularly nurses and clinical specialists, are instrumental in starting discussions about sexual issues in a nonjudgmental, nonstigmatizing, and culturally sensitive way to open up a dialogue and encourage patients to report concerns. [11]The mainstay of treatment is education and counseling, including information about treatment side effects and expectations and management approaches. Pharmacological treatment using phosphodiesterase inhibitors, hormone replacement therapies, lubricants and vaginal moisturizers may be suggested to address physical symptoms and dysfunction, and pelvic floor therapy and physiotherapy can enhance physical functioning. Psychosocial interventions are also essential, as stress, anxiety and depression may further contribute to sexual dysfunction; psychological evaluation and treatment by a psychologist or sex therapist may be helpful. Couple-based therapies and relationship counseling can improve communication, intimacy and increase emotional intimacy. Further, body image issues can be addressed in supportive care and rehabilitation, leading to improved self-esteem and sexual identity. Cultural and societal aspects should also be taken into account, as issues related to sexuality may be a touchy subject in some cultures, and may need special consideration in cultural-sensitive approaches that honour patient values and beliefs. Incorporating sexual health into cancer care through shared decision-making in a multidisciplinary approach prevents these issues from falling through the cracks[12]. Ongoing monitoring and evaluation is crucial to adjust interventions based on the patient's needs and stage of treatment. In the end, the management of sexual health and intimacy issues is an important component of comprehensive care to improve emotional well-being, relationship quality, and quality of life for cancer survivors.



Figure 1: Addressing Sexual Health and Intimacy Concerns



**Table 1: Common Physical Health Needs and Assessment Parameters in Prostate Cancer Patients**

Domain	Common Issues	Assessment Tools/Methods
Urinary Function	Incontinence, frequency, urgency	IPSS score, bladder diary, urinalysis
Sexual Health	Erectile dysfunction, reduced libido	IIEF questionnaire, patient interview
Pain	Bone pain (metastasis), chronic discomfort	Visual Analog Scale (VAS), Numeric Rating Scale
Fatigue	Cancer-related fatigue	Brief Fatigue Inventory (BFI)
Functional Status	Reduced mobility, ADL limitations	ECOG Performance Status, Karnofsky Scale
Nutritional Status	Weight loss/gain, sarcopenia	BMI, dietary assessment, serum albumin
Bone Health	Osteoporosis, fractures	DEXA scan, calcium/Vitamin D levels
Cardiovascular Risk	Hypertension, dyslipidemia	Lipid profile, ECG, blood pressure monitoring
Metabolic Changes	Diabetes risk, obesity	Blood glucose, HbA1c, metabolic panel

**Table 2: Multidisciplinary Roles in Holistic Prostate Cancer Care**

Healthcare Professional	Key Responsibilities
Oncologist	Diagnosis, treatment planning, disease monitoring
Clinical Nurse Specialist	Symptom management, patient education, care coordination
Dietitian	Nutritional assessment, diet planning, metabolic management
Physiotherapist	Rehabilitation, mobility improvement, exercise prescription
Pharmacist	Medication management, adverse effect monitoring, patient counseling
Psychologist/Psychiatrist	Mental health support, counseling, coping strategies
Social Worker	Resource linkage, financial guidance, caregiver support
Palliative Care Specialist	Symptom relief, end-of-life care, quality of life enhancement

**Nutritional Support and Lifestyle Modifications**

Nutritional interventions and lifestyle changes are an important part of cancer treatment and care, especially for prostate cancer patients and have a great impact on treatment response, side effects, and patients' quality of life. The disease and its treatments, such as surgery, radiotherapy and androgen deprivation therapy (ADT), can induce metabolic changes, loss of appetite, weight loss or gain, fatigue and wasting of skeletal muscles, requiring a comprehensive nutritional assessment and intervention strategy. Macronutrients (proteins, carbohydrates, and fats) and micronutrients (vitamins and minerals) are vital in providing energy and maintaining lean mass and tissue integrity, as well as supporting immune processes and cellular repair mechanisms.[13] Consumption of fruits, vegetables, whole grains and omega-3 fatty acids has been shown to reduce inflammation and enhance quality of life, while consumption of processed foods, red meats and saturated fats should be avoided due to their potential contributions to more advanced disease and other complications. Proper hydration is also essential, especially for those who suffer from side effects of treatment such as diarrhea or urinary issues. Beyond nutritional strategies, other lifestyle changes, such as physical exercise, play a significant role in enhancing cardiovascular fitness, decreasing fatigue, improving skeletal muscle function, and offsetting the negative side effects of hormone therapy such as sarcopenia and osteoporosis. Customised exercise programs may include aerobic exercise, strength training,

and stretching.[14] Avoiding smoking and limiting alcohol consumption is critical as it can affect the effectiveness of treatment and the prognosis of the patient. Cognitive-behavioral counseling and patient education are essential in encouraging lifestyle adherence and empowering patients to participate in their own health care. A team-based approach including dietitians, oncologists, nurses, physiotherapists and pharmacists supports the creation of individualised treatment plans to meet patients' needs. Regular monitoring and reassessment is essential to assess the impact of nutrition and lifestyle changes overtime and to make necessary adjustments. Finally, incorporating dietary modification and healthy lifestyle into standard cancer care improves tolerance to treatment, reduces side effects, facilitates recovery and ensures optimal quality of life and longer life expectancy.[15]

**Patient Education and Health Literacy Enhancement**

Enhancing patient health literacy and patient education are critical elements in the care of cancer patients, especially those with complex diseases like prostate cancer, where health literacy and patient engagement play a key role in improving outcomes and quality of life. Health literacy is the capacity of a person to obtain, process, understand, and use health information to make informed decisions about health care and poor health literacy has been linked to low adherence to treatment, greater hospital admissions, and less effective health outcomes. Hence, tailored and patient-centred



education is critical to equip patients with the necessary information and skills to manage their disease and treatment course. Good educational practice includes communicating in a clear, straightforward and culturally sensitive manner, avoiding technical language, and using visual diagrams, written and digital resources to support learning.[16] Educational techniques such as the teach-back approach, in which patients are encouraged to explain the information back to the health-care provider, can help evaluate understanding. Topics should include disease mechanisms, treatment choices, side effects, self-management, adherence to medications, and the value of follow-up appointments. Also incorporating family and caregivers into the education process can enhance social support and support health management. The use of technology such as mobile health apps, telehealth, and online educational materials also facilitates information sharing and ongoing patient engagement, particularly in remote and underserved populations. Health care providers, especially nurses and clinical educators, are vital in assessing literacy needs, customising educational strategies, and supporting patients along the treatment journey.[17] Understanding and respecting cultural beliefs and values are critical to the success of educational approaches. Additionally, ongoing assessment of educational interventions and feedback from patients can guide the delivery of tailored education strategies. Through improved health literacy, patients can recognise symptoms, follow treatment regimens, manage side effects and practice preventive measures. In conclusion, patient education not only enhances clinical outcomes, but empowers patients' autonomy, self-efficacy and quality of life during cancer care.

### **Family Involvement and Caregiver Support**

Caregiver support and family dynamics are, often overlooked, yet integral components of the cancer treatment process, especially for prostate cancer patients, as they play a vital role in treatment compliance, psychological well-being and quality of life. The impact of cancer diagnosis and treatment can result in significant physical, emotional and social challenges for patients and their families, who are often vital support systems and caregivers. Incorporating family members into the care process starts with acknowledging their role as integral members of the health-care team and educating them about the disease, treatment choices, side effects, and symptom management techniques. Caregivers often help administer medications, schedule appointments, monitor symptoms, and help implement lifestyle changes, and their readiness and knowledge is integral to achieving the best outcomes for patients. But caring for a cancer patient can be exhausting, stressful, costly, and emotionally overwhelming, necessitating the establishment of caregiver support programs. Emotional support such as counselling, support groups and stress management interventions can assist with managing anxiety,

depression and role strain[18]. And respite care plays a critical role in providing temporary relief and avoiding caregiver burnout. Effective communication among health care providers, patients, and families promotes trust, collaboration, and supports decision-making in a manner congruent with patient and family preferences. Cultural and social factors also affect caregiver roles, especially in collectivist cultures where family members play a central role in caring for cancer patients, requiring culturally tailored caregiving support. Healthcare professionals, particularly nurses and social workers, are crucial in evaluating caregiver burden, identifying needs, and connecting families to community resources and financial support programs. The use of digital health tools and tele-support services further enhances caregiver engagement and access to information, especially in remote settings. Regular assessment and follow-up is critical to meet changing caregiver needs along the cancer care journey, including support through survivorship and end of life care. In conclusion, enhancing family participation and support for caregivers not only delivers better patient outcomes and satisfaction, but also supports the health, well-being, and resilience of caregivers, to provide a more sustainable and holistic approach to cancer care.

### **Integration of Palliative and Supportive Care**

Palliative and supportive care integration is an essential element of cancer care, especially in diseases like prostate cancer that may involve a longer course and substantial symptom burden and disability. Palliative care is not synonymous with end-of-life care but incorporates a multidisciplinary approach that is initiated early in the disease trajectory to enhance quality of life through the management of physical, psychological, social, and spiritual aspects of care. Integrating palliative care early with disease-modifying or life-extending treatments allows for early symptom reduction, including management of pain, fatigue, nausea, urinary symptoms, and bone-related symptoms often seen in advanced prostate cancer. Supportive care also involves measures to reduce side effects from cancer treatment, improve performance status, and preserve dignity and autonomy.[19] A holistic palliative care approach includes assessment using validated instruments, care planning and regular monitoring of needs to address change. Interdisciplinary teamwork between oncologists, palliative care physicians and nurses, pharmacists, physiotherapists, psychologists and social workers optimises comprehensive and integrated care. Effective communication is essential, with health professionals engaging patients and families in open and compassionate discussions about treatment options, goals of care and preferences, enabling shared decision-making and advance care planning. Psychosocial and spiritual care services play an important role in addressing emotional, existential and end-of-life issues for patients and families. Furthermore, the role of family and caregivers is stressed



to facilitate support, improve understanding of care intentions and goals, and provide support in home settings. The use of home-based palliative care services and telehealth platforms further improves accessibility, especially in resource-limited environments.[20] Crucially, the integration of palliative care results in less hospitalizations, better symptom management, improved patient and caregiver satisfaction, and potentially even better survival. Training of health professionals in palliative care is important to remove barriers, and ensure appropriate referrals. Ongoing monitoring of indicators of quality care and outcomes facilitates implementation of evidence-based, patient-focused care. In the end, integration of palliative and supportive care into the routine practice of oncology leads to a holistic approach that emphasises comfort, dignity and quality of life for patients with cancer.

### **Barriers to Holistic Care Implementation**

Implementing holistic care in cancer management, such as for prostate cancer patients, is complex and driven by systemic, organizational, professional, and patient factors that limit the provision of integrated, person-centered care. A key barrier is the lack of integration of systems, with poor communication and cooperation between multidisciplinary teams resulting in fragmented, poorly coordinated and timely interventions. Shortage of trained healthcare professionals, particularly in resource-poor settings, also limits the integration of services like psychological support, palliative care, nutrition and rehabilitation. The sheer volume of patients and time limitations may hinder healthcare professionals from performing comprehensive assessments and engaging in meaningful consultations, limiting holistic care practices.[21] Additionally, inadequate infrastructure, insufficient funding, and lack of access to advanced diagnostic and supportive care services pose significant challenges, particularly in rural and underserved areas. Another key factor is the lack of understanding and training among health professionals in holistic care principles, leading to a focus on disease-oriented treatment rather than holistic patient care, including the physical, psychological, social and spiritual aspects. Sociocultural factors also contribute, with social stigma surrounding cancer, mental health, and sexual health issues hindering patient's ability to communicate symptoms and challenges and seek necessary support. Moreover, the low literacy levels of patients and their families can hinder comprehension of treatment regimens, resulting in reduced adherence and participation in treatment decisions. Financial factors, such as the cost of cancer care and support services, can result in financial toxicity, resulting in a prioritisation of basic treatment over holistic needs. Access to technology, including digital health solutions and telemedicine, also limits holistic approaches.[22] Lack of healthcare system-level buy-in for implementing change and clear protocols for

integrating holistic care contribute to disparities in practice. Finally, caregiver stress and absence of support systems can indirectly impact patient care. To ensure equitable access to holistic cancer care, efforts are needed at the policy level, through improved training and education, better resource allocation, and the establishment of integrated care models with a patient-centered focus. Ultimately, overcoming these challenges is essential to ensure equitable access to holistic cancer care and to improve overall patient outcomes and quality of life.

### **Outcomes of Holistic Nursing Interventions**

Outcomes of holistic nursing interventions in cancer care, particularly among patients with prostate cancer, demonstrate significant improvements across physical, psychological, social, and functional domains, reinforcing the importance of patient-centered and comprehensive care approaches. Holistic nursing focuses on addressing the individual as a whole rather than merely treating the disease, integrating clinical care with emotional support, education, lifestyle modification, and symptom management. One of the primary outcomes is enhanced symptom control, including effective management of pain, fatigue, urinary disturbances, and treatment-related side effects, which directly contributes to improved comfort and daily functioning.[23] Additionally, holistic interventions such as counseling, stress management, and psychosocial support have been shown to reduce anxiety, depression, and emotional distress, thereby improving mental health and coping abilities. Improved patient education and health literacy lead to better adherence to treatment regimens, medication compliance, and engagement in self-care practices, ultimately resulting in more favorable clinical outcomes. Holistic nursing also promotes healthier lifestyle behaviors, including balanced nutrition, regular physical activity, and smoking cessation, which contribute to reduced complications and improved overall health status. Social outcomes include strengthened family involvement, enhanced communication, and improved support systems, which are crucial for patient recovery and well-being. Furthermore, the integration of spiritual care and culturally sensitive practices helps patients find meaning, maintain hope, and achieve a sense of inner peace during their illness journey.[24] From a healthcare system perspective, holistic nursing interventions are associated with reduced hospital readmissions, shorter hospital stays, and more efficient utilization of healthcare resources, thereby lowering overall costs. Patient satisfaction is significantly enhanced due to personalized care, empathetic communication, and active involvement in decision-making. In advanced stages, holistic nursing plays a vital role in improving the quality of end-of-life care, ensuring dignity, comfort, and support for both patients and their families. Continuous assessment and individualized care planning allow for adaptive



interventions that respond to evolving patient needs. Ultimately, the outcomes of holistic nursing interventions highlight their effectiveness in improving quality of life, promoting recovery, and supporting long-term survivorship, making them an indispensable component of modern oncology care.[25]

## CONCLUSION

The holistic assessment of physical health needs in men with prostate cancer is integral to patient-centered, effective oncological care, as it enables the timely recognition and management of the myriad of biological, disease-related and treatment-induced problems encountered in this population. Prostate cancer, which commonly affects older men, is accompanied by a myriad of disease symptoms, treatment side effects and comorbidities that impact patient outcomes and well-being. A comprehensive and systematic assessment framework allows healthcare providers to assess the presence of symptoms, functional status, nutritional status, bone health, cardiovascular risk, and treatment toxicity, which in turn inform the provision of personalized interventions. The use of standardized assessment instruments and monitoring strategies enables the timely identification of complications including urinary dysfunction, sexual dysfunction, fatigue, sarcopenia, osteoporosis, and pain related to metastatic disease, especially bone metastases. Moreover, awareness of the effects of androgen deprivation therapy and other treatment approaches on metabolic and other physiological measures highlights the need for ongoing monitoring and preventative interventions.

Interdisciplinary approaches continue to be vital in meeting the complex needs of patients, with the involvement of oncologists, nurses, dietitians, physiotherapists, pharmacists and other allied health professionals as part of a comprehensive care plan to achieve the best possible outcomes. Similarly, lifestyle factors such as exercise, nutrition, and substance abuse are important considerations that may impact disease outcomes and recovery. Patient empowerment through education and decision-making improves treatment compliance and self-care behaviours, while involving the patient's family or caregivers improves support and continuity of care. Furthermore, the application of supportive and palliative care principles in assessment allows for symptom management, preservation of independence and quality of life to be prioritised across the illness continuum, including during the advanced stages and end of life. While challenges such as limited resources, health inequities and practice variability may exist, the adoption of evidence-based and uniform assessment approaches can enhance the quality of care for patients with prostate cancer. In summary, a holistic and dynamic approach to assessing physical health has the capacity to limit complications, improve treatment outcomes, and enable patients to maintain dignity, independence and quality of life during their cancer treatment trajectory. By incorporating comprehensive assessment strategies into clinical practice, health care systems can provide more responsive, efficient and humane care to enhance clinical outcomes and quality of life in prostate cancer care.

## REFERENCE

1. Sentana-Lledo, D., Saraf, A., & Morgans, A. K. (2025). Symptom burden and survivorship care for patients with prostate cancer on androgen deprivation therapy. *Journal of the National Comprehensive Cancer Network*, 23.
2. Al-Ghazawi, M., Salameh, H., Amo-Afful, S., Khasawneh, S., & Ghanem, R. (2023). An in-depth look into the epidemiological and etiological aspects of prostate cancer: A literature review. *Cureus*, 15.
3. Bruce, S., Scholl, N., Mulvey, J., Hatch, D., & Allen, D. (2021). Physical activity: A feasibility study on exercise in men newly diagnosed with prostate cancer. *Clinical Journal of Oncology Nursing*, 25, E50–E56.
4. *The role of the clinical nurse specialist in cancer care*. (2023). Wiley.
5. Zeneli, A., Prati, S., Golinucci, M., Bragagni, M., & Montalti, S. (2021). Introducing clinical nurse specialists (CNS) in the ambulatory setting: The experience of a research cancer center in Italy. *Assistenza Infermieristica e Ricerca*, 40, 194–204.
6. Hamblen, A. J., Bray, J. W., Hingorani, M., & Saxton, J. M. (2023). Physical activity and dietary considerations for prostate cancer patients: Future research directions. *Proceedings of the Nutrition Society*, 82, 298–304.
7. Lages, D. P. S., Vargas Pivato De Almeida, D., Bergerot, C. D., Bergerot, P. G., Barbosa, M., & Dutra, C. R. (2023). Nutritional program among patients with prostate cancer receiving androgen deprivation therapy (ADT). *Journal of Clinical Oncology*, 41, 12072.
8. Dshields, T. L., Kaplan, J., & Rynar, L. Z. (2022). *Psychological approaches to cancer care*. Hogrefe.
9. Barrenger, S. L., & Bonfine, N. (2025). Community-based and family support mental health services. 1–4.
10. Mercier, M., Maglio, J., Almhanna, K., & Guyer, D. (2023). Spiritual care for adult patients with cancer: From maintaining hope and respecting cultures to supporting survivors—A narrative review. *Annals of Palliative Medicine*, 12, 1047–1058.
11. Ussher, J. M., Hawkey, A., & Perz, J. (2020). Provision of sexual health support. In *Oxford University Press* (pp. 19–40).



12. Benedict, C., Zimmaro, L. A., & Reese, J. B. (2021). Intimacy and sexual health for cancer survivors. In *CRC Press* (pp. 41–55).
13. Umlauff, L., Weber, M., Freitag, N., Fairman, C. M., Heidenreich, A., Bloch, W., et al. (2021). Dietary interventions to improve body composition in men treated with androgen deprivation therapy for prostate cancer: A solution for the growing problem? *Prostate Cancer and Prostatic Diseases*, 25, 149–158.
14. Graff, E., Vedantam, S., Parianos, M., Khakoo, N., Beiling, M., & Pearlman, M. (2023). Dietary intake and systemic inflammation: Can we use food as medicine? *Current Nutrition Reports*, 12, 247–254.
15. Millstein, R. A., Lee, H., Lapioli, A., Winters, L., Sullivan, C., Bateman, S., et al. (2023). A cancer center multidisciplinary lifestyle medicine clinic: Description of program and patient population. *American Journal of Lifestyle Medicine*, 18, 791–801.
16. Houston, A. J., Gunn, C. M., Paasche-Orlow, M. K., & Basen-Engquist, K. (2020). Health literacy interventions in cancer: A systematic review. *Journal of Cancer Education*, 36, 240–252.
17. Barksdale, S., Stark Taylor, S., Criss, S., Kemper, K., Friedman, D. B., Thompson, W., et al. (2023). Improving patient health literacy during telehealth visits through remote teach-back methods training for family medicine residents: Pilot 2-arm cluster, nonrandomized controlled trial (preprint).
18. Cincidda, C., Oliveri, S., Sanchini, V., & Pravettoni, G. (2022). The role of caregivers in the clinical pathway of patients newly diagnosed with breast and prostate cancer: A study protocol. *Frontiers in Psychology*, 13.
19. Wu, X., Swedek, M., Malouff, T. D., & Silberstein, P. T. (2022). Palliative care utilization in metastatic prostate cancer: An analysis of the National Cancer Database. *Journal of Clinical Oncology*, 40, 202.
20. *Transdisciplinary approach in palliative care MDT meetings – A way forward*. (2024). *Journal of Lifestyle Nursing and Healthcare*.
21. Nanton, V., Appleton, R., Ahmed, N., Loew, J., Roscoe, J., Muthuswamy, R., et al. (2022). A web-based prostate cancer-specific holistic needs assessment (CHAT-P): Multimethod study from concept to clinical practice. *JMIR Cancer*, 8, e32153.
22. Curtin, M. S., Somayaji, D., & Dickerson, S. S. (2024). Seeking precision healthcare in rural patients with cancer: Learning self-advocacy. *Cancer Nursing*.
23. Hill, B., & Williams, M. (2025). A guide to the fundamental aspects of prostate cancer and the nurse's role. *British Journal of Nursing*, 34, S10–S16.
24. Molala, W., & Downing, C. (2025). A tentative model to facilitate intensive care professional nurses' holistic care in private hospitals in Gauteng, South Africa. *Journal of Holistic Nursing*.
25. Alhulw, T. A. S., Salamh, A. S. A., Salamh, S. A. S., Tamshan, A. R. F. A., Atallah, F. A. S., & Abdullah, R. A. M. (2022). Critical impact: The indispensable role of nursing services in elevating healthcare quality. *Medical and Health Sciences*.

