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Exercise Barriers and Attitudes in Prostate Cancer Survivors Receiving Androgen Deprivation Therapy

Alex J. Sipolino, Kristofer S. Wisniewski, Saint Francis University, Loretto Pennsylvania

Exercise intervention barriers and attitudes for prostate cancer (PCa) survivors on androgen deprivation therapy (ADT) have not been discussed primarily in the exercise oncology literature. In addition, it is difficult to determine whether these barriers and attitudes exist due to treatment related side effects, or lack of physician guideline. **PURPOSE:** The primary research aims of the study were to examine barriers and attitudes of exercise in PCa survivors on ADT. The secondary aim of the study was to assess differences between PCa ADT survivors and those PCa survivors not on ADT. The third aim of the study was to assess physician and oncologist referrals for all PCa survivors. **METHODS:** Ten men aged 18-75 (68.22 ± 6.3) years old were recruited for the study. **RESULTS:** Frequency of reported scores for the PCa ADT survivor group found highest reported barriers for aerobic exercise being fatigue (50%) and that aerobic exercise is hard work (50%). Resistance training (RT) barriers included fatigue (50%) and that RT is hard work (75%). Overall attitudes showed higher positive feelings towards RT for the ADT group. Independent samples *t* tests showed significance for two individual questions on the Modified Exercise Benefit and Barrier Scale (one attitude question, one barrier question) for RT exercise lets me have contact with friends I enjoy (ADT: $3.3 \pm .50$, Non-ADT: $1.8 \pm .45$; $p=0.003$) and places for RT are too far away ($2.3 \pm .50$, $1.2 \pm .45$; $p=0.013$). Independent samples *t* tests also showed significance in time since diagnosis (4.8 ± 2.1 , 10.6 ± 3.6 ; $p=.023$) and moderate intensity days per week (6.0 ± 1.0 , $4.2 \pm .45$; $p=.011$). No statistical significance was seen for any other measure. **CONCLUSIONS:** Barriers exist for PCa survivors undergoing ADT for exercise. Fatigue and exercise being hard were present barriers for the ADT group, yet, cost and locations were not. The exercise professional needs to be heavily involved in education to both the survivor and physician and oncologist in order to better rehabilitate these survivors and achieve higher referral percentages. The results from this study can help PCa survivors undergoing ADT to begin structured exercise interventions, possibly having a positive effect in morbidity and mortality for these individuals.