INTRODUCTION & OBJECTIVES
Men with prostate cancer undergoing androgen deprivation therapy (ADT) offered a supervised group-based exercise program as standard of care at our department. A previous questionnaire survey by the spouses to these men, show that the quality of life (QoL) of > 40% of the spouses are reduced. Therefore, the objective of this study was to investigate what factors that affect the experienced QoL by the spouses of men with prostate cancer undergoing ADT and attending a supervised group-based exercise program. And in which way we as Health professionals can help reduce the factors that affect quality of life in a negative way.

MATERIAL AND METHODS
Data was collected by one semi-structured focus group interview. 8 of the spouses from the questionnaire survey, was randomly selected and invited to participate. The interview was audio recorded, transcribed, and analyzed using thematic analysis.

RESULTS
Role change
The mean age of the wives from the questionnaire survey was 69, and married at a time where the roles in a marriage was more divided and defined in terms of sex. These roles change as the man through his disease, experiences fatigue and reduced energy, and therefore losing the ability to fill out the space and function, he usually has. Often the man is not entirely realistic in his own ability and the wife is forced to take over, even in relation to things she doesn’t cope with. The man’s priority of his resources, doesn’t always match to the wishes of the wife. For example, continued training with other men from the structured training program instead of practical work at home.

Isolation
The man’s fatigue means that social activities, both outside and at home, are limited. Therefore some of the wives are experiencing social isolation.

Alone and the fear of losing
The wives try not to show vulnerability to the husband or the children, because they would like to appear as strong and caring people. As their husbands’ disease develops, the fear of the suffering that comes reinforced. Several of the spouses mentioned especially pain, as well as the uncertain future and the fear of losing. Some of the wives feel aloneness, and it is challenging for a large part of them, to talk about the disease with their husbands and others.

They find it difficult to pinpoint exactly what needs, they believe, we as health professionals can meet. But they call for tools in form of written material in relation to being relative to a husband with prostate cancer - how do you deal with emotional things, their own sadness and concern, what is the expected progress of the disease, and how to prepare losing.

CONCLUSION
The changing role, social isolation, and the feeling of standing alone influence the quality of life of the relatives. The tools they call for, is the Health professionals ability to reduce the factors which affects there QoL.