Where are we now: evaluating two decades of group interventions with adult cancer patients

Bottomley A

Authors' objectives
To examine the effectiveness of psychosocial interventions in reducing the psychological distress associated with cancer.

Searching
MEDLINE (1976-1996), PsycLIT (1976-1996) and CINAHL (1976-1996) electronic databases were searched. Dissertation Abstracts International was also searched, for unpublished material. Keywords are listed.

Study selection
Study designs of evaluations included in the review
Studies of group interventions that examined the effects of professionally conducted intervention groups (rather than those of a self-help nature or facilitated by non-professional leaders). Studies that reported work with children were excluded.

Specific interventions included in the review
Supportive interventions (aimed to allow the patients the opportunity to acknowledge their experiences and express their emotions to other patients or to a professional on an individual basis) or structured psychoeducational interventions (highly structured in nature, focusing on cognitive and behavioural techniques and coping strategies).

Participants included in the review
Adults with cancer. Most groups were either of people with breast cancer or people with mixed diagnoses. One group had Hodgkins and one had melanoma.

Outcomes assessed in the review
Depression, anxiety, coping, quality of life, information, self esteem, "qualitative", locus of control.

How were decisions on the relevance of primary studies made?
The author does not state how the papers were selected for the review, or how many of the reviewers performed the selection.

Assessment of study quality
The author does not state that validity was formally assessed, but study design limitations are discussed in the write-up for each study and in the summary of review evidence.

Data extraction
The authors does not state how the data were extracted for the review, or how many of the reviewers performed the data extraction.

Methods of synthesis
How were the studies combined?
Each study was discussed separately and a summary of the review evidence was then given.

How were differences between studies investigated?
The author does not state how differences between the studies were investigated.
Results of the review

Twenty-seven studies (n=2064).

The author's summary of review evidence is presented here.

Various group interventions with cancer patients may offer some mental health benefits, no matter what stage of diagnosis or treatment patients may be at. The evidence suggests that both structured problem-focused interventions (e.g. with problem solving, education and behavioural methods) and supportive therapy both have benefits over no treatment. Only one study has reported a negative effect caused by the intervention and this was limited in duration.

There are some limitations in the methods adopted by the researchers that reduce confidence in some of the conclusions. In particular several supportive based interventions have design limitations. For example, lack of controls, limited details of the aims, therapists' training and experiences, problems with outcome measures, etc.

The more structured interventions were often better designed, for example detailing specific aims and methods and generally using more robust methodologies. A better study design gave increased confidence in the results.

Some evidence suggests that structured interventions may offer more benefit than those of a purely supportive nature. This may be caused by the therapy providing patients with the skills needed to cope with their situation when the group ends. Structured interventions (e.g. cognitive behavioural, education and information model) may also offer the greatest potential of benefit to newly diagnosed cancer patients. The structured approach can add stability at often a distressing point in the cancer patient's life. This can aid coping, increase knowledge about cancer and its treatment and provide patients with coping skills that may be used when the groups cease. Supportive based interventions can also be valuable for patients. These may be more appropriate for those patients who prefer a less structured approach or who are at a more advanced stage of disease. Further research is required on the use of supportive interventions.

Authors' conclusions

Overall, the reviewed evidence suggests that group interventions offer mental health benefits for cancer patients. Nevertheless, if we are to establish the value of such interventions for use in mainstream cancer care, then many design issues noted in this review need to be addressed. It is therefore important to encourage mental health professionals embarking upon research with cancer groups to consider the methodological points raised in this review. This will help create greater knowledge of cancer intervention groups, aiming towards groups being offered as part of a standard health care package for cancer patients.

CRD commentary

The review question was reasonably clear and the literature search was also reasonable although it is not stated whether there were any language restrictions. Inclusion criteria are stated but details of included studies are not clearly presented. No rigorous assessment of validity was undertaken although aspects of study design are discussed for each study. Details of the study selection and data extraction procedure are not presented. There is no attempt to pool study data and the results of each study are presented separately in the narrative. It would not be appropriate to list the results from each study in the 'Results' section of this abstract, as the author of the review has done, as no account is taken of aspects of study design that may affect validity. Instead, the author's summary is presented. However, without many study details being listed in the review it is difficult to tell how representative the author's summary is of the study results. The author's conclusions do seem to follow from the results.

Implications of the review for practice and research

The author states that future research should consider the following issues to provide more information regarding the value of specific interventions, who will benefit from which type and what is the most effective approach to use:

Sampling procedures and larger sample sizes.

Description of the sample.
Controlled experimental design.

Long-term follow-up.

Description of the intervention and therapists.

Standardised assessment tools.

Confounding variables.

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This is a critical abstract of a systematic review that meets the criteria for inclusion on DARE. Each critical abstract contains a brief summary of the review methods, results and conclusions followed by a detailed critical assessment on the reliability of the review and the conclusions drawn.