Wellness programs: a review of the evidence
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Authors' objectives
To review studies that have examined an association between wellness programmes and improvements in quality of life, and to assess the quality of the scientific evidence.

Searching
MEDLINE was searched from 1980 to 1996 using the following MeSH combinations: ('psychoneuroimmunology', 'chronic disease' and 'health promotion'), ('chronic disease' and 'health behaviour'), ('relaxation techniques', 'music therapy', 'laughter', 'anger', 'meditation', and 'behavioural medicine'). Searches were also conducted on the terms 'wellness' and 'wellness program'.

Study selection
Study designs of evaluations included in the review
Randomised controlled trials (RCTs) or prospective studies, which were published in English, were considered. Studies of health promotion programmes in the workplace, which had productivity as an outcome measure, were excluded.

Specific interventions included in the review
The structured interventions focused on achieving well-being in the physical, psychological or spiritual realm. The interventions aimed to promote well-being. The specific interventions included the following: behaviour therapy, relaxation response, t'ai chi, music therapy, negative thought reduction, meditation training, neutral reading, 'way-to-wellness' group sessions, mind-body group sessions, stress-management information groups, intercessory prayer, personal happiness enhancement programmes, spiritual healing, and group pain-management programmes.

Participants included in the review
Patients with non-terminal diseases, and patient populations predominantly encountered in primary care, were eligible for inclusion. Studies of chronic psychiatric disorders, and disease such as cancer and AIDS, were excluded. The participants included in the review had chronic fatigue syndrome, chronic pain, fibromyalgia, were in a coronary care unit, or were healthy volunteers.

Outcomes assessed in the review
Improvements in well-being were assessed. Valid outcome measures were defined as including a validated inventory of quality of life, or validated measures of psychological variables.

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

Assessment of study quality
The quality of the trials was assessed on the basis of the system used by the Canadian Task Force on the Periodic Health Examination (see Other Publications of Related Interest no.1). The authors do not state how the papers were assessed for quality, or how many of the authors performed the quality assessment.

Data extraction
The authors do not state how the data were extracted for the review, or how many of the authors performed the data extraction.
Methods of synthesis

How were the studies combined?
Data from the studies were not combined, but were described in a narrative discussion of the results.

How were differences between studies investigated?
Differences between the studies were reported descriptively. Well-designed RCTs were examined separately.

Results of the review

Eleven studies with a total of 1,122 participants were included: 7 studies were randomised and controlled, whilst 4 studies used a before-and-after design.

The interventions resulted in improved scores on one or several psychological scores, such as measures of mood, anxiety, self-esteem and coping skills. All studies reported significant results (p<0.01).

Authors' conclusions

Despite the suggested benefit associated with well-being programmes, the evidence was inconclusive; whether the composition of the target group or the type of intervention has a role in determining outcomes remains unknown. Trends suggest that wellness programmes may be cost-effective, but further research is needed for confirmation.

CRD commentary

The authors assessed the quality of the scores and examined the results of those trials that were well-designed. The authors reported that the review may be limited because the search strategy was incomplete. Furthermore, the authors excluded studies of patients with cancer and HIV, which are the areas in which most well-being studies are undertaken. The authors were correct in not combining data as there was heterogeneity in the study populations, the type of study design, the interventions, and the outcomes. All the outcomes used had a degree of subjectivity so the high significance level needs to be interpreted with caution.

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Other publications of related interest


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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.