**Partner's adjustment to breast cancer: a critical analysis of intervention studies**

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**CRD summary**

This review investigated intervention studies for partners of women with breast cancer. The authors concluded that there was limited evidence and that further research is required. The authors' recommendation to conduct further research appears appropriate given the paucity of the evidence.

**Authors' objectives**

To investigate intervention studies for partners of women with breast cancer and to recommend directions for future research.

**Searching**

MEDLINE (1966 to 2004), CINAHL, Cancerlit, HealthSTAR and PsycINFO were searched using the search terms documented in the paper. The authors also reviewed the reference lists of relevant articles.

**Study selection**

**Study designs of evaluations included in the review**

No inclusion criteria relating to study design were pre-specified. Randomised controlled trials (RCTs), quasi-experimental studies and case series reports were included.

**Specific interventions included in the review**

To be eligible, the study interventions needed to be delivered to the partners of breast cancer patients and include strategies to help them. Studies of interventions delivered to both patients and partners were eligible provided the partner was also a target for help in the intervention. Theories guiding the interventions in the primary studies included communication and problem-solving, cognitive therapy, sex-role theory, and a combination of theoretical and experience-based approaches. The form and content of the interventions varied. All were delivered in a clinical setting or at a central location, usually by professionals in social work or psychology. All interventions used supportive techniques; other components included education, skills development and activities to promote discussion and insight. Where reported, the interventions were conducted once a week for between 4 and 10 weeks.

**Participants included in the review**

To be eligible, the studies needed to include partners of patients with breast cancer. Initial recruitment in the studies included approaching breast cancer patients at clinics, asking for volunteers through newspapers, and obtaining referrals from other professionals.

**Outcomes assessed in the review**

The outcomes of the partners of breast cancer patients needed to be reported. No specific outcomes were predefined. In addition to evaluative outcome data, both anecdotal or observational outcome data were also acceptable. A variety of outcome measures to assess mood or emotional discomfort, marital adjustment, social support, sexual satisfaction and other constructs (tools used were reported) were examined in the included studies.

How were decisions on the relevance of primary studies made?

The authors did not state how the papers were selected for the review, or how many reviewers performed the selection.

**Assessment of study quality**

The authors assessed the study design (whether or not an RCT), the power of the study to test the hypothesis, clear eligibility criteria, theoretically defined interventions, detailed intervention protocols, quality monitoring and rigorous evaluation of relevant outcomes.
The authors did not state how the validity assessment was performed.

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

Methods of synthesis
How were the studies combined?
The studies were combined in a narrative.

How were differences between studies investigated?
Differences between the included studies were described in the report.

Results of the review
Four studies (approximately 138 participants) were included in the review: two RCTs (n=54), one quasi-experimental study (n=24) and one case series (n approximately 60).

None of the four studies included information about power calculations and the number of participants in the two randomised trials was small. All four studies referred to a theoretical foundation for the interventions, but links between the theories and the intervention strategies were not stated. One study described quality assurance procedures.

Three studies reported quantitative outcome measures. Two of these reported statistically significant differences in some partner-specific outcomes. One RCT (n=20) assessed multiple comparisons and reported significant improvements in sexual satisfaction and emotional discomfort after four weekly sessions of couples counselling. Another (the quasi-experimental study, n=24) reported significant improvements in communication about mastectomy after 10 weeks of 2-hour sessions in a men's discussion group. However, this improvement was only found after controlling for interviewers' subjective ratings of the men's interest in joining a support group, a relevant covariate given that participants were allowed to choose their treatment assignment.

Authors' conclusions
There was limited evidence and further research is required. It is essential to use the findings from the few existing studies to guide future research and to inform service development.

CRD commentary
The review question was clear with broad criteria outlined for the participants, intervention and outcomes. Study design was not pre-specified. A range of information sources was searched, although it was unclear whether there were any restrictions based on language or publication status. The methods for selecting studies, extracting the data and assessing quality were not reported, thus it was difficult to assess whether any bias had been introduced into the review process. Validity was assessed and the authors discussed the studies in the light of their methodological limitations and indicated pointers for further research. Such a narrative synthesis was appropriate, as was the guidance on future studies given the paucity of research identified.

Implications of the review for practice and research
Practice: The authors did not state any implications for practice.

Research: The authors stated that there is a need for further adequately-powered RCTs that use wider methods of recruitment; include detailed descriptions of eligibility criteria, characteristics of the breast cancer and demographic characteristics of the study sample; fully describe a theoretically-based intervention; incorporate relationship issues as a major component of the intervention whether it is delivered to couples or to partners alone; assess outcomes using...
measures sensitive to partner-adjustment issues; and analyse the processes by which interventions achieve their effects.

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