A systematic review of motivational interviewing in physical health care settings
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CRD summary
The aim of this review was to evaluate the effectiveness of motivational interviewing (MI) interventions in physical health care settings. The authors concluded that the quality of the trials was inadequate, therefore recommendations for its use in this area cannot yet be made. The authors’ conclusions seem appropriate given the limited evidence available on MI in the physical health care setting.

Authors' objectives
To evaluate the effectiveness of motivational interviewing (MI) interventions in physical health care settings and to identify further research needs in this area.

Searching
AMED, CINAHL, EMBASE, MEDLINE, PsycINFO, ISI Web of Science and SIGLE were searched up to April 2004. The Cochrane Library, National Research Register (NRR), Dissertation Abstracts International, and the Health Technology Assessment (UK) and Commission for Health Improvement websites were also searched. The search terms were reported in the paper. Key researchers in the field and people with work in progress identified from the NRR were contacted. Seven journals were handsearched from 2002. The reference lists of full papers were checked and the Social Sciences Citation Index was searched for papers referencing the included studies. Only English language studies were included.

Study selection
Study designs of evaluations included in the review
Randomised controlled trials (RCTs), non-randomised controlled studies and uncontrolled studies were eligible for inclusion.

Specific interventions included in the review
Studies reporting the use of MI to promote behaviour change were eligible for inclusion. Where reported, the MI sessions varied between the included studies; with interventions ranging from single to multiple sessions. In some studies it was unclear whether a brief or full therapy session had been delivered. Usual care was the most common comparator.

Participants included in the review
Studies of participants suffering from, or at risk of developing, common physical illnesses were eligible for inclusion. Studies of patients with the human immunodeficiency virus were excluded. The participants in the included studies had diabetes, asthma, hyperlipidaemia or hypertension, were undergoing cardiac rehabilitation, or were awaiting coronary artery bypass surgery. Where reported, the mean age ranged from 16 to 62 years.

Outcomes assessed in the review
All outcomes were of interest. The outcomes reported in the included studies varied considerably between studies and encompassed cognitive (e.g. self-efficacy and knowledge), emotional (e.g. quality of life, anxiety and depression), lifestyle change (e.g. exercise and alcohol intake) and physiological (e.g. weight and cholesterol) variables. The length of follow-up in the included studies ranged from 2 weeks to 15 months.

How were decisions on the relevance of primary studies made?
One reviewer screened abstracts and two reviewers screened full papers. Any discrepancies were discussed and resolved.
Assessment of study quality
The authors stated that the Consolidated Standards of Reporting Trials (CONSORT) statement was used to guide the quality assessment, though further details were not provided. The authors did not state how the quality assessment was conducted.

Data extraction
One reviewer extracted the data, while a second reviewer independently extracted data for 60% of the papers.

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

How were differences between studies investigated?
Differences between the studies were discussed and reported in the tables.

Results of the review
Eight studies (n=565) were included: five completed RCTs (two of which were pilot studies) a non-randomised controlled trial, an uncontrolled pilot study and an RCT where only baseline data were reported.

The authors reported that there were only two completed and adequately powered RCTs. The main reported quality problems with the included studies were the small sample sizes and lack of statistical power, use of disparate multiple outcomes and limited use of validated outcome measures, poorly defined interventions and practitioner training to use the technique. In addition, the results were not reported for all outcomes used in the study; this might have been due to negative results.

There were some positive effects of MI on the majority of psychological, lifestyle change and physiological variables. However, there were also outcomes, such as improving knowledge and well-being, where there was no evidence that MI was effective.

Authors' conclusions
The general quality of trials on MI in physical health care settings was inadequate, therefore recommendations for its use in this area cannot yet be made.

CRD commentary
There was a clearly defined review question, a range of sources were searched for relevant studies, and attempts were made to locate unpublished studies. Only English language studies were included, therefore relevant studies might have been missed. Attempts were made to reduce error and bias in the review processes. From the details reported it was not possible to assess how rigorous the quality assessment process was. However, from the aspects of study quality reported it was clear that the included studies had a range of methodological limitations. The authors' conclusions seem appropriate given the limited evidence available on MI in the physical health care setting.

Implications of the review for practice and research
Practice: The authors stated that the evidence was currently not strong enough to recommend the use of MI in the physical health care setting.

Research: The authors stated that good-quality RCTs are required to assess the effectiveness of MI in chronic and physical illness settings and to establish optimal MI duration, practitioner training and skill. The cost-effectiveness also needs to be established.
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Record Status
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.