Systematic review of hypnotherapy for treating symptoms in terminally ill adult cancer patients

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CRD summary
This 2005 review evaluated the effectiveness and safety of hypnotherapy for the symptoms of adults with terminal cancer, and concluded that better studies were needed. These conclusions were suitably cautious in reflecting the limited evidence available, and they are likely to be appropriate.

Authors' objectives
To evaluate the effectiveness and safety of hypnotherapy for treating the symptoms of adults with terminal cancer.

Searching
MEDLINE, EMBASE, CINAHL, CANCERLIT, AMED, PsycINFO, CISCOM, The Cochrane Library, and DARE were searched up to April 2003 for studies in English; search terms were reported. Reference lists from reviewed papers were searched.

Study selection
Studies of any design and in any setting were eligible if they were of hypnotherapy for the symptoms of adults with terminal cancer (with a prognosis of less than 12 months). The primary outcome was the objective assessment of symptom relief, and the secondary outcome was the subjective perceptions of patients, relatives and staff.

In the included studies, several methods were used for hypnotherapy, with relaxation being the most frequent induction technique; direct suggestions, dissociation, regression, self-hypnosis, and guided imagery were commonly used. Most patients received hypnotherapy for pain relief, anxiety, insomnia or combinations of these. The delivery settings were in-patient, out-patient, home, hospice, and nursing home. Patient ages ranged from 24 to 87 years.

Two reviewers selected studies for inclusion; 10% of studies were reviewed by a third reviewer with disagreements resolved by consensus.

Assessment of study quality
The authors judged study quality based on design, calculation of the sample size, definition of outcomes, and adjustment for confounders (for non-randomised controlled studies).

The authors did not state how many reviewers performed the quality assessment.

Data extraction
One reviewer extracted the data.

Methods of synthesis
A narrative synthesis was reported, with studies grouped by outcome.

Results of the review
Twenty-seven studies were included, with 199 patients in total. One was a randomised trial, one was an observational study, one was a retrospective survey, and 24 were case studies.

In the randomised trial (50 patients), hypnotherapy plus standard care (medical treatment and psychological support) was associated with a statistically significant reduction (p<0.01) in depression and anxiety (measured on the Hospital Anxiety and Depression Scale; HADS), and in physical distress, compared with standard care alone.

In the observational study, which also used the HADS, 22 of the 25 hypnotherapy patients had reduced anxiety, improved well-being, and better coping skills, but there were no significant improvements in depression. The retrospective survey reported that 11 of 52 hypnotherapy patients had less anxiety, improved sleep, more positive...
attitudes, and better coping with panic attacks. All the case studies showed improvements in pain after hypnotherapy. Further case study results were reported. Very few adverse events were reported.

Qualitative questionnaire data, from the randomised trial, indicated that most participants had positive opinions about hypnotherapy.

Authors' conclusions
The review concluded that better research was needed to evaluate the role of hypnotherapy in managing the symptoms of patients with advanced cancer.

CRD commentary
The review addressed a clear question and was supported by reproducible eligibility criteria. Several relevant databases were searched; the restriction to studies published in English means that some relevant studies may have been missed. This review was published in 2005; more recent primary evidence may now be available. Methods to minimise the risk of reviewer error and bias were reported for study selection, but not for data extraction and quality assessment.

A basic tool was used to assess study quality, with few results reported, but the key limitations of the primary studies were apparent, and were highlighted by the authors. A narrative synthesis of the data appears to have been appropriate considering the limitations and variation across the studies.

The authors' conclusions were suitably cautious in reflecting the limited evidence, and they seem likely to be appropriate.

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

Research: The authors stated a need for adequately powered randomised trials with clearly stated aims, populations, and intervention details. Outcomes should be assessed using validated tools, and long-term follow-up could assess the durability of the effect.

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