Effectiveness of cognitive behavioral and supportive-expressive group therapy for women diagnosed with breast cancer: a review of the literature

Boutin D L

CRD summary
This review reported that cognitive-behavioural therapy and supportive-expressive group therapy have positive effects on the lives of women with breast cancer. However, given questions about the review methods, study validity and the paucity of evidence in some cases, the findings of this review may not be reliable.

Authors' objectives
To evaluate the effectiveness of cognitive-behavioural therapy (CBT) and supportive-expressive group therapy (SEGT) for women with breast cancer.

Searching
CINAHL, MEDLINE and PsycINFO were searched; the search terms were reported, but not the dates. Additional handsearches of journals were also carried out. Only full reports of peer-reviewed studies were eligible for inclusion.

Study selection
Quantitative empirical studies that evaluated CBT or SEGT as an independent variable, in women with breast cancer, were eligible for inclusion. Psychoeducational studies were excluded from the review. The types of eligible outcome measure were not defined.

The majority of included studies were randomised controlled trials (RCTs), of which most evaluated SEGT (60%); the remainder assessed CBT or a combination of CBT and SEGT. The control groups in these studies were generally not specified. Treatment duration ranged from 5 to 52 weeks (mean 37) in studies of SEGT, from 6 to 12 weeks (mean 9) in studies of CBT, and from 20 to 35 weeks (mean 29) in studies of combined treatment. The stages of breast cancer represented in the studies varied, though just over half of the studies were conducted in women who had metastatic cancer. The reported outcomes varied but included mood disturbance, quality of life, survival rate, tension and anxiety.

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

Assessment of study quality
The author did not state that they assessed validity.

Data extraction
The overall findings from each study were extracted. The author did not state how the data were extracted for the review, or how many reviewers performed the data extraction.

Methods of synthesis
The studies were grouped according to intervention and summarised in a narrative.

Results of the review
Twenty studies (number of participants was unclear) were included in the review: 16 RCTs, one non-randomised controlled study and 3 uncontrolled studies. Only the findings of the RCTs are reported below.

CBT (5 studies).

Three RCTs of CBT reported a reduction in total mood disturbance. Two RCTs reported that CBT reduced depression and increased vigour. However, one RCT reported no difference in survival rates between women in the CBT and control groups.

SEGT (12 studies).
Three RCTs of SEGRT reported a reduction in total mood disturbance, reduced depression and a reduction in tension. Two RCTs each reported less confusion and pain. A number of other positive outcomes associated with SEGRT were supported in single RCTs: a reduction in phobias, improvement in vigour, improvement in coping, reduction in fatigue, improved survival, suppression of affect, restraint of aggressive actions and improvements in physiological immune functioning. In contrast, another RCT failed to find any improvement in survival associated with SEGRT.

Combined CBT and SEGRT (4 studies).

One RCT reported reduced anxiety, increased perceived family support, more satisfaction with psychiatric care and improved coping for those women receiving combined CBT-SEGRT versus control. However, 2 RCTs found no change in survival between the combined intervention and control groups, and one found no changes in total mood disturbance, quality of life, social support and repression.

Cost information
One RCT found that CBT reduced medical costs.

Authors’ conclusions
All treatments were found to have positive effects on the lives of women with breast cancer. In particular, group therapy can reduce disturbances and improve emotional functioning in women with early and later stages of the disease. However, repeated positive effects were lacking for interventions combining both CBT and SEGRT.

CRD commentary
This review answered a clear review question but did not define eligible outcome measures and allowed the inclusion of a wide range of study designs. Given the data presented, it may have been more helpful to limit the included studies to only more robust designs such as RCTs. Literature searches were carried out in a number of electronic databases, but some relevant studies might have been missed through the inclusion of only full reports of peer-reviewed studies. It is also unclear whether the review findings may be subject to reviewer error and bias as the methods of the review were only briefly reported. Study validity does not appear to have been assessed, so it is difficult to assess the reliability of the data. Information about the the study populations and outcome data were also lacking, making it difficult to confirm the review findings and assess differences between the studies. A number of limitations were also identified which may have affected the overall findings, including the use of concomitant medications and other treatments such as stress management, relaxation training and guided imagery. Overall, given questions about the review methods, study validity and the paucity of evidence in some cases, the findings of this review may not be reliable and should be interpreted with caution.

Implications of the review for practice and research
Practice: The author stated that therapists competent in SEGRT should consider using this approach in women with metastatic breast cancer, particularly where the goal is to reduce mood disturbance, depression, tension, confusion or pain. Similarly, therapists competent in CBT should consider using this approach for women with breast cancer where the goal is to reduce mood disturbance, depression and improve vigour. Therapists should, however, gain training and experience before using these techniques and understand that combinations of the two techniques have not been shown to produce repeated positive effects. The personal goals of women undergoing these interventions also have to be compared with the positive outcomes reported in the review.

Research: The author stated that further research is required to address outcomes for which support is lacking from multiple studies, e.g. self-transcendence, phobias and suppression of affect. Further studies of CBT and a combination of CBT and SEGRT are required. In addition, studies of women with different stages of cancer are required to fill current gaps in the evidence, e.g. women with later stages of cancer receiving CBT and SEGRT, and women with earlier stages of cancer receiving SEGRT. Further research is also required to explore the generalisability of these findings to other groups, such as men with breast cancer and women with other types of cancer.

Funding
Not stated.
Bibliographic details

Indexing Status
Subject indexing assigned by CRD

MeSH
Adaptation, Psychological; Breast Neoplasms; Female; Psychotherapy, Group; Self-Help Groups; Social Support

AccessionNumber
12007009448

Date bibliographic record published
30/09/2008

Date abstract record published
23/12/2008

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.