Systematic review of peer-support programs for people with cancer

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CRD summary
The authors concluded that limited evidence suggested there were high levels of cancer patient satisfaction with peer-support programmes, but mixed evidence about the psychological benefits; further research was required. Some aspects of the review were well-conducted and the authors’ cautious conclusion appeared to reflect the evidence presented.

Authors’ objectives
To evaluate the effects of peer-support programmes for people with cancer.

Searching
CINAHL, MEDLINE and PsycINFO were searched from 1980 to April 2007 for studies reported in English. Search terms were reported. In addition, reference lists were screened and key researchers were contacted.

Study selection
Studies that evaluated specific programmes in which people who had been diagnosed or treated for cancer directly provided peer-support to cancer patients were eligible for inclusion. Studies that targeted children or adolescents and programmes run by professionals were excluded.

The reviewers classified programmes as one-on-one face-to-face, one-on-one telephone, group face-to-face, group telephone and group internet. Most studies involved women with breast cancer. The review included randomised controlled trials (RCTs), non-randomised comparative studies and one-group descriptive studies. A variety of different psychosocial outcomes were reported. Where reported, treatment duration ranged from 10 minutes to one year.

Two reviewers independently selected studies and resolved disagreements by consensus.

Assessment of study quality
Criteria used to assess the quality of the programme description (information about programme, recipients and peers) and research quality (methods, data analysis and results) were based on three referenced checklists; details of criteria were reported. Maximum possible scores for high-quality studies were 30 points for programme description and 13 points for research quality. Two reviewers independently classified studies according to study design. Seventeen randomly selected papers were double-coded for programme description and research quality.

Data extraction
The authors stated neither how data were extracted for the review nor how many reviewers performed the data extraction. Data were extracted on sample size, outcome measures and study findings.

Methods of synthesis
Studies were grouped by study design and type of intervention and combined in a narrative synthesis.

Results of the review
The authors stated that eight RCTs, nine non-randomised comparative studies and 26 descriptive studies were included (number of participants not reported).

The average quality score for RCTs was 18.7 out of 30 (range 15 to 20) for programme description and 11.6 out of 13 (range 10 to 13) for research quality. In six RCTs, the size of treatment groups was between 15 and 36.

One-on-one face to face: One RCT reported increased self-efficacy from baseline to eight weeks in the intervention group, but no difference between intervention and control in depression scores at eight weeks.

One-on-one telephone (two RCTs): One RCT reported more support providers in the intervention group. The other
RCT reported significantly higher rates of changes in relationships in the intervention group but no significant difference between treatment groups in emotional distress.

**Group face-to-face (three RCTs):** Studies reported no significant difference between treatment groups in health-related quality of life (one study), psychosocial adjustment (one study) and depression, anxiety, interpersonal problems, anger and life satisfaction (one study). One study reported an increased perception of greater social support in the intervention group.

**Group Internet (two RCTs):** Both RCTs reported improved psychosocial functioning in intervention compared to control groups. Significant improvements were reported for depression, perceived post-traumatic stress (one study) and perceived support, and increased confidence in health; no significant difference was found between groups in quality of life (one study).

The average quality score for non-randomised comparative studies was 12.7 out of 30 for programme description and 6.7 out of 13 for research quality.

Studies reported improvements in at least one measure of psychosocial functioning for one-on-one face to face programmes (four studies). No treatment group differences or negative findings among intervention groups were reported for group face-to-face programmes (one study). Reports of group internet programmes suggested results may have been influenced by patient characteristics (three studies).

The average quality score for one group descriptive data was 15.9 out of 30 for programme description and 5.5 out of 13 for research quality.

Study findings suggested high levels of patient satisfaction with peer-support programmes and some improvements in psychosocial functioning.

**Authors’ conclusions**
Evidence was limited. Studies reported high levels of cancer-patient satisfaction with peer-support programmes, but mixed evidence about the psychological benefits; further research is required.

**CRD commentary**
The review question was clearly stated. Inclusion criteria were defined for intervention and participant; criteria for outcomes were broad and no criteria were defined for study design. Several relevant sources were searched, but no attempts were made to minimise language bias and it was unclear whether attempts were made to minimise publication bias. Validity was adequately assessed. More than one reviewer was involved in the selection of studies and the validity assessment of some studies, thus the risk of reviewer error and bias was minimised. Methods used to extract data were not described. Some information was provided about individual studies, but the number of participants and the results data for individual studies was lacking, which meant it was not possible to verify findings reported in the review. Studies were appropriately grouped by study design and type of intervention. In view of the diversity among studies, a narrative synthesis was appropriate. Some aspects of the review were well-conducted and the authors’ cautious conclusion appeared to reflect the evidence presented.

**Implications of the review for practice and research**
**Practice:** The authors stated that review findings suggested priority should be given to one-on-one face-to-face and group internet peer-support programmes. The psychological status of people providing peer-support should be monitored.

**Research:** The authors stated that there was a need for adequately powered studies to evaluate the effects on psychosocial adjustment of different types of peer-support programmes for people with cancer.

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