CRD summary
The review concluded that only one trial in the review demonstrated a significant positive effect on mood status associated with receipt of a social support intervention for individuals with stroke. The reliability of the authors’ conclusions is uncertain due to methodological limitations and because they were based on a single study with a small sample size.

Authors’ objectives
To examine the impact of social support interventions on depression or mood status in individuals with stroke.

Searching
PubMed, CINAHL, EMBASE, PsycINFO and The Cochrane library were searched from 1990 to 2008 for English-language articles. Search terms were reported. Reference lists of retrieved articles were scanned for additional papers.

Study selection
Controlled clinical trials that evaluated a stroke-specific community-based intervention for the provision, creation or enhancement of support (social, emotional or familial) for adult individuals with stroke were eligible for inclusion. Studies needed to identify depression, mood or psychiatric distress as a study outcome and assess these outcomes using an appropriate standardised assessment tool. Studies that evaluated skills training, educational programmes and pharmacological therapy or that examined different strategies for delivery of rehabilitation therapies were excluded.

Most studies evaluated similar home-based support and care co-ordination interventions; other studies evaluated a social support intervention, family counselling in addition to education and a social/occupational day service. Control groups included usual outpatient care, no intervention or delayed intervention. The number of sessions and contacts varied between studies. Mean age ranged from 63 years to 78 years; one study reported a mean age of 48 years. The mean proportion of males ranged from 39% to 59%. Most participants did not live alone (68% to 100%). Most of the interventions were conducted within six to seven weeks following a stroke and discharge from in-patient rehabilitation services; two studies began interventions 11 and 21 months post stroke. Outcomes were assessed using a range of tools.

Two reviewers independently assessed studies for inclusion; disagreements were resolved through discussion.

Assessment of study quality
Validity was assessed using the Jadad Scale to assess randomisation, allocation concealment, blinding and description of withdrawals and drop-outs. Assessment of blinding of study outcomes was considered.

Two reviewers independently assessed validity; disagreements were resolved through recourse to a third reviewer.

Data extraction
Data on changes to depression and mood were independently extracted by two reviewers.

Methods of synthesis
Data were grouped by intervention and combined in a narrative synthesis.

Results of the review
Ten RCTs (n=2,443, range 26 to 536) were included in the review. Eight RCTs reported allocation concealment. No RCTs reported double-blinding. Four RCTs reported adequate blinding of assessment. All RCTs reported withdrawals and dropouts. Study duration ranged from six weeks to 12 months.

One RCT (n=28) reported significant improvements in depression scores for participants after a three-month
programme of care co-ordination compared to usual care. However, there were no significant differences at any assessment points between intervention and control groups for depression or mood for a Family Support Organizer Service intervention (four RCTs, n=1,527), outreach nursing programmes (two RCTs, n=702), a social support programme (one RCT, n=88), a family counselling programme that included information provision (one RCT, n=62) and a Day Service programme (one RCT, n=26).

Authors' conclusions
Only one trial in the review demonstrated a significant positive effect on mood status associated with receipt of a social support intervention for individuals with stroke. Identified components that may have contributed to the effectiveness of this trial included early initiation, increased intensity of regularly scheduled, worker-initiated contact, ongoing assessment that included screening for depression and provision of counselling as required.

CRD commentary
The review addressed a clear question with appropriate inclusion criteria. Several relevant sources were searched. The restriction to studies in English risked language bias. It appeared that only published studies were sought and there may have been potential for publication bias. Validity was assessed using an appropriate tool and the results of the assessment were adequately reported. Appropriate methods were used to reduce reviewer error and bias for study selection, validity assessment and data extraction. A narrative synthesis was appropriate given the differences between studies in terms of interventions, participants and outcome measures. The authors reported that only four of the included studies reported outcomes at baseline; most of the studies could not provide data on comparability of outcomes between groups since baseline. Results for individual studies were reported without supporting data or levels of statistical significance and this made it impossible to verify the results of this review.

The reliability of the authors' conclusions is uncertain due to potential for language and publication biases and because the conclusions were based on a single RCT with a small sample size with no reporting of supporting data or levels of statistical significance.

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

Research: The authors stated that further methodologically robust studies that incorporated early initiation, increased intensity of regularly scheduled worker-initiated contact and ongoing assessment that included screening for depression and provision of counselling were required. There should be a clear distinction between usual care and treatment conditions to enable meaningful between-group comparisons.

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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.