Authors' objectives
To undertake a review of studies concerned with the impact of interventions aimed at improving coping in patients with a chronic illness.

Searching
PsycLIT and MEDLINE were searched for studies published between 1990 and 1996.

Study selection
Study designs of evaluations included in the review
The studies included in the review were required to have a controlled design with at least 10 patients in the intervention condition.

Specific interventions included in the review
Interventions aimed at improving coping, or well-being or quality of life via coping, were included in the review. Studies that assessed a conceptual equivalent of coping, i.e. behaviours and/or cognitions intended to deal with a situation appraised as stressful (such as problem-solving, seeking social support, or positive thinking), were also included. Studies that focused on education alone were excluded. The studies were required to involve a particular intervention technique (e.g. counselling, psychotherapy, group therapy, training). The approaches used in the included studies were behavioural therapy, cognitive-behavioural therapy, psychotherapy, support groups and multi-component interventions.

Participants included in the review
Studies with adult patients were included in the review. The studies were required to pertain to one of the following different chronic disease types: AIDS and HIV, asthma, cancer, cardiovascular disease, chronic pain, diabetes and rheumatoid arthritis.

Outcomes assessed in the review
The authors do not state any a priori inclusion or exclusion criteria relating to the outcomes. The included studies used both generic measures to describe psychological functioning (e.g. depression, anxiety) and disease-specific measures to describe physical functioning (e.g. weight for diabetes, immunologic measures for cancer).

How were decisions on the relevance of primary studies made?
The authors do not state how the papers were selected for the review, or how many of the reviewers performed the selection.

Assessment of study quality
The authors do not state that they assessed validity.

Data extraction
The authors do not state how the data were extracted for the review, or how many of the reviewers performed the data extraction. Data were extracted on the participants' condition, components of the intervention, and results.

Methods of synthesis
How were the studies combined?
The studies were summarised in a narrative format.
How were differences between studies investigated?
Sources of clinical heterogeneity were discussed in the text.

**Results of the review**
Thirty-five studies involving a total of 3,277 participants were included in the review.

Most of the interventions appeared to be effective, regardless of the outcome measure.

The five studies that allowed an evaluation of clinical improvement (as revealed by a pre-test post-test comparison) showed promising results.

Seven studies assessed the impact of particular components of the intervention on coping, and seven studies provided a full test of the mediating role of coping by assessing the impact of the intervention on coping and the impact of coping on the outcome. Strong associations (0.30 < r < 0.60) were observed between the intervention and coping on the one hand, and between coping and the outcome on the other hand.

**Authors' conclusions**
This review shows a coping approach to offer a promising framework for the development of psychosocial care programmes for chronically ill patients. Explicit consideration of attempts to manage illness in terms of coping is rare. However, the results of studies that addressed the equivalent of coping (namely behaviours and/or cognitions intended to deal with an illness situation appraised as stressful) were encouraging, although largely limited to the improvement of one or two particular coping strategies and problem-focused strategies in particular.

**CRD commentary**
The review question was supported by a priori inclusion criteria relating to the intervention, participants and study designs. However, prior inclusion and exclusion criteria relating to the outcomes assessed were not specified. The reported search strategy was limited. Only two electronic databases were searched and the search terms were not reported. There was no attempt to handsearch, follow up references from the included articles, or contact experts in the field. In addition, there was no attempt to identify unpublished literature, and it was not reported if any language restrictions were applied. It is therefore likely that relevant studies may have been missed. The validity of the included studies was not assessed, thus it is not possible to determine the quality of the evidence from which the conclusions were drawn. Details relating to the review process, namely how decisions on the inclusion or exclusion of studies were made and how the data were extracted, were not reported. It is therefore not possible to comment on how rigid this process was and whether the findings may have been biased. The results of the included studies were summarised very briefly in a very general manner. The studies were not grouped in any way and it was therefore difficult to interpret the results and draw any firm conclusions. For these reasons it is not possible to determine whether the authors' conclusions follow on from the results as presented.

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

**Research:** The authors state that it would be useful for future studies on the role of coping interventions to investigate the role of coping in adjustment to disease and the ways coping may benefit from psychosocial interventions, as opposed to investigating disease-specific aspects. They also state that a more systematic comparison of the effectiveness of interventions across diseases may be useful in isolating those components that appear to be of particular importance. Future studies should explain why a particular intervention was provided the way it was; explain the inclusion and exclusion criteria; and consider delivery aspects such as the timing, structure, duration, frequency, setting and location of the intervention. Cost-effectiveness considerations should also be undertaken. In addition, future research should consider the inclusion of more proximal measures for the detection of improvement in coping, and when the most optimal effects of coping training can be expected.
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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.