Effectiveness of psychoeducational interventions in osteoarthritis
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Authors' objectives
To evaluate the effectiveness of psychoeducational interventions in patients suffering from osteoarthritis.

Searching
MEDLINE (from 1966 to 2002) and CINAHL (from 1982 to 2002) were searched for studies published as full reports in English; the keywords were reported. Further relevant articles were identified from citations in included references.

Study selection
Study designs of evaluations included in the review
All controlled and uncontrolled clinical trials were eligible for inclusion. The included trials were randomised controlled trials (RCTs), non-randomised controlled trials and uncontrolled trials (pre-test post-test design).

Specific interventions included in the review
Studies of the application of psychoeducational interventions for the treatment of osteoarthritis were eligible for the review. The included studies investigated a wide variety of interventions, settings, participants, and so on. These included: slide/tape programmes, educational booklets, yoga and relaxation, group reinforcement and information sharing, home visits, and education, clinic visits and education, telephone calls, and formal rehabilitation using multiple interventions such as education, cognitive-behavioural interventions and social support.

Participants included in the review
Studies of patients with osteoarthritis were eligible for the review. Some of the included studies evaluated specifically overweight individuals, individuals on low incomes or who lived in inner cities, and community-dwelling adults, as well as those with site-specific osteoarthritis. Studies of patients with rheumatoid arthritis, or a mix of patients with either rheumatoid arthritis or osteoarthritis, were mentioned briefly in the review but were not incorporated in the systematic evaluation.

Outcomes assessed in the review
Outcome measures were not specified as inclusion criteria for the review. The included studies assessed physical and psychosocial outcomes, pain levels and disease knowledge.

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

Assessment of study quality
The authors did not state exactly which tool or list of questions they used to assess validity. They stated that they conducted a detailed analysis of omissions from the methodological descriptions which posed threats to establishing the validity of the studies. Extracted data concerned overall sampling procedures, sample size and population characteristics, methods of data collection, instrumentation and data analysis, and outcomes. The authors did not state how the papers were assessed for validity, or how many reviewers performed the validity assessment.

Data extraction
The authors did not state how the data were extracted for thereview, or how many reviewers performed the data extraction.

Methods of synthesis
How were the studies combined?
The studies were combined narratively.

How were differences between studies investigated?
Differences between the studies, including variables that may have influenced the outcomes, were discussed in the text.

**Results of the review**
Seventeen studies were included in the review (n>1981; 2 trials did not report the sample size).

The results of each study were listed in the review.

Positive results were identified for the following outcomes: increased knowledge, functional improvement, pain reduction, increased self-reported exercise, and self-care behaviours. Improvements were also reported for physical health status, psychological functioning, self-efficacy for weight and pain control, physical performance and disability. The variables identified as influencing outcomes were setting, mode of intervention, type of measure employed, attention, social support and spouse involvement. No clear results in terms of type of intervention, setting, patient population and outcome measure were identified.

Potentially beneficial educational and behavioural strategies included the use of direct instruction, repetition and reinforcement, the encouragement of patient understanding and the setting of short-term goals. Careful selection of teaching aids is important and the use of written instructions and a patient contract can be helpful. Telephone follow-up, family or other support are also important. Multifaceted motivational group interventions are strongly encouraged. Prior assessment of the patient is emphasised.

**Authors' conclusions**
The most effective psychoeducational interventions must be preceded by careful assessment of the patient, including their own goals and objectives. The most useful interventions are likely to be those that can influence emotional regulation and those that provide social support.

**CRD commentary**
The review was broad and employed general inclusion criteria, particularly in terms of the intervention and outcomes. The literature search covered two important databases, but the reported search terms were limited and only English language articles were considered; it is therefore quite possible that studies were missed. The authors did not report how the studies were selected, data extracted or quality assessed, thus it is not possible to exclude error or bias introduced by the review process itself.

The narrative synthesis was appropriate given the wide range of interventions, participants and outcomes examined. Details of the included studies were tabulated. However, the results of the authors' validity assessment were not reported, so the quality of the studies was unknown and more reliable findings could not readily be distinguished. The results of the review were not specific in terms of any particular type of intervention, although the authors did list potentially efficacious psychoeducational intervention strategies. It was unclear how the results and conclusions were derived from the results of the individual studies.

**Implications of the review for practice and research**
Practice: The authors listed the key points to consider when designing patient education programmes for patients with osteoarthritis. They also listed potentially efficacious psychoeducational intervention strategies.

Research: The authors stated that studies employing optimal designs that investigate the efficacy and effectiveness of interventions in a range of different patient populations, and which also collect adequate long-term data, are required.

**Bibliographic details**

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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.