Therapeutics

Review: psychoeducational interventions reduce depressive symptoms in cancer


QUESTION: In patients with cancer, are psychoeducational interventions effective for reducing depressive symptoms?

Data sources
Studies were identified by searching CINAHL, Medline, PsycLIT, and CancerLit (all from 1980–2000), and by reviewing bibliographies of relevant articles.

Study selection
Studies were selected if they were reports of scientific studies or systematic reviews (qualitative or quantitative, and examining specific hypotheses with a comprehensive search strategy and explicit conclusions) of scientific studies that compared a psychoeducational intervention with usual care or an attentional control group, and depression was at least one of the measured outcomes; or practice guidelines based on research. Exclusion criteria included studies of children with cancer, spouses of patients with cancer, and interventions that were not strictly psychoeducational (eg, exercise).

Data extraction
Data were extracted on sample size, demographic characteristics, diagnosis, key components of the intervention, setting of the study, study quality, and outcomes. The main outcome was depression (denoting the entire range of depressive symptoms, including normal sadness in response to loss, as well as chronic depressed emotional affect and clinical depression meeting criteria for psychiatric disorder) measured by a separate scale or as part of a composite measure.

Main results
36 randomised controlled trials (RCTs), 7 quasi-experimental studies, 5 descriptive studies, 3 quantitative systematic reviews (meta-analyses), 3 qualitative systematic reviews, and 1 practice guideline met the selection criteria. The results favoured psychoeducational intervention for depression in patients with cancer in 22 of 36 RCTs, the 3 qualitative systematic reviews, 2 of 3 quantitative systematic reviews, and 1 practice guideline. Experimental interventions included behavioural therapy, non-directive counselling, education interventions, combination of ≥ 2 interventions, and a combination of counselling or behavioural intervention with cancer education. Results are summarised in the table.

<table>
<thead>
<tr>
<th>Type of intervention</th>
<th>Number of studies</th>
<th>Overall effect: number of studies showing improvement or no difference</th>
</tr>
</thead>
<tbody>
<tr>
<td>Behaviour therapy only</td>
<td>17</td>
<td>11 improvement; 6 no difference</td>
</tr>
<tr>
<td>Counselling only</td>
<td>10</td>
<td>7 improvement; 3 no difference</td>
</tr>
<tr>
<td>Education only</td>
<td>7</td>
<td>4 improvement; 3 no difference</td>
</tr>
<tr>
<td>Counselling and education</td>
<td>8</td>
<td>6 improvement; 2 no difference</td>
</tr>
<tr>
<td>Behaviour therapy and education</td>
<td>4</td>
<td>1 improvement; 3 no difference</td>
</tr>
</tbody>
</table>

Conclusion
In patients with cancer, psychoeducational interventions are effective for reducing depressive symptoms.

Commentary

The conclusion in the review by Barsevick et al that psychoeducational interventions are effective for reducing depressive symptoms in patients with cancer is a clinically important finding deserving wide dissemination to all professionals who work with cancer patients. Moreover, previous research shows that cancer patients are at risk of experiencing symptoms of anxiety in addition to depression, especially in the months after initial diagnosis. Awareness among medical professionals of the full range of possible emotional reactions in cancer patients is important for early identification of patients who may need assistance in managing these symptoms. We recommend that clinicians consider using an inventory such as the Brief Symptom Checklist, which assesses both depression and anxiety, is easy to complete, has established norms, and has been successfully administered to cancer patients.

Barsevick et al include in their review a heterogeneous mix of psychosocial interventions, and they pool together research studies of people with different types of cancers. However, recent studies indicate that different psychosocial interventions produce different results in cancer patients and that emotional reactions to cancer differ depending on the site of the tumour. We recommend that health professionals attend to these factors when making use of the clinically important findings reported by Barsevick et al.

REFERENCE