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Psychosocial interventions to improve quality of life and emotional wellbeing for recently diagnosed cancer patients

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INTRODUCTION

Cancer occurs in one in four of the population with over a quarter of a million people in the UK diagnosed each year (excluding non-melanoma skin cancer).

A diagnosis of cancer can be emotionally challenging. UK government policy recommends that all individuals who are diagnosed with cancer should be assessed for emotional problems and given access to appropriate psychological support services. However, evidence to guide the nature and content of such services and their mode of delivery is contradictory.

This review examines the effectiveness of individual psychosocial interventions in the first 12 months after diagnosis. Psychosocial interventions are defined as involving a 'trained helper' providing therapeutic dialogue, sometimes referred to as talking therapy, with an individual diagnosed with cancer with the aim of improving quality of life and emotional wellbeing.

SUMMARY OF FINDINGS

Outcomes	Standardised Mean Differences (95% CI)	No of Participants (studies)
Measures of Quality of Life [Psychometric measures of quality of life] [6 months]	0.11 [-0.00, 0.22]	1249 (9)
General Psychological Distress [Psychometric measures of general psychological distress] [6 months]	0.08 [-0.05, 0.21]	1502 (9)
Mood Measures [Psychometric measures of mood] [6 months]	-0.81 [-1.44, -0.18]	663 (8)

The results are inconclusive with much heterogeneity across studies. No improvement in general quality of life was found, but small improvements in 'illness related' quality of life were observed. No improvements in anxiety or depression were found, but small improvements in mood were detected. Nurse-led interventions, along with psycho-educational interventions using telephone and face-to-face delivery appear to show some promise.

METHODS – RCTs - PICO

PARTICIPANTS

Recently diagnosed with cancer

INTERVENTIONS

Individual, interpersonal dialogue with a trained helper

COMPARISON

Usual care

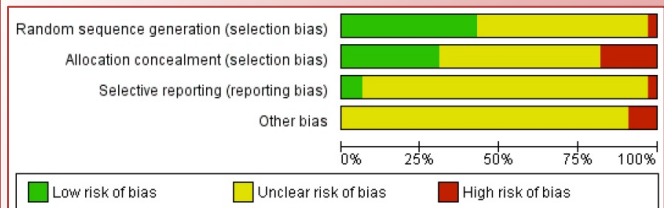
OUTCOMES

Primary outcome = Quality of life (QoL)

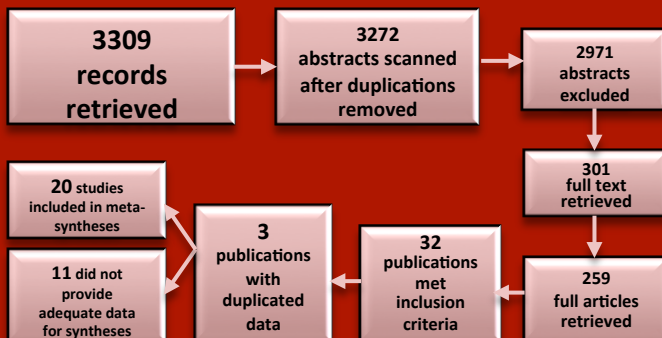
Secondary outcomes = General psychological distress (including depression and anxiety) and mood



RISK OF BIAS GRAPH



Inconsistent reporting gave rise to unclear risk of bias (above) across many studies



FUTURE RECOMMENDATIONS

- Improve the quality of reporting in psychosocial RCT publications, to facilitate future syntheses of results and reduce risk of bias
- More work is needed to match types of patients to types of psychosocial interventions e.g. using a needs led approach
- Use appropriate psychometrics for the trial population and avoid measures of clinical diagnoses in non-clinical populations
- Evaluate which type of 'trained helper' is the most appropriate professional to deliver psychosocial interventions
- Conduct economic appraisals of the cost-effectiveness of interventions
- Synthesise patient reported preferences reported in qualitative publications