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Psychosocial Interventions for Liver Transplant patients - Cochrane Protocol

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Introduction

- In 2012, 112700 solid organs were transplanted worldwide; a 1.8% increase since 2011. 23986 of these were liver transplants which were performed across 68 countries¹.
- In 2014, the number of liver transplants in the UK increased by 12% to 880 compared to 783 in 2013².
- With this number increasing annually, it is important to identify the most effective interventions to improve patient outcomes.
- Liver transplantation offers improved quality and length of life; however the transplant experience extends far beyond hospital discharge³.
- It is evident that liver recipients experience numerous stressors which can lead to maladaptive coping and significant psychological distress particularly in the early post-operative phase which can lead to immune dysregulation and nonadherence to the medical regimen⁴. This can lead to rejection and re-transplantation.

Objectives

Primary objectives:

1. To provide a comprehensive overview of the current state of evidence pertaining to the range of psychosocial interventions available for liver transplant recipients of any age.
2. To identify interventions most likely to be suited to liver recipients at specific ages and time since transplant.

Secondary Objectives:

1. To identify the barriers to delivery and implementation of those interventions that have most empirical support, and those factors that facilitate their adoption.
2. To provide information in a form suitable for future NICE guideline development.

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If you would like to know more you can contact me at: s.millen@gub.ac.uk

Methods

Studies included = Randomised controlled trials (RCTs) and quasi-RCTs.

Participants = liver recipients (of any age).

Interventions= psychosocial interventions currently in place for liver recipients of any duration, intensity or frequency and delivered in any setting in a variety of ways (e.g. web-based, by a facilitator, delivered individually/ in groups, by phone).

Comparisons= no intervention or treatment as usual.

Primary Outcomes = 1. Health-related Quality of Life; 2. Psychological well-being (e.g. Post-Traumatic Stress Disorder, depression, anxiety, coping and optimism); 3. Adherence (e.g. intake of medication, clinical attendance, alcohol, tobacco or illicit drug use).

Search methods for the identification of studies - Electronic Searches:

Relevant trials will be obtained from the following sources: The Cochrane Central Register of Controlled Trials (CENTRAL-The Cochrane Library); MEDLINE (January 1946 to present); Embase (January 1980 to present); PsycINFO (2002 to present); CINAHL-Cumulative Index to Nursing and Allied Health Literature (1982 to present); International Bibliography of Social Sciences (IBSS); Sociological Abstracts; Web of Science (ISI).

Future work

This systematic review is currently at the protocol stage. It is anticipated that the findings from the review will contribute to the development of practice within liver transplant support and psychosocial services in both the statutory and voluntary sectors.

References

1. Data sourced from Global Observatory on Donation and Transplantation
2. NHS Blood and Transplant Organ Donation and Transplantation Activity report 2013-2014.
3. Nickel T, Wunsch A, Egle U., *et al.* The relevance of anxiety, depression, and coping in patients after liver transplantation. *Liver Transplantation*. 2002; 8 (1): 63-71.
4. O'Carroll, R., McGregor, L. Swanson, V., *et al.* Adherence to Medication After Liver Transplantation in Scotland: A Pilot Study. *Liver Transplantation*. 2006; (12): 1862-1868.