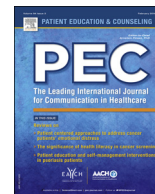




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## Review article

# A systematic review of Motivational Interviewing interventions in cancer patients and survivors

Jennifer C. Spencer<sup>a,\*</sup>, Stephanie B. Wheeler<sup>a,b</sup>

<sup>a</sup> Department of Health Policy and Management, University of North Carolina at Chapel Hill, 135 Dauer Drive, CB #7411 McGavran Greenberg Hall, Chapel Hill, NC 27599-7411, United States

<sup>b</sup> Lineberger Comprehensive Cancer Center, University of North Carolina at Chapel Hill, 450 West Drive CB #7295, Chapel Hill, NC 27599-7295, United States

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### ABSTRACT

**Objective:** To explore the use of Motivational Interviewing (MI) interventions among cancer patients and survivors, and determine aspects of intervention design that are common across successful MI interventions for this population.

**Methods:** We conducted a systematic review of studies addressing behavior change in cancer patients or survivors using Motivational Interviewing techniques. Studies were categorized into three groups based on behavioral outcome; lifestyle behaviors, psychosocial outcomes, and cancer-related symptom management.

**Results:** We included 15 studies in our analysis. Studies addressed behaviors such as diet, exercise, smoking cessation, cancer-related stress, and fatigue management. Counseling sessions varied in frequency and method of delivery, although telephone-based interventions were common. Trained oncology nurses often delivered MI sessions, and the majority of interventions included quality assessment to verify fidelity of MI techniques.

**Conclusion:** Solid evidence exists for the efficacy of MI to address lifestyle behaviors as well as the psychosocial needs of cancer patients and survivors. More research is needed on the use of MI for self-management of cancer-related symptoms.

**Practice implications:** Motivational Interviewing is a promising technique for addressing many types of behavior change in cancer patients or survivors. Intervention design must be sensitive to cancer type, phase of care, and complexity of desired behavior.

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### Contents

1. Introduction .....	00
2. Methods .....	00
3. Results .....	00
3.1. Overview .....	00
3.2. Interventions for lifestyle improvement .....	00
3.3. Interventions for psychosocial support .....	00
3.4. Interventions for self-management of cancer-related symptoms .....	00
4. Discussion and conclusion .....	00
4.1. Discussion .....	00
4.2. Conclusion .....	00
4.3. Implications for practice .....	00
Conflict of interest .....	00
Acknowledgements .....	00
References .....	00

\* Corresponding author.

E-mail address: [jennifer\\_spencer@unc.edu](mailto:jennifer_spencer@unc.edu) (J.C. Spencer).

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## 1. Introduction

From diagnosis to treatment to survivorship care, cancer patients experience a wide variety of complex and changing needs. With more than a million new cancer diagnoses each year and nearly 14 million cancer survivors living in the US today [1], there is increasing awareness of the physical and psychosocial needs of this population as they move through the continuum of care. In addition to traditional cancer therapies used with curative or palliative intent, many cancer patients are encouraged to change personal habits such as diet, physical activity, or smoking. For example, evidence in colorectal cancer suggests that changes in diet and exercise after diagnosis can decrease both cancer-specific and all-cause mortality [2]. Evidence for the benefits of diet and exercise change exists for many other cancer types as well, including breast [3], prostate [4] and brain cancer [5]. Beyond interventions targeted to modify diet, physical activity, or smoking, behavioral interventions also have been developed to reduce or control treatment-related side effects [6] or address cancer-related stress [7].

Helping patients change behavior, however, is not a straightforward task. Cancer creates a unique set of circumstances whereby patients are met with a “teachable moment” presenting a window of opportunity for behavior change, but patients also are burdened by the physical and mental strain of cancer treatment, which may impede the behavior change process [8,9]. Previous literature has explored a range of behavior-change frameworks, such as Cognitive Behavioral Therapy, the Transtheoretical Model, and Motivational Interviewing, all of which have been used to address health promotion among cancer survivors and found that further evidence is needed to determine what approaches are most efficacious in this population [10]. Furthermore, strategies to address health behaviors in patients who are currently undergoing cancer treatments remain unexplored. To address these complex issues, it is important to consider the efficacy of specific behavioral interventions utilized during or after cancer treatment.

One such behavioral intervention is Motivational Interviewing (MI). Described by Miller and Rollnick, this technique uses a patient-centered approach, developing the patient’s motivations for behavior change through open-ended discussions [11]. Targeted to patients who feel ambivalent about a specific behavior, Motivational Interviewing encourages reflective listening to help the subject explore their own goals and motivations for change. Although originally used to address addictive behaviors, such as alcohol and substance abuse, this technique is now widely used across the medical field to address a variety of behavioral targets. In healthy, non-cancer populations, Motivational Interviewing has shown success in smoking cessation [12], diet [13], and exercise [14] among other health behaviors. Our review of the literature sought to understand the extent to which Motivational Interviewing (MI) has been used in cancer patients and survivors, and which aspects of intervention design are common across successful MI interventions for this population. Lessons learned from this systematic review process currently are being used to design an intervention focused upon optimizing endocrine therapy use among breast cancer patients and can be useful for other cancer population applications as well.

## 2. Methods

Methods follow the 2009 guidelines described by the Preferred Reporting Items for Systematic Reviews and Meta-analyses (PRISMA) [15]. We used PubMed, psycINFO, Scopus, and Web of Science databases to conduct a systematic literature search of English language articles published from 1990–2015. The search terms used were: (Motivational Interviewing) AND ((Neoplasm

OR (Cancer) OR (Oncology) OR (Malignan\*)). Results from these searches were consolidated using EndNote X7 citation management software. After removing any duplicates, abstracts from all articles were reviewed for relevance by a single reviewer (JS). All articles deemed to be relevant were then reviewed in full text to verify population of interest and use of MI (for any behavioral target). If inclusion of an article was unclear, a second reviewer (SW) was consulted, and inclusion was determined by consensus of the two reviewers. References from included articles and multiple review articles on behavior change approaches were also examined, but no additional relevant studies were found.

Articles were excluded for the following reasons: 1) The study did not incorporate a MI framework for its intervention. 2) The study was not conducted in cancer patients or survivors. 3) The article was an abstract only (no full text article available) or opinion piece. 4) The study was not written in English. The initial search generated 225 articles, of which 15 qualified for inclusion (Fig. 1).

Basic information was ascertained from each study meeting our inclusion criteria, including: cancer type(s) studied, behavioral target, phase of cancer care during which the intervention was conducted, and structure of MI sessions (Table 1). Studies that began during chemotherapy or radiation, or which were conducted prior to surgery, were considered to be “during treatment”, even if MI sessions continued after active treatment was completed. Studies that began after conclusion of chemotherapy, radiation, and/or surgery were considered to be “post-treatment”. Effect sizes were calculated for the primary outcome of each study. Effect sizes were calculated as Cohen’s D according to standard methods for either continuous or binary outcomes [16,17]. Smaller studies with continuous outcome measurement are reported as Hedges’ G. This calculation is comparable to Cohen’s D, but uses a small sample size correction to calculate pooled standard deviation [16].

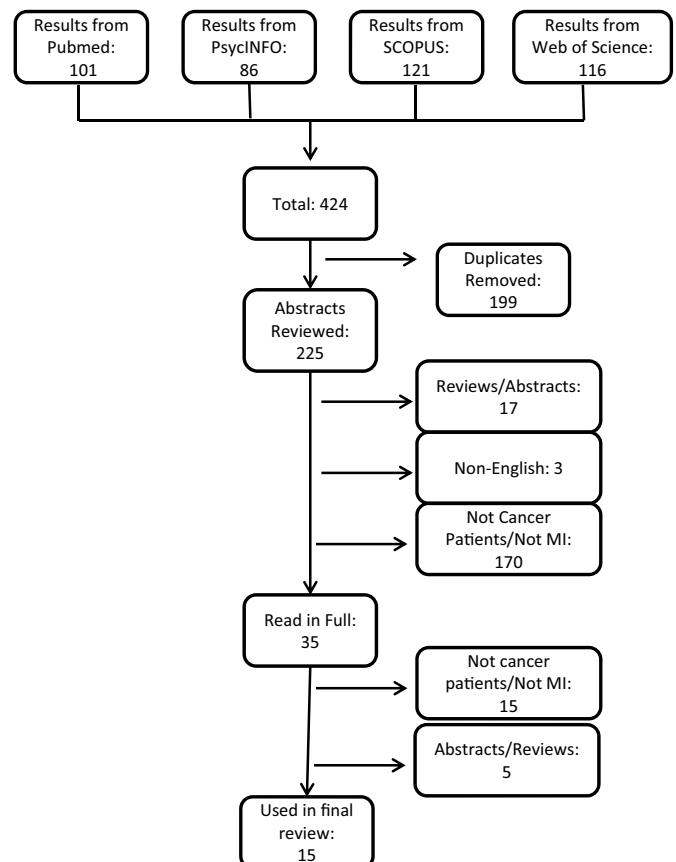


Fig. 1. Flow diagram indicating systematic review search strategy.

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