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## THEORETICAL ARTICLE

# Psychological treatments to improve quality of life in cancer contexts: A meta-analysis



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### KEYWORDS

Quality of life;  
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interventions;  
Depression;  
Meta-analysis

**Abstract** This study aimed to analyze the effects of psychological treatments on quality of life among cancer patients and survivors. Additionally, it was explored the moderating influence of some medical- and treatment-related features on these effects. Scientific studies published between 1970 and 2012 were analyzed. Seventy-eight studies were included in a meta-analysis. Concerns related to samples, interventions, and standard of methodological evidence were explored across the studies. A significant overall effect size of psychological interventions was revealed ( $g = .35$ ). Clinical state and use of adjuvant psychological treatment for managing medical side effects moderated this result ( $p < .05$ ). Furthermore, a meta-regression model was showed significant ( $R^2 = .30$ ) so as to explain the quality of life change associated with psychological interventions. The psychotherapeutic benefits on depressive symptomatology were included as a moderating factor. To sum up, quality of life is improved by psychological interventions, especially when patients have to cope with medical treatment or with adjustment after the disease is treated. Psychological treatments tend to promote better outcomes when depressive symptomatology is managed. These findings support that providing psychological treatments should be considered as crucial for the patient's health in cancer contexts.

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**PALABRAS CLAVE**

Calidad de vida;  
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depresión;  
meta-análisis

**Tratamientos psicológicos para mejorar la calidad de vida en contextos oncológicos: un meta-análisis**

**Resumen** Este estudio pretende conocer el efecto de los tratamientos psicológicos sobre la calidad de vida de pacientes y supervivientes de cáncer, así como la influencia moderadora de variables médicas y propias del tratamiento sobre dicho efecto. Para ello, se realizó un meta-análisis que incluyó 78 trabajos publicados entre 1970 y 2012. Se analizaron aspectos relacionados con la muestra, el tratamiento y la calidad metodológica de estos estudios. Como resultado, se encontró un tamaño del efecto significativo de los tratamientos psicológicos sobre la calidad de vida ( $g=0,35$ ). Dicho efecto estaba moderado por el estado clínico del paciente y la adyuvancia del tratamiento psicológico con el médico ( $p < 0,05$ ). También se observó que mayores reducciones de sintomatología depresiva debidas al tratamiento llevaban a mayores beneficios sobre la calidad de vida según las meta-regresiones ejecutadas ( $R^2 = 0,30$ ). En conclusión, los tratamientos psicológicos pueden mejorar la calidad de vida de pacientes oncológicos, principalmente cuando deben afrontar tratamientos médicos, así como de los supervivientes. Además, cuando se reduce la sintomatología depresiva la calidad de vida suele mejorar. Estos resultados destacan la influencia decisiva de los tratamientos psicológicos para la salud integral en contextos oncológicos.

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Quality of life (QoL) refers to a whole, integrated state of physical, mental and socioemotional well-being. This multidimensional construct is eminently subjective and may be measured through varying indicators, such as health status or personal functioning (Ferguson & Cull, 1991; World Health Organization, WHO, 1948). QoL entails more than a mere absence of disease, although it is profoundly associated with its severity (Amedro et al., 2014; Hogg, Peach, Price, Thompson, & Hinchliffe, 2012; Pagels, Söderkvist, Medin, Hylander, & Heiwe, 2012). For cancer patients, QoL is a crucial concern both when cancer is present and when the disease has been treated (Cheng et al., 2012; Costa-Requena, Rodríguez, & Fernández-Ortega, 2013). Oncologic medical treatments lead to QoL improvements, but sometimes a wide variety of side effects can arise and bring about significant health-related complaints (Decat, de Araujo, & Stiles, 2011; Gogou et al., 2015; Goh, Steele, Jones, & Munro, 2013). Likewise, when cancer is treated, patients show higher levels of QoL, but physical and psychological sequelae often diminish it (Bardwell & Fiorentino, 2012; Duijts et al., 2014; Howard-Anderson, Ganz, Bower, & Stanton, 2012).

Facing a cancer or its sequelae may lead to significant psychological distress and psychiatric symptomatology, such as sleep difficulty, excessive worries regarding survival and depressive mood. These symptoms are often associated with lower QoL and well-being (Bornbaum et al., 2012; Oh, Seo, Jeong, & Seo, 2012). A wide range of psychological interventions may be applied to ameliorate the psychological distress and the adjustment to being a cancer patient, subsequently enhancing QoL (Badr & Krebs, 2013; Preyde & Synnott, 2009). Rehse and Pukrop (2003) conducted a meta-analytic review in order to study the overall effect of psychological treatments throughout the cancer recovery process. They found a medium overall effect size ( $d = .65$ ), though treatment length showed a significant moderating effect.

More recently, another meta-analysis was conducted with similar purposes. Faller et al. (2013) studied the effect of psychological treatments on emotional distress and QoL. In this case, psychological treatments were observed to yield a small overall effect size for QoL ( $d = .26$ ). Moreover, type of treatment was found to be a significant modulating factor regarding this effect, pointing to healthier outcomes when relaxation programs were applied, for instance. These results differed from those found in the prior meta-analysis, probably due to the differences in sample selection criteria for both studies; as well as the different conceptualizations of QoL and psychological treatment.

Because of these discrepancies, this study aimed to analyze the overall effect size of psychological treatments on QoL in cancer patients and survivors. It thereby considered following the methodology proposed by Rehse and Pukrop (2003) for this purpose; however, QoL was studied from a multidimensional point of view. Furthermore, this study aimed to test whether effect sizes should be considered regarding disease-based features, treatment-related considerations, or methodology-related variables. Finally, the presence of significant models to explain QoL effects of these treatments in relation to medical-related concerns, and psychopathology was studied.

## Methods

### Study selection criteria

This meta-analysis is reported according to the Preferred Reporting Items for Systematic Reviews and Meta-Analyses for Protocols 2015 (PRISMA-P 2015) statement (Moher et al., 2015) and Botella and Gambara (2006) recommendations. Eligibility criteria for studies are detailed according to the PICOS framework as follows.

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