



Review

Non-pharmacological nurse-led interventions to manage anxiety in patients with advanced cancer: A systematic literature review



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ABSTRACT

Background: Anxiety is a common symptom in patients with advanced cancer. Although pharmacological and psychosocial interventions are recommended, it remains unclear which role nurses can play in supporting patients with anxiety.

Objective: The objective was to provide an inventory of non-pharmacological nurse-led interventions and evaluate the effectiveness in managing anxiety in advanced cancer patients.

Design: A systematic literature review was performed from xx-xx-xxxx until March 2013. Four databases (MEDLINE, CINAHL, PsycINFO and Cochrane) were searched using predefined search terms without date limits. Randomized controlled trials, focusing on non-pharmacological nurse-led interventions in the management of anxiety in patients with advanced cancer were identified. Due to the heterogeneity of the included studies, results are presented in a descriptive way.

Results: A total of seven studies were included. The interventions were categorized into patient education, telemonitoring, psychotherapy, complementary care or a combination of these. Two studies showed significant improvements in anxiety levels in patients who received a psychoeducational intervention and in those who participated in a telemonitoring program. However, both studies were judged with a high risk of bias due to attrition, the randomization process and the lack of blinding which was not described. A complementary care intervention, a focused narrative interview and a telemonitoring program identified improvement in anxiety after each time the intervention was provided. However, no significant differences between intervention and control group were found.

Conclusion: Although there is no firm evidence due to the high risk of bias, two studies showed that nurses could play a meaningful role in the management of anxiety with regard to early recognition and even in a specific set of psychotherapeutic interventions. Obviously, interventions should be adapted to the underlying cause of anxiety. However, the results of this systematic literature review show a limited degree of evidence to realize this goal. Future research should focus on the interpretation of the findings in order to

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understand why certain interventions are effective. Furthermore, clarification of which nurse competencies are needed to perform these interventions successfully must be defined. Nevertheless, this systematic literature review encourages nurses to take a key role in the management of anxiety and shows that it is worthwhile to investigate the difference that can be made by nurses in supporting advanced cancer patients with anxiety.

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What is already known about the topic?

- Due to the different causes of anxiety and the difficulty in distinguishing psychological and somatic symptoms, management of anxiety in daily practice is a challenge in palliative care.
- Evidence based treatments for anxiety in advanced cancer patients include pharmacological and psychosocial interventions.
- Interventions aimed to prevent and/or reduce anxiety are carried out by many professionals such as doctors, nurses, social workers, psychologists, complementary therapists and spiritual caregivers. Competency levels are not really questioned until now.

What this paper adds

- Evaluation studies of nurse-led non-pharmacological interventions to support advanced cancer patients with anxiety are scarce.
- The content of the included nurse-led non-pharmacological interventions could be categorized into: patient education, telemonitoring programs, psychotherapeutic interventions, complementary care interventions or a combination of these.
- Nurses could play a meaningful role in the early recognition and monitoring of anxiety and even in a specific set of psychotherapeutic interventions in patients with advanced cancer.
- Clear description of patients who could benefit from the intervention regarding patient characteristics, needs and underlying cause(s) of anxiety, is lacking.
- We challenge colleagues to prioritize for future research and integrate a development and evaluation framework to interpret the findings and to understand why interventions are effective or not.

1. Introduction

The prevalence of anxiety in hospitalized patients with advanced cancer is 34% based on the Hospital Anxiety and Depression Scale (HADS) (Teunissen et al., 2007) and commonly increases as patients become aware of the ineffectiveness of their medical treatment, progression of their illness and limited life expectancy (Roth and Massie, 2007; Vos and Seerden, 2010). Anxiety is dynamic and changes over time in response to disease-related events (Traeger et al., 2012). Nurses in palliative care settings are often the first professionals confronted with anxiety experienced by patients. The definition of anxiety in terms

of a nursing diagnosis is “The state in which an individual experiences a vague feeling of dread or apprehension; it is a response to external or internal stimuli that can have behavioral, emotional, cognitive, and physical symptoms” (Carpenito-Moyet, 2010, p. 75).

Anxiety can be caused by stressful events, psychiatric disorders, metabolic problems, inadequate symptom control, adverse drug effects, drug withdrawal and/or spiritual and existential concerns (Stiefel and Razavi, 1994). Due to the many different causes of anxiety together with the difficulty in distinguishing psychological and somatic symptoms, treatment of anxiety in daily practice is a challenge in palliative care (Roth and Massie, 2007; Stiefel and Razavi, 1994). Interventions are necessary since anxiety can affect patients’ decision-making (Latini et al., 2007) and might cause an exacerbation of other symptoms e.g. pain and dyspnea (Traeger et al., 2012).

Traeger et al. (2012) have recommended the use of psychosocial and psychopharmacological treatment to prevent or alleviate anxiety as a symptom and have emphasized the ongoing evaluation using validated measures. If anxiety is identified, in depth assessment is necessary to rule out potential medical causes and to determine the extent to which anxiety is functionally impairing. Furthermore, anxiety management should be guided by the underlying cause of anxiety (Stiefel and Razavi, 1994). Anxiety as a symptom can be managed via brief interventions while anxiety disorders require treatment with more lasting effects (Traeger et al., 2012).

Management of anxiety in advanced cancer patients requires an interdisciplinary palliative care team approach (Roth and Massie, 2007). Within this interdisciplinary palliative care team, the nurse has an important role in identifying anxiety since nurses are often the ‘common stable factor’ in in- and outpatient facilities as well as at home. In addition, nurses are often the liaison between the team and the patient and carry out the treatment plan in the bedside setting (Coyle, 2001). While the review of Traeger et al. (2012) has demonstrated some very important issues, there is a lack of knowledge regarding which role nurses can have in effectively supporting patients with anxiety (McGrath et al., 1999).

Therefore, the aim of this systematic review was to provide an inventory of non-pharmacological nurse-led interventions and their effectiveness in managing anxiety in advanced cancer patients as well as to equip nurses with evidence-based interventions and to effectively support patients with anxiety.

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