



## Review

## The effects of psychosocial strategies on anxiety and depression of patients diagnosed with prostate cancer: A systematic review

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## ABSTRACT

**Background:** Psychosocial strategies are commonly used to alleviate anxiety and depression in patients with prostate cancer. However, previous studies have shown inconsistent results.

**Objectives:** This study examined the effects of psychosocial strategies on anxiety and depression in prostate cancer patients.

**Data sources and review methods:** A systematic literature review was conducted using 4 English databases (Pubmed, Cochrane Central Register of Controlled Trials, Cinahl, and PsycInfo) and 2 Chinese databases (Wanfang data and Chinese Electronic Periodical Service) with predetermined keyword searches. We first evaluated 8144 titles and/or abstracts. Fourteen studies that met the inclusion criteria were selected. The criteria for study inclusion were as follows: (1) randomized controlled trial design; (2) control group received usual or standard care; (3) focus on testing psychosocial strategies to improve anxiety and depression symptoms; and (4) studies conducted with prostate cancer patients at any stage of the disease.

**Results:** The quality of the studies was assessed using the Jadad scoring system. Only 35.7% of studies were regarded as high quality. The majority of studies (85.7%) delivered informational and educational or cognitive-behavioral interventions. The results show that psychosocial strategies have a substantial effect on reducing anxiety 3 months after intervention (standard mean difference  $-1.13$ ,  $p < 0.0001$ ) and have a short-term effect on depression symptoms (immediately after intervention: standard mean difference  $-0.43$ ,  $p < 0.001$ ; 3 months after intervention: standard mean difference  $-0.78$ ,  $p = 0.04$ ).

**Conclusion:** The results indicate that psychosocial strategies were more effective in reducing anxiety and depression compared with routine care, although the effect was not sustainable. However, high-quality methodologies, longer follow-up designs, and innovative psychosocial strategies are suggested for further study.

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### What is already known about the topic?

- Anxiety and depression are common psychological distresses that occur in prostate cancer patients.

- The studies of psychosocial strategies have shown an inconsistent effect on anxiety and depression.

### What this paper adds

- The result of meta-analysis shows that psychosocial strategies have beneficial effects in decreasing anxiety for prostate cancer patients 3 months after intervention.

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- Using a comprehensive search and meta-analysis, this study showed the favorable short-term effects of psychosocial strategies on the decline of depression in prostate cancer patients.

## 1. Introduction

Prostate cancer is the most common male cancer in the United States, and the second most frequent diagnosed cancer in men worldwide (American Cancer Society, 2011). Patients with prostate cancer have higher survival rates than those with other types of cancer. The 10-year survival rates range from 50.7% for patients that choose “watchful-waiting” to 81% for patients receiving radical prostatectomy (Liu et al., 2008). However, diagnosis and treatment of prostate cancer causes stress in patients (Crowe and Costello, 2003). Numerous patients that receive a diagnosis of prostate cancer assume that they are close to death. Patients with prostate cancer usually experience anxiety, depression, fear, and anger as the disease progresses (Hedestig et al., 2005; Heyman and Rosner, 1996). The risk of suicide is considerably higher after a diagnosis of prostate cancer, and is higher than that of the general population during the first year (Fang et al., 2010).

Anxiety and depression are commonly encountered by patients with prostate cancer throughout various stages of the disease. For example, 12–21% of prostate cancer patients experience anxiety (Burnet et al., 2007; Nordin et al., 2001) and 0–27% of patients experience depression (Bisson et al., 2002; Korfage et al., 2006; Love et al., 2008) in the newly diagnosed stage. Between 4% and 10% of patients reported anxiety and depression during treatment (Burnet et al., 2007; Korfage et al., 2006). Subsequently, the rate of anxiety and depression increased to 10–23.7% (Burnet et al., 2007; Cliff and MacDonagh, 2000) and 9–22% during the disease follow-up period (Burnet et al., 2007; Korfage et al., 2006). The higher prevalence and adverse effects of psychiatric hospitalization as well as physical, functional, and social/family well-being, anxiety, and depression must be appropriately managed in prostate cancer patients (Balderson and Towell, 2003; Bill-Axelsson et al., 2011).

Psychosocial strategies have been defined as interventions that focus on psychology and/or social elements (Ruddy and House, 2009). However, their study included only two types of psychological interventions: paradoxical intention and hypnosis. Meyer and Mark (1995) categorized psychosocial strategies into five major types: cognitive-behavioral interventions, informational and educational interventions, non-behavioral counseling or psychotherapy, social support, and another intervention. The aim of cognitive-behavioral interventions is to change particular thoughts or behaviors or teach specific coping skills, such as cognitive reframing, behavior modification, progressive muscle relaxation training, and meditation (Meyer and Mark, 1995). For example, Bailey et al. (2004) encouraged men with prostate cancer to think about the positive things in their lives instead of their illness and treatment. Informational and educational interventions have focused on providing medical or coping information without training new behaviors (Meyer and Mark, 1995).

For example, Giesler et al. (2005) provided information based on the needs of patients (such as symptom management, dyadic adjustment, anxiety, and depression) using an interactive computer program. Non-behavioral counseling or psychotherapy is defined as providing non-cognitive and non-behavioral verbal psychotherapy and counseling, such as general counseling and professional support (Meyer and Mark, 1995). For example, Helgesen et al. (2000) provided an on-demand follow-up program to support patients with prostate cancer using a specialist nurse. Social support refers to the support provided by peers, patients, or family members (Meyer and Mark, 1995). For example, in the study by Weber et al. (2007), an old prostate cancer patient provided one-on-one peer support to a study participant.

Numerous studies have indicated that prostate cancer patients with anxiety or depression can benefit from psychosocial strategies. However, these studies have showed inconsistent results. This indicates the importance of further studies to synthesize the results of current studies. Previous reviews only searched English electronic databases (including publications until 2009) and meta-analysis was not conducted (Chambers et al., 2011; Cockle-Hearne and Faithfull, 2010; Weber and Sherwill-Navarro, 2005). However, several studies using psychosocial strategies have been published in English and Chinese Journals after 2009. Based on the systematic review and meta-analysis methodology, this study focused on the effects of psychosocial strategies on anxiety and depression among prostate cancer patients.

## 2. Methods

### 2.1. Inclusion and exclusion criteria

The inclusion criteria for the trials were as follows: (a) randomized controlled trials (RCTs) published in English and Chinese languages; (b) patients with a diagnosis of prostate cancer at any stage of the disease; (c) control group that received usual or standard care; (d) experimental group that received psychosocial strategies, such as cognitive-behavioral interventions, informational and educational interventions (coping information was provided), non-behavioral counseling or psychotherapy, and social support; and (e) anxiety and depression were measured. The exclusion criteria were as follows: (a) patients with diagnoses other than prostate cancer and separate data for prostate cancer subgroups were unavailable; and (b) trials that did not compare the effects of intervention between groups.

### 2.2. Search strategy

Six popular scientific databases, including Pubmed (1950–February 2012), Cochrane Central Register of Controlled Trials (1984–February 2012), Cinahl (1937–February 2012), PsycInfo (1887–February 2012), Wanfang data (1998–February 2012), and Chinese Electronic Periodical Service (2000–February 2012) were searched for relevant articles. Predetermined key terms used in the search contained terms for prostate cancer (e.g., prostate

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