



## Effect of psychosocial interventions on outcomes of patients with colorectal cancer: A review of the literature



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### A B S T R A C T

#### Keywords:

Anxiety  
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Colorectal cancer  
Depression  
Psychosocial intervention  
Psychoeducational intervention  
Relaxation training  
Support expressive group therapy  
Stoma proficiency  
Quality of life

**Purpose:** Patients with colorectal cancer experience physical, psychological and social challenges. Psychosocial interventions seem to be effective in improving the physical, psychological and social outcomes of cancer patients. There is a lack of research exploring the effectiveness of pre-operative and post-operative psychosocial interventions on the outcomes of colorectal patients. This literature review aimed to explore the effects of pre-operative and post-operative psychosocial interventions on the outcomes of patients with colorectal cancer, including physical, psychological and social functioning, as well as the quality of life.

**Methods and sample:** A literature search for studies on psychosocial interventions for patients with colorectal cancer published between 2002 and 2012 was undertaken from electronic databases of Medline, CINAHL, Scopus, PsycINFO, Mednar, and Proquest. Hand-searching was conducted to find relevant papers from the reference lists of included articles.

**Key results:** Eleven studies met the inclusion criteria and were included after methodological quality appraisal. A narrative summary was carried out. Various psychosocial interventions, including educational interventions, cognitive-behavioural therapy, relaxation training and supportive group therapy were found to reduce colorectal patients' length of hospital stay, days to stoma proficiency and hospital anxiety and depression, and to improve patients' quality of life. Home visits, telephone sessions, individual teaching sessions and group sessions were commonly conducted.

**Conclusions:** Various forms of psychosocial interventions were used to improve outcomes of patients with colorectal cancer. Further research is recommended to investigate the effects of psychosocial interventions carried out during both the pre- and post-operative period on colorectal patients' outcomes. Given the small number of studies identified, it is essential to take this into consideration when identifying strategies and conducting future psychosocial interventions for colorectal patients.

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### Introduction

Colorectal cancer is one of the top three leading causes of cancer-related deaths worldwide, with an estimated 1,023,256 newly-diagnosed cancer cases and 529,020 deaths each year worldwide (Kamangar et al., 2006). Many patients undergo surgical treatment, after which they are discharged home to await adjuvant therapy.

Surgical formation of a stoma is a common intervention that improves patients' condition and quality of life. Patients experience many challenges and concerns during the pre- and post-operative period (McCaughan et al., 2011). Commonly reported experiences of patients during the pre-operative stage include fear, questions, isolation and uncertainty (Worster and Holmes, 2008).

Post-operatively, patients experience physical, psychological and social challenges, especially for those with newly-formed stomas. Physical challenges faced by patients include bowel issues and sexual dysfunction, and patients with stomas, in particular, may face complications of leakage, skin and stoma problems, and odour (Black, 2011; Burch, 2005; Nugent et al., 1999). The psychological challenges faced by patients include severe anxiety, depression and disturbance in body image (Martinez, 2005; Ross et al., 2007), which may lead to low self-esteem, poor self-concept and even sexual dysfunction (Grogan, 2008). Studies also revealed avoidance and

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fear of social interactions, and dysfunctional relationships among patients with stomas due to lifestyle restrictions and change in body image (Newell, 1991; Ross et al., 2007; Silva et al., 2003; Simmons et al., 2007). To deal with these challenges, patients with colorectal cancer need to make major physical and psychological adaptations post-operatively (White, 1997).

It has been found that patients with colorectal cancer have low levels of acceptance of the chronic condition of stomas (Chao et al., 2010; Simmons et al., 2007). Poor acceptance of stoma can potentially lead to poor physical and psychological adaptations, affecting time to stoma proficiency post-operatively and length of hospital stay (Chaudhri et al., 2005; Simmons et al., 2007). Studies have shown that self-efficacy in stoma care is an important predictor of acceptance of stoma and quality of life among patients with colorectal cancer (Raingruber, 2011; Simmons et al., 2007; Wu et al., 2007). Low levels of self-efficacy in stoma care may be an indication of poor acceptance of stomas, as well as lower quality of life.

According to the World Health Organization, quality of life consists of physical, psychological and social functioning, as well as encompassing positive aspects of well-being and negative aspects of disease and infirmity (Till et al., 1984). Quality of life was assessed in patients with colorectal cancer, especially those with stomas, showing that there are significant impairments in physical, roles, emotional, cognitive and social functioning, which have negatively influenced their quality of life (Kopp et al., 2004; Wilson et al., 2006). The quality of life in most patients has been found to decline in the first month after surgery and only start to improve from 4 months and after (Juul and Prieto, 2008).

In the context of cancer care, psychosocial interventions have been described by Raingruber (2011) as valuable adjuncts to physical treatment; psychosocial interventions include therapeutic communication that focuses on the informational and psychosocial needs of patients to aid in minimising stress, improve quality of life, reduce depression, and provide support to cancer patients during the process of diagnosis and recovery. Common psychosocial interventions include psychoeducation, family therapy, stress management training, support group and cognitive-behavioural therapy (Jacobsen and Jim, 2006). Systematic reviews have established the therapeutic effects of psychosocial interventions—including social and emotional support, and psychoeducational and self-care interventions—in improving quality of life in cancer patients minimising stress and lowering depression and anxiety levels (Devine and Cook, 1983; Raingruber, 2011; Rehse and Pukrop, 2003). These interventions are also cost-effective in reducing the length of hospital stay. Supportive interventions, including listening, validation, stress management and problem solving, have been used on patients with gastric, colorectal and breast cancer, which have been found to effectively reduce the psychological distress, increase patients' fighting spirit and decrease in fatalism (Fukui et al., 2008).

In summary, there is a lack of research exploring the effectiveness of pre-operative and post-operative psychosocial interventions on the outcomes of colorectal patients. There is limited knowledge on the feasibility and types of psychosocial interventions on patients with colorectal cancer. In-depth understanding bolstered by research in this area will be beneficial to clinical practice in developing comprehensive psychosocial intervention programmes to improve the outcomes of patients with colorectal cancer and stomas. Identifying the effects of psychosocial interventions will greatly increase the level of awareness of health care professionals, which may improve the care they provide, and, in turn, the quality of life of patients with colorectal cancer. Therefore, the research question of this review was: What is the effect of various psychosocial interventions on outcomes (including physical, psychological and social functioning, and quality of life) of patients with colorectal cancer?

## Methods

### *Clarification of concepts*

In this review, psychosocial intervention is defined as a therapeutic intervention which acts as a valuable adjunct to the physical treatment for patients who have been diagnosed with cancer (Raingruber, 2011). Psychosocial interventions consist of cognitive, cognitive-behavioural, behavioural and supportive elements to improve the outcomes of patients with colorectal cancer. These interventions include patient education, psychoeducation, psychotherapy, cognitive-behavioural therapy, interventions aimed at aiding relaxation, and structured or peer support. Psychosocial interventions aim to minimise stress and depression, improve quality of life, and provide support to patients with cancer during their journey of diagnosis and recovery (Antoni et al., 2006).

### *Search strategy*

Electronic databases of MEDLINE, CINAHL, Scopus, PsycINFO, Mednar and Proquest were searched, and literature published between 2002 and 2012 was included to ensure the currency of the studies included. A 3-step search strategy was used in each component of this review. An initial limited search was undertaken of all journals included in MEDLINE and CINAHL databases. This involved an analysis of the text words contained in the title or abstracts to identify the keywords and index terms used to describe relevant terms. The keywords used were: 'effect\*', 'psychosocial', 'intervention\*' and 'colorectal'. A second extensive search using all identified keywords and index terms was carried out and extended to other relevant databases. Thirdly, the reference lists and bibliographies of all identified reports and articles were manually searched for additional and relevant studies. Due to translational limitations, only articles published in English were considered for inclusion in the review.

### *Inclusion and exclusion criteria*

The sources reviewed were research articles published in peer-reviewed journals relevant to colorectal cancer, with or without stoma formation, in the adult population. Articles related to any form of psychosocial intervention that were provided by health care professionals, including behavioural therapy, cognitive-behavioural therapy, communication skills training, counselling, education, support group, supportive-expressive group therapy, stress management training, counselling, family therapy and problem-solving therapy, as well as domains and tools used to measure the effects of the intervention in terms of length of hospital stay, days to stoma proficiency, anxiety and depression, and quality of life, were included in this review. Studies which include paediatric patients were excluded, as were those that involved patients with other forms of cancer.

### *Quality appraisal*

The retrieved articles were assessed independently by 2 reviewers according to the inclusion criteria. Studies which met the inclusion criteria were then critically appraised, separately, by the 2 reviewers. The quality of quantitative research papers was assessed using the Joanna Briggs Institute (JBI) Statistics Assessment and Review Instruments (JBI-MAStARI) critical appraisal checklist for descriptive/case series. Thereafter, the reviewers sought to reach a common agreement regarding the study quality. This process aimed to minimise possible bias in the selection of the studies, ensuring rigour in the systematic review.

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