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## Original Article

# Effect of psychological intervention on health-related quality of life in people with systemic lupus erythematosus: A systematic review



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## ABSTRACT

**Objective:** To objectively evaluate the effectiveness of psychological interventions for improving health-related quality of life in patients with systemic lupus erythematosus (SLE). **Design and review methods:** Databases including Ovid-Medline, PubMed, Web of Science, EBSCOhost, the Cochrane Library and Embase were electronically searched to identify randomized controlled trials published from inception through November 2013 involving psychological intervention in SLE patients. Studies that measured physiological function, life vitality, depression, pain degree, disease activity, severity of fatigue, and physical and mental component summaries as outcomes were included. Trials involving patients with multiple diseases or received simultaneous psychological interventions or combinations of other interventions were excluded. Two independent investigators screened the identified articles, extracted the data, and assessed the methodological quality of the included studies. Qualitative descriptions were conducted and quantitative analysis was performed with RevMan software (version 5.2).

**Results:** A total of six randomized controlled trials comprising 394 participants were included in the study. Meta-analyses showed that psychological interventions significantly reduced the degree of depression (standard mean difference =  $-0.44$ , 95% confidence interval [CI]:  $-0.78$ – $0.10$ ;  $P = 0.01$ ) and improved the status of the physical health component summary (mean difference =  $8.85$ , 95%CI:  $3.69$ – $14.00$ ;  $P = 0.00$ ) in SLE patients. However, there was no significant effect of psychological intervention on disease activity, degree of pain, fatigue or the mental health component summary.

**Conclusions:** The results show that psychological interventions can effectively improve the health-related quality of life in patients with SLE. The full benefit and clinical performance of psychological care requires further investigation by a series of multicenter, large-sample size randomized controlled trails.

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## 1. Introduction

Systemic lupus erythematosus (SLE) is a common, heterogeneous, multi-system autoimmune disease that is persistent and recurrent [1,2]. The clinical symptoms of SLE are difficult to predict, and include neurological symptoms (e.g., anxiety and depression, cognitive disorders and psychosis), fatigue, skin rashes, joint pain, headaches, epilepsy, cerebral vascular accidents, and movement disorders [3]. SLE is more frequent among women and individuals of African ancestry [4,5], with an incidence of 4.8–8.7 cases per 100,000 habitants in Brazil [6,7]. There is no known specific etiology of SLE, though its development is likely influenced by genetic, hormonal, environmental, and drug factors.

Although SLE is not a fatal condition, the lack of a curative therapy leaves most patients with a long-term sickness, which can negatively affect their emotional, psychological and social functioning and quality of life. The disease activity status and the incidence of organ damage correlate with SLE patient quality of life, which is thus a key focus of ongoing research [8]. Furthermore, a poor psychological status may aggravate the clinical manifestation of SLE and promote disease progression [9]. There is accumulating evidence that psychological intervention is effective for improving the health-related quality of life (HRQOL) inpatients with Parkinson's disease, pediatric malignancy, and cancer [10–12], as well as those who have undergone liver transplantation [13]. Moreover, psychological intervention is reported to be the most effective method to improve HRQOL in adolescents with juvenile idiopathic arthritis [14]. A study conducted of patients in Sweden found that patients with SLE are likely to report a low HRQOL and high medical costs that correspond with disease activity [15]. However, additional studies that used the Systemic Lupus Disease Activity Index (SLEDAI), which reports on 24 descriptors with pre-assigned severity weights to evaluate lupus activity, found no correlation between HRQOL and disease activity, suggesting that disease activity, cumulative damage and QOL are independent outcome indicators [16,17].

The HRQOL of SLE patients can be evaluated by a variety of assessment methods, of which the Medical Outcomes Survey Short Form 36 (SF-36) is the most common [18]. Additionally, LupusPRO is a disease-targeted, patient-reported outcome measure developed for and validated in American patients with SLE [19,20] with adequate psychometric properties for SLE patients in the Philippines [21], and was translated and adapted for use in Spanish-speaking patients [22]. The LupusQOL(c) and SF-36 were useful for assessing HRQOL in Mexican female patients with SLE, though the LupusQOL(c) should be evaluated for use in patients with moderately severe disease activity [23].

With these assessment methods in hand, the effects of psychological intervention on HRQOL in SLE patients can be evaluated. Furthermore, the patient's psychological, personality or behavioral problems can be examined, such that the most effective intervention can be identified. The present study followed the population, intervention, comparison and outcome method to evaluate psychological interventions in patients with SLE. Psychological interventions provided

regardless of health-care setting were compared with conventional therapy, and the outcomes of interest included disease activity, degree of pain, severity of fatigue, depression, physical component summary (PCS) and mental component summary (MCS).

## 2. Methods

### 2.1. Search strategy

The electronic databases Ovid-Medline, PubMed, Web of Science, EBSCOhost, the Cochrane Library and Embase were searched for English-language randomized controlled trials using combinations of the following terms: psychotherapy, psychology, psychological, psycho-education, behavior therapy, cognitive therapy, cognitive behavioral therapy, health-related quality of life, HRQOL, QOL, systemic lupus erythematosus, lupus, SLE. In addition, references from related systematic reviews and meta-analyses retrieved from these databases were searched for relevant publications.

### 2.2. Selection criteria

Each trial identified in the search was evaluated for design, patient eligibility criteria, and outcome measures. Randomized controlled trials were eligible for inclusion in the systematic review if they utilized psychological interventions (such as psychotherapy, psycho-education, behavioral or cognitive therapies) for SLE patients (adults aged over 18 years with a clinical diagnosis of SLE according to the American College of Rheumatology (ACR) criteria [24]) and measured physiological function, life vitality, depression, pain degree, disease activity, severity of fatigue, PCS or MCS as outcomes.

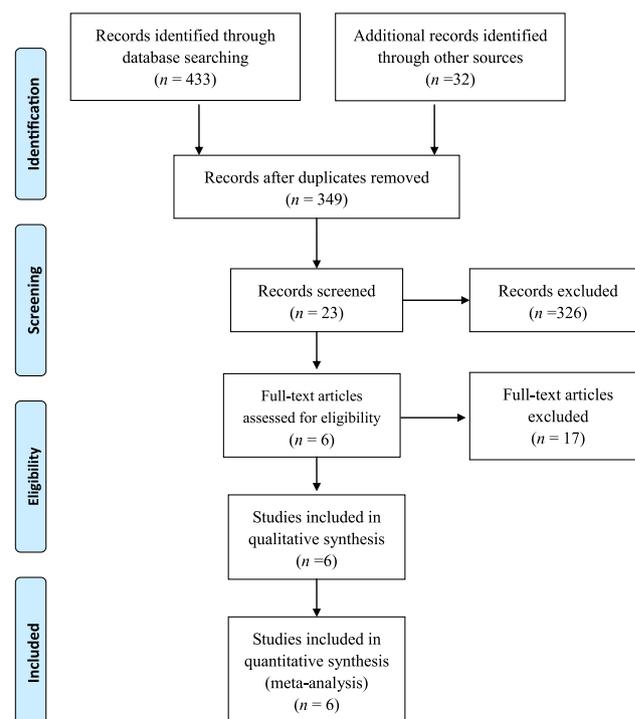


Fig. 1 – Flow chart of literature retrieval and trial selection.

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