

Review Article

Therapeutic Life Review in Palliative Care: A Systematic Review of Quantitative Evaluations

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Abstract

Context. There is increasing interest in providing nonpharmacological treatments, including therapeutic life review interventions, to enhance palliative care patients' existential/spiritual domains.

Objectives. To review quantitative evaluations of therapeutic life review interventions to assist palliative care patients with prognoses of 6 months or fewer in addressing existential and spiritual domains.

Methods. Comprehensive searches of PubMed, Medline, Web of Science, CINAHL, Scopus, and PsycINFO were undertaken using a validated palliative care search filter in accordance with the Preferred Reporting Items for Systematic Reviews and Meta-Analyses Statement. Each publication that met the inclusion criteria was read and classified according to the American Heart Association's Disease Management Taxonomy, Consolidated Standards of Reporting Trials, QualSys, and the Task Force on Psychological Interventions. Intervention procedures and outcomes were described.

Results. The searches yielded 1768 articles, of which 14 met the inclusion criteria. The articles reported six interventions evaluated once and four interventions evaluated twice, resulting in 10 distinct interventions. The interventions were evaluated in randomized controlled trials ($n = 9$), single-arm studies ($n = 3$), and a cohort study ($n = 1$). Interventions were conducted in one to eight 15–160 minute sessions by psychologists, social workers, and nurses. Attrition rates were 12%–50% because of patient death and deterioration. Participants lived 28–110 days after completion. Significant results were reported in 11 of 14 studies.

Conclusion. There are few studies evaluating therapeutic life review interventions, although results are promising. Further studies are required that use stricter selection criteria to demonstrate efficacy before these interventions are adopted into clinical practice. Further study may include the effect of these interventions on the interventionist and the bereaved family and caregivers in long-term follow-up. *J Pain Symptom Manage* 2015;49:747–761. © 2015 American Academy of Hospice and Palliative Medicine. Published by Elsevier Inc. All rights reserved.

Key Words

Life review, reminiscence, life completion, story-telling, spiritual well-being

Introduction

Palliative care aims to provide whole-person care by relieving pain and other distressing symptoms, integrating psychological and spiritual aspects of patient care, enhancing quality of life and death while neither hastening nor postponing death¹ and, where possible,

positively influencing the course of an illness.² Palliative care, historically the care of the dying, has evolved to include care of those with chronic incurable illnesses and may be referred to as hospice care in some countries. Regardless of the patient's prognosis, palliative care practitioners aim to help patients and

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their families to complete life and prepare for death and affirm the patient as a human with a unique life.³

Many of these goals are well addressed by the current practice of palliative and supportive care, with, for example, growing knowledge and application of pain and other physical symptom control. However, some goals, such as addressing psychological and spiritual/existential concerns, are less well addressed. In one needs analysis of more than 250 patients with advanced cancer who were not receiving formal palliative care, investigators reported that 40% had unmet psychological/emotional needs.⁴ Another study found that patient consultations with the treating oncologist focused on psychological or spiritual concerns for less than 1% of the time.⁵ The oversight of these important domains is thought to be the result of health practitioners' feelings of inadequacy,⁶ lack of time and skills,⁷ potential for self-exposure for professionals,^{8,9} and a perceived need to prioritize unresolved physical symptoms.¹⁰ Because of these current deficiencies in care for these domains, interest has grown in specific interventions to address them.

One way of addressing existential/spiritual concerns is the therapeutic life review. Therapeutic life review in the elderly population is thought to bring peace to the individual through review of the life lived, both relishing accomplishments and resolving conflicts.^{11–13} It is important to clarify that life review differs from reminiscence. Reminiscence is a descriptive activity involving thinking about one's life and recalling memorable events from the past (not recent or current events). Reminiscence may be structured or unstructured and delivered individually or as a group activity. It is considered pleasurable, improving quality of life and assisting with life adaptation, and has been shown to be effective in the aged population in decreasing depression.^{11,14} Life review, however, is more of an evaluative activity involving examination, addressing and resolving or rectifying conflict if able. Life review takes reminiscence to a deeper level, whereby the participant looks for meaning in the events of his or her life; this may be beneficial in assisting patients facing death with resolution of conflict and completion of life tasks resulting in a sense of peace.¹⁵

Life review interventions have been found to be efficacious in reducing depression in elderly patients^{16,17} and those recovering from cerebral vascular

accidents;¹⁸ improving self-esteem and life satisfaction in elderly veterans;¹⁹ improving quality of life in people living with acquired immunodeficiency syndrome (AIDS);²⁰ and preventing despair in those newly relocated to residential aged care facilities.²¹

Therapeutic life reviews have been offered to and well received by terminally ill patients²² and are gaining support after the authors of several studies^{23–27} reported promising results. Therapeutic life reviews were recommended in a recent summary of nonpharmacological treatments for depression in end-of-life care.²⁸ However, to date, there have been no systematic reviews of life review interventions in the context of palliative care to guide practice. Therefore, we aimed to conduct a systematic review of quantitative evaluations of therapeutic life review interventions to assist palliative care patients in addressing existential and spiritual domains.

Methods

This review follows the Preferred Reporting Items for Systematic Reviews and Meta-Analyses (i.e., PRISMA) Statement reporting standard.²⁹ Table 1 presents our research questions using the Participants, Intervention, Comparison, Outcomes and Study Design (PICOS) approach.

Inclusion Criteria

Publications were included if: 1) they quantitatively evaluated the implementation of a manualized therapeutic life review with palliative care patients or patients identified with life-limiting illnesses with a prognosis of six months or less, including those with end-stage organ failure, end-stage AIDS, cancer, and dementia; 2) patients were older than 18 years of age; 3) the publication was reported in the English language; and 4) the publication was published in a peer-reviewed journal.

Interventions needed to be manualized, either in a published or unpublished form and available to the public for replication, or an adequate description of the intervention needed to be given so that the reader could implement the intervention. Having a manual or a thorough description of the intervention allows translation of the research into practice, whereby

Table 1
Participants, Intervention, Comparison, Outcomes and Study Design (i.e., PICOS) Approach to the Systematic Review Following the Preferred Reporting Items for Systematic Reviews and Meta-Analyses Statement

P: patients	Life-limiting illnesses, for example, cancer, AIDS, end-stage organ failure, end-stage dementia, prognosis less than six months
I: intervention	Manualized therapeutic life review
C: comparison	None, usual care, or attention control
O: outcome	Coping with end of life, sense of peace, life completion, mental well-being, quality of life, or physical symptoms
S: study design	Quantitative randomized controlled trials, prospective trials, cohort studies, case series

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