



ELSEVIER

Contents lists available at ScienceDirect

Clinical Psychology Review

journal homepage: www.elsevier.com/locate/clinspsychrev

Review

Effectiveness of psychoeducational interventions for family carers of people with psychosis: A systematic review and meta-analysis



Jacqueline Sin^{a,b,*}, Steve Gillard^a, Debbie Spain^c, Victoria Cornelius^d, Tao Chen^e,
Claire Henderson^b

^a Population Health Research Institute, St George's, University of London, Cranmer Terrace, London SW17 0RE, England, UK

^b Health Service & Population Research Department, Institute of Psychiatry, Psychology & Neuroscience, King's College London, De Crespigny Park, London SE5 8AF, England, UK

^c MRC Social, Genetic and Developmental Psychiatry Centre, Institute of Psychiatry, Psychology & Neuroscience, King's College London, De Crespigny Park, London SE5 8AF, England, UK

^d Imperial Clinical Trials Unit, School of Public Health, Imperial College London, Stadium House, 68 Wood Lane, London W12 7RH, England, UK

^e Department of Clinical Sciences, Liverpool School of Tropical Medicine, Pembroke Place, Liverpool L3 5QA, England, UK

ARTICLE INFO

Keywords:

Psychoeducation

Family

Carers

Informal caring/caregiving

Psychosis

Systematic review

ABSTRACT

Psychoeducational interventions for family carers of people with psychosis are effective for improving compliance and preventing relapse. Whether carers benefit from these interventions has been little explored. This systematic review investigated the effectiveness of psychoeducation for improving carers' outcomes, and potential treatment moderators. We searched for randomised controlled trials (RCTs) published in English or Chinese in eight databases. Carers' outcomes included wellbeing, quality of life, global morbidities, burden, and expressed emotion. Thirty-two RCTs were included, examining 2858 carers. Intervention duration ranged from 4 to 52 weeks, and contact times ranged from 6 to 42 hours. At post intervention, findings were equivocal for carers' wellbeing (SMD 0.103, 95% CI – 0.186 to 0.392). Conversely, psychoeducation was superior in reducing carers' global morbidities (SMD – 0.230, 95% CI – 0.386 to – 0.075), perceived burden (SMD – 0.434, 95% CI – 0.567 to – 0.31), negative caregiving experiences (SMD – 0.210, 95% CI – 0.396 to – 0.025) and expressed emotion (SMD – 0.161, 95% CI – 0.367 to – 0.045). The lack of available data precluded meta-analysis of outcomes beyond short-term follow-up. Meta-regression revealed no significant associations between intervention modality, duration, or contact time and outcomes. Further research should focus on improving carers' outcomes in the longer-term and identifying factors to optimise intervention design.

1. Introduction

Psychoeducational interventions, generally defined as information provided about a condition and its management, are proven to be effective for improving compliance in psychosis, and in reducing relapse (National Institute for Clinical Excellence (NICE), 2014; Xia, Merinder, & Belgamwar, 2011). Psychoeducation is commonly delivered via individual or group programmes, and involves clinicians taking on the role of information-provider, and patients and family carers as participants (Sin, Jordan, Barley, Henderson, & Norman, 2015; Sin & Norman, 2013; Xia et al., 2011). More recently, interventions delivered via eHealth (internet-based) or mHealth (using mobile apps) have also garnered increasing interest and usage, perhaps augmenting conventional face-to-face formats (Alvarez-Jimenez et al., 2014; Cavanagh et al., 2006; Chi & Demiris, 2015;

Glynn, Randolph, Garrick, & Lui, 2010; Proudfoot et al., 2004; Sin, Henderson, & Norman, 2014; Sin, Moone, Harris, Scully, & Wellman, 2012). Multi-component programmes, which comprise peer support and discussion with others in a similar position, information about coping strategies and problem solving techniques for common illness-management or care-related issues, have become increasingly popular (Gillard, Gibson, Holley, & Lucock, 2015; Lobban, Postlethwaite, et al., 2013; Sin, Moone, & Newell, 2007; Sin, Moone, & Wellman, 2005; Sin & Norman, 2013; Xia et al., 2011). Involvement of family carers in psychoeducational interventions, with or without patients, has been identified as a pivotal mechanism for promoting patients' outcomes (NICE, 2010; Xia et al., 2011; Yesufu-Udechuku et al., 2015). In general, it is hypothesised that the effectiveness of psychoeducation is contingent on carers' knowledge about psychosis, their cognitive appraisal about the caring situation, and

* Corresponding author at: Population Health Research Institute, St George's, University of London, Cranmer Terrace, London SW17 0RE, UK.

E-mail addresses: jasin@sgul.ac.uk (J. Sin), sgillard@sgul.ac.uk (S. Gillard), Debbie.spain@kcl.ac.uk (D. Spain), v.cornelius@imperial.ac.uk (V. Cornelius), tao.chen@lstmed.ac.uk (T. Chen), Claire.l.henderson@kcl.ac.uk (C. Henderson).

<http://dx.doi.org/10.1016/j.cpr.2017.05.002>

Received 20 September 2016; Received in revised form 25 November 2016; Accepted 23 May 2017

Available online 29 May 2017

0272-7358/ © 2017 The Authors. Published by Elsevier Ltd. This is an open access article under the CC BY license (<http://creativecommons.org/licenses/by/4.0/>).

subsequently, their perceived burden and (self-efficacy in) coping with caring (Bandura, 1977a, 1977b, 1988; Birchwood, Smith, & Cochrane, 1992; Lazarus & Folkman, 1984).

Carers' perceived burden and appraisal about their ability to manage the caring for a loved one with psychosis, are well established as being highly correlated with their wellbeing and global morbidities (Guerriero Austrom et al., 2015; Kuipers, 2010; Kuipers & Raune, 2000; Smith et al., 2014). That is, the burden of caring can incur clinically significant levels of stress and distress in carers themselves, increasing vulnerabilities to both physical and mental health morbidities. Furthermore, studies have identified that carers' wellbeing is associated with their caregiving capacity; that is, poorer wellbeing affects propensity to provide adequate support, which in turn is believed to be influential in shaping patients' prognosis and relapse rates (Johnson et al., 2000; Kuipers, Onwumere, & Bebbington, 2010; Smith et al., 2014). Based on the stress-appraisal-coping theory as applied in family caregiving (Lazarus, 1966; Lazarus & Folkman, 1984; Szmukler, 1996; Szmukler et al., 1996), it has long been hypothesised that psychoeducation, with education as its core features and prime aim, works directly in improving carers' knowledge about psychosis and related caregiving issues. Improved knowledge about coping strategies and resources can lead to a more positive appraisal of their caregiving experiences as well as carers' own self-efficacy in coping with the demands. These, in turn, can translate into decreases in perceived burden and global morbidities (Joyce, Leese, & Szmukler, 2000; Joyce et al., 2003; Szmukler, 1996). It is possible that these caregiving-related outcomes would mediate into better carers' wellbeing and quality of life (Joyce et al., 2003; Kuipers et al., 2010; Martens & Addington, 2001; Szmukler, 1996). However, little is known about the specific impact of such interventions on family carers' outcomes, potentially because: (1) carers' outcomes are often reported as secondary to those of patients in trials, despite carers often being the sole participants (Sin & Norman, 2013; Sin et al., 2015; Xia et al., 2011); (2) most carers are not recipient of health and/or social care services, and hence their needs are not considered to take priority (Kuipers, 2010); and (3) the significant heterogeneity of interventions tested and broad-ranging carer-outcome measures used, rendering pooling of data for meta-analysis difficult (Lobban, Postlethwaite, et al., 2013; Miyar & Adams, 2013; Sin & Norman, 2013).

While previous systematic reviews on psychoeducation have been undertaken, none of these have solely included randomised controlled trials (RCTs), nor sought to undertake meta-analyses on carers' outcomes (Lobban, Postlethwaite, et al., 2013; Sin & Norman, 2013; Sin et al., 2015). The current systematic review had two aims:

- (1) to assess the effectiveness of psychoeducation on family carers' wellbeing, health morbidities, and caregiving-related outcomes; and
- (2) to identify intervention-factors (such as intervention duration, contact time, and different modes of delivery), which may moderate intervention effectiveness. Understanding these factors further is likely to enhance the development of more targeted interventions.

2. Method

We published the review protocol in PROSPERO (International Prospective Register of Systematic Reviews) (Sin et al., 2016). The review process followed PRISMA guidelines (Moher, Liberati, Tetzlaff, Altman, & Group, 2009).

2.1. Search strategy

We followed the search strategy originally developed for our earlier review (Sin & Norman, 2013). Key search terms were devised using the Cochrane Schizophrenia Group and Central Register of Controlled Trials (CENTRAL), synonyms for "schizophrenia", "psychosis" and "psychoeducation* intervention*", in combination with free text to

maximise the sensitivity of the search. We searched for RCTs published from the date of inception to 31st May 2016 in eight databases: MEDLINE (via Ovid); PsycINFO; CINAHL; EMBASE; Cochrane Reviews Library; CENTRAL; Web of Science and ASSIA. In addition, the reference lists of all included studies and of relevant existing systematic reviews were checked for further possible studies. Authors of studies screened were contacted for information regarding unpublished data and ongoing trials.

2.2. Inclusion and exclusion criteria

In order to extract data for meta-analyses and meta-regression, only RCTs (including cluster and crossover trials) were eligible. We included studies which investigated psychoeducational interventions which primarily aimed to provide information about illness and symptom management, involved interaction between information providers and participants, and were delivered via any modalities or a combination of modalities (Sin & Norman, 2013; Sin et al., 2016). We included interventions which were professionally-led, although those which involved co-facilitation from a family carer or other lay-person were not excluded. Pure bibliotherapy, and treatment programmes that solely relied on educational materials (such as booklets or non-interactive websites), but which comprised no actual interaction, were excluded. Considering that psychoeducational interventions commonly aim to change complex behaviours and attitudes, we excluded interventions that had a duration shorter than 4 weeks, but imposed no upper limit on intervention duration.

The population studied was informal or family carers of any age (excluding paid, professional or formal carers), of individuals affected by psychosis however defined and treated in any setting. Family carers could be either biologically (e.g. parents, siblings) or non-biologically (e.g. spouses, close friends) related to the patients. Carers could attend the interventions with or without the patients.

Comparators reported in the control arms were categorised into two types:

- (1) inactive controls which included waitlist, standard, usual care and/or 'attention-control'; and;
- (2) active controls which comprised alternative active interventions targeting family carers, other than psychoeducational in principle, whose content, mode of delivery and design were clearly described. Examples of active controls included cognitive behavioural therapy, counselling, or family intervention.

2.3. Study selection, data extraction and risk of bias assessment

Initial screening of study titles, abstracts and full text articles was undertaken by two authors (JS and DS) independently and in parallel. Data extraction from included papers was also undertaken by JS and DS independently, and reviewed by VC and TC as required. The Cochrane Collaboration risk of bias tools for RCTs (Higgins & Green, 2011) were used to assess quality of studies and evidence, again by JS and DS independently. At each stage, the whole review team reviewed the searches, abstract and full-text screening, and data extraction results. We resolved uncertainties through: (1) seeking additional data or clarification from trialists when possible; and (2) review team discussion and consensus.

2.4. Outcomes and measures

The primary outcome measures were the standardised mean difference (SMD) in three carers' outcome domains: wellbeing; quality of life; and their proxy measures such as stress, global morbidities (including poor physical and/or psychological health), and depression. Secondary outcomes focused on common caregiving-related outcomes such as: positive and negative appraisals of caregiving experiences;

Download English Version:

<https://daneshyari.com/en/article/5038524>

Download Persian Version:

<https://daneshyari.com/article/5038524>

[Daneshyari.com](https://daneshyari.com)