Review Article

The Effectiveness of Patient-Family Carer (Couple) Intervention for the Management of Symptoms and Other Health-Related Problems in People Affected by Cancer: A Systematic Literature Search and Narrative Review

Jane B. Hopkinson, PhD, RN, Joanne C. Brown, PhD, Ikumi Okamoto, PhD, and Julia M. Addington-Hall, PhD
Faculty of Health Sciences, University of Southampton, Southampton, United Kingdom

Abstract

Context. Cancer is widely acknowledged to impact on the whole family. Yet, we do not know if there is benefit (or harm) from patient-family carer interventions in the context of cancer care.

Objectives. To report a systematic search for and narrative review of patient-family carer interventions tested in the context of cancer care for effect on symptoms and other health-related problems in patients and/or their family members.

Methods. A systematic literature search was carried out using Cochrane principles. Searches were of MEDLINE, EMBASE, PsycINFO, and CINAHL databases for reported trials of patient-family carer focused interventions. Outcomes of interest were health indicators; measures of physical, psychological, social, and quality-of-life status of the patient and/or family member(s). Limits were English language; 1998 to March 2010; and adults. Relevant information was extracted, quality assessed using the Cochrane Collaboration's tool for assessing risk of bias, and presented as a narrative synthesis (meta-analysis was not appropriate).

Results. The review found no empirically tested interventions for family groups (patient and two or more family members), but 22 interventions for patient-family carer partnerships (couple interventions) tested in 23 studies and reported in 27 publications. Recruitment and attrition were problematic in these studies, limiting the reliability and generalizability of their results.

Conclusion. In the trials of cancer couple interventions included in the review, a pattern emerged of improvement in the emotional health of cancer patients and their carers when the intervention included support for the

Address correspondence to: Jane B. Hopkinson, PhD, RN, Faculty of Health Sciences, University of Southampton, Nightingale Building, University Road, Southampton S017 1BJ, United Kingdom. E-mail: j.b.hopkinson@soton.ac.uk

Accepted for publication: March 15, 2011.

0885-3924/$ - see front matter
doi:10.1016/j.jpainsymman.2011.03.013

patient-family carer relationship. Further investigation is warranted. J Pain Symptom Manage 2012;43:111−142.

Key Words
Cancer, systematic, review, couple, family, psychosocial intervention, symptom, quality of life

Introduction

Cancer is widely acknowledged to impact on the whole family. Evidence supports the common assumption that there is a relationship between illness experience in cancer patients and their family carers.[1,2] For example, declining appetite in a cancer patient can cause distress in other family members.[3]

This review is about psychosocial interventions for families affected by cancer. There is no universal definition of family. For this review, we agreed on a definition of family as any relationship, or network of relationships, that involves caregiving, where care is physical or emotional support. All gender combinations were included, but relationships with professional caregivers were excluded. Psychosocial intervention was defined using treatment domains, as recommended by Hodges et al.[4] It was any nonpharmacological intervention, which may or may not have an explicit mechanism of action, delivered during a face-to-face interaction or through another medium, for example, patient handout, with the purpose of improving the physical, psychological, and social factors or quality of life.

The review was conducted to inform the development and testing of a brief psychosocial intervention to support families living in the community affected by cancer cachexia syndrome. We were aware that problems can arise when a patient and their family members hold differing perspectives.[5] So we made the assumption that understanding how to work jointly with the patient and family carer was important for the development of our intervention. Taking intrapersonal factors and/or dynamics into account when working with patients and their families has been demonstrated to achieve improved health outcomes in other intervention studies. In the context of cancer care, the work of Kissane et al.,[6] for example, was able to alleviate grief in families postbereavement by offering family therapy that preceded the death of a family member. In noncancer populations, examples include optimizing the management of mental health problems by advising not only depressed patients but also their carers to be vigilant in watching for mood changes[7] and supporting patients affected by anorexia and other eating-related disorders through work with the whole family.[8]

Pitceathly and Maguire[2] argue for a theoretical model of adjustment to cancer that incorporates intra- and interpersonal risk factors. Interpersonal models of adjustment, such as Lazarus's[9] model of adaptation, have informed the development of many psychosocial interventions for cancer patients and carers. There are also existing theoretical frameworks that provide conceptualizations of the relationship between patient and carer experience, which can support propositions of how intrapersonal intervention might improve the experience of the cancer patient and their family. Examples include: models of relationship-focused coping;[10] systemic-transactional dyadic coping;[11] interdependency theory;[12] and the interdependence model of communal coping and behavior change.[13] The potential of such theories to form a basis of couple therapies for end-of-life cancer care has been recognized by McLean and Jones,[14] who provided a review of psychosocial interventions for couples facing the end of life. They identified evaluations of couple interventions, two of which were randomized controlled trials (RCTs), and concluded that, although providing support to couples may result in improved marital functioning, rigorous evaluations are still required. Recently, Baik and Adams[15] have reported a systematic review of couple-based psychosocial interventions for couples when one partner faces cancer. The review examines effect on distress and well-being and concludes that couple-based interventions