



Review

The effectiveness of psychosocial interventions for stroke family caregivers and stroke survivors: A systematic review and meta-analysis[☆]



Ho Yu Cheng^{*}, Sek Ying Chair, Janita Pak-Chun Chau

The Nethersole School of Nursing, The Chinese University of Hong Kong, Hong Kong Special Administrative Region

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ABSTRACT

Objective: To evaluate the effectiveness of psychosocial interventions for family caregivers on their psychosocial and physical wellbeing, quality of life, and the use of healthcare resources by stroke survivors.

Methods: Electronic English and Chinese bibliographic databases were searched (inception to January 2012) for clinical trials. Two reviewers independently selected and appraised study quality. When possible, data from randomized controlled trials (RCTs) were statistically pooled. Otherwise, a narrative summary was used.

Results: Eighteen studies (psychoeducation and social support group) were included. Pooled analysis of two individual psychoeducation programs showed a small effect on improving family functioning (SMD: -0.12 ; 95% CI: -0.23 to -0.01 ; $p = 0.03$). Caregivers receiving psychoeducation that aimed at equipping caregivers with the skills of problem-solving, caregiving, and stress-coping appeared to have a more positive influence on the caregivers' psychosocial wellbeing and a reduced use of healthcare resources by stroke survivors.

Conclusion: Evidence on the effects of psychosocial interventions was limited. More RCTs of multifaceted psychoeducation programs are needed to further examine the optimal dose and format.

Practical implications: To support caregivers across the stroke trajectory, the core skills of problem-solving and stress-coping should be included in the psychosocial interventions.

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[☆] "I confirm all the patient/person(s) have been removed or disguised so the patient/person(s) described are not identifiable and cannot be identified through the details of the story."

^{*} Corresponding author at: The Nethersole School of Nursing, 8/F, Esther Lee Building, The Chinese University of Hong Kong, Shatin, N. T., Hong Kong Special Administrative Region. Tel.: +852 3943 433; fax: +852 2603 5935.

E-mail addresses: hycheng@cuhk.edu.hk, dologesics@yahoo.com.hk (H.Y. Cheng).

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1. Introduction

Stroke is a major cause of disability worldwide. Its abrupt onset and long-term neurological or cognitive impairments impose various challenges on the life situations of stroke survivors and their family members [1,2]. Stroke not only calls for readjustments in a caregiver's life, but also requires modifications of the interfamilial relationships [3].

The new role of being a stroke caregiver comes unexpectedly to the family members [4]. The amount and duration of care, the responsibility to stroke survivors, and the lack of time to devote to their own health behaviors and social activities drain the physical, psychological and social resources of family caregivers [5], and also affect their quality of life (QOL) [6]. The actual and perceived imbalance between the demands of caregiving and the support for caregivers is linked to psychological morbidities, including burden, psychological distress, and depressive symptomatology. Approximately 30–68% of stroke family caregivers were found to have anxiety or depressive symptoms [7,8]. In one study, the caregivers of stroke survivors were found to have higher levels of depression and anxiety compared to caregivers of other neurological diseases [9]. The strain experienced by caregivers increases their risk of cardiovascular diseases and their mortality risk by 23% and 63%, respectively, when compared with non-caregivers [10,11]. These negative impacts on the caregivers' wellbeing could result in the breakdown of care and the institutionalization of stroke survivors, which imposes a substantial cost on healthcare systems [12,13]. Thus, improving the family caregivers' ability to provide quality of care without detriment to their own health, and empowering the family caregivers to have a life of their own are indispensable [14].

A meta-analysis of information provision interventions of stroke knowledge and practical caregiving skills was found to have a small effect on improving the caregivers' knowledge, but not on their psychological health [15]. Different types of psychosocial interventions, such as counseling, psychoeducation or support groups, showed mixed effects on the psychological and social aspects of caregivers in previous systematic reviews [16–18]. A recent systematic review of eight studies of non-pharmacological interventions for stroke family caregivers showed that psychosocial interventions had no significant effect on reducing the caregivers' strain and their level of depression [18]. Visser-Meiley et al. [17] also examined the effectiveness of interventions for stroke family caregivers and reported that counseling interventions appeared to have the most positive outcome on the caregivers' psychological health. Besides, Brereton et al. [16]

suggested that the teaching of problem-solving techniques and the training in caregiving skills could improve the caregivers' QOL and wellbeing. However, the evidence was based on one to two studies in these reviews. There was insufficient evidence on which optimal format, type and essential components of the psychosocial interventions should be provided to the stroke family caregivers. There was also no synthesized evidence of the effect on the caregivers' physical health [17,19], despite the fact that the presence of psychological distress might contribute to a deterioration in the caregivers' physical health [20].

Today, we are facing the challenge of the increasing prevalence of stroke-related disability because of the growth of the aging population and the prolonged life span [21]. Therefore, supporting the needs of stroke family caregivers at the right time, right place and in the right format throughout the transition of care is timely. The aim of this systematic review is to identify the best available evidence related to the effectiveness and dose of caregiver psychosocial interventions on the psychosocial wellbeing, physical health and QOL of family caregivers, and the use of healthcare resources by the stroke survivors.

2. Methods

We followed the guidelines recommended by the Joanna Briggs Institute when we conducted this review.

2.1. Search strategy

Clinical trials were searched from electronic English and Chinese bibliographic databases from their inception to January 2012, by using title, abstracts, keywords, MeSH, and index terms (Table 1). Besides, a manual search of relevant journals, gray literatures, online databases search and websites was also performed. Reference lists and bibliographies of all relevant articles were also reviewed. Appendix A shows a typical searching strategy.

2.2. Study selection and appraisal

Two independent reviewers (HYC and SYC) screened the titles of all identified papers for their relevance. If the title was inconclusive, the abstracts or full texts of the study were retrieved for further analysis. Both reviewers independently assessed all abstracts or full texts of the potential studies by using the study eligibility verification form developed for this systematic review. Any discrepancies between the reviewers were resolved by

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