



## Review

# Assessing the effectiveness of interventions to support patient decision making about breast reconstruction: A systematic review



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## ABSTRACT

**Background:** Decision making about breast reconstruction (BR) following a diagnosis of breast cancer, Ductal Carcinoma in Situ (DCIS), or to reduce future breast cancer risk, is difficult and complex. This paper systematically reviews interventions aiming to support patients facing the option of BR, and assesses their effectiveness in improving a range of patient outcomes.

**Methods:** Ten databases were searched for articles published up to October 2017 that evaluated interventions to support patient decision making about BR within controlled trials. All included studies were assessed for methodological quality. Descriptive analyses of patient outcomes within included studies were performed.

**Results:** The search yielded 3291 articles. Eight studies met the inclusion criteria resulting in the evaluation of seven distinct interventions ( $n = 1212$ ). Six studies were assessed to be of weak methodological quality, with one of moderate and one of strong quality. Three out of five interventions demonstrated a reduction in decisional conflict ( $ds = 0.26–0.69$ ) and two out of three interventions resulted in reductions in decisional regret ( $ds = 0.27–3.69$ ) at various time points. Treatment choice was altered in two of five studies. There were no changes in patient-reported anxiety levels, whilst the impact on depression was mixed. In all studies which reported on it, improvements in patient satisfaction and involvement in decision making were found.

**Conclusions:** Few interventions are currently available. Whilst some findings are encouraging, improvements on patient outcomes are mixed. Further research should focus on the development and evaluation of effective interventions.

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## 1. Introduction

Thousands of women undergo breast reconstruction (BR) following mastectomy each year, with the aim of restoring psychosocial and health-related quality of life. Indeed, in England, 5000 women undergo BR annually, with the numbers offered BR increasing [1]. Making a decision about BR can be difficult and complex [2]; whilst patient choice is fundamental to the delivery of healthcare, and women want to be involved in making treatment decisions [3], for many this can be challenging. Indeed, the choices regarding whether to undergo reconstruction, and the type (e.g., implant-based, autologous) and timing (immediate, delayed) of surgery are considerable, and the best option for each woman will depend on her own individual preferences, goals and needs [4]. Additionally, these decisions must be made in a relatively short timeframe following diagnosis; which is often a stressful and emotional time [5].

Post-operative regret and dissatisfaction are common among women who have undergone BR [1,2,6,7]. Reasons include unmet expectations [8,9], and a lack of involvement in the decision making process [2]. Additionally, a recent systematic review found that higher decisional regret is related to a lack of sufficient, understandable information [7]. Interventions designed to support and encourage patient decision making can help involve and inform them, whilst managing their pre-surgical expectations [4,10]. Such interventions can improve patient satisfaction and involvement in care [11,12]. Certainly within the wider field of breast cancer treatment, these interventions have been found to improve decision-related self-reported outcomes for a wide range of treatments including radiotherapy, endocrine therapy, and chemotherapy [13].

With regard to support for BR decision making, Preminger and colleagues [14] conducted a systematic review of preoperative patient education aids for BR. They found few interventions, all of which were of limited methodological quality. The review, however, included studies of retrospective design and student populations (without a diagnosis of breast cancer). Further, studies evaluated interventions designed for women deciding between mastectomy and breast conserving surgery [15,16], rather than solely BR, thus limiting the conclusions that can be drawn in relation to women who are in the process of making a decision about BR. Most recently, a systematic review of decision aids for patients making a decision about treatment for early breast cancer [13] addressed all treatment decisions including surgery, endocrine therapy, chemotherapy, radiotherapy and fertility-preservation, in addition to BR. The authors identified three papers evaluating decision aids focused on BR decision making, one of which was a conference abstract. Given the extensive scope of the review, there was limited information regarding the content and effectiveness of the interventions developed specifically in relation to decisions

concerning BR. It is therefore timely and important to focus solely on interventions to support BR decision making given the growing numbers of women who are being offered an increasing array of surgical BR options. In line with this, the aim of this review was to assess the effectiveness of interventions designed to help women make a decision about breast reconstruction.

## 2. Method

This systematic review was conducted in accordance with the Cochrane Handbook for Systematic Reviews [17]. The search was not restricted by date or publication status, in order to reduce the likelihood of publication bias. The following databases were searched up to October 2017; EBSCO (which includes AMED, CINAHL, ERIC, MEDLINE, PsychINFO and PubMed), Cochrane Library, Web of Science and Wiley Online Library. A grey literature search was conducted via Google Scholar. The following search terms with truncations were used: (“breast reconstruction” OR “risk reducing mastectomy” OR “mastec\* reconstructive breast surgery” OR “prophylactic mastectomy” OR “oncoplastic breast surgery”) AND (program\*, OR prevent\* OR intervention OR evaluat\* OR aids OR psychosocial OR self-help OR online) AND (option OR inform\* OR collaboration OR partnership OR shar\* OR decision OR shared-decision OR engagement OR proactive OR concordance OR involve\* OR support OR “decision-support”).

After removing duplicates, the database results were screened for inclusion sequentially by title, abstract and full-text, as illustrated in Fig. 1. The reference lists of the remaining articles were also examined manually.

### 2.1. Inclusion criteria

Articles were included if they met all of the following criteria;

- Included women who were making a decision regarding BR following a diagnosis of breast cancer or Ductal Carcinoma in Situ, or were undergoing risk reducing mastectomy.
- Used an intervention to aid decision-making about BR. Any method of intervention delivery was included (e.g., online, in person, booklet) and the intervention could be group- or –individual- based. No restrictions were imposed in relation to the setting, duration or the facilitator of the intervention.
- Were controlled trials, whereby the intervention group was compared with a group (e.g., treatment as usual). Random allocation was not necessary.
- Reported the findings of a primary study or secondary analysis. Data from reviews, qualitative and retrospective designs were excluded.
- Included a patient reported outcome measure. There was no restriction on the outcome measure employed, and could

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