

Systematic review of post-treatment psychosocial & behaviour change interventions for men with cancer

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Background: Single men with cancer are a particularly vulnerable group with poorer survival rates than partnered men and single or partnered women (Konski *et al.*, 2006). This predominantly older population often suffer self neglect, poor nutrition and social isolation, which may contribute to poorer cancer survival rates.

Aim: To examine the effectiveness of post-treatment psychosocial and behaviour change interventions for men with cancer, in order to inform the development of an intervention. A focus on interventions for single men was intended.

Inclusion Criteria:

Populations: People with a cancer diagnosis; samples comprising ≥50% males; all adults ≥18 years old.

Interventions: Post-treatment psychosocial and behavioural interventions (including group, self-help, 1-to-1).

Study Design: Quantitative studies meeting the Level III level of evidence or above (RCT's & cohort studies with comparison group).

Outcomes: Studies measuring psychosocial and/or behavioural outcomes. Short and long term outcome measures.

Exclusion Criteria: Couple carer or family interventions were excluded.

Results:

The majority used group intervention approaches, employed psychoeducational (46%), or CBT-based (46%) techniques, with just one intervention implementing hypnosis. Prostate (65%) and head and neck (18%) cancers dominate. Outcome measures centred on Quality of Life (QOL), functioning scores, distress, anxiety and depression, and healthy lifestyle scores. Length of follow up varied from 0-12 months. No papers examined the effect of marital status on intervention outcome.

Flow Chart of Study Selection:

Studies identified from all 10 databases within Ovid and Web of Knowledge. Search terms (cancer* malignan* tumor*) AND intervention AND (Behavio* psycholog* engage* social support). (n = 9948).

Studies following title selection (n = 1132)

Studies following extraction for duplicates (n = 609)

Studies following selection by abstract (n = 118)

Studies remaining for inclusion in the review after full paper selection and rating of some papers by two authors (n = 11)

Conclusions:

The range of intervention types and heterogeneity between studies, lack of detail in reporting, and varying methodologies/follow-up make it problematic to make rigorous comparisons or conclusions on what makes an effective intervention for men with cancer. Psychoeducational interventions often bring mixed results, with those implementing CBT-based interventions being more consistently effective in eliciting psychosocial outcomes; hypnosis also appeared effective. However, rigorous methodologies, longer-term follow-ups and detailed reporting of interventions are essential in future studies to allow better generalisation, replication and informing of effective interventions for men with cancer.