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Evidence assessment: Summary of a systematic review

Who is this summary for?

Policy makers or clinicians who have to make decisions about the treatment and care of patients with prostate cancer.

Psychosocial interventions for men with prostate cancer

Key findings

- Psychosocial interventions for men with prostate cancer may be psychoeducational therapy, cognitive behavioural therapy (group or individual), group supportive therapy and individual supportive therapy, including counselling.
- These may have small, short-term beneficial effects on certain domains of well-being such as increasing knowledge up to three months after the intervention.
- Psychosocial interventions were not beneficial in improving the physical and mental component of general health quality of life (GHQoL).

Background

Prostate cancer is the fifth most common cancer in the world among individuals of both sexes combined, and it is the second most common cancer in men. The survivors of prostate cancer and those close to them suffer physical and psychosocial problems. Psychosocial interventions are designed to provide support and cognitively reframe anxiety and uncertainty through information, physical exercise, relaxation, or art and music therapies.

Question

Are psychosocial interventions effective in improving quality of life (QoL), self-efficacy and knowledge and in reducing distress, uncertainty and depression for men with prostate cancer?

Psychosocial interventions for men with prostate cancer in Cameroon: Data on urogenital tumors are rare in Cameroon because of the unavailability of cancer registries. However, some studies demonstrate that urogenital cancers account for about 6.5%of all malignancies diagnosed in Cameroon. Prostate Cancer is the most common type of cancer among men and is responsible for more deaths than any other male cancer, except lung cancer. Interventions such as surgery, radiotherapy, hormonal therapy, occasionally chemotherapy or a combination of these methods are the most common observed. But these interventions seem to focus more on clinical care, rather than providing psychological support for improving the QoL of patients with prostate cancer.

Table 1: Summary of the systematic review		
	What the review authors searched for	**What the review authors found**
Studies	Randomized controlled trials	Nineteen randomized controlled trials
Participants	Men diagnosed with prostate cancer (any stage) or mixed cancers were eligible if separate data for men with prostate Cancer was available.	3204 men with prostate cancer
Interventions	Psychosocial interventions that explicitly used one or a combination of the following approaches: cognitive behavioral, psycho educational, supportive and counseling. Interventions had to be delivered or facilitated by trained or lay personnel	A total of 26 psychosocial intervention groups and 19 control groups were included in the 19 included studies. • Thirteen studies had one psychosocial intervention group and one control group and aimed to help men with prostate cancer cope with the effects of the disease and the treatment they received • The six other studies targeted participants before they received treatment; five had two psychosocial intervention groups and one control group and last one had three psychosocial intervention groups and one control group. Interventions varied in terms of aims, types, delivery and dose. Cognitive behavioral change interventions included goal setting, motivational interviewing, problem-solving and coping skills training, environmental change, behavioral contracting, self-monitoring and use of incentives/re-wards and social support, in addition to information and home-work/skill rehearsal.
Controls	Usual care	Psychosocial interventions were normally tested against usual care (control) or other psychosocial interventions.
Outcomes	**Primary outcomes** Primary outcomes were: • quality of life; • self-efficacy; • knowledge; • uncertainty; • distress; and • depression.	• General health-related quality of life was reported in nine studies, • Prostate cancer-specific quality of life in three, • Cancer-related quality of life was measured in three studies, • The Expanded Prostate Cancer Index Composite (EPIC) was used in three studies, • Five studies measured and reported quality of life, • Self-efficacy was reported in three studies, • Three studies assessed the effects of psychosocial interventions on level of knowledge, • Three studies measured the effects of psychosocial intervention on uncertainty, • Effects on depression were measured in six studies, • Five studies measured the effects of psychosocial interventions on distress. Psychosocial interventions for men with prostate cancer were beneficial for some outcomes at certain times but had no significant effect on most of the outcomes in this study.
Date of the most recent search: 1ST October 2013		
Limitations: This is a moderate quality systematic review with limitations; the quality of evidence for most outcomes was rated as very low according to GRADE. Amstar 10/11		
Citation: Parahoo K, McDonough S, McCaughan E, Noyes J, Semple C, Halstead EJ, Neuberger MM, Dahm P. Psychosocial interventions for men with prostate cancer. Cochrane Database of Systematic Reviews 2013, Issue 12. Art. No.: CD008529. DOI: 10.1002/14651858.CD008529.pub3.		

Summary of findings:

Outcomes	**Illustrative comparative risks* (95% CI)**		**No of Participants (studies)**	**Quality of the evidence (GRADE)**	**Comments**
	Assumed risk	Usual care			
	Corresponding risk	Psychosocial intervention			
General health-related quality of life:	See comment	Mean general health-related quality of life: physical component at end of intervention in the intervention groups was 0.12 standard	1414 (6)	low	SMD* 0.12 (95% CI 0.01 to 0.22)

physical component at end of intervention		deviations(0.01 to 0.22 higher)			
General health-related quality of life: mental component at end of intervention	See comment	Mean general health-related quality of life: mental component at end of intervention in the intervention groups was0.04standarddeviations lower (0.15 lower to 0.06higher)	1416 (6)	moderate	SMD -0.04 (95% CI -0.15to 0.06)
Self-efficacy at end of intervention	See comment	Mean self-efficacy at end of intervention in the intervention groups was 0.16 standard deviations higher(0.05 lower to 0.38)	337(3)	very low	SMD 0.16 (95% CI -0.05to 0.38)
Prostate cancer knowledge at end of intervention	See comment	Mean prostate cancer Knowledge at end of intervention in the intervention groups was0.51standarddeviationshigher(0.32 to 0.71 higher)	506 (2)	very low	SMD 0.51 (95% CI 0.32to 0.71)
Uncertainty at end of intervention	See comment	Mean uncertainty at end of intervention in the intervention groups was0.05standarddeviationslower(0.35 lower to 0.26Higher)	916 (2)	very low	SMD -0.05 (95% CI -0.35to 0.26)
Distress at end of intervention	See comment	Mean distress at end of intervention in the intervention groups was0.02standarddeviationshigher(0.11 lower to 0.15Higher)	916 (2)	very low	SMD 0.02 (95% CI -0.11to 0.15)
Depression at end of intervention	See comment	Mean depression at end of intervention in the intervention groups was0.18standarddeviations lower (0.51 lower to 0.15Higher)	434 (3)	very low	SMD -0.18 (95% CI -0.51to 0.15)

SMD *= Standardized Mean Difference

Applicability

The studies included were conducted in USA, Australia, Canada, and Sweden. The Psychosocial interventions for men with prostate cancer, as a new clinical approach could be set up in LMIC and especially in Cameroon. Furthermore, it seems that these interventions do not involve huge financial implications especially when we know that these are delivered face-to-face, online, by telephone or through a combination of these approaches and could be delivered by health professionals and lay health workers.

Conclusions

Although small improvements in some aspects of quality of life were reported, the evidence from this review is not strong enough to permit meaningful conclusions about the effects of psychosocial interventions for men with prostate cancer.

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