

A Systematic Review of Psychotherapy for Family/ Caregivers of Cancer Patients

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Background

The global prevalence in 2015 of neoplasms was estimated to be more than ninety millions, with the Years Lived with Disability estimated to be 8 millions (Vos, et al., 2016). Cancer patients require a lot of support, be it physical, financial and psychological, from their family and care-givers, exerting great pressure on the caregivers, hence affecting their psychological health as well. It is estimated that 40 to 70% of caregivers have clinically significant symptoms of depression, while approximately 25-50% of these caregivers meet the diagnostic criteria for major depression (Zarit, 2006). Psychotherapy, such as cognitive behavioural therapy, helps control or eliminate troubling symptoms to achieve better mental health. It is widely agreed that psychotherapy can help improve mental disorders.

While we should definitely endeavour to treat the cancer patients and pay attention to their mental health, we should not forget that illnesses can affect the whole family and it is necessary to take into consideration the mental health of the whole family as well. It is therefore worth looking into whether providing psychotherapy actively, rather than only when caregivers’ mental health is so impaired that they need to seek help, can help improve the family/ caregivers well-being and be recommended.

Objectives

To evaluate the efficacy of psychological therapies that include family members/ caregivers of patients with cancer.

Method

Electronic databases of PubMed, Cochrane Central Register of Controlled Trials (CENTRAL), the Cochrane Library, PsycINFO, Medline via EBSCOhost were searched for studies.

Inclusion criteria: randomized controlled trials recruiting the family members/ caregivers of patients with cancer were searched. Types of interventions can include any form of psychotherapy that aims primarily at improving the family’s/ caregiver’s wellbeing, with the outcomes measured being caregivers’ quality of life, mental well-being, or social function. Intervention outcome should be compared to a treatment-as-usual group or waiting-list control.

There was no language or time restriction. No unpublished literature or grey material was included. The selected studies meeting the criteria was then obtained in full. Risk of bias of selected studies was assessed using the criteria outlined in the Cochrane Handbook for Systematic Reviews of Interventions (Haggins, & Green, 2008).

Results

Out of the 482 abstracts identified, 20 studies were identified for inclusion.

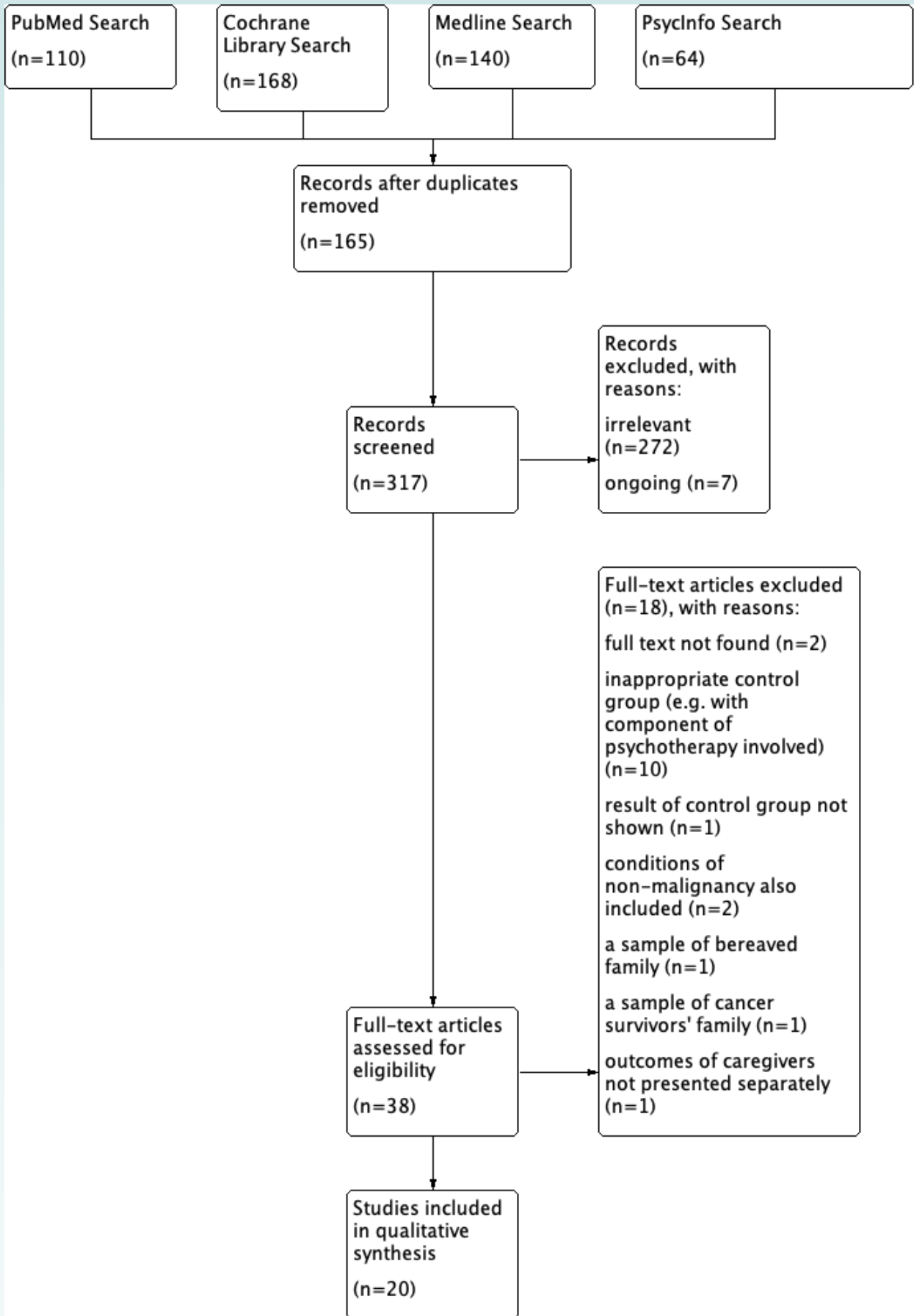


Figure 1. Study Flow Diagram

Discussion

The effectiveness of providing psychotherapy to cancer patients’ caregivers has not yielded an unanimously significant result in terms of improvement in mental health, quality of life or family function. Improvement in coping strategies or personal growth after encountering cancer has been observed in all studies using it as one of the outcome assessment. Still, it is widely agreed by the intervention subjects that the intervention is beneficial or worth participating. Whether long-term effects of the interventions were persisted is, again controversial, which may be due to an increase in sample size. Some limitations shared by the studies are the small and potentially biased sample, as well as inadequate blinding. Possible future studies can look into the dose of intervention or stratifying subjects according to baseline risk.

References

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