

# CLIR: CENTER FOR LEADERSHIP, INFORMATION & RESEARCH

## A Systematic Qualitative Analysis of Psychoeducational Interventions for Depression in Patients With Cancer

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**Purpose/Objectives:** To determine whether research-based recommendations can be made about the clinical management of depression in patients with cancer.

**Data Sources:** Reports of scientific studies, qualitative or quantitative systematic reviews of scientific studies, and practice guidelines published from 1980–2000.

**Data Synthesis:** In all, 36 pieces of evidence supported the conclusion that psychoeducational interventions benefit depressive symptoms. Evidence included two well-conducted meta-analyses and nine well-designed randomized clinical trials with large samples ( $N > 100$ ). With regard to intervention content, 70% of behavior therapy studies and 66% of counseling studies drew conclusions that supported the hypothesis. In addition, 58% of studies that tested behavior therapy or counseling in combination with cancer education had positive results.

**Conclusions:** The evidence supports the conclusion that psychoeducational interventions reduce depressive symptoms in patients with cancer and that behavior therapy or counseling alone or in combination with cancer education is beneficial.

**Implications for Nursing Practice:** Nurses can select from a variety of educational, behavioral, and counseling techniques to prevent or manage depression in their patients.

The overall goal of this review was to determine the extent to which research-based recommendations could be made about the management of depression in patients with cancer. The objective was to determine if psychoeducational interventions for patients with cancer significantly reduce depressive symptoms.

Defining depression for this analysis was not an easy task. Many of the studies selected for review evaluated psychosocial interventions that, although likely to reduce or manage depression, were targeted to a variety of negative emotional experiences of patients with cancer, such as anxiety, distress, sadness, vulnerability, and fear. Although unstated, there appeared to be an implicit assumption that most patients with cancer would experience these symptoms on an ongoing basis during their cancer experience. For purposes of this review, the authors adapted Holland's (1997) method of describing emotional states as a continuum.

### Key Points . . .

- ▶ The term “depression” is used to denote the entire range of depressive symptoms, including normal sadness in response to loss as well as chronic depressed emotional affect and clinical depression meeting specific criteria for psychiatric disorder.
- ▶ The term “psychoeducational intervention” refers to therapeutic approaches that involve information giving and receiving, discussion of concerns, problem solving, coping skills training, expression of emotion, and social support.
- ▶ Evidence supports the benefit of psychoeducational interventions in reducing depressive symptoms in patients with cancer.
- ▶ Future studies should examine inclusion criteria that address the presence of depression and the relationship between dose of intervention and degree of response.

### Goal for CE Enrollees

To enhance nurses' knowledge of psychoeducational interventions for depression in patients with cancer.

### Objectives for CE Enrollees

On completion of this CE, the participant will be able to

1. Discuss variables used in the analysis of psychoeducational interventions.
2. Discuss limitations acknowledged in the review of studies for the analysis.
3. Discuss current state-of-the-art conclusions regarding the use of psychoeducational intervention for patients with cancer with depression.

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