

A systematic review of the effectiveness of Acceptance and Commitment Therapy (ACT) compared with other psychological therapies in managing grief experienced by bereaved spouses or partners of adults who had received palliative care in the UK

Citation

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Review question

How effective is ACT compared with other psychological therapies in managing grief experienced by bereaved spouses/partners of adults who had received palliative care in the UK?

Searches

Sources: PsycINFO, EMBASE, EMCARE, MEDLINE, CINAHL, BNI, AMED. Additionally, grey literature will be searched in OpenGrey, Google and Google Scholar.

English only and from 1980

Syntax used for full searches: PsycINFO: "ACCEPTANCE AND COMMITMENT THERAPY"/ [carer OR carers].ti, ab] [CAREGIVERS/ OR "CAREGIVER BURDEN"/] ("informal care*").ti, ab exp SPOUSES/ OR exp COUPLES/ OR exp "FAMILY MEMBERS"/

EMBASE: exp "ACCEPTANCE AND COMMITMENT THERAPY"/ CAREGIVER/ (carer OR carers).ti, ab ("informal care*").ti, ab exp FAMILY/

EMCARE: exp "ACCEPTANCE AND COMMITMENT THERAPY"/ CAREGIVER/ (carer OR carers).ti, ab "informal care*").ti, ab exp FAMILY/ exp "CAREGIVER BURDEN"/ OR "CAREGIVER BURNOUT"/

MEDLINE: "ACCEPTANCE AND COMMITMENT THERAPY"/ (carer OR carers).ti, ab ("informal care*").ti, ab CAREGIVERS/ exp FAMILY/

CINAHL: "ACCEPTANCE AND COMMITMENT THERAPY"/ (carer OR carers).ti, ab "informal care*").ti, ab CAREGIVERS/ exp FAMILY/ "CAREGIVER BURDEN"/

Types of study to be included

Articles and reports related to the use of ACT to manage grief in bereaved adults will be identified through searches using electronic databases. The purpose of the current systematic review is to synthesize all relevant available knowledge. To provide a comprehensive overview of this research topic, all existing literature will be included, e.g. primary research studies, systematic reviews, meta-analyses, letters, guidelines, websites etc. The scope will be UK specific and relate to spouses or partners (who are cohabiting). The search will be limited to 1980 onwards to fit with the timespan in which ACT has been in use

Condition or domain being studied

Bereavement and psychological distress

Participants/population

Adult (18+) spouses/partners (the latter may be cohabiting or not) of people who had received palliative care. May have a diagnosis of depression/anxiety/grief disorders/adjustment disorder if they have been seen by mental health services, may be subclinical.

Intervention(s), exposure(s)

Intervention: Acceptance and Commitment Therapy interventions. Therapist-delivered, self-help and/or online therapies, combination therapies (e.g. aspects of both therapist and self=help or online therapies) Comparison: Alternative interventions or treatment as usual Outcomes: Could include response and attrition rates; acceptability; experiential avoidance and psychological inflexibility (commonly measured by the Acceptance and Action Questionnaire); ACT process (commonly measured by Comprehensive Assessment of Acceptance and Commitment Therapy); valued living (commonly measured by the Valued Living Questionnaire); post-loss grief (commonly measured by the PG-13); perceived ability to control distressing thoughts; psychological distress (can include symptoms of depression and anxiety; commonly measured by HADS, PHQ-9 etc); carer quality of life; service use and utilisation.

Comparator(s)/control

Alternative treatments or interventions will be used as comparators

Context

Spousal/partner bereavement as a result of the death of a patient who had received palliative care is emotionally demanding, especially when there is limited psychological support or resources (Caserta et al, 2019). Some bereaved individuals as a consequence will develop negative psychological and social outcomes (Holtlander et al, 2018). While considerable research has explored family, spousal/partner and care giver experiences while receiving palliative care, there is a dearth of studies which focus on the experience of bereaved relatives and significant others of palliative care patients into bereavement (Constantinou, et al, 2019). Fewer still focus on how these individual bereavement experiences differ from the general population. This is despite the fact that grieving relatives can experience a number of consequences as a result of the death of a loved one, including, anxiety, depression, and post-traumatic stress disorder (PTSD) (Garrouste-Orgeas, et al, 2019). While many such bereaved individuals adjust their emotions sufficient to engage in daily activities, for some spouses/partners, grief can be long- lasting with symptoms associated with prolonged grief disorder and, in some cases, increased mortality (Maciejewski & Prigerson, 2017). Prolonged grief disorder (PGD) is associated with emotional, behavioural and cognitive symptoms such as detachment, numbness, emptiness, yearning and searching) such that quality of life is negatively impacted (Ferrell et al, 2018).

Main outcome(s) [1 change]

- Is ACT more effective than standard care in enabling the management of grief in spouses/partners of people who had received palliative care?
- Is ACT also more effective than other types of therapy (such as CBT) in enabling the management of their grief?
- Does ACT improve outcomes such as depression, anxiety, grief disorder and overall quality of life?

Mental health disorders such as anxiety and depression are the largest cause of disability, with 1 in 4 adults diagnosed with a mental health condition in the UK in any given year (NICE, 2019). McLachlan and Gale (2018) found that poor mental health impacts an individual's physical health significantly and can lead to a number of co-morbidities including diabetes, arthritis, cardiovascular disease and chronic obstructive pulmonary disease. Physical activity has been shown to provide clear health benefits including reduced risk of cardiovascular disease, certain cancers, stress and depression, and improved mental / cognitive health, wellbeing and sleep (Reiner et al., 2013; Warburton et al., 2006) and vice versa, improving mental health has also beneficial impact on physical health. Furthermore, physical activity per se is now recognised as a health outcome by major funding councils and government organisations.

Measures of effect

Not Applicable

Additional outcome(s) [1 change]

- Is ACT more effective when delivered by a therapist or alternatively through online or self-help modes (or perhaps via combination therapies)?
- Are there any socio-demographic differences (e.g. age, gender) in those who are offered ACT, or in its effectiveness, when compared with other therapies ?

In addition we would be looking at response and attrition rates; acceptability; experiential avoidance and psychological inflexibility (commonly measured by the Acceptance and Action Questionnaire); ACT process (commonly measured by Comprehensive Assessment of Acceptance and Commitment Therapy); valued living (commonly measured by the Valued Living Questionnaire); post-loss grief (commonly measured by the PG-13); perceived ability to control distressing thoughts; psychological distress (can include symptoms of depression and anxiety; commonly measured by HADS, PHQ-9 etc); carer quality of life; service use and utilisation.

Measures of effect

Not applicable

Data extraction (selection and coding)

We plan to extract data on the participants, interventions, comparators, and outcomes. In addition to that the extraction sheet will include authors, year of study/report, aim/purpose, type of paper (e.g. journal article, annual evaluation report, etc), geographical area, study population (e.g. age of carers and condition of individuals being cared for), sample size, study design, and key findings that relate to the systematic review question. ... reviewers will independently extract data using a structured data extraction form. Disagreements between review authors will be resolved by discussion or another author.

Risk of bias (quality) assessment

Two reviewers will independently assess the risk of bias for randomized controlled trials using the Cochrane risk of bias tool which includes the following domains: random sequence generation, allocation concealment, blinding of outcome assessors, completeness of outcome data, and selective outcome reporting. We also plan to assess the following additional sources of bias: baseline imbalance and inappropriate administration of an intervention as recommended by the Cochrane Handbook for Systematic Reviews of Interventions. Studies will be judged at high risk of bias if there was a high risk of bias for 1 or more key domains and at unclear risk of bias if they had an unclear risk of bias for at least 2 domains. Authors of papers will be contacted if information is missing.

Strategy for data synthesis [1 change]

Included studies will be appraised using a standardised critical appraisal tool. Critical appraisal forms for mixed methods will be tested, such as the Mixed Methods Appraisal Tool (MMAT) Version 2018 [13] and Critical Appraisal Skills Programme (CASP) tool [14]. Both suggested tools have been standardised and validated and are widely used for systematic review purposes. Each tool will be tested independently by three reviewers, with two full text papers and reviewers will agree the best to work with depending on which tool fits the best with the purpose of this review and offers a good selection to cover the types of methodologies used in each of the included studies. Once the tool has been agreed, the remaining studies will be appraised by one reviewer. Through the critical appraisal of the included studies it may be found that some studies may have some gaps in relation to methodological quality and reporting findings but may still include contextually-rich details that contribute to the overall narrative synthesis and answer our research question. Findings from included studies will be synthesized narratively. The 'Guidance on the Conduct of Narrative Synthesis in Systematic Reviews' will be used to advise the narrative synthesis [17]. First, a preliminary synthesis will be conducted to develop an initial description of the findings of included records and to organize them so that patterns across records can be identified. In a second step, thematic analysis will be used to analyse the findings. The following steps of thematic analysis will be followed adopting a recursive process [18]:

- a) Familiarization with the extracted data
- b) Generation of initial codes
- c) Searching for themes
- d) Defining and naming themes

Analysis of subgroups or subsets

None

Contact details for further information

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Organisational affiliation of the review

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Type and method of review

Narrative synthesis, Systematic review

Anticipated or actual start date

15 April 2020

Anticipated completion date

15 September 2021

Funding sources/sponsors

None

Grant number(s)

State the funder, grant or award number and the date of award

Conflicts of interest

Language

English

Country

England

Stage of review

Review Ongoing

Subject index terms status

Subject indexing assigned by CRD

Subject index terms

Acceptance and Commitment Therapy; Adult; Grief; Humans; Palliative Care; Spouses; United Kingdom

Date of registration in PROSPERO

06 August 2020

Date of first submission

09 June 2020

Stage of review at time of this submission

Stage	Started	Completed
Preliminary searches	Yes	No
Piloting of the study selection process	No	No
Formal screening of search results against eligibility criteria	No	No
Data extraction	No	No
Risk of bias (quality) assessment	No	No
Data analysis	No	No

The record owner confirms that the information they have supplied for this submission is accurate and complete and they understand that deliberate provision of inaccurate information or omission of data may be construed as scientific misconduct.

The record owner confirms that they will update the status of the review when it is completed and will add publication details in due course.

Versions

06 August 2020