

Not so much comparing apples and oranges as contemplating fruit salad: systematic review of stand-alone relaxation therapies for people receiving treatment for cancer, 1995-2008.

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Introduction:

Behavioral therapies have been widely recommended as valuable adjuvant interventions for individuals receiving cancer treatment, particularly in relation to the amelioration of treatment-related side effects.

The use of relaxation techniques with people receiving treatments for cancer has been examined in a number of trials and reviews. Whilst there is a consensus as to the potential value of these techniques for people receiving treatment for cancer, studies frequently embed relaxation strategies as part of multi-component interventions, making the attribution of any specific treatment effect to the relaxation component of treatment problematic.

Objectives:

This review aimed to describe the characteristics of trial designs and participants in randomized controlled trials of the use of stand-alone relaxation therapies for people with cancer

Methods:

MEDLINE, CINAHL, AMED, PsychLIT and EMBASE were searched using a high sensitivity / low specificity search string. 28 articles met the inclusion criteria and were included in the review.

Results:

Whilst most authors described treatment schedules consistent with progressive muscle relaxation therapies (usually in combination with guided imagery) all other aspects of trial design were highly variable. Lengths of interventions ranged from 5 to 810 minutes; whilst follow-up varied from 72 hours to 12 months. Treatment delivery schedules also varied widely with individual, group-based, and self-administered relaxation protocols all described in different configurations. Although women with breast cancer were frequently enrolled as study participants; all other demographic characteristics (e.g. participant age, treatment regimes, cancer stage, etc.) were also highly variable.

Conclusion:

The 28 reviewed studies show a remarkable degree of heterogeneity in relation to both methodological features of research protocols and characteristics of trial participants. Given this, it is difficult to see how the data reported here might be meaningfully synthesized as a meta-analysis.

Contribution to the Practice / evidence base of Occupational Therapy:

Future research should attempt to limit trial variability through the development of a consensus statement in regards to the essential features of research protocols, clearer operational definitions of outcomes, and the use of a smaller number of validated outcome measures.