

Update 70

INFLUENCE OF CONTEXT ON HEALTH OUTCOMES: A SYSTEMATIC REVIEW

The aim of this systematic review, by researchers from the Department of Health Sciences and Clinical Evaluation, University of York, UK, was to determine the level of evidence supporting the theory that various aspects of the practitioner-patient relationship can have an independent therapeutic effect.

Data sources for the systematic review included Medline, Cochrane Controlled Trials Register, Cinahl, PsychLit, Amed, Sociofile, Socila Science Citation Index, Science Citation Index, Embase, SIGLE and Dissertation Abstracts.

All randomised controlled trials in which at least one treatment was a contextual intervention related to the practitioner-patient relationship in a clinical population with physical illness. Several types of related studies were excluded, including those that examined characteristics of the treatment (e.g. size and shape of medication), studied effects on healthy volunteers, tested the effectiveness of communication training, studied the effects of preparing patients for medical procedures (e.g. providing information prior to surgery) and examined changing patient expectations.

Data were extracted and cross-checked by two assessors. Trial quality was also assessed. Primary outcomes were objective or subjective health status. Secondary measures were use of health services, adherence to treatment, satisfaction with care, anxiety, treatment expectations, understanding of illness and quality of practitioner-patient relationship.

The authors were able to identify 25 relevant trials that met their inclusion criteria. Meta-analyses were not performed due to lack of data that would allow for calculation of effect sizes in 13 studies, and the significant heterogeneity in interventions and clinical conditions across trials. In terms of methodological quality, five trials were rated as 'very good', six as 'good', 10 as 'acceptable', and four as 'poor'. Of the six trials that examined the effects of giving different diagnoses to patients or providing them with different information about diagnostic testing, three showed an effect. Ten of the 19 studies that examined the impact of differing levels of treatment expectancy showed a significant effect on some health outcome (suggestions seemed to have more impact when positive than when negative). No studies examined emotional care alone. In the four trials that studied the effects of cognitive care combined with emotional care (e.g. giving patients a clear diagnosis along with being warm and friendly), these interventions were found to be particularly effective in terms of decreased pain and improving recovery rates.

The authors concluded,

“Results were somewhat inconsistent regarding the effects of emotional and cognitive care (as contextual factors) on health outcomes. However, data do suggest that practitioners who adopt a warm, friendly and reassuring manner may be more effective than those who make consultations more formal and do not offer emotional and/or cognitive reassurance.”

Reference: Di Blasi ZD, Harkness E, Ernst E, Georgiou A, Kleijnen J. Influence of context effects on health outcomes: a systematic review. *Lancet* 2001; 357:757-62.