

INPLASY PROTOCOL

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The effect of reminiscence therapy on improving the anxiety, depression, quality of life in patients with cancer: a systematic review and meta-analysis

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Review question / Objective: To evaluate the effect of reminiscence therapy on improving the anxiety, depression, quality of life, hope and self-esteem in patients with cancer.

Condition being studied: Cancer is one of the public health problems threatening human health. According to the statistical report of the International Agency for Cancer, about 19.3 million new cancer cases and 10 million deaths were reported worldwide in 2020. In the process of cancer diagnosis, treatment and rehabilitation, anxiety and depression have become the most common psychological problems in the trajectory of cancer development, which in turn worsen the disease. In addition, family factors and economic factors often lead to poor life quality of cancer patients. Consequently, the provision of psychosocial care is an important component of cancer treatment. In recent years, nostalgia therapy has been introduced into the field of cancer by nursing scholars at home and abroad. Nostalgia therapy can improve the quality of cancer patients' life by communicating with them, strengthening the intervention of positive psychological characteristics of patients and transforming negative psychology, dredging and eliminating patients' bad emotions.

INPLASY registration number: This protocol was registered with the International Platform of Registered Systematic Review and Meta-Analysis Protocols (INPLASY) on 11 January 2022 and was last updated on 11 January 2022 (registration number INPLASY202210053).

INTRODUCTION

Review question / Objective: To evaluate the effect of reminiscence therapy on improving the anxiety, depression, quality

of life, hope and self-esteem in patients with cancer.

Rationale: In recent years, there is an increasing number of papers about the

effects of nostalgia therapy on anxiety, depression and quality of life of cancer patients, which were reported to improve the symptoms of these patients. The nostalgia therapy can meet the needs of patients and partially replace the traditional psychological care. However, some studies reported little improvement in cancer patients' anxiety and depression, and no significant changes occurred in their quality of life or self-efficacy.

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METHODS

Search strategy: The search string will be built as follows: "randomized controlled trial" AND ("Reminiscence" OR "reminiscence therapy") AND ("Neoplasms" OR "cancer" "tumor" OR "Malignancy").

Participant or population: Patients with cancer.

Intervention: Reminiscence therapy.

Comparator: Routine nursing.

Study designs to be included: Randomized controlled trials (RCTs).

Eligibility criteria: Patients with cancer (as diagnosed by a clinician, or using any diagnostic criteria) will be included.

Information sources: We will search, with no time restrictions, the following databases for relevant English language literature: PubMed, the Cochrane Library, Embase, EBSCO, SCOPUS and Ovid. The electronic database search will be supplemented by a manual search of the reference lists of included articles.

Main outcome(s): Emotional assessment results like the scores of Hospital Anxiety and Depression Scale, Hamilton Anxiety and Depression Scale, Self-Rating Anxiety and Depression Scale.

Additional outcome(s): Quality of Life Questionnaire, Herth Hope Index, Patient Dignity Inventory, Social Self-Esteem Scale

Data management: Two authors will independently extract data. Any disagreement will be resolved by discussion until consensus is reached or by consulting a third author. The following data will be extracted: author, year of publication, country where the study was conducted, study period, original inclusion criteria, total number of people included in the study, interventions and time of training.

Quality assessment / Risk of bias analysis: Two reviewers will independently assess the quality of the selected studies according to the Cochrane collaboration's tool for randomized controlled trials. Items will be evaluated in three categories: Low risk of bias, unclear bias and high risk of bias. The following characteristics will be evaluated: Random sequence generation (selection Bias) Allocation concealment (selection bias) Blinding of participants and personnel (performance bias) Incomplete

outcome data (attrition bias) Selective reporting (reporting bias) Other biases Results from these questions will be graphed and assessed using Review Manager 5.3.

Author 4 - Caiqin Wu.

Strategy of data synthesis: Between-study heterogeneity will be assessed using the t^2 , x^2 (Cochran Q) and I^2 statistics. According to the Cochrane handbook, the I^2 will be considered non-important (60%). Results will be assessed using forest plots and presented as RRs for the main outcome and secondary outcomes.

Subgroup analysis: We will consider subgroups such as Type of intervention, way of intervention, duration of intervention.

Sensitivity analysis: After excluding a low-quality study, the combined effect size was re-estimated and compared with the results of the Meta-analysis before exclusion to explore the extent of the effect of the study on the combined effect size and the robustness of the results. If the results did not change significantly after exclusion, it indicates that the sensitivity is low and the results are more robust and credible; on the contrary, if large differences or even diametrically opposite conclusions are obtained after exclusion, it indicates that the sensitivity is high and the robustness of the results is low, and great care should be taken when interpreting the results and drawing conclusions, suggesting the existence of important and potentially biased factors related to the effects of the intervention, and the source of the controversy needs to be further clarified.

Country(ies) involved: China.

Keywords: Cancer; Reminiscence therapy; Anxiety; Expression; Quality of life; Meta-analysis.

Contributions of each author:

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