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Message therapy for cancer palliation and supportive care: a systematic review of randomised clinical trials

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Review published: 2009.

CRD summary

This review concluded that massage can be effective within palliative care in cancer to reduce symptoms, but that further research was required. The conclusions are likely to be reliable, although variation between interventions was not considered.

Authors' objectives

To evaluate the evidence for classical massage therapy as an adjunct to supportive and palliative cancer care.

Searching

MEDLINE, EMBASE, CINAHL, British Nursing Index, AMED and The Cochrane Library were searched from inception to November 2008. Search terms were reported. Departmental files were examined and the bibliographies of the located studies searched for further relevant studies. No language restrictions were applied.

Study selection

To be eligible for the review, a study had to be randomised and examine clinical outcomes that related to classical massage in a supportive palliative cancer care setting. Supportive or palliative cancer care was defined as the application of a treatment neither aimed at preventing or curing cancer nor used for the purpose of rehabilitation. Classical massage was defined as a manual treatment using effleurage, friction, percussion and petrissage. Control groups could receive any type of treatment or placebo or no treatment. Studies concerned with reflexology, hand massage, shiatsu, acupuncture, lymph drainage or other forms of non-classical massage were excluded. Trials that combined use of massage with similar treatments in the experimental group and trials where lay people were taught to perform massages were excluded.

Included trials mostly had samples of patients with various types of cancer; some focused on women with breast cancer or on children. Patients in some trials underwent treatments such as chemotherapy, radiotherapy or bone marrow transplant. There was variety in the number and duration of massage sessions and in the comparators chosen. A range of outcomes were evaluated; pain was assessed in most trials.

The author stated neither how studies were selected for the review nor how many reviewers performed the selection.

Assessment of study quality

Two independent reviewers evaluated trials for methodological quality according to the Jadad scale, which awards points for randomisation, blinding and follow up. Trials were considered to be double blind if the outcome assessor and patients were blinded.

Data extraction

Data were extracted according to predefined criteria. The author did not state if more than one reviewer was involved in the extraction of data for the review.

Methods of synthesis

Meta-analysis was not found to be feasible and the author conducted a narrative synthesis.

Results of the review

Fourteen randomised controlled trials (n=1,123) were included in the review: 12 with parallel groups; and two of a crossover design. The methodological quality of the trials scored low on the scale used. The most recent trial, which was also the largest and most rigorous, showed that those who received massage experienced more benefit than those who received light touch. The differences were statistically significant for immediate effects on pain and showed a trend, but were not statistically significant for sustained effects. Most trials found that massage had a positive effect at least on certain outcomes. There were suggestions of improvement in pain (four trials), nausea (two trials), anxiety (five trials), depression (three trials), anger (one trial), stress (two trials), fatigue (one trial) and quality of life (one trial).

Authors' conclusions

The evidence suggested that massage can be an effective adjunct to cancer palliation. Further rigorous research was needed before definitive conclusions could be drawn.

CRD commentary

This review had defined inclusion criteria for study design, outcomes and populations. The intervention was largely defined by exclusion criteria. Searching encompassed a range of databases with no language restrictions. Unpublished studies appeared not to be eligible, which may have led to publication bias (as noted by the author). Study validity was assessed, but the scale used was limited, particularly when dealing with trials of complex interventions such as massage. Trials showed variation in population, intervention, comparator and outcomes, so a narrative synthesis was appropriate. The overall conclusions appear reliable, although variation between types of intervention did not appear to have been considered fully.

Implications of the review for practice and research

Practice: The author did not state any implications for practice.

Research: Further rigorous investigation of massage therapy for palliative cancer care was warranted.

Funding

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Bibliographic details

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Record Status

This is a critical abstract of a systematic review that meets the criteria for inclusion on DARE. Each critical abstract contains a brief summary of the review methods, results and conclusions followed by a detailed critical assessment on the reliability of the review and the conclusions drawn.

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CRD has determined that this article meets the DARE scientific quality criteria for a systematic review.

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