

Peer support telephone calls for improving health (Review)

Dale J, Caramlau IO, Lindenmeyer A, Williams SM



**THE COCHRANE
COLLABORATION®**

This is a reprint of a Cochrane review, prepared and maintained by The Cochrane Collaboration and published in *The Cochrane Library* 2008, Issue 4

<http://www.thecochranelibrary.com>

WILEY

Peer support telephone calls for improving health

Jeremy Dale¹, Isabela O Caramlau¹, Antje Lindenmeyer¹, Susan M Williams¹

¹Health Sciences Research Institute, Warwick Medical School, University of Warwick, Coventry, UK

Contact address: Jeremy Dale, Health Sciences Research Institute, Warwick Medical School, University of Warwick, Gibbet Hill campus, Coventry, Warwickshire, CV4 7AL, UK. jeremy.dale@warwick.ac.uk.

Editorial group: Cochrane Consumers and Communication Group.

Publication status and date: Edited (no change to conclusions), published in Issue 3, 2009.

Review content assessed as up-to-date: 29 December 2007.

Citation: Dale J, Caramlau IO, Lindenmeyer A, Williams SM. Peer support telephone calls for improving health. *Cochrane Database of Systematic Reviews* 2008, Issue 4. Art. No.: CD006903. DOI: 10.1002/14651858.CD006903.pub2.

Copyright © 2009 The Cochrane Collaboration. Published by John Wiley & Sons, Ltd.

ABSTRACT

Background

Peer support telephone calls have been used for a wide range of health-related concerns. However, little is known about their effects.

Objectives

To assess the effects of peer support telephone calls in terms of physical (e.g. blood pressure), psychological (e.g. depressive symptoms), and behavioural health outcomes (e.g. uptake of mammography) and other outcomes.

Search methods

We searched: *The Cochrane Library* databases (CENTRAL, DARE, CDSR) (issue 4 2007); MEDLINE (OVID) (January 1966 to December 2007); EMBASE (OVID) (January 1985 to December 2007); CINAHL (Athens) (January 1966 to December 2007), trials registers and reference lists of articles, with no language restrictions.

Selection criteria

Randomised controlled trials of peer support interventions delivered by telephone call.

Data collection and analysis

Two review authors independently extracted data. We present results narratively and in tabular format. Meta-analysis was not possible due to heterogeneity between studies.

Main results

We included seven studies involving 2492 participants.

Peer support telephone calls were associated with an increase in mammography screening, with 49% of women in the intervention group and 34% of women in the control group receiving a mammogram since the start of the intervention ($P < 0.001$). In another study, peer telephone support calls were found to maintain mammography screening uptake for baseline adherent women ($P = 0.029$).

Peer support telephone calls for post myocardial infarction patients were associated at six months with a change in diet in the intervention and usual care groups of 54% and 44% respectively ($P = 0.03$). In another study for post myocardial infarction patients there were no significant differences between groups for self-efficacy, health status and mental health outcomes.

Peer support telephone calls were associated with greater continuation of breastfeeding in mothers at 3 months post partum ($P = 0.01$).

Peer support telephone calls for improving health (Review)

Copyright © 2009 The Cochrane Collaboration. Published by John Wiley & Sons, Ltd.

Peer support telephone calls were associated with reduced depressive symptoms in mothers with postnatal depression (Edinburgh Postnatal Depression Scale (EPDS) > 12). The peer support intervention significantly decreased depressive symptomatology at the 4-week assessment (odds ratio (OR) 6.23 (95% confidence interval (CI) 1.15 to 33.77; P = 0.02)) and 8-week assessment (OR 6.23 (95% CI 1.40 to 27.84; P = 0.01).

One study investigated the use of peer support for patients with poorly controlled diabetes. There were no significant differences between groups for self-efficacy, HbA1C, cholesterol level and body mass index.

Authors' conclusions

Whilst this review provides some evidence that peer support telephone calls can be effective for certain health-related concerns, few of the studies were of high quality and so results should be interpreted cautiously. There were many methodological limitations thus limiting the generalisability of findings. Overall, there is a need for further well designed randomised controlled studies to clarify the cost and clinical effectiveness of peer support telephone calls for improvement in health and health-related behaviour.

PLAIN LANGUAGE SUMMARY

Peer support telephone calls to improve health and health behaviours

Telephone peer support is widely available through helplines but its impact on health outcomes and health-related behaviours is largely unknown. We examined the effects of peer support telephone calls on physical and psychological health and on health behaviours. Seven randomised controlled trials conducted in the USA, UK, Canada and Australia related to a range of conditions and target populations. They provided some evidence of efficacy. Peer support telephone calls may increase mammography screening in women over 40 years, may help patients change their diet and cease smoking after a heart attack; and may help reduce depressive symptoms among mothers with postnatal depression. Findings need to be interpreted cautiously. There is a need for well designed randomised controlled studies to clarify which elements of peer telephone interventions work best to improve health and health-related behaviour.