

Abstract

Title: Self-management Interventions post-Allogeneic Hematopoietic Stem Cell Transplantation: Ongoing Systematic Review

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Background: Self-management (SM) is a critical behaviour change enabling patients and caregivers to perform tasks and build skills for post-Allogeneic Hematopoietic Stem Cell Transplantation (allo-HSCT) care. No review synthesizes SM interventions in this context, limiting efforts to identify and address care and research gaps.

Objectives: 1) synthesize existing post-allo-HSCT SM interventions, and 2) identify key gaps to inform future intervention development.

Methods: PsycINFO, MEDLINE, Embase Classic + Embase, Scopus, CINAHL, and the Cochrane Library were searched using keywords related to SM and allo-HSCT. Inclusion criteria were interventions for allo-HSCT patients and/or caregivers. Data were extracted and analyzed using the TIDieR checklist.

Results: 5 patients, 2 caregivers, 1 dyadic SM interventions found. Patient interventions address oral care, pain, or multiple SM domains; caregiver ones, strain and coping; dyadic one, problem-solving. Gaps identified: 1) interventions do not target all SM skills/tasks nor address post-allo-HSCT and age-specific needs, 2) caregivers are infrequently included (n=2), and caregiver interventions do not address broader caregiving needs and are burdensome, 3) dyadic intervention shows high attrition, suggesting the value of lower-intensity online formats, 4) only 4 are grounded in a theoretical framework, with 1 using behavioral change techniques, and 5) Remote Symptom Monitoring (RSM) is rarely integrated despite evidence of benefit (n=1).

Conclusion: Future interventions should encompass more SM tasks and skills, integrate RSM, reduce burden via lower-intensity formats, include patients and caregivers in design to ensure meeting their needs, and test efficacy.

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