



Effective Public Health Practice Project Summary Statement

December 2005

This is a summary statement written to condense the work of the authors of a systematic review. The reference for the full review is below. The intent of this summary is to provide an overview of the findings and implications of the full review. For more information on individual studies included in the review, please see the review itself.

Reference for Review in APA: Eysenbach, G., Powell, J., Englesakis, M., Rizo, C. & Stern, A. (2004). **Health related virtual communities and electronic support groups: systematic review of the effects of online peer to peer interactions.** *BMJ* 328:1166.

Issue: Peers have long been considered to have an important role in the provision of social support. Peer support interventions have been commonly applied during life transitions (motherhood), times of significant loss, adjustment to long-term disability, and for health promotion interventions (Dennis, 2003). The Ontario Mandatory Health Programs and Services Guidelines support the use of peer educators and peer supports for children, youth and parenting and chronic disease prevention programs. As of Dec. 2005, YahooGroups! (Yahoo, 2005) provided links to over 29,000 online support groups. The majority are categorised as illnesses, addiction and recovery, weight issues, and mourning and loss. Less commonly other groups that relate to public health include abuse survival and domestic violence. Findings from the Canadian Community Health Survey showed that over 11 percent of Canadians suffer from mental health problems or substance abuse dependence; however, most do not seek professional help (Statistics Canada, 2003). Two percent were found to have sought help from online support groups.

Review Content Summary: This systematic review was done to identify the health and social benefits of peer to peer online self help and peer to peer support groups related to health or healthcare issues. Health was viewed broadly taking into account emotional and social support, health education or behaviour change. Of 38 studies reviewed, only six examined pure peer to peer interventions. Because of the complexity of the interventions evaluated, methodologic problems in many of the studies and conflicting results among studies, the reviewers were not able to reach conclusions about the value of computer based peer to peer communities and electronic support groups.

Comments on this review's methodology: Eleven medical and social sciences databases were searched up to September or October, 2003. Start dates for the search varied from 1966 to 1997 and appear to generally correspond to the inception of the database. Grey literature was also pulled. Explicit eligibility criteria were used to select studies. Although the methodologic rigour of individual studies was not formally scored, specific study attributes related to study quality were discussed. The authors commented on the poor quality of the research overall; they commented specifically on problems with randomisation methods, allocation concealment, use of self-report and the lack of intention-to-treat analyses. Twenty of 35 included studies were randomised controlled trials (RCTs), three were controlled trials without random allocation, one

City of Hamilton
Public Health Services

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Sudbury District Health Unit

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Public Health Branch
Ministry of Health and Long-Term Care

was a cohort study and 11 were before-after studies; there were also three meta-analyses of n-of-one studies No attempt was made to pool study results using meta-analysis.

Evidence points ARE NOT weighted or ranked according to strength

What's the evidence?	Implications for practice and policy:
<ul style="list-style-type: none"> > Out of twelve studies that investigated depression, three found significantly improved depression scores while the others found no effect. 	<ul style="list-style-type: none"> > More research is required to determine if there are any benefits from participation in online social support groups for depression.
<ul style="list-style-type: none"> > Five out of twelve studies showed significant improvement in social support measures. 	<ul style="list-style-type: none"> > Based on the mixed results, more research is required to determine social support benefits from participation in online discussion groups.
<ul style="list-style-type: none"> > Two of four randomised trials that focused on weight loss found significant benefits. One trial detected less weight loss in the online group compared to the face-to-face group. > Results were also mixed among six studies of eating disorders. 	<ul style="list-style-type: none"> > Based on the variable results, more research is required to determine the benefits from participation in online support groups for weight loss or body weight interventions.
<ul style="list-style-type: none"> > In six studies that focused on smoking cessation programmes that included peer to peer groups, numerous methodological problems related to high drop out rates and low use of the intervention make the results difficult to determine. Small improvements were observed in one RCT but p-values were not reported. 	
<ul style="list-style-type: none"> > Most studies, even the six that were categorized as "stand alone", had some health professional intervention in addition to the peer to peer support. Most interventions were complex. 	<ul style="list-style-type: none"> > To study the effect of pure peer to peer online interventions, researchers need to design studies which can differentiate effects of each intervention.
<ul style="list-style-type: none"> > There were no risks or harm found in participation in any of the reported studies. 	<ul style="list-style-type: none"> > Although findings seem to suggest that online social support groups are safe, the potential for risk can not be completely ruled out. There were high drop out rates in some studies and it is difficult to conclude whether or not any harm was experienced by those who dropped out.

General Implications: Although there appears to be some evidence of benefits from participation in online social support groups, the findings are mixed in all health related topics addressed. It is difficult to draw any firm conclusions due to conflicting study findings, the inability to separate out peer to peer interventions from the complex interventions, and the apparent lack of methodological rigor in the research. Most interventions involved interactions with health professionals, thus it is difficult to determine the impact of pure peer-to-peer social support. The authors of the review point out that peer-to-peer support groups are typically formed through self-selection, while recruitment strategies did not likely sample from this population. Therefore, generalizability of the findings is limited and results are likely under-reported.

Cost Benefit or Cost-Effectiveness Information: Cost effectiveness or cost benefit was not included in review.

References Used to Outline Issue:

- Dennis, C. (2003). Peer support within a health care context: a concept analysis. *International Journal of Nursing Studies*. 40: 321-332.
- Ministry of Health, Public Health Branch. (1997). Mandatory health programs and services guidelines. Toronto: Queen's Printer for Ontario.
- Statistics Canada. (2003). Canadian community health survey: mental health and well being. *The Daily*. Sept. 3.
- Yahoo! (2005) Yahoo health groups. Retrieved Dec 9, 2005 from http://health.dir.groups.yahoo.com/dir/Health_Wellness/

Summary Statement Author: Ruta K.Valaitis, RN, PhD. Associate Professor, School of Nursing, McMaster University, and Clinical Consultant, City of Hamilton PHRED program.

Contact Information for the Effective Public Health Practice Project (EPHPP):

Public Health Services
Effective Public Health Practice Project
2 King Street West, 3rd Floor
Dundas, Ontario L9H 6Z1

Phone: 905-546-2424, Ext. 1578
Fax: 905-628-6465
Email: ephpp@hamilton.ca
Website: <http://www.hamilton.ca/ephpp>



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