Anorexia Evaluation Table 2023: Progressive Muscle Relaxation

General Evidence

Citation	Design/Method Sample/Setting	Variables and Intervention	Outcome Measures	Results/Analysis	Limitations	Quality and Nursing Implications
Harorani, M., Davodabady, F., Farahani, Z., Hezave, A.K., & Rafiei, F. (2020). The effect of Benson's relaxation response on sleep quality and anorexia in cancer patients undergoing chemotherapy: A randomized controlled trial. Complementary Therapies in Medicine, 50, 102344. https://doi.org/10.1 016/j.ctim.2020.102 344	Design: Randomized controlled trial Method: Experimental group performed Benson's relaxation response (BRR) steps twice daily. Baseline, 24- and 48-hour measurements of anorexia and sleep were performed. Sample: 80 patients with cancer (50% male, 50% female) undergoing treatment with chemotherapy were randomized to experimental group (mean age = 45.8 years, SD = 12.1) and control group (mean age = 45.1 years, SD = 12.9 years); participants received at least 1 cycle of chemotherapy and were enrolled at least 6 months after diagnosis. Patients with solid and hematologic malignancies were included. Setting: Ayatollah Khansari Hospital affiliated to Arak University of Medical Sciences (Iran)	Independent Variable(s): BRR Dependent Variable(s): Anorexia, Sleep Intervention: BRR steps were completed twice daily for 5 days. Method is a progressive relaxation technique delivered over 20 minutes and guided by researcher.	St. Mary's Hospital Sleep Questionnaire (SMHSQ) Likert-type scale measuring sleep quality Anorexia measured using visual analog scale (VAS) 0 = good appetite, 10 = anorexia	BRR had a significant effect on anorexia in the experimental group at 24 hours (mean VAS difference = 7.5, SD = 1.6, p = 0.0001) and 48 hours (mean difference = 6.9, SD = 2.1, p = 0.012) after the intervention compared to baseline (mean difference = 7.6, SD = 1.4). Difference in the anorexia mean score in both groups was statistically significant (p = 0.036, F = 4.57). Repeated measures controlling for confounding variable (anorexia before the intervention) also showed that difference in the anorexia mean score between the two groups was statistically significant (F = 5.066, p = 0.027). BRR had a significant improvement in the sleep quality in the experimental group at 24 hours (mean SMHSQ difference = 21.9, SD = 3.6, p = 0.02) and 48 hours (mean difference = 20.7, SD = 4.3, p = 0.001) hours after the intervention. There was a statistically significant difference in mean scores for sleep quality between the two groups (F = 98.124, p = 0.0001). Post-hoc Bonferroni test showed that the difference in the mean sleep quality score was statistically significant in the experimental group but not the control group.	Small convenience sample (less than 100 participants) with short follow-up period and lack of attentional control condition Information on different treatments that may affect symptoms was not provided. Baseline differences in mean scores prior to intervention	BRR showed significant improvement in anorexia and sleep for patients with cancer treated with chemotherapy. BRR is a simple, noninvasive, cost-effective complementary therapy. Nurses can teach patients BRR as a form of self-care practice to aid in management of symptoms such as anorexia and sleep while receiving chemotherapy, as demonstrated in this study. Larger sample size with longer follow-up period and attentional control would help to validate these findings.