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Title

A systematic review of the use of burden of treatment theory

Priority 1 (Research Category)

Systematic review, meta-analysis, or scoping review

Presenters

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Abstract

Context: Burden of Treatment Theory (BOTT) provides a framework to illustrate and explain how interactions between patients, their healthcare systems and their support networks can affect and exacerbate patient ability to manage a chronic illness. Objective: To explore how BOTT has been applied in research and its contribution to the understanding of treatment burden and capacity issues for self-management of chronic illness. Study Design and Analysis: A qualitative systematic review of literature was carried out on five electronic databases for original research articles, protocols, or preprints published in the English language which cited the key paper presenting BOTT. Papers which used and engaged with BOTT, for example in their approach to data analysis, data collection, to aid in development of interventions, or to thematise or characterise data were included. DistillerSR software was used to carry out screening and data extraction processes, with 20% of papers double-coded. Quality appraisal was conducted using CASP checklists and the Mixed Methods Review checklist. Setting: Any. Population studied: Any. Results: 564 papers identified, after screening 26 papers met inclusion criteria. BOTT was applied across a range of different study types: 14 qualitative; 3 systematic reviews; 3 protocols; and 3 discussion papers. 16 papers originated in UK, 3 from Australia, 2 from Norway and Argentina, and 1 each from the United States and Malawi. BOTT has been applied across a diverse range of settings and research types, with the most common use being to aid in data analysis or data collection for qualitative studies seeking to characterise treatment burden. Another common use was to aid intervention development in research focused on workload alleviation in a diverse range of settings. The constructs of BOTT appear to be stable across different settings, and researcher commentary on theory utility was generally positive. Two papers adapted and extended BOTT to further suit the context of their research focus. Discussion of BOTT constructs revealed appropriate understanding and a high level of critical engagement. Conclusions: BOTT provides a useful conceptual, analytical and sensitising lens in studies focusing on the characterisation and alleviation of treatment burden through healthcare interventions. The constructs are stable and applicable to a wide range of healthcare settings. Future research could examine BOTT utility in different cultural settings.