Virtual reality in palliative care: a systematic review and meta-analysis

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Databases: from inception up until 26th March 2021:

- Ovid platform: Medline, Embase, AMED, PsycINFO (OVID)
- CINAHL (EBSCOhost)
- Cochrane Central Register of Controlled Trials (CENTRAL)
- Web of Science
- OpenGrey unpublished work.

Search terms: The search combined two concepts:

1) "Palliative care" and 2) "Virtual reality".

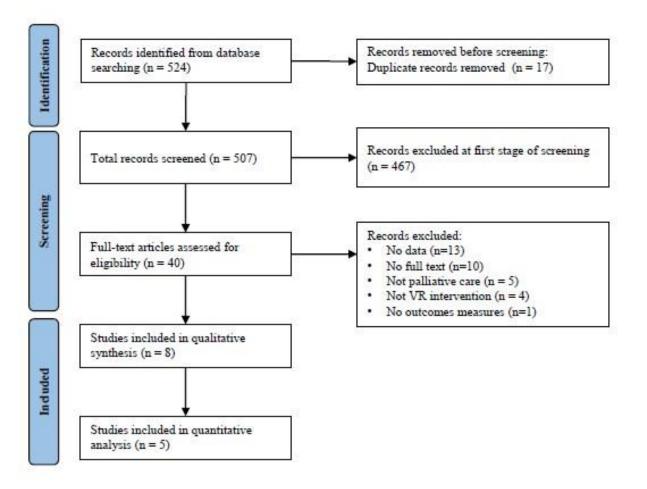
Country: 5 USA, 1 Spain, 1 Japan, 1 UK.

Date: 2012 – 2021 1-38

FULL PROTOCOL



Figure 1. PRISMA flowchart



Setting: 3 hospital inpatient, 1 outpatient, 1 multiple, 3 palliative care (either hospice or ward).

Par	ticipant Chara	cteristics		
Diagnasia	Gend	0		
Diagnosis		Male	Female	Age
	n (%)	n (%	6)	Mean (SD)
Cancer	19 (100)	10 (53)	9 (47)	60.9 (14.5)
Cancer Heart failure End-stage renal	14 (61) 7 (30) 2 (9)	11 (48)	12 (52)	47.7 (17.1)
Cancer	12 (100)	5 (42)	7 (58)	24-65+*
Dementia	25 (100)	3 (12)	22 (88)	85 (8.9)
Heart failure	88 (100)	44 (50)	44 (50)	56 (13.2)
Cancer Heart failure Bronchiectasis Pneumonia	8 (67) 2 (17) 1 (8) 1 (8)	4 (33)	8 (67)	72 (16)
Cancer	20 (100)	14 (70)	6 (30)	72.3 (11.9)
Cancer Other	15 (75) 5 (25)	6 (30)	14 (70)	66*

^{*} age range / Perna et al. did not report SD

First Author	Intervention	Comparator	Technology	Duration of treatment	Follow-up	
Randomised Controll	ed Trials					
Groninger	Guided walk-in virtual environment with narration	Active control (guided imagery)	Oculus Go VR headset	One 10-min session	Same day	

Perna	Personalised VR experience based on participants preference	Non- personalised VR experiences	Google Daydream headset; Google Pixel XL smartphone and headphones.	Four 4-min/wk	1 VR session/wk for 4 wks
Non-Randomised C	ontrolled trials			•	
Baños	Navigation through virtual environment to induce joy and relaxation	Pre-post data	LCD screen connected to a computer; headphone, keyboard, mouse	Four 30-min sessions/1 wk	4 times/wk
Brungardt	Virtual-based music therapy with customised soundtrack	None	Oculus Go VR headset	One approx. 30-min session	Same day
Dang	VR-based life review using synchronised personalised avatar	Pre-post data	MoCap (Motion capture device); VocingHan hardware; Logitech wireless headset	One approx. 30-min session	1-month
Ferguson	VR-based 360-degree beach viewing	Pre-post data	Lenovo's Mirage Solo VR headset with business edition	One 30-min session	3-5 hours after invention (behavioural changes only)
Johnson	VR still images /animated videos viewing using 1 or more VR applications in Oculus Library		Samsung Gear VR	One 30-min session	None
Niki	VR travel to the destination according to participants' wishes	Pre-post data	VR headset HTC VIVE and VR software Google Earth VR	One 30-min session (time shortened or extended as needed)	None

	First Authors											
	Brungardt	Dang	Ferguson	Baños	Groninger	Johnson	Niki	Perna				
Domains												
Feasibility	√	√		✓				✓				
Acceptability	√	√	√	✓	√	✓	✓	✓				
Usability	✓	✓	√	√		✓						
Pain		√		√	√	✓	√	✓				
Mood				$\sqrt{1}$								
Anxiety		√		✓		✓	✓	✓				
Depression		√				✓	✓	✓				
Psychological wellbeing		√				√	√	√				
Other physical symptoms		√ 4		√ 2	√3	√4	√ 4	√ 4				
Other ⁴		√	√		√							

¹ Consisted of 7 items: joy, sadness, anxiety, relax, vigor (1 "not at all" to 7 "completely"), general mood (scale of 1-7 where 7 was equivalent to positive mood and well-being), and subjective mood change (from -3 "much worse" to +3 "much better")

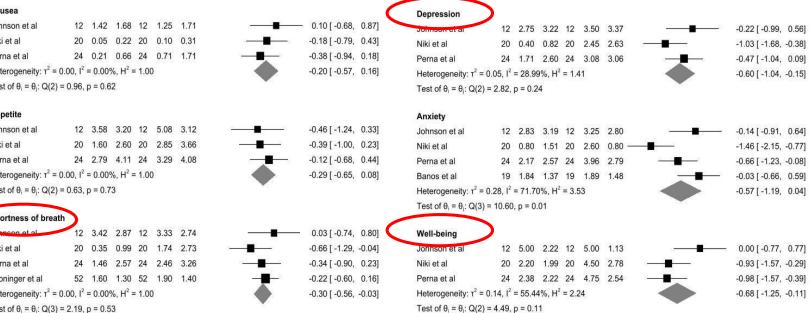
² Consisted of fatigue, pain, and physical discomfort (0 "not at all" to 10 "very much so").

³ Subdomains of the FACIT-Pal-14: shortness of breath, distress (0 "not at all" to 4 "very much"). ⁴ As measured by the ESAS-r.

⁴ Dang et al., included measures of Health-related quality of life, symptom burden, and spiritual wellbeing; Ferguson et al., measured behavioural changes after the VR session; Groninger et al. also measured quality of life.

Feasibility and acceptability

		After \			Before			Hedges's g									
Stady	N	Mean	SD	N	Mean	SD		with 95% CI	<u> </u>								
Pain	ノ									Nausea							
Johnson et al	12	1.42	2.02	12	1.75	1.96		0.16 [-0.93, 0	0.61]	Johnson et al	12	1.42	1.68	12	1.25	1.71	
Niki et al	20	1.15	2.03	20	2.35	2.25		-0.55 [-1.17, 0	0.07]	Niki et al	20	0.05	0.22	20	0.10	0.31	-
Perna et al	24	2.04	2.61	24	3.46	2.70		-0.53 [-1.09, 0	0.04]	Perna et al	24	0.21	0.66	24	0.71	1.71	
Groninger et al	52	3.80	2.40	52	6.80	1.60	-	-1.46 [-1.89, -1	.03]	Heterogeneity: T ² =	0.00, I ²	= 0.00	%, H ² =	= 1.00)		
Banos et al	19	2.06	2.94	19	2.33	2.48		-0.10 [-0.72, 0	0.53]	Test of $\theta_i = \theta_i$: Q(2)) = 0.96.	p = 0.6	32				
Heterogeneity: τ ² =	0.31, I ²	= 77.69	9%, H²	= 4.4	48			-0.59 [-1.15, -0	0.04]	and the second second	November to the fo						
Test of $\theta_i = \theta_j$: Q(4)	= 17.93	, p = 0.	.00							Appetite							
										Johnson et al	12	3.58	3.20	12	5.08	3.12	
Tiredness										Niki et al	20	1.60	2.60	20	2.85	3.66	_
Johnson et al	12				5.33	3.47	-	-0.51 [-1.30, 0).27]	Perna et al	24	2.79	4.11	24	3.29	4.08	- 11
Niki et al	20		1.90			2.71	-	-0.65 [-1.27, -0	0.03]	Heterogeneity: T2 =	0.00, 12	= 0.00	%, H ² =	= 1.00)		
Perna et al	24	2.33	2.66	24	4.71	2.80	-	-0.86 [-1.44, -0).27]	Test of $\theta_i = \theta_i$: Q(2)) = 0.63,	p = 0.7	' 3				
Banos et al	19	3.11	3.30	19	3.28	2.15		-0.06 [-0.68, 0).56]	16390E3303101 - 336 - 16163	M GARAGEA	100					
Heterogeneity: τ ² =	0.02, I ²	= 15.37	7%, H ²	= 1.	18			-0.53 [-0.88, -0).18]	Shortness of brea	ath						
Test of $\theta_i = \theta_j$: Q(3)	= 3.54,	p = 0.3	12							Johnson et al	12	3.42	2.87	12	3.33	2.74	
										Niki et al	20	0.35	0.99	20	1.74	2.73	
Drowsiness										Perna et al	24	1.46	2.57	24	2.46	3.26	
Johnson et al	12	2.25				3.03		-0.54 [-1.33, 0		Groninger et al	52	1.60	1.30	52	1.90	1.40	
Niki et al	20	1.35	2.30	20	2.70	2.87		-0.51 [-1.13, 0).11]	Heterogeneity: T ² =	0.00. 12	= 0.00	%. H ² =	= 1.00)		
Perna et al					3.46	2.95	-	-0.54 [-1.10, 0	0.03]	Test of $\theta_i = \theta_i$: Q(3)					2000		
Heterogeneity: τ ² =	0.00, I ²	= 0.00	%, H ² :	= 1.0	0			-0.53 [-0.90, -0).16]	1001 01 0 ₁ 0 ₁ 0 ₁	,,						
Test of $\theta_i = \theta_j$: Q(2)	= 0.01,	p = 1.0	0				₩.										



Conclusions

VR in palliative care is feasible and acceptable.VR could be an adjuvant non-pharmacological therapy for symptoms such as anxiety, pain, or depression.

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