

The effectiveness of social prescribing in the management of long-term conditions in community-based adults: a systematic review

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Introduction:

- Social Prescribing (SP) is a non-medical intervention utilising existing community resources to support patients to self manage their long-term physical and mental conditions.
- SP models: “Art Classes”, “Green Gyms”, “Men’s Sheds”, “Dancing” and “Walking groups”
- There is limited research on the efficacy of these SP models.

Aim: To evaluate the effectiveness of social prescribing interventions in the management of long-term conditions.

- Methods:**
- 7 electronic databases - searched until August 2021.
- Inclusion Criteria:**
- RCT’s, SP interventions in any long-term condition with “link workers”.
- Outcomes of interest:**
- Quality of life (QOL), Physical activity (PA), Psychological well-being.
 - Biased assessed :Cochrane Risk of Bias 2 tool,
 - Data was summarized using narrative synthesis.

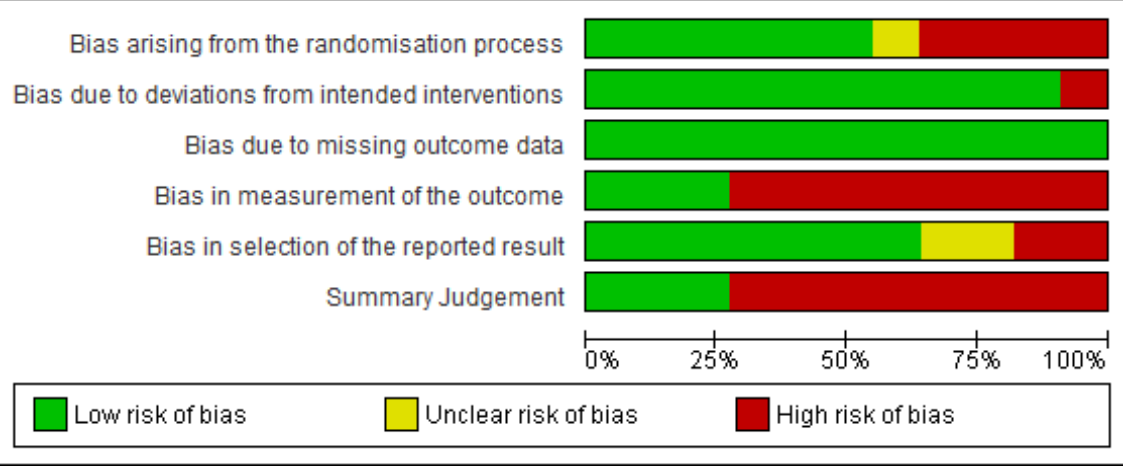


Figure 1: Summary Risk of Bias

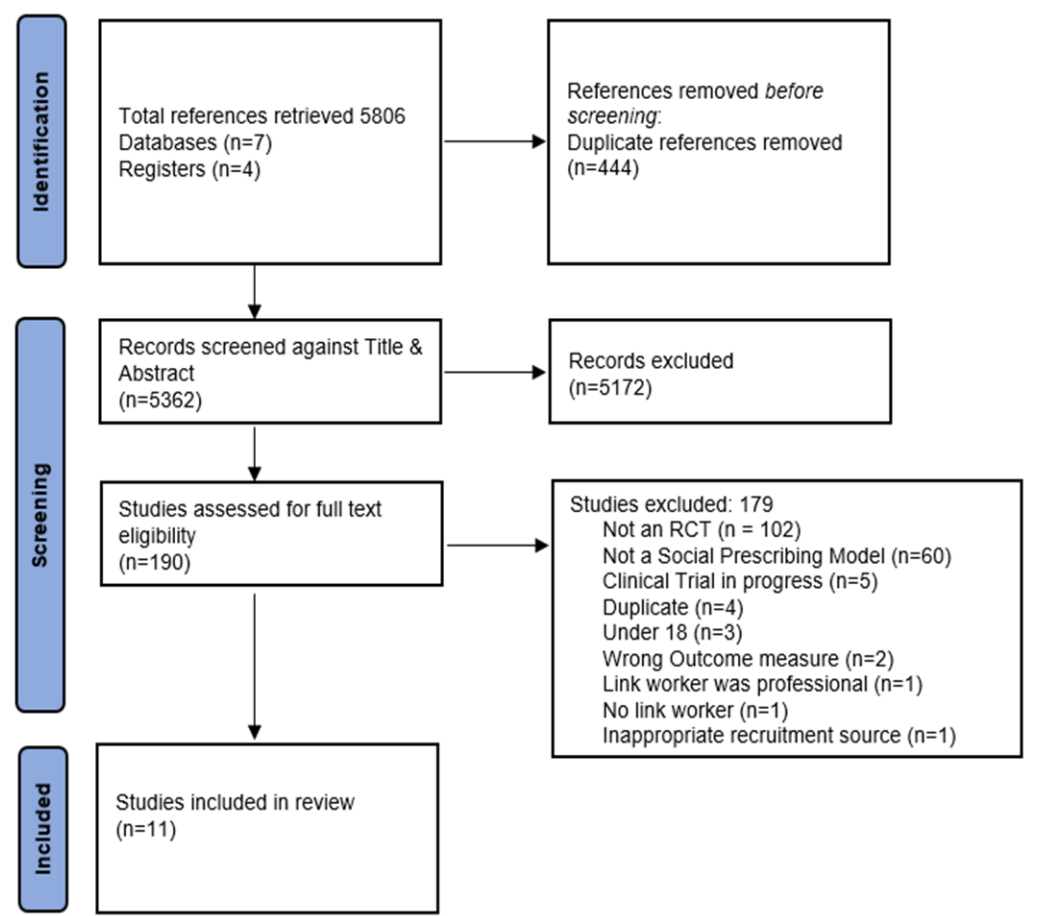


Figure 2: PRISMA Flow Diagram

- Results:**
- 11 studies (n=3305) included: diabetes (n=8), cancer (n=1) and multiple conditions (n=2)
 - Age 53 years
 - SP interventions, heterogeneous: 4-weeks – 18 months.
 - Link workers trained and provided one-to-one contact by telephone, text messages or face-to-face.
 - 36 different outcome measures used.
 - Evidence for improved outcomes with SP interventions, in QOL, psychological well-being and physical activity. For those with diabetes SP interventions had no impact on HBA1c at 6 months (SMD -0.08 [-0.19, 0.03]; P=0.17).
 - Substantial risk of bias across studies: poor blinding and large dropout rates.

Conclusions: Heterogeneity of interventions and outcome measures coupled with methodological weaknesses makes it difficult to be definitive on the effectiveness of SP interventions in LTCs.