**TABLE 1 – Characteristics of Included Studies**

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| **Ref no** | **Article ref** | **Country** | **Aims** | **Design** | **Sample size (per group)** | **Population** | **Partner Intervention**  | **Control group** | **Length of follow-up** | **Outcomes** | **Findings** |
| 1 | Benyamini et al. (2011) | Israel | Determine independent effect of adding spouse involvement to a breast self-examination (BSE) programme | RCT | 140 (70) | Married women aged 24-55 (women have a 1/9 lifetime risk of developing breast cancer) | Instructions to form action plan for BSE; info for husband, who was invited to help wife fill in action plan | Instructions to form action plan for BSE | 3 mths65 completed intervention, 62 in control (others only baseline measures) | *Primary*Rates of BSE performance*Secondary*Husbands knowledgeHusbands involvement in wives health behavioursPerception of spouse support | 1) Significant main effect of time on BSE performance2) No group differences in BSE3) Husbands who were involved more likely to report knowledge of wives’ BSE performance4) Husbands more likely to encourage wives in experimental group5) Women benefited most if husbands not involved in health behaviours before study  |
| 2 | Burke et al. (1999) | Australia | Determine acceptability of, compliance with and responses to health promotion program for couples | RCT (pilot) | 39 couples  | Couples who had been married/ cohabiting less than 2 years (this period is associated with weight gain and physical inactivity, leading to obesity)  | 16 week programme: nutrition, physical activity, healthy lifestyleHigh: modules every 2wks, ½ by mail, ½ at sessionsLow: 1 session, then mailed every 2nd week | Offered program after study | 16 weeks following start of study(34 – 17/ group) completed study | *Primary*Blood pressureHeart rateDietary intakeAlcohol intakePhysical activity | 1) Decrease in consumption of takeaways, increase in reduced fat foods, fruit and vegetables in intervention group relative to controls.2) Greater increase in physical activity in intervention group, but NS3) Fall in cholesterol in intervention group relative to controls |

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| 3 | Burke et al. (2003) | Australia | Determine longer-term effect and cost-effectiveness of health promotion program for newly cohabiting couples | RCT | 137 (47 – high-level intervention; 47 low-level intervention; 43 control | Couples who had been married/ cohabiting less than 2 years Risk as in Burke et al. (1999) | As Burke et al. (1999) | Usual care | 1 year(107 completed at end of programme; 78 attended 12 month follow-up) | *Primary*Dietary intakePhysical activityAlcohol intake | 1) Reduction in fat and saturated fat intake in high-level intervention group relative to control, at end of intervention and 1 year follow-up2) Improvement in fitness in high-level group relative to other groups3) Fall in total cholesterol and LDL cholesterol in high-level group relative to control group4) Participants in high-level group less likely to become overweight or obese |
| 4 | Cohen et al. (1991) | USA | Evaluate effects of social support and home urine monitoring on success with dietary sodium reduction | RCT | 107 (4 groups) | Patients being treated for essential hypertension(At risk of CHD)  | *Active partner*:Patient and partner received 3 dietary sessions, expected to follow dietary restrictions and collect 24 hour urine samples*Immediate feedback*: learned to test urine 2 weeks after instruction*Delayed feedback*: 18 weeks | *Passive partner*:Partner attended sessions but not involved, asked to follow diet, or collect urine samples | 30 weeks(97 completed: 90.6% retention) | Urinary excretion of sodium | 1) Participants able to reduce sodium intake by 50% +2) No effect of intervention on sodium intake3) Patients and partners had significant correlation in urinary excretion of sodium at baseline, 6 and 18 weeks |

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| 5 | Gellert et al. (2011) | Germany | Examine effects of social integration and exercise-specific social support on physical activity | Quasi-experiment | 420 | Men and women aged over 60 (this age group are at increased risk of CHD, cancer)  | Leaflet prompting planning and self-efficacy for physical activity, received by post | None – comparison between participating partner, non-participating partner and single  | 4 weeks(343: 82% of baseline) | *Primary*Physical activity*Secondary*Social support | 1) Greater physical activity and social support among individuals whose partners took part2) Participants whose partners took part had more substantial increase in physical activity levels3) No difference between singles and participants with a partner who did not participate.4) Participants who received more social support more physically active when partners took part, but other participants less physically active if received more social support |
| 6 | Lee et al. (2014) | USA | Assess efficacy of Korean Immigrants and Mammography—Culture-Specific Health Intervention (KIM-CHI), an educational program designed to improve mammography uptake among Korean American (KA) women. | RCT | 428 KA couples;(KIM-CHI: 217; Attention control: 211) | KA couples where the woman had not had a mammogram in past year -this group has low uptake of mammograms At average risk of breast cancer | 30 min Korean language DVD on breast cancer screening, followed by group discussion and couple-based discussion activity at home | Couple-focused information about improving diet | 15 months(395 couples followed up) | Mammogram uptake | 1) KIM-CHI group were significantly more likely to attend for mammograms than control group at 6 months (P<.001) and 15 months ( p = .004) |

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| 7 | Manne et al. (2013) | USA | 1) Improve colorectal cancer screening (CRCS) intentions by increasing frequency of couples’ discussions, increasing each partners’ support for other partner to have CRCS, increasing couples’ relational perspective on CRCS2) Evaluate impact of intervention on partners’ knowledge of CRC and ind attitudes about CRCS | RCT | 168 couples(GP: 80; CTP: 86) | Married couples at average risk of CRC and non-adherent to standard CRC screening recommendations | Couple-tailored print (CTP) booklet about CRC screening, plus Centre for Disease Control (CDC) booklet | CDC booklet | 6 months(138 couples followed up) | *Primary*:CRC Screening status; Screening intentions*Secondary*:Relationship factors; Relational perspective;Support for spouse screeningDiscussions with spouse about CRSKnowledge and attitudesPerceived riskBenefits and barriers of screening | 1) No main effect of condition on screening status (11.6% uptake)2) Increase in intention from T1 to T2 in CTP condition3) Increase in relationship perspective over time in CTP, for men only4) CTP: significantly increase from husbands over time in support for wives’ CRCS5) Women greater increase in perceived benefits after CRC than men in CTP condition(Note: Couple treated as a unit) |
| 8 | McBride et al. (2004) | USA | Evaluate whether training in optimal support behaviours and giving support to partners increases smoking abstinence rates among pregnant women during and after pregnancy, relative to usual care and women only intervention | RCT | 583 (UC: 198; Woman only 192, Partner assisted 193) | Women receiving prenatal care at a medical centre, at risk of adverse pregnancy outcomes and danger to foetus due to smoking | Late-pregnancy relapse prevention kit, 6 counselling calls (3 in pregnancy, 3 postpartum), + PA adjunct describing how partner could be coach. Booklet, video included, support behaviours reinforced in counselling calls | Usual care | 28 weeks pregnant; 2, 6 and 12-months post-partumFollow-up:28 wks: 81%2 mths: 77%6 mths: 79%12 mths: 76% | *Primary*Self-reported smoking status*Secondary* Smoking-specific supportGeneral support | 1) No differences by condition in sustained or point-prevalence abstinence2) No differences in postpartum relapse3) Decline in positive partner support from baseline to 12 months4) More partners abstinent at 28 weeks in PA than UC condition |
| 9 | Oien et al. (2008) | Norway | Investigate parental smoking behaviour in pregnancy after introduction of prenatal, smoking cessation in primary care | NRI  | Control – 1788Intervention - 2051 | Pregnant women who smoked (invited to bring partners), at risk of adverse pregnancy outcomes and danger to foetus | Brief intervention on diet, indoor dampness and smoking cessation | No treatment | 6 wks postnatal:Intervention: 1109; ctrl: 1023 | Self-reported smoking behaviour 6 weeks postnatal | No effect on parental smoking |
| 10 | Park et al. (2009) | South Korea | Examine effects of cognition-oriented BSE intervention for women with no prior BSE experience who avoid thinking about or performing BSE and spouses | NRI | 48 couples (24/ group) | Married couples with no experience of breast cancer - women have a 1 in 9 risk of developing breast cancer in their lifetime | 1.5 hour lecture, with opportunity to practice BSE while being videotaped, receive feedback on video | Lecture on breast cancer and BSE | 6 months(Follow-up rate not reported) | *Primary*Stage of BSE *Secondary*Knowledge of breast cancer and BSESpousal encouragement for compliancePerceived confidence, benefits, barriers | 1) Change in knowledge of BSE and breast cancer greater in experimental group2) Greater increase in perceived confidence in experimental group3) Significantly greater change in stage of BSE in experimental group (but no group difference) |

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| 11 | Robinson et al. (2007) | USA | Examine role of partner assistance in learning and implementation of intervention designed to promote skin self-examination (SSE)  | RCT | 130 (65/group) | Participants diagnosed with cutaneous melanoma, seen annually by physiciansAt risk of developing melanoma | Dyadic learning: couple-based skills training for SSE, provision of enabling kit | Same, but solo learning | 4 months(100% follow-up) | *Primary*Performance of SSE*Secondary*Skills quizSkin cancer riskPerceived riskPerceived benefit of SSESelf-efficacy of performing SSESkin cancer knowledgeAttitudes to SSE | 1) Dyadic learners believed significantly more important to perform SSE, have a partner assist2) Dyadic learners had significantly higher self-efficacy for performing SSE3) Dyadic learners showed significantly stronger intentions to perform SSE on face and skin in general4) Significantly more dyadic learners checked skin at 4 months5) Dyadic learning significantly more likely to review SSE guidelines, examine skin with and without a partner |
| 12 | Van Jaarsveld et al. (2006) | UK | Examine influence of marital status and inviting both partners together on attendance at colorectal cancer screening | Retrospective analysis of trial data | 4130 adults aged 55-64 | Adults aged 55-64 who had been invited for colorectal cancer screening in age group at increased risk for CRC | Both partners invited | Invited alone | Period of trial(N/A) | Attendance at colorectal cancer screening | 1) Married (or cohabiting) individuals significantly more likely to attend for screening.2) Inviting partners together significantly increased attendance at screening |
| 13 | Voils et al. (2013) | USA | Determine effectiveness of Couples Partnering for Lipid Enhancing Strategies CouPLES on adherence to cholesterol-lowering regime | RCT | 255 (127- intervention) | Outpatients with low-density lipoprotein cholesterol (LDL-C) > 76mg/DL)(At risk of CHD) | CouPLES: 9 monthly goal-setting telephone calls delivered by research nurse (first patients, then spouses 1wk later) | Usual care | 11 months83% follow-up; 106/ group) | Primary:Patient LDL-C | 1) No significant difference in mean LDL-C between intervention and UC at 11 months2) No difference in odds of meeting goal LDL-C3) Reduced caloric intake in intervention group, total and saturated fat intake and percentage of calories from fat. |
| 14 | Wing et al. (1991) | USA | Test effectiveness of family-based approach for obese patients with Type II diabetes | RCT | 49 ( Together: 24; Alone: 25) | Obese patients with diabetes(At risk of CHD) | Together: participated with spouses in behavioural weight control program | Alone: participated alone | After 20 wk program;1 year(43 patients; 42 spouses completed) | *Primary*WeightBMI*Secondary*HbA1cFasting blood sugarExercise | 1) Significant weight loss and short-term improvements in glycaemic control, reductions in fat intake, increases in exercise2) Men did better when treated alone; women did better when treated in the ‘together’ condition.3) Spouses lost significantly more weight in ‘together’ condition.4) Correlations between patients and spouses: changes in fat intake in ‘alone’ condition, changes in exercise in both conditions |