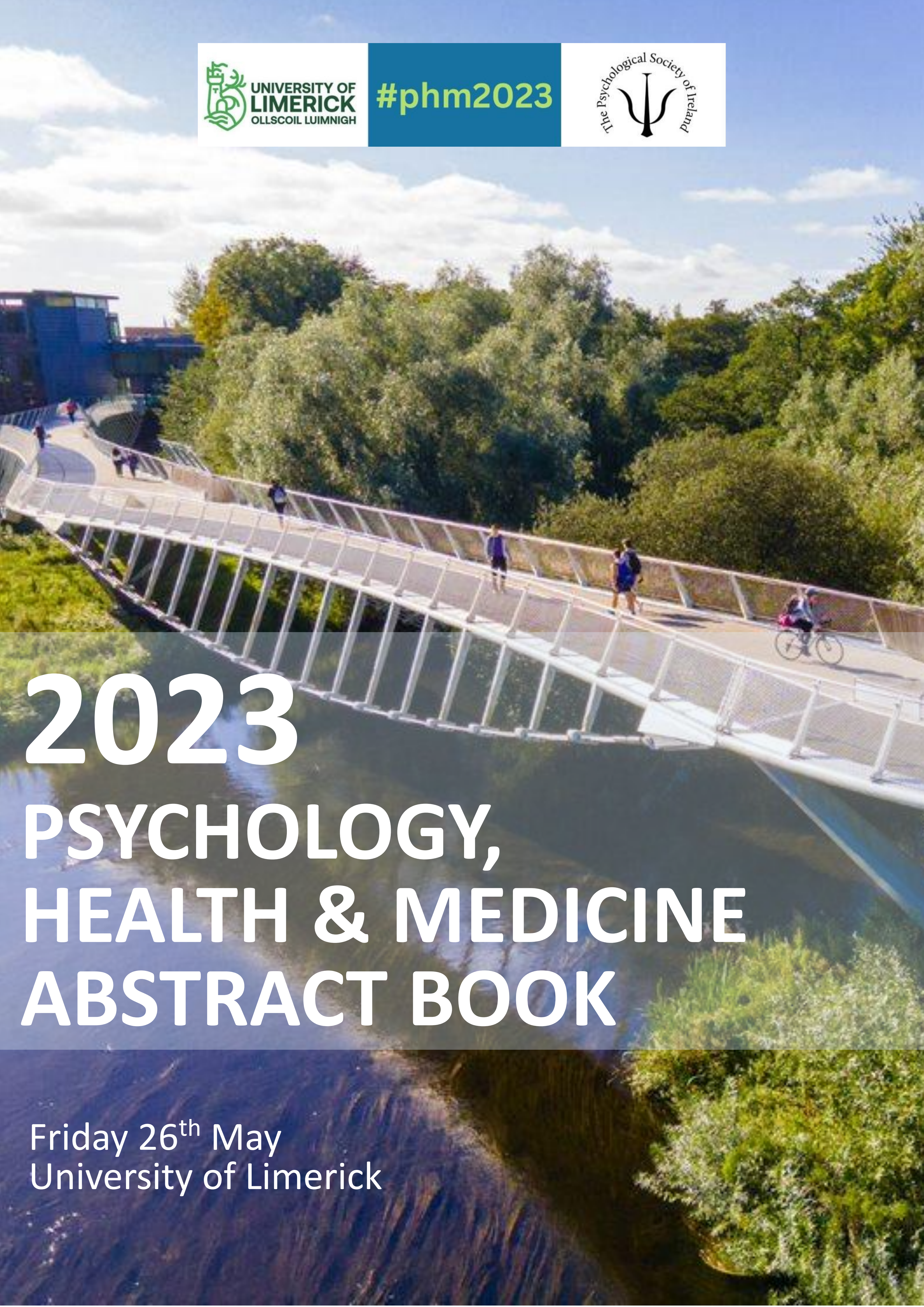

#phm2023

2023

PSYCHOLOGY, HEALTH & MEDICINE ABSTRACT BOOK

Friday 26th May
University of Limerick

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*if no program code was given for a submission then this will show the submission serial number

2

Optimising the STAND-VR intervention: a mini-focus group interview study

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Abstract

Background: Prolonged sedentary behaviour has been associated with numerous negative health outcomes. Immersive virtual reality (IVR) can be defined as fully computer-generated environments that are displayed through a head-mounted display. IVR presents opportunities for retired and non-working adults to participate in meaningful non-sedentary activities that may not be available in their natural environment due to various physical and social barriers. Following the behaviour change wheel process, intervention content was created and integrated into an IVR environment as a means for this cohort to take part in meaningful non-sedentary activities. This study aimed to explore retired and non-working adults' experiences and perceptions of this intervention prototype.

Methods: Semi-structed mini-focus group interviews were conducted with five groups of 2-3 retired and non-working adults over the age of 55 years. Each group explored the intervention prototype together and discussed their experiences afterwards. A rapid analysis was conducted after each session and a reflexive thematic analysis was later conducted on all of the data.

Findings: The rapid analysis generated a number of feasible design changes including, offering more instructions and practice time, minimising invasions of personal space, and a range of minor improvements to the functionality and appearance of the prototype. The reflective thematic analysis generated themes relating to participants' thoughts on IVR as an experience as well as how IVR compares to reality and in what contexts they would use IVR.

Discussion: These findings will inform a final iteration of the intervention prototype.

3

Self-Management of Long-Term Physical Conditions during Emerging Adulthood: A Systematic Review

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Abstract

The aim of this mixed-studies systematic review was to synthesise existing research to identify if the five features of emerging adulthood (identity exploration; instability; self-focus; feeling in-between; possibilities) were evident in the self-management of long-term physical conditions by emerging adults (aged 18 – 29 years old). Five databases were systematically searched. Thirty papers met the eligibility criteria and were included. The synthesis identified that the five features of emerging adulthood are present in the self-management strategies and tasks of emerging adults living with long-term physical conditions. Due to numerous transitions, that characterise this unstable developmental period, emerging adults encounter specific self-management challenges. However, a greater understanding of the extent to which each of the five features are present and the challenges posed to the self-management of a long-term physical condition in emerging adults is required. This will inform targeted self-management supports and interventions in the future.

4

Optimising well-being and promoting wound healing in DFU: Psychological perspectives and patient informed intervention strategies

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Abstract

Aim: This PhD study will examine the impact emotional and psychosocial factors have on wound healing and investigate if: 1) A psychological intervention is suitable, acceptable, and beneficial for individuals with diabetic foot ulcer (DFU); 2) A psychological intervention can help individuals with DFU to achieve wound healing and/or prevent reoccurrence.

Method: A scoping review is being undertaken in accordance with JBI methodology. Semi-structured interviews will be conducted with individuals with DFU and a ‘collective intelligence’ workshop will be carried out with relevant stakeholders. Findings will be analysed using reflexive thematic analysis. A psychological intervention will subsequently be co-developed with individuals with DFU. A mixed-methods process evaluation will assess design suitability. The MRC Framework will guide the development of the intervention and CONSORT guidelines will be followed to standardise conduct and reporting.

Results / Discussion: This study will evaluate the feasibility of delivering an online intervention, the impact on emotional, social and physical outcomes in individuals with diabetic foot ulcer, and if a fully powered RCT is warranted.

Conclusion: The proposed project will be informed by participatory research methods. Understanding the complexity of how emotional and psychosocial factors impact DFU development/reoccurrence is key to addressing the issue and any intervention designed to improve outcomes should be designed with the voice of the user in mind.

5

What are the challenges faced by individuals with ME/CFS? Preliminary results of a cross-sectional study.

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Abstract

Myalgic Encephalomyelitis/Chronic Fatigue Syndrome (ME/CFS) is multi-system disease with a complex pathophysiology and lack of curative treatment. Patients (PwME) often describe a lack of recognition and understanding by others; this study sought to examine the challenges faced by PwME as perceived by the Irish public.

Method: 319 participants responded to a cross-sectional survey examining knowledge and understanding of ME/CFS; the majority were female(n=256) aged between 19-74 years(*M*= 46.9) and reported having one or more poorly understood chronic illness (n=211).   Likert-scale type questions were used to explore knowledge and beliefs about ME/CFS of respondents aware of the condition (n=238). Participants were asked to identify challenges faced by PwME in an open-ended question. A descriptive thematic analysis was conducted on responses.

Results: Preliminary results of the thematic analysis indicate an awareness of the multifaceted challenges faced by PwME. These included, primarily, (i) The burden of symptoms; (ii) Challenges related to healthcare, and (iii) Disbelief and poor understanding of ME/CFS among others. Comparisons of themes will be made between PwME, individuals with other chronic illness, and those without. It is expected that owing to personal experience, participants with chronic illness will identify more challenges specific to healthcare, while those without chronic illness will focus primarily on the burden of symptoms.

Discussion. Results indicate that healthcare-related challenges are perceived as a dominant issue in the illness experiences of PwME. There is a need to identify ways to support PwME in their oftentimes suboptimal healthcare journeys.

6

Knowledge and understanding of Fibromyalgia Syndrome in Ireland: Findings from a cross-sectional survey

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Abstract

Patients with Fibromyalgia Syndrome (FMS) commonly report experiencing delegitimation, disbelief and a general lack of understanding from others. This study explored the appraisals of public and clinician knowledge of FMS in an Irish sample, comparing perspectives of individuals with and without chronic illness

Methods: 319 participants (256 female) aged between 19-74 years (*M*=46.9) completed a survey that investigated perceived knowledge and understanding of FMS. Beliefs about the nature, diagnosis and clinical management of FMS were assessed using Likert scales. Chi-square tests of independence were used to explore associations between variables.

Results: Sixty-six percent (n=211) of respondents were persons with conditions (PwC) and reported having one or more chronic illness. Most knew of FMS (n=280) and indicated having a good understanding of the condition. Ratings of public and clinician awareness of FMS were generally poor; only 7% appraised clinician knowledge as good/very good. A relationship was found between illness status and self-rated understanding of FMS, and illness status and perception of clinician knowledge. PwC rated their overall understanding of FMS more favourably, and clinician knowledge more unfavourably, than healthy participants. Appraisals were not associated with multi-morbidity, symptom severity or impact on quality of life. Further, PwC with a diagnosis were more likely to rate HCPs knowledge and awareness of FMS as poor/very poor

Discussion: Results suggest that negative appraisals of health professionals' knowledge are associated with having lived experience and formal diagnosis of chronic illness. Qualitative research is needed to investigate factors contributing to low confidence in clinician knowledge.

7

Social Support and Childhood Cancer Survivors: A Systematic Review (2006-2022)

Avril Deegan[1], Ciara Brennan[1], Prof. Pamela Gallagher[1], Prof. Veronica Lambert[2], Dr. Simon Dunne[1]

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Abstract

Objectives: Despite improving survival rates for childhood cancer, survivors continue to face a number of challenges on a daily basis. Research has shown that social support may play a protective role in the face of stress and help children and adolescents manage the challenges they face daily during their cancer journey. However, social support tends to diminish over time as survivors successfully complete treatment despite its ongoing importance even years after treatment ends. This review aimed to systematically examine existing evidence on social support in child and adolescent cancer survivors.

Methods: Five databases (PsychINFO, CINAHL, EMBASE, PubMed and Web of Science) were searched systematically to identify quantitative studies which explored social support from the perspective of child and adolescent cancer survivors aged 18 years or younger.

Results: A total of ten studies met the eligibility criteria for inclusion. Findings from the review show that family and friends, especially parents, are important sources of social support for survivors. Social support was positively associated with posttraumatic growth, school re-entry and physical activity, and negatively associated with psychological stress, depression, anxiety and stress. Furthermore, findings relating to gender, age and group differences were mixed. A number of methodological issues were identified in the reviewed studies such as small sample sizes and a lack of consistency in the measurement and conceptualisation of social support.

Conclusions: Future studies of social support need to address these shortcomings to help inform the development of interventions that enhance social support and psychosocial outcomes for childhood cancer survivors.

8

The role of social group membership during the transition to university: Implications for psychological well-being and physical health

Siobhán M. Griffin, Alžběta Lebedová, Grace McMahon, Stephen Gallagher, Orla T. Muldoon

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Abstract

The transition to university can be a stressful life change. Considerable research demonstrates the positive effects of social group memberships on psychological well-being during life transitions. In Ireland, approximately 43% of students report moderate-to-severe depression symptoms. This research examined if social group memberships could predict cortisol awakening response (CAR) and depressive symptoms in first year undergraduate students, controlling for sex and total groups belonged to before university (number of groups and connectedness with these groups). 163 first undergraduate year students (117 females, M_{age} = 18.55, *SD* = 1.28) completed measures during their fourth week of university. The total number of social group memberships participants held pre-university, the number of group memberships maintained since starting university, and number of new group memberships formed since starting university were computed. Connectedness with each of these group types was assessed via the Exeter Identity Transition Scales (EXITS). Depressive symptoms were assessed via the Beck Depression Inventory. Participants provided eight saliva samples across two days (upon awakening, +15 mins, +30 mins, +45mins). Mediation analyses demonstrated that the number of pre-university groups maintained predicted greater CAR, controlling for new groups joined and sex. New group memberships were not associated with CAR. However, the number of new groups joined since starting university predicted fewer depression symptoms, in particular for people who reported a greater sense of connectedness with these new group memberships. A focus on maintaining group memberships held before starting university, and on developing and strengthening connections with new groups may promote positive adjustment to university.

9

Understanding Domestic Abuse and Mental Health Interactions to Improve Psychological Supports

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Abstract

Secrecy, denial, and cover-up are all integral threads in the fabric of coercive control, validating a history of domestic abuse requires sophisticated and sensitive interviewing skills, astute observation, and multiple sources of data (Jaffe, 2003). Research indicates that the presence of coercive control as a form of domestic abuse in intimate partner relationships impacts the mental health of targets of abuse. Equally, people who experience mental health difficulties are more at risk of being a target of coercive control. Our presentation was developed to increase practitioner awareness of domestic abuse and coercive control in intimate partner and family relationships and its co-occurrence with mental health difficulties.

Overview of the program:

What is domestic abuse and coercive control

Domestic abuse and health

10

Social integration: Implications for the association between childhood trauma and stress responsivity

Grace McMahon[1], Siobhan Griffin[1], Islam Borinca[2], Daragh Bradshaw[1], Megan Ryan[1], Orla Muldoon[1]

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Abstract

Childhood trauma is linked to the dysregulation of physiological responses to stress, particularly lower cardiovascular reactivity (CVR) to acute stress. The mechanisms that explain this association, however, are not yet fully understood. Using secondary data from the Midlife in the US (MIDUS) Biomarker Project, (N = 1140; n = 652 females) we examine if social integration can help explain the association between childhood trauma and lower CVR. Cardiovascular measurements were continuously assessed using electrocardiogram (ECG) and Finometer equipment. The Social Well-being Scale (Keyes, 1995) and the Childhood Trauma Questionnaire (CTQ; Bernstein et al., 2003) measured social integration and trauma, respectively. Regression analyses demonstrated that childhood trauma was associated with lower systolic (SBP) and diastolic (DBP) blood pressure reactivity, but not heart rate reactivity (HR). Mediation analyses, using Hayes PROCESS Model 4, showed that higher levels of trauma were associated with less social integration, and in turn linked to lower reactivity across all biological indices. Overall, the results indicated that dysregulated cardiovascular stress responses due to childhood trauma may be shaped by a lack of social integration. This offers a potential useful and inexpensive approach to support those at risk, by virtue of their experience of childhood trauma, to ameliorate some of its longer-lasting impacts on physical health

11

Pubertal absence and adolescent wellbeing: A scoping review.

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Abstract

There is scant knowledge about the effects of absent pubertal development on adolescent wellbeing and experience, including experiences of health care. This scoping review is guided by the questions: (1) how is absent pubertal development related to psychosocial experience? and (2) how do people experience health care related to absent puberty? Peer-reviewed publications were identified using electronic databases (e.g. PubMed) searches, followed by citation searches. Keywords for the database search were selected from the broad areas: pubertal absence (e.g., puberty, pubertal timing; delay, absence) and adolescent psychological development or social experience (e.g., adolescenc*, psychosocial, psychological, developmental). We also searched for specific conditions that result in absent or delayed puberty (e.g. congenital hypogonadotropic hypogonadism, Kallman Syndrome, hypopituitarism, Turner syndrome). Studies using qualitative or quantitative methods published between 1970 and 2021 were included. The database search resulted in 1746 articles, and after screening and full-text review, 19 publications were included in the review. The studies were charted according to key themes, and patterns between differing etiologies for absent puberty were mapped. The results are structured thematically along dimensions of psychological development, psychosocial experiences and healthcare experience. The review indicates that the psychological aspects of pubertal absence are under-researched. Research description is dominated by a biomedical model, with some notable exceptions. Practitioner reports and biomedically-oriented research note the need for a psychosocial lens to tailor services for people with pubertal absence.

12

How is Cognitive Behavioural Therapy for Insomnia delivered to adults with comorbid persistent musculoskeletal pain and disordered sleep? A scoping review.

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Abstract

Background and aims:

Disordered sleep and persistent musculoskeletal pain are highly comorbid. Behavioural interventions such as Cognitive Behavioural Therapy for Insomnia (CBT-I) have shown promise in the management of both disordered sleep and persistent musculoskeletal pain. This review examined how CBT-I is delivered in randomised controlled trials involving people with comorbid disordered sleep and persistent musculoskeletal pain.

Methods:

Electronic searches of ten databases and three clinical trials registries were performed up to February 2022. Study quality was evaluated using the PEDro tool. Reporting of interventions was evaluated using the Template for Intervention Description and Replication (TIDieR) checklist.

Results:

Ten studies met the eligibility criteria. PEDro scores ranged from 5-8/10. TIDieR scores ranged from 7-11/12. CBT-I always involved three core components – sleep restriction, stimulus control and a cognitive component. Furthermore, four additional components were usually involved – sleep hygiene, sleep education, relaxation procedures and relapse planning. CBT-I was delivered individually and in groups. There was considerable consistency in the frequency (weekly) and duration (6-9 weeks) of CBT-I programmes. Aspects inconsistently reported included who delivered the intervention and the session content and duration.

Conclusions:

These findings demonstrate considerable consistency in the components of CBT-I delivered in clinical trials, along with the frequency and number of sessions. However, some aspects were either not reported (e.g., content of components) or inconsistent (e.g., terminology). Greater consistency, and more detailed reporting regarding who delivered the intervention, the training provided, and the specific content of CBT-I components would add clarity, and may enhance CBT-I efficacy and replication.

13

Living with Endometriosis: A Qualitative Study Examining Patient Experience of the Irish Healthcare Services

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Abstract

Endometriosis is an incurable chronic condition associated with debilitating pelvic pain and subfertility, affecting 1 in 10 women and over 155,000 women in Ireland. Given the severity of symptoms experienced by women with endometriosis, multi-disciplinary holistic healthcare is recommended. However, to date there has been a lack of specialist care available in Ireland, resulting in delayed treatment and inadequate support for this chronic condition. This study aims to examine the experiences of women diagnosed with endometriosis in Ireland, specifically their experiences of accessing healthcare and treatment. A qualitative study design with purposeful recruitment strategy was adopted. Twenty participants, women aged 18 and over with a confirmed medical diagnosis of endometriosis and experience of the Irish healthcare system, were recruited to complete semi-structured, one-to-one interviews. Data was analysed using reflexive thematic analysis and five themes were identified: 'dismissive attitudes normalising severe pain', 'inadequate health system', 'the impact of delayed diagnoses', 'lack of education and awareness', and 'navigating taboo and societal views.' Insights into the experiences and needs of women diagnosed with endometriosis were gained in relation to difficulties in accessing specialist treatment, the public/private health care divide, the need to advocate for oneself, and living with severe pain. We present implications for patient-centred care, and suggestions for ensuring women living with endometriosis are further supported in living with this chronic condition. We discuss the implications of our findings for Irish healthcare services in relation to feminist health equity and recent national agency action plans.

14

Existential loneliness during the COVID-19 Pandemic: An Irish cohort study

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Abstract

Background: We previously showed small increases in loneliness over the course of the COVID-19 pandemic among Irish adults. Relatedly, van Tilburg and colleagues showed larger increases in loneliness but medium-level increases in existential loneliness among older Dutch adults (van Tilburg, 2021). Since existential loneliness arises from a disconnection to the world around us and a sense of ultimate aloneness, the COVID-19 pandemic may have led to significant levels of existential loneliness in the Irish adult population, of all ages.

Objective: To evaluate existential loneliness towards the end of the pandemic, and its correlates.

Methods: Longitudinal panel data were gathered from 1041 participants aged 18-80 from 31st March 2020, 19 days after the first COVID-19 related distancing measures were implemented in Ireland. We inspect data from the final wave which was gathered in December 2020. A structural equation model was used to evaluate correlates of existential loneliness.

Results: Existential loneliness was associated, cross-sectionally, with loneliness (beta = .46), depression (beta = .31), sex (beta = -.134), age (beta = -.19), relationship status (beta = .14), and empathy (beta = -151).

Conclusions: We describe correlates of existential loneliness at a later stage in the pandemic. Results are discussed in the context of potentially informative theoretical frameworks of loneliness.

15

Social Asymmetry in Older Adults: Prevalence, Correlates, and Implications

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Abstract

Background: While prior research indicates that both loneliness and social isolation exert negative effects on health in later life, less was known about their interactive effects. We previously derived the Social Asymmetry metric, a discrepancy score indicating an individual's robustness or susceptibility to loneliness relative to their level of social isolation. We aimed to explore patterns of Social Asymmetry across three cohort studies and the association between Social Asymmetry and cognitive outcomes. Methods: We inspected associations between Social Asymmetry and cognitive functioning among older adults in three cohort studies: TILDA, the English Longitudinal Study on Ageing (ELSA), and the Swedish National Study on Aging and Care in Kungsholmen (SNAC-K). Results: Using multilevel modelling, we showed that Social Asymmetry was a better predictor of cognitive function over time and cross-sectionally than loneliness and/or social isolation. Patterns of Social Asymmetry differed across the three cohorts. Conclusions: Results are discussed to make the case for better definition of loneliness in gerontological research, and to challenge common perceptions of loneliness being analogous to perceived social isolation. Results are discussed in the context of an ongoing synthesised model of loneliness developed by the author. Implications for intervention will also be discussed.

16

Factors Associated with PrEP Stigma Among Gay, Bisexual, and Other Men Who Have Sex with Men (gbMSM): A Systematic Review

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Abstract

Since the beginning of the AIDS crisis, gay, bisexual, and other men who have sex with men (gbMSM) have been disproportionately affected by HIV. Recent medical advances in HIV prevention include pre-exposure prophylaxis (PrEP) - a medication taken by HIV-negative individuals to prevent HIV acquisition. While this has been shown to be effective, uptake can be low. One reason for this could be stigma surrounding PrEP.

This study, guided by patient and public involvement (PPI), involved a systematic review of the literature which aimed to examine (i) which factors are associated with experiences of PrEP stigma, and (ii) which interventions have been shown to be effective at reducing PrEP stigma.

Using a comprehensive search strategy, four databases were searched, yielding a total of 1614 results. Of these, 70 studies were included in the final analysis. Many sources of PrEP stigma were found, including friends, family, partners, healthcare providers, and most commonly, other gbMSM. Stigma often involved assumptions that those who take PrEP are promiscuous, or engage in behaviours deemed “higher risk”. Factors associated with increased stigma were mainly sociodemographic, including age, race/ethnicity, and location. Decreased stigma was associated with open discussions about PrEP use, particularly among prominent figures in the community.

This review addresses a gap in the literature by providing a valuable insight into the factors associated with PrEP stigma. However, there was a lack of data on psychological factors, and no interventions were found. These issues will be addressed in the next stage of this research.

17

"See me as a person first": Patient Perceptions and Experiences of Interactions with Healthcare Professionals Across Healthcare Settings – A Qualitative Evidence Synthesis

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Abstract

Introduction:

Weight-stigma (WS) is enacted by healthcare providers across healthcare settings where it is associated with poor physical health outcomes and the maintenance of obesity via physiological, cognitive, emotional and behavioural pathways. Qualitative studies which capture the experience of enacted WS from the perspective of patients' living with obesity can increase awareness of how stigma presents within patient- provider interactions and ultimately inspire change in healthcare provision.

Methods:

Electronic searches were systematically conducted in PubMed, Medline, PsycInfo, CINAHL, Embase and Scopus. To facilitate a comprehensive review of the existing literature, grey literature searches and forward and backward citation searches of the included studies were also conducted. Thirty-two studies published in English from May 2011 were included. The methodological quality of the included studies was appraised using the CASP quality check list. An inductive thematic synthesis was conducted by the lead author in consultation with the review team at each stage of the analysis.

Results:

Three overarching analytical themes were developed: Devaluing and disempowering the patient through interpersonal interactions; Reduced to a metric - losing sight of the whole person; and Systemic issues. We include patients' suggestions to reduce weight stigma in healthcare settings. Confidence in the review findings were assessed using GRADE CERQual.

Conclusion:

Findings highlight the profound impact that enacted WS can have on the patient-provider relationship. Patients indicated that judgemental encounters with healthcare providers made them feel "less than human". Recommendations to improve the patient experience are discussed.

18

Reframing obesity treatment: a qualitative exploration of Irish general practitioners attitudes regarding treating obesity as a disease and suggestions for future education and training

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Abstract

Introduction: The Irish Model of Care for the Management of Overweight and Obesity (2021) calls for and outlines changes in structural, educational, and training requirements necessary to facilitate a need for equitable and timely access to quality obesity healthcare. A core target for reform is the elimination of weight-stigma in healthcare through systematic education and training which reflects contemporary developments in obesity research. The aim of this study is to explore how GP perceptions of obesity as a disease and their experiences and perceptions of treating obesity relate to the competencies and training needs of GPs required to improve the provision of care for overweight and obesity in Ireland.

Methods: A qualitative design was used to gain a deep and broad understanding of the phenomena being explored. Semi-structured interviews were conducted with GPs (N = 10) via Zoom. The collected data was transcribed and analysed using reflexive thematic analysis. Preliminary findings are discussed.

Results: Five themes were generated: Obesity is a risk factor, not a disease in itself; Calories in, calories out; Unequipped for weight-based conversations; Over-burdened - a need for clear referral pathways; "Change is subtle, but slow". We include GP suggestions for education and training to improve the provision of care for obesity in primary practice.

Discussion: The preliminary findings highlight the impact that outdated obesity education has on current obesity treatment in primary practice in Ireland. GPs recognised the complexity of obesity but described a need to strengthen current educational and clinical pathways to facilitate meaningful change.

19

Exploring Adolescents' Transition from Parental to Self-Management of Type 1 Diabetes (T1DM): A Systematic Review and Developing Research Agenda

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Abstract

Purpose
The purpose of this systematic literature review was to explore studies which report the experiences of adolescents, their families, and health care professionals of the transition to self-management of type 1 diabetes (T1DM). Adolescents with T1DM find themselves at increased risk for deteriorating glycaemic targets and negative health outcomes as they transition from parental management to self-management. Optimal processes comprising this transition are not clearly understood, with limited research on effective ways to ease and facilitate it.

Methods
SocINDEX, PsycInfo, APA PsycArticles, and MEDLINE electronic databases were searched. Studies reporting on experiences of transition to self-management of T1DM for adolescents, their parents, siblings, and health care professionals published between January 2010 to December 2021 were included. The Mixed Methods Appraisal Tool guided trustworthiness and relevance of selected studies.

Results
A total of 29 studies met the inclusion criteria. Findings indicate that adolescents' experiences of transition from parental to self-management of T1DM are interconnected and interdependent with the experiences and support of others. Considering these collective lived experiences is essential to developing effective and personalised family, peer, and social interventions to avoid negative outcomes in later life. The renegotiation of roles within the network of supports which impact adolescents' autonomy transition along with adolescents' self-negotiation have been neglected.

Conclusion
Transition to self-management of T1DM is a process of great variability, with reports of continuous shifts between interdependence and independence, making it a challenge for all involved. A number of research gaps and avenues for future research are outlined.

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Supporting GPs and people with hypertension to maximise medication use to control blood pressure: Protocol for a pilot cluster RCT of the MIAMI intervention

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Abstract

Background

International comparisons suggest that Ireland has relatively poor levels of hypertension control. According to recent international guidelines the most important cause of this is 'poor adherence to treatment – in addition to physician inertia.' The MIAMI intervention is a structured set of supports for GPs and patients to facilitate adequate information exchange about long-term antihypertensive medication use. GP intervention components include 30 minute online training, information booklet and consultation guide. Patient intervention components include ambulatory blood pressure measurement, chemical adherence test, consultation plan and educational videos.

Method

We are conducting a pilot cluster RCT with an intervention arm (MIAMI intervention) and control arm (usual care). 60 patients will be recruited. Eligibility criteria include: age over 65, confirmed diagnosis of hypertension, >2 hypertensive medications and blood pressure readings not within target.. A fidelity assessment and pilot health economic analysis will be carried out. Qualitative data will be collected via semi-structured interviews and analysed thematically.

Expected results

Analysis of the feasibility data will allow the (1) refinement the intervention, and (2) determination of the feasibility of a definitive RCT.

Current stage of work

5 out of 6 general practices have been recruited. As of February 2023, baseline data collection has been completed in two practices.

Discussion

This pilot cluster RCT will allow us to gather necessary data to ensure optimal design of the MIAMI intervention for GP and patient use. It will also allow us to assess the potential feasibility issues involved in running a definitive RCT in Irish primary care.

21

Optimising implementation of the Making Every Contact Count (MECC) programme in Ireland – a consensus study

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Abstract

Background

Rapidly increasing rates of chronic disease are a global societal challenge, which can be addressed by changing health-related behaviours. Brief behavioural interventions delivered by health professionals can support people to modify their health behaviour. The Making Every Contact Count (MECC) programme is a national programme in Ireland to train healthcare professionals to use brief behavioural interventions. Implementation, however, is suboptimal and an evidence-base is lacking. We aimed to (1) understand current enablers and barriers of MECC implementation and (2) co-produce evidence-based recommendations to enhance MECC implementation.

Methods

Three studies: (1) a survey based on the Theoretical Domains Framework (TDF) of 357 healthcare professionals who had completed the MECC training; (2) a qualitative interview study with 36 health care professionals and HSE staff with a role in MECC implementation to further understand barriers and enablers; (3) a two-phase consensus study, with an online consultation (23 stakeholders) and a consensus meeting (17 stakeholders) to agree implementation strategies.

Findings

Enablers and barriers to MECC implementation were identified in the following TDF domains: environmental context, goals and intentions, knowledge, professional role, beliefs about consequences, beliefs about capabilities and skills practice. Through the consensus process, nine implementation strategies were agreed. We co-produced a policy brief containing our recommendations to disseminate to policy makers.

Discussion

We successfully co-produced a policy brief with evidence-based recommendations to improve the implementation of MECC. A partnership and co-production approach has been central to the success of this research and will increase the likelihood of translation into practice.

22

Exploring the Psychometric Properties of the Hamilton Rating Scale for Depression (HRSD-17) in Randomised Trials of Antidepressants

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Abstract

Background

The Hamilton Rating Scale for Depression (HRSD-17) is the most widely-used outcome measure in depression treatment randomised controlled trials (RCTs). However, there is limited evaluation of its psychometric properties in RCTs, which may adversely impact the accuracy of RCT analyses. We therefore used individual participant data (IPD) from antidepressant RCTs to examine HRSD-17 psychometric properties.

Methodology

Secondary analyses of IPD (N = 8,815) from 45 RCTs from ‘clinicalsttudydatarequest.com’. Data from baseline and 8-weeks treatment commencement were analysed. Outcome data were analysed individually as placebo and intervention groups, and together as a combined outcome group. Parallel analysis, exploratory factor analysis and confirmatory factor analysis examined dimensionality. Optimum models for each group were identified by comparing several fit indices.

Results

The 17-item model of the HRSD was not supported. Our analysis identified a three-factor structure which, at baseline consisted of 9 items and, for individual and combined outcome groups, consisted of up to 14 items. These factors were broadly reflective of Apathy/Low Affect (f1), Insomnia (f2) and Anxiety (f3). A bi-factor structure was optimal for intervention and combined outcome groups, but did not converge for baseline or placebo. While outcome models demonstrated good fit, the baseline model demonstrated poor correlation among variables (Kaiser–Meyer–Olkin = 0.61) and some fit indices were sub-optimal (Tucker-Lewis Index = 0.86).

Conclusion

The HRSD-17 demonstrates several inconsistencies and requires significant revision. Its poor measurement properties may obscure important RCT effect sizes, which requires further investigation. Other depression measures should be similarly explored.

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The Effects of Psychometric Analyses on Depression Randomised Trial Outcomes

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Abstract

Psychometric assessment is an integral part of social and clinical sciences. Multiple sophisticated statistical techniques have been developed to evaluate psychometric scales, such as factor analysis, item response theory techniques and more recently network analysis. While it has been argued that such approaches are vital to improving psychometric assessment, these techniques can actually provide conflicting results, that are sample- or context-dependent, and such statistical analyses are often ignored. Overall, there is limited evidence that adopting one or more of these techniques actually makes important differences to ultimate outcomes, e.g. clinically-important differences. We therefore aim to determine whether applying psychometric techniques to individual patient data from depression treatment trials will demonstrate clinically-important quantitative or qualitative differences. The research will conducted over three work packages (WPs):

WP1 Secondary data analysis of depression outcomes from randomised trials

This will involve obtaining individual item-level depression data from already-published randomised trials, pooling the databases, and psychometrically analysing the pooled data using multiple methods. A comparison of effect sizes garnered from original trial data to the psychometrically-informed effects will determine whether using such psychometric techniques lead to different, clinically-important results. Potential moderators, such as gender and treatment type (e.g. psychotherapy or pharmacotherapy), will also be investigated.

WP2 Stakeholder perspectives

Multiple stakeholders (patient, clinical, educational and industry representatives) will be interviewed to ascertain their views on the findings and their importance, including clinical-, educational- and gender-relevance.

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Which is better for cardiovascular health? Religiousness or spirituality

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Abstract

Background: Previous research has found that people scoring higher on both religiousness and spirituality are associated with better cardiovascular health. However, the pathways behind these associations are poorly understood. Here, we examine whether psychometric indices of both religiousness and spirituality were correlated with resting cardiovascular indices of systolic (SBP) and Diastolic (DBP) blood pressure and heart rate as well as cardiovascular reactions to acute psychological stress, i.e., reactivity hypothesis. Methods: One hundred healthy young adults attended a health laboratory where they completed several assessments capturing religiousness and spirituality were monitored for resting cardiovascular health and also underwent a stress testing protocol where cardiovascular reactivity was determined. Results: Hierarchical linear regressions, controlling for potential confounds showed that religiousness was not associated with resting cardiovascular indices. However, spirituality, in particular the scale capturing trait like aspects of spirituality was correlated with resting DBP. For cardiovascular reactivity to acute stress, a broadly analogous picture emerged for religiousness, however, daily experiences of spirituality were correlated (β= --24, T = -2.39, p <.02, CI -1.38. -.13) with a blunted HR reactivity to acute psychological stress. For with higher negative daily spiritual experiences displayed an atypically lower or blunted cardiovascular reactivity. There were no associations between the other cardiovascular indices or the trait-like spirituality index. Conclusions. This study demonstrates that the impact of religious on cardiovascular health may operate through non-cardiac indices, but that spirituality is more likely to have an effect on both resting blood pressure as well as their cardiovascular reactions to stress.

25

Experiences of informal caregivers supporting individuals with upper gastrointestinal cancers: a systematic review

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Abstract

Background: Upper gastrointestinal cancers (UGICs) are increasingly prevalent. With a poor prognosis and significant longer-term effects, UGICs present significant adjustment challenges for individuals with cancer and their informal caregivers. However, the supportive care needs of informal caregivers are largely unknown. This systematic review of qualitative studies synthesises and critically evaluates the current evidence base on the experience of informal caregivers of individuals with UGIC.

Methods: A Joanna Briggs Institute systematic review was conducted. Searches were performed in four databases (MEDLINE, PsycINFO, Embase, CINAHL) from database inception to February 2021. Included studies explored experiences of informal caregivers of individuals diagnosed with primary cancer of the oesophagus, stomach, pancreas, bile duct, gallbladder, or liver. Studies were independently screened for eligibility and included studies were appraised for quality by two reviewers. Data were extracted and synthesised using meta-aggregation.

Results: 19 papers were included in this review, and 328 findings were extracted. These were aggregated into 16 categories across three findings: (1) UGIC caregiver burden; (2) Mediators of caregiver burden; (3) Consequences of caregiver burden.

Conclusions: UGIC caregivers undertake extensive responsibilities, especially around patient diet as digestion is severely impacted by UGICs. Due to the nature of UGICs, caregivers experience disruptive life changes. Caregiving is suggested to adversely affect caregivers' quality of life. Similarly, to other cancer caregiving populations, UGIC caregivers' experiences were shaped by unmet needs, a lack of information and a lack of interactions with others. A cultural shift within health services is needed to better incorporate caregivers as co-workers and co-clients.

26

Investigating barriers and enablers to healthy and unhealthy snacking behaviour during high and low-stress periods of time among university students.

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Abstract

The aims of the present study are to investigate the effect of stress on snacking behaviour and compare the barriers and enablers to healthy and unhealthy snacking during high-and low stress periods of time among university students in Ireland. An online-survey will be developed to answer the following research questions: Does snacking behaviour change from low to high-stress periods of time?, Are the barriers and enablers to healthy and unhealthy snacking behaviour different during low and high-stress periods of time? The hypotheses are that snacking behaviour will be higher and unhealthy snacks will be preferred during high-stress periods of time; the barriers and enablers to healthy and unhealthy snacking behaviour will be different during high-stress periods of time.

The survey will consist of four sections: demographic information, stress levels, snacking behaviour measures and barriers and enablers to snacking behaviour. The participants will be required to complete and submit the survey at two time points: February and April. These months have been selected as stress levels should not be as high in February compared to April that is the month when the exams and assignments take place.

This study will lead to a better understanding of snacking behaviour and the effects of stress on these choices. Therefore, the present study will contribute to develop successful interventions and reduce the rates of obesity and overweights.

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When Trauma is Stigmatized: Disidentification and Dissociation in people affected by Adverse Childhood Experiences

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Abstract

Survivors of Adverse Childhood Experiences (ACEs) can experience dissociation – a common feature of post-traumatic stress disorder - because of their trauma. Those survivors can also experience stigma stemming from their traumatic experiences, which may encourage disidentification or distancing and detachment from the stigmatized group (i.e., other survivors of ACEs). However, the relationships between disidentification and dissociation have not been empirically tested. Using a social identity framework, we examined whether stigmatized trauma perceptions (the degree to which a trauma is perceived as a stigmatized experience) predicted dissociative symptoms and disidentification using cross-sectional survey data. An online community sample of ACEs survivors (N = 181) completed measures of disidentification and dissociation. Stigmatized trauma perceptions were measured by respondents rating the extent to which they perceived ACEs are a stigmatizing experience. Path analysis revealed higher stigmatized trauma perceptions predicted more disidentification which resulted in greater dissociative symptoms, after controlling for ACEs and gender. The results show that survivors are more likely to disidentify from people with similar experiences when the trauma is stigmatized. This disidentification was associated with greater dissociation. The findings demonstrate a link between social disidentification and personal dissociation. Further research could explore this link in other types of stigmatized traumas (e.g., suicide). Practical implications for trauma recovery include the need to ameliorate stigmatizing responses towards survivors to reduce negative strategies (e.g., disidentification) and potentially facilitate more effective ways of dealing with trauma.

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Disclosing an Autism Diagnoses: A Social Identity Approach

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Abstract

Autistic people face a dilemma when it comes to whether to disclose their autistic identity. Autism is stigmatised and isolating but disclosure can improve first impressions, can be used to raise awareness of what it means to be autistic, and challenge the way autism is being discussed. This study fills a gap in the literature by using a Social Identity Approach to Health to understand the factors that predict the likelihood of autistic adults disclosing their autistic identity in social settings, in the workplace, in educational settings and in the family. We present a cross-sectional study with autistic adults (N = 175) living in Ireland. Participants completed a series of measures: autism social identification, stigma consciousness, and individualistic and collective strategy use. Regression analysis found the percentage of variance in willingness to disclose an autism diagnosis explained by each of the models were: 20.5% for social settings, 9.5% for in the workplace, 24% for educational settings and 12.4% for in the family. Autism social identification positively predicted disclosure in social and educational settings, while stigma consciousness negatively predicted disclosure in the family, in the workplace and in educational settings. Over and above these findings, participants were more likely to use an individualistic strategy and not disclose their autistic identity in each of the four settings. Promoting positive neurodiversity perspective of autistic identity and reducing stigma may lead to greater disclosure. Strengths, limitations, and directions for future research are discussed.

30

Sexual violence in childhood and young adulthood and the risk of multimorbidity: A systematic review and meta-analysis protocol

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Abstract

Background: Multimorbidity, which affects approximately 37% of people globally, is the simultaneous co-occurrence of two or more chronic health conditions. As the prevalence of multimorbidity has risen in recent years, a better understanding of its predictors is needed. Sexual abuse/violence in youth may increase the risk of multimorbidity. The goal of the present study is to systematically review, and potentially meta-analyse, the evidence for an association between sexual violence in earlier life and the risk of multimorbidity in later life.

Methods: Searches are being conducted for studies examining sexual violence in those aged 25 years or younger and the risk of developing multimorbidity in adulthood published until January 2023. Six electronic databases were chosen for searching including, PubMed, APA PsycInfo, Academic Search Complete, Cinahl Plus, Embase, and Violence & Abuse Abstracts. The systematic review protocol was published in Prospero (registration number:CRD42023396560).

Preliminary Results: A total of 1,090 titles and abstracts were identified by the search strategy and will be screened according to inclusion criteria. A narrative summary of the findings will be provided. If appropriate, a meta-analysis will be conducted where suitable studies are adequately homogenous to examine the association between childhood sexual violence and risk of multimorbidity in adulthood.

Conclusions: We anticipate that full-text screening and data extraction will be complete by May 2023. Results will pool together the existing evidence for the potential adverse effect of sexual abuse/violence in childhood and young adulthood on health outcomes and will help inform future policy and preventive care.

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Health Asymmetry: Do discrepancies between subjective and objective health scores mean anything for older adults?

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Abstract

Background:

Older adults are more likely to under/overestimate their healthiness, relative to their younger counterparts. As a result, Health Asymmetry is a novel metric that identifies older adults who accurately/inaccurately assess their own health status, relative to more objective indicators of health. Health Asymmetry compares the agreement between subjective and objective health scores, resulting in 4 groups: ‘health pessimistic’, ‘health optimistic’, ‘good health realistic’ and ‘poor health realistic’. Here, we outline the health asymmetry framework and discuss empirical findings from two recent health asymmetry studies.

Method:

Study 1 implements a multinomial logistic regression to test the association between Health Asymmetry and a set of sociodemographic, health behaviour and psychosocial variables in older Irish adults. Study 2 applies a multi-level growth curve model to investigate whether Health Asymmetry status predicts change in depressive symptomatology across time, among older European adults.

Results:

Study 1 highlights how health optimism increases with age, while conversely, health pessimism becomes less prevalent. Notably, health pessimism is associated with increased anxiety and loneliness. Study 2 notes that the proportion of health optimists, pessimists and realists varies significantly across European countries. Scandinavian countries show higher proportions of health optimists and fewer health pessimists than other European nations. Health Asymmetry even predicts change in depressive symptoms to some extent.

Conclusions:

Health Asymmetry may be a clinically relevant metric: it is associated with and predictive of psychosocial constructs. Further research should investigate the metric’s ability to predict pre-clinical health anxiety and healthcare usage.

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Loneliness in emerging adulthood: a scoping review of the quantitative and qualitative literature

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Abstract

Although loneliness is well researched in older adulthood, young, or emerging, adults (18-25 years) also experience high levels of loneliness. Despite increasing research interest on loneliness in emerging adulthood, there is no existing scoping review on the topic. This scoping review aimed to provide a descriptive summary of the research on loneliness in emerging adulthood, including: (a) the theoretical approaches used, (b) the risk factors and outcomes of loneliness previously studied, (c) the conceptualisation and measurement of loneliness, (d) the evidence on sex-gender differences, and (e) the emerging adult groups that have been researched in previous loneliness literature.

We searched for peer-reviewed journal articles and grey literature in the form of reports or difficult-to-locate studies by electronic database searching and posting general requests for information on Twitter. Included papers were qualitative, quantitative, mixed-method, and systematic review articles published from 2016 to 2021 where the article's key focus was loneliness and the mean age of participants was ≥ 18 and ≤ 25 years. A total of 204 articles were included in a narrative summary.

Key findings included that most research did not clearly articulate the use of loneliness theory, a wide range of loneliness measures have been used in research with emerging adults, and that most articles described their emerging adult sample as all or mostly university students. The results of this scoping review provide an overview of research related to loneliness in emerging adulthood to inform future research in the area.

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Integrated care for older multimorbid heart failure patients: protocol for the ESCAPE randomized trial and cohort study

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Abstract

Aims

Multi-morbidity treatment is an increasing challenge for healthcare systems in ageing societies. This comprehensive cohort study with embedded randomized controlled trial tests an integrated biopsychosocial care model for multimorbid elderly patients.

Methods

Across six European countries, ESCAPE is recruiting patients with heart failure, mental distress/disorder plus ≥2 medical co-morbidities into an observational cohort study. Within the cohort study, 300 patients will be included in a randomized controlled assessor-blinded two-arm parallel group interventional clinical trial (RCT). In the intervention, trained care managers (CMs) regularly support patients and informal carers in managing their multiple health problems. Supervised by a clinical specialist team, CMs remotely support patients in implementing the treatment plan—customized to the patients' individual needs and preferences—into their daily lives and liaise with patients' healthcare providers. An eHealth platform with an integrated patient registry guides the intervention and helps to empower patients and informal carers. HRQoL measured with the EQ-5D-5L as primary endpoint, and secondary outcomes, that is, medical and patient-reported outcomes, healthcare costs, cost-effectiveness, and informal carer burden, will be assessed at 9 and ≥18 months.

Conclusions

If proven effective, the ESCAPE BCC intervention can be implemented in routine care for older patients with multiple morbidities across the participating countries and beyond.

Registration: German Clinical Trials Register (DRKS00025120).

Funding: This project has received funding from the European Union's Horizon 2020 research and innovation programme under grant agreement no. 945377 (ESCAPE).

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Exploring patient experiences of participating in digital cardiac rehabilitation: A qualitative study

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Abstract

Background: Digital cardiac rehabilitation (CR) has emerged as an effective alternative to in-person CR. Understanding patients' experiences and perceptions can provide valuable insights into what makes these programmes successful and identify opportunities for improvement. This study aimed to explore patients' experiences of digital CR programmes and to understand the factors that make these programmes successful.

Methods: From March to August 2022, we conducted a qualitative study using semi-structured interviews with patients who were referred to one of two digital CR programmes offered on the island of Ireland. Interviews were audio-recorded, transcribed verbatim and analysed using reflexive thematic analysis. A public and patient involvement panel guided the recruitment strategy and assisted with data analysis.

Findings: Eleven patients, predominantly male (82%) and with a mean age of 64 (range 50 – 75), participated in the study. Five themes were developed: (1) Empowered patients; (2) Controlling the recovery; (3) At home but not alone; (4) Digital opens up new possibilities and; (5) Challenges of interacting online. Digital CR equipped patients with the necessary tools and support to modify their lifestyle and effectively manage their recovery. However, the opportunities for social interaction were limited and communicating online was not always straightforward.

Discussion: The findings suggest that digital CR can be instrumental in guiding patients towards recovery and improving their sense of empowerment and control. However, the limited opportunities for social interaction may represent a challenge for patients seeking social support.

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The psychological legacy of past obesity and early mortality: evidence from two longitudinal studies

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Abstract

Background: We test a novel ‘weight scarring’ hypothesis which suggests that past obesity leaves a ‘scar’ on current psychological well-being and this psychological scarring may contribute to physical health consequences.

Methods: Data were from the National Health and Nutrition Examination Survey (NHANES) (n=29,047) and the Health and Retirement Study (HRS) (n=11,998). Past obesity was defined based on maximum lifetime weight in NHANES and the highest weight from past study waves in the HRS. Depressive symptoms were assessed in both studies and a composite index of impaired psychological well-being was also examined in the HRS. Linear regression, Cox-proportional hazard regression, and mediation models were used.

Results: We found that past obesity was associated with greater depressive symptoms after controlling for current weight status and in analyses limited to those who were no longer classified as having obesity (NHANES: $\beta = 0.17$; 95% CI: 0.13-0.22, HRS: $\beta = 0.20$; 95% CI: 0.08-0.31). In the HRS, past obesity predicted a range of current negative psychological outcomes, including an index of impaired psychological well-being ($\beta = 0.16$; 95% CI: 0.05, 0.27). Past obesity increased risk of early mortality by over 30% in both studies. Depressive symptoms and impaired well-being partly mediated the association between past obesity and the risk of premature mortality

Conclusions: Our findings suggest that past obesity may be psychologically ‘scarring’ and that the psychological legacy of past obesity is associated with raised mortality risk. Ensuring people with obesity receive psychological support even after experiencing weight loss may now be important.

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The Impact of the COVID-19 Pandemic on the Experiences of Informal Caregivers and their Care Recipients with Chronic Obstructive Pulmonary Disease (COPD) – A Systematic Review.

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Abstract

Objective: This review aimed to identify and synthesise available evidence regarding the experiences of patients with Chronic Obstructive Pulmonary Disease (COPD) and their caregivers during the COVID-19 pandemic.

Method: Four databases (PUBMED, PsycINFO, Web of Science, EMBASE) were searched in April 2022 using terms relating to (1) COPD, (2) caregivers OR patients, and (3) COVID-19. All peer reviewed study designs in the English language were considered, including qualitative, quantitative, and mixed methods studies. Records were screened by two independent reviewers, with quality assessed using the Mixed Methods Appraisal Tool (MMAT).

Results: Of the 2,931 studies screened, 24 met the inclusion criteria, with a total of 3,346 participants from twelve different countries. Just two studies focused on caregiver experiences with the majority concerned with patient experience. The quality of the studies adhered to the MMAT. Using narrative synthesis, four main themes were identified: (1) Impact on physical health during the pandemic, including changes in levels of exacerbations and physical activity; (2) Impact on mental health, including fear of contracting COVID-19, fear for the future, and experiences of anxiety, depression and loneliness; (3) Changes in healthcare management, including re-scheduled appointments, missed appointments and introduction of telemedicine; (4) Adaptations to a new way of living, including adherence to medication and restrictions on activity as part of self-preservation and self-care.

Conclusion: Results indicate the varied negative impacts that the COVID-19 pandemic had on patients with COPD however the lack of caregiver studies indicates a need for more research in this area.

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Exploring Depression, Residual Symptoms, and Stress Using Network Models and Wearable Technology

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Abstract

Depression is the leading cause of disability worldwide, often due to the ‘relapse-remitting’ course normatively displayed by the disorder. Consistent evidence suggests residual symptoms and stress are the most reliable predictors of depression relapse. Yet, little is known about day-to-day interactions between depression, residual symptoms, and stress. This is due to prevailing methodologies often not recognising complexity of symptom interactions or enabling continuous stress measures. Thus, the overarching aim of this presentation is to explore interactions between depression, residual symptoms, and stress using psychometric network models - data models representing psychological constructs as systems of autonomous interacting components and/or wearable technology - capable of continuous stress measures. Ultimately, this talk will build on complexity based network approaches for depression, show bi-directional interactions between physiological stress and depression, emphasise potential for wearable technology across mental-health research, and highlight specific residual symptoms as potentially important intervention targets.

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Children's social group membership as a mediator of adverse childhood experiences and future prosocial outcomes.

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Abstract

Early experiences of adverse childhood events (ACE's) has a detrimental impact on developmental outcomes. However, research indicates that negative outcomes are not inevitable. Adopting a Social Identity approach offers one potential explanation for conflicting results. For example research exploring childhood experiences of parental incarceration suggests, that social group membership could mediate this relationship. Specifically, access to a greater number of social groups can increased perceptions of social support and improve outcomes for children involved. Despite this, few studies examine this mechanism or explore potential positive outcomes such as prosocial behaviour. This paper analysed data from three available national contexts, Ireland, the US, and the UK, to explore whether the association between early experiences of adverse childhood events and pro-social behaviour is mediated through social group membership and perceptions of support.

Study 1 reported on longitudinal data from the Growing up in Ireland dataset of children. Study 2 used longitudinal data from the millennium cohort Study (UK). Study 3 used data from the Fragile Family cohort study (USA). Children and parents completed measures of adverse childhood events, children's group membership, support seeking behaviour, and emotional and behavioural difficulties/prosocial behaviour.

In all three studies, a serial mediated indirect effect of ACE's on future pro-social behaviour via children's group membership and perceptions of social support was observed.

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Behaviour and attitudes to drug use during college – does membership in clubs or societies matter?

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Abstract

Background: It's estimated that more than a third of college students in Ireland currently or have recently used drugs, and more than half of college students believe drug use to be a normal part of student life, and overestimate drug use by their peers (Drug Use in Higher Education in Ireland study, 2021). These figures indicate the prevalence and social norms related to drug use in college students in Ireland, however it may be valuable to examine how belonging to certain social groups may influence behaviour and attitudes to drug use. The current study examines how membership in college societies and clubs is related to drug use behaviour and attitudes using data from the Drug Use in Higher Education in Ireland study (2021) with 13,681 participants.

Results: Almost a quarter of respondents were active members of sports clubs, and 20% reported active membership of a student society. There was no significant difference in drug use between students who were active members of clubs or societies. Active members of clubs and societies were more likely to believe that drug use is a normal part of student life than non-members of clubs and societies.

Conclusions: There may be a normalisation of drug use via participation in college clubs and societies, although it is possible that students holding these norms are more likely to join clubs and societies. This study provides insights into college student drug use and social norms relating to drug use in college

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Effect of Government Nutritional Information on Public Perception of Dairy in the Diet

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Abstract

Understanding government positioning in shaping food choice behaviour is of significance, both for population and individual health as well as the effect of diet on social and economic concerns (Rydén & Hagfors, 2011; Hodson & Earle, 2018; Wilcox et al., 2020). Conceptualisation of a good diet is established through social norms (Farrow et al., 2017; Robinson et al., 2013), choice architecture (Thorndike et al., 2014), and cultural affiliation (Freedman, 2016). Governments play a significant role in establishing population diets, through the manipulation of food cost (Temple, 2020), establishing policies to induce food reformation (Gressier et al., 2020), and publishing recommended dietary guidelines for their populations (USDA, 2020; HSE, 2016). Public trust in health messaging is affected by perception of source credibility (James & Petersen, 2018; Platt et al., 2018), transparency (Song & Lee, 2016; Pina & Avellaneda, 2019) and reproducibility (Lloyd et al., 2021). Together, these factors establish the nutritional information guidance disseminated to the public.

Through a systematic review of open-access governmental policies, this research will focus on the policy and messaging related to inclusion of dairy in the diet as instructed by the United States Department of Agriculture, Health Service Executive, and the Food Safety and Standards Authority of India. This research will examine differences in recommendations, highlighting cultural diversity and the effects of lobbying.

This study will explore if, and to what extent, government nutritional information impacts public perception of diet, what the differences in guidance are between Ireland, India, and the USA.

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Life story narratives of the pubertal transition and health-related behaviours.

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Abstract

The experience of puberty has been associated with changes in health-related behaviours such as exercise and diet. The timing of the pubertal transition has also been associated with health-related behaviours, such as alcohol use, tobacco smoking and drug use. Life history narratives have been used to describe the daily experience and life events related to health behaviour change, but rarely do these include pubertal transition, despite extensive data that underscore the links between puberty and health-related behaviours. This study explores how life story narratives of puberty relate to health-related behaviours in young adulthood. Methods: Nine women aged 18-23 participated in interviews focused on their pubertal transition, social experiences and health. Interpretive phenomenological analysis was used to describe personal narratives of the effects of the pubertal transition on health-related behaviours. Three themes were generated: Child-like choices, Acting the part, and Leaving the past behind. Using narrative analysis, a single life story was constructed into which the main threads of all the women's experiences were woven. Reflections on the data explore the possibilities in developing life history narratives on health behaviour, reclamation of control related to health behaviour at developmental transitions, the self as a scripter of the future, and opportunities for interventions. Life history narratives that explore how the pubertal transition experience contributed to patterns of health behaviour may be useful in supporting health behaviour change in emerging adulthood.

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The MAP (motivation, action, prompts) Model: A tool to structure behaviour change conversations on farm

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Abstract

The increased focus on preventative medicine in agriculture to improve social, environmental and economic sustainability and particularly on addressing antimicrobial resistance has seen a demand on farmers to make considerable changes to farm routine. Research has found that training in psychological evidence-based communication strategies to support behavioural change is beneficial for animal health professionals delivering herd health consults.

The MAP of Behaviour Change model was designed by health psychologists to provide healthcare professionals with a framework when having conversations about change. It involves using person-centred communication skills such as open questions and reflective listening and delivering behaviour change techniques based on their current stage of change (motivation, action or prompts).

A blended-learning programme was adapted from the NHS Scotland MAP of Behaviour Change and delivered by health psychologists to a cohort of Teagasc farm advisors. This consisted of an eLearning module and in-person skills workshop to practice and consolidate learning.

A mixed-methods evaluation of the MAP training programme is being carried out to examine the acceptability of MAP as a training package in animal health, measure participants' pre-/post-training perceived competencies in using behaviour change techniques and capture post-consult reflections on how MAP is used in herd health management.

Training facilitators' qualitative reflections post-training indicate that adapting the MAP model fits with the remit of a farm advisor and should be rolled out to support those delivering herd health consults such as advisors and vets. Training in client-centred communication strategies will further support those having conversations for change on farm.

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Linking Personality Traits and Mortality Risk: A Systematic Review and Meta-Analysis

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Abstract

Abstract of Work in Progress

Objective: To conduct a systematic review and meta-analyses of research linking personality traits, represented by the Five Factor Model of Personality, and mortality risk.

Methods: Six electronic databases were searched [CINAHL; Embase; Medline via Ovid; PsycINFO; PubMed; and Web of Science] covering all years up to the search date (July 2022). An updated search will be conducted prior to publication. Meta-analyses and meta-regression will be conducted to synthesise effects and evaluate variations in study level factors.

Results: Title and abstract screening of 10,778 articles for inclusion/exclusion criteria, has resulted in 242 papers for full text screening (in progress). Following data extraction, a meta-analysis will determine whether all five personality traits (Neuroticism, Extraversion, Openness, Agreeableness, Conscientiousness) are predictive of mortality risk. Meta-regression will identify variations in study level factors e.g., age, sex, and country. Conclusion: This work will synthesize decades of research and provide a foundation for research in this area. This review will be completed by September 2023.

Keywords

Personality Traits, Five Factor Model, Big Five, Longevity, Mortality Risk, Longitudinal, Cohort, Survival Analysis.

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A Time to Sleep? Investigating stability of sleep sufficiency and difficulty from late adolescence to emerging adulthood, and the associations with health-related behaviour.

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Abstract

Background: Insufficient sleep and sleep difficulty during adolescence has been linked to physical health. This may be partially explained by the association of sleep and health-related behaviours. Experiences of insufficient sleep, along with sleep difficulty may be affected by developmental transitions, including that of adolescence to emerging adulthood.

Aim: The aim of the present study is to examine the stability of sleep quantity and difficulty across late adolescence and emerging adulthood for young people in Ireland, and to describe associations of sleep sufficiency with health-related behaviours.

Method: The current study draws upon data from Wave 3&4 of the Child Cohort ('98) of the Growing up Ireland (GUI) study, a national longitudinal study of young people in Ireland. Measures used in the current study include sleep duration, sleep difficulty, exercise, BMI, screen time, caffeine intake, alcohol consumption and physical health. Chi-square analysis examined if sleep sufficiency/insufficiency, or a change in these across time, was associated with health-related behaviours.

Results: Preliminary analysis indicates a statistically significant change in sleep sufficiency across time with 6.8% (n = 449) of those who had sufficient sleep at Wave 3, experiencing insufficient sleep at Wave 4. People with sleep insufficiency are more likely to have poorer self-rated health, a higher caffeine intake, and experience a chronic illness. Gender differences will be examined, and logistic regression will be used to identify factors which may predict sleep insufficiency and difficulty.

Conclusion: Changes in sleep in late adolescence may contribute to some health-related behaviours.

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Online Support Groups and Family Caregivers: A Qualitative Analysis of Social Support and Engagement

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Abstract

The use of online support groups has expanded exponentially in the last decade. Family caregivers are one cohort of people who use online support groups as a place to meet other family caregivers and receive support. However, it is not always clear whether social support is perceived in these online groups. Similarly while engagement in online support groups is considered an essential component to perceiving social support, the characteristics of this engagement is less well understood. The purpose of this study was to consider the perception of social support and the characteristics of engagement with one online support group in Ireland. 18 semi-structured interviews were conducted via MS Teams from November 2021 to February 2022 with participants of the Care Alliance Online Support Group. These interviews were analysed using deductive qualitative analysis with a codebook created from Cutrona & Suhr's (1993) typology of social support and Perski et al (2014) framework for engagement in web-based technologies. The analysis process found that all types of social support were perceived, with informational and emotional support the most common type and the social interactions generally had a positive impact for participants. Characteristics of engagement including, expectations, personal relevance, ease of use, time, professional support and mode of delivery were identified as key characteristics of engagement.

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Factors affecting referral from primary care to the emergency department for a child with intellectual disabilities: A discrete choice experiment

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Abstract

Background

Caregivers of children with intellectual disabilities are more likely to report unmet health needs compared to those without and this population are also more likely to be hospitalised for conditions that are treatable at primary care. The aim of this study was to establish factors that influence GP's decision-making when referring a child with intellectual disabilities to the emergency department.

Method

Discrete Choice Experiments (DCEs) are a survey-based methodology which are commonly used to examine decision making in healthcare settings as they generate rich data that help to tease out factors that underlie decision-making. A DCE was designed to assess the relative importance of factors that may influence a GP's (N = 157) decision to refer.

Results

A random parameters model indicated that perceived limited parental capacity to manage an illness was the most important factor in the decision to refer a child to the ED, followed by a repeat visit, a referral request from the parent, and a Friday afternoon appointment.

Conclusion

Understanding the factors that influence referral is important for service improvement and to strengthen primary care provision for this population and their families. The study offers a novel examination of GP decision making with regards to this population and provides initial evidence for the development of strategies to strengthen primary care provision for children with intellectual disabilities.

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“It’s life threatening, it’s not life limiting but it’s life threatening”- Dyadic Framework Analysis of Adolescent and Parent Adjustment to a Type 1 Diabetes Diagnosis.

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Abstract

Type 1 diabetes-management can be considered an adolescent-parent collaboration. Given particular adolescent adherence challenges, it is integral that adolescent-parent dyadic relationships are investigated. Therefore, this study aimed to explore dyads’ adjustment to type 1 diabetes, while examining the congruence/dissimilarity within these dyads. Semi-structured interviews were conducted with 10 dyads (20 individuals) separately. Interviews were transcribed verbatim and analysed with thematic analysis using a dyadic framework method. Findings suggested complex experiences of adjustment among parents and adolescents which reflect two main themes- Never-Ending Abyss of Management and Emotional & Mental Toll of Diabetes, with five subthemes- Diabetes Integration, Mothers as primary source of support, Information seeking & Hope for a cure, A Life of Food Restrictions and Technology as easing the burden of Diabetes. Dyadic analyses revealed dyadic congruence across most themes with the theme Emotional & Mental Toll of Diabetes being most vulnerable to divergent views. Differences between dyads across this theme highlighted parental guilt and ongoing emotional reactions to diabetes while the adolescents were more likely to report diabetes acclimatisation. This study adds to the adjustment literature by providing a systemic perspective rarely presented in prior paediatric research.

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Exploring patient experiences and perceptions of self-managing hypertension and the role of a structured education programme: A qualitative study

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Abstract

Background: Cardiovascular Disease (CVD) is the leading cause of death in Ireland. One of the most critical risk factors for CVD is hypertension. Treatment for hypertension involves individuals self-managing their condition. However, it is often difficult for people with hypertension to manage their condition due to a lack of presenting symptoms and lack of understanding of the condition. Community-based self-management support programmes have been implemented to help patients self-manage hypertension. The Croí Heart and Stroke Charity based in Galway developed an online self-management support called the ‘My Blood Pressure’ programme specifically for people living with uncontrolled hypertension. There is a gap in the literature for Irish patients experiences with self-managing hypertension and the role a structured education programme can play in helping to self-manage hypertension.

Aims:

Explore the experiences of hypertension amongst Irish patients living with hypertension.

Explore patient acceptability of the ‘My Blood Pressure’ programme as a self-management tool.

Methods and Participants: Approximately 10-12 people with hypertension who have participated in the ‘My Blood Pressure’ programme in Croí will participate in semi-structured interviews over Zoom or telephone. These will be audio recorded, transcribed verbatim, and analysed using thematic analysis.

Results: Recruitment is ongoing. Preliminary results will be available at time of conference.

Implications: This study will have important implications for the optimisation of the ‘My Blood Pressure’ programme so that patients can get the most out of the programme based on their needs. Also, future interventions/programmes within Croí can be designed/implemented with patient feedback in mind.

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The physiological effect of non-driving-related tasks in conditionally automated driving: a systematic review and meta-analysis

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Abstract

Background: In conditionally automated driving, the driver is free to disengage from controlling the vehicle, but they are expected to resume driving in response to situations or events that the system is not equipped to navigate. As the level of vehicle automation increases, drivers often engage in non-driving-related tasks (NDRTs), defined as any secondary task unrelated to the primary task of driving. This can have a detrimental effect on the driver's ability to resume vehicle control by increasing stress and cognitive load. Therefore, monitoring the driver's state is an important safety feature for conditionally automated vehicles, and physiological measures offer a valuable means of doing so. The present systematic review and meta-analysis therefore sought to understand the physiological effect of NDRT engagement during conditionally automated driving.

Methods: Five electronic databases were searched for records published since 2012. These records were screened for eligibility, and relevant data was extracted from a final sample of 32 studies. Analysis was conducted using a narrative synthesis and a meta-analysis.

Findings: There was evidence that NDRT engagement led to an increase in heart rate, an increase in electrodermal activity and a decrease in heart rate variability. There were mixed findings regarding measures of eye movement.

Discussion: The findings of the review revealed that performing an NDRT led to heightened physiological arousal. Understanding psychological factors such as stress is of critical importance to the development of driver monitoring systems which can track driver state changes – physiological measures can help to reach this goal.

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Social Identity Salience Effects Women's Likelihood of Exercising Outside and Sense of Safety

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Abstract

Our salient social identity can inform exercise behaviour. Yet, little research has examined whether identity salience affects people's likelihood of exercising outside and their sense of safety. We conducted two experimental studies to investigate in a sample of runners whether their salient identity (runner or gender identity) affected their likelihood of exercising outside and their sense of safety. Study 1 (N = 222) was a 2x2 between subjects' experiment examining if there was an interaction effect between salient identity and participants' gender. The salience manipulation used was incorporated in the instructions and is adapted from Levine & Reicher (1996). The expected gender effects were found, but no interaction effect. A significant experimental effect for women, but not men, were found. Women in the runner condition reported a higher likelihood to exercise outside than those in the gender condition. Study 2 (N = 236) aimed to replicate the previous findings in a woman-only sample. We used the "three things" manipulation devised by Haslam et al. (1999), which involves a writing task. Results were similar to Study 1; women in the runner condition had a significantly higher sense of safety and a higher likelihood of exercising outside than those in the gender identity condition. Overall findings suggest that gender identity salience affects outside exercising intention and sense of safety, but only for women

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Supporting General Practitioners and People with Hypertension to Maximise Medication Use: Development of the MIAMI Behavioural Intervention

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Abstract

Background: Hypertension is a major preventable cause of cardiovascular diseases and all-cause mortality globally. One of the primary causes of poor blood pressure control in those with hypertension is non-adherence to medications. Despite this, discussions around medication taking are often not a routine part of the GP-patient encounter. The aim of this study is to describe the development of a behavioural intervention to maximise medication use to control blood pressure.

Method: Using the Behaviour Change Wheel as guidance, we drew on theory and evidence to draft the MIAMI intervention. We then held a "Collective Intelligence" (CI) workshop with 20 participants, including people living with hypertension, GPs, primary care nurses, pharmacists and researchers. We used scenario based design, informed by the Extended Common Sense Self-Regulation Model, to elicit views on the proposed intervention and generate targeted intervention options. A 'Public and Patient Involvement' (PPI) panel refined the proposed intervention.

Results: The MIAMI intervention is a structured set of supports for GPs and patients to facilitate adequate information exchange about long-term antihypertensive medication use and adherence skill development. GP intervention components include a 30 minute online training programme, information booklet and consultation guide. Patient intervention components include ambulatory blood pressure measurement, a chemical adherence test, consultation plan and educational videos.

Conclusion: The CI methodology provided a systematic approach to key parts of the PPI and stakeholder engagement components of the MIAMI intervention design. The acceptability and feasibility of the MIAMI intervention is currently being assessed in a pilot cluster randomised controlled trial.

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Experiences of Primary Healthcare Among Autistic Adults.

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Abstract

This research is currently under development.

Within a health and healthcare context autistic people face unfair healthcare inequalities (Ayres et al., 2018; Walsh et al., 2020; Mason et al., 2021; Haydon et al., 2021).These inequalities have been shown to result in increases in co-morbidities of chronic diseases, high rates of emergency hospitalizations, and significantly higher mortality rates compared to non-autistic populations (Walsh et al., 2021).

This project will contribute to this area by providing a qualitative account of Irish autistic adult's experiences with primary health care; using a thematic analysis with critical realism ontology (Braun and Clarke, 2022). There has been no qualitative study published in an Irish context. To research this topic in a qualitative capacity is necessary as it can be argued that with only quantitative data to work with, we are not getting a comprehensive understanding of the topic. Furthermore, within the quantitative studies that exist in Ireland, very few involve autistic adult participants; most are from the caregiver or physician perspective (Walsh et al., 2020). This gap needs to be bridged and this study could offer a decent way to voice the experiences of autistic adults and help to inform future research in a more meaningful way.

Aside from this, the study will involve patient public involvement with a panel of autistic adults as co-researchers at the data analysis stage; this has not been done in any published study on this topic/of this kind.

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The psychosocial needs of adults living with muscular dystrophy and similar genetic muscular disorders

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Abstract

Chronic physical health conditions are strongly associated with mental health difficulties, which may be exacerbated by experiencing health-related stigma. Evidence suggests that the prevalence of mental disorders is higher and quality of life is poorer in individuals living with muscular dystrophies and similar genetic muscular disorders (NMDs) than their counterparts. However, research in this population has been predominantly conducted on children and adolescents. The present study aims to explore the psychosocial needs of adults living with NMDs including quality of life, depressive and anxiety symptoms, social support, and stigma. The study employs a cross-sectional quantitative design. Approximately 70-80 adults with MD and similar genetic muscular disorders will be recruited. The data will be analysed using descriptive statistics, group comparison, and an exploration of relationships between the variables. Findings will provide a novel insight into the psychosocial outcomes in adults with NMDs living in Ireland and can be used to inform services to provide greater support these individuals. Findings will also add valuable evidence to the limited international literature in the field.

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A protocol for assessing the relationship between emotional regulation, sleep duration and psychological well-being in adolescents across secondary school transition

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Abstract

Adolescence is a critical period for psychological well-being (PWB) due to significant transformations in affective reactivity. The transition from primary to secondary school in particular has been found to significantly influence PWB. Changes in sleep quantity during this transition are due to factors such as school start times, academic demands, and social and extracurricular activities. These changes in sleep have been linked to negative psychological outcomes, including anxiety and depression. Cognitive reappraisal (CR) and emotional suppression (ES) are emotion regulation (ER) strategies that are related to sleep duration and PWB in adolescents. CR is linked to longer sleep duration and improved PWB by altering the meaning of situations, while ES, which involves suppressing emotional expression, is associated with shorter sleep duration and poorer well-being. The changes in ER and sleep have implications for social identity formation, social connections, and adolescent-parent interactions, thereby, impacting PWB. Therefore, the adoption of healthy affective regulatory mechanisms and sleep habits is especially important for adolescents.

Longitudinally examine the mediating role of ER strategies in the relationship between sleep duration and PWB across secondary school transition.

The sample consists of 245, 6th-class primary-school students between 11 and 13. Participants completed self-report measures of ER, sleep and awake time and PWB at baseline and 6-month follow-up, post-school transition.

Multiple regression to test the association between ER, sleep duration and PWB and serial mediation to test the mediating role of ER strategies, specifically, CR and ES in the relationship between sleep duration and PWB across secondary school transition.

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Sharing, Support-Seeking and Managing Safety: A Qualitative Study of Online Forum Use after Pregnancy Loss

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Abstract

Pregnancy loss has been estimated to occur in approximately 15% of pregnancies and has been linked to several psychological issues including anxiety, trauma, and depression. However, research has shown that locating support after pregnancy loss can be difficult, due to the societal stigmatisation of the experience. Past studies indicate that online social forums (including social media websites) can offer important opportunities for people to share their experiences, interact with others, and seek support following pregnancy loss. However, our current understanding of online forum engagement among this population is limited by the size and scope of past research on the topic. Therefore, the current qualitative study aims to develop a detailed understanding of contemporary online experiences after pregnancy loss.

Within this study, an interview schedule and a qualitative online survey have been designed to examine these online experiences, and we have currently gathered over 100 responses. Data will be analysed using thematic analysis. Preliminary examination of the data indicates that while online social forums can indeed be useful sources of relevant information and support after pregnancy loss, participants also experience key concerns related to data privacy, health misinformation, and interpersonal relations online. Overall, this study will have relevant research and design implications, as our completed findings will inform the next stage of this PhD research: A participatory study focused on identifying how we can practically support safer and more rewarding engagement with online social forums after pregnancy loss.

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Cumulative incidence and severity of adverse drug reactions and associated patient characteristics in older community-dwelling adults attending general practice: a six-year prospective cohort study.

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Abstract

Introduction: Few studies have prospectively examined adverse drug reactions (ADRs) affecting older adults in general practice.

Aim: To examine the cumulative incidence and severity of ADRs and associated patient characteristics in community-dwelling older adults.

Methods: Prospective cohort study of older adults (≥70 years, n=592) recruited from 15 general practices (GP) in the Republic of Ireland. Data collection involved a manual review of the participant's GP electronic medical record, linked to the national dispensed prescription medicine database and a detailed self-report postal questionnaire. Primary outcomes were ADR occurrence and severity over a six-year period (2010-2016). Unadjusted and adjusted logistic regression models examined potential associations between patient characteristics and ADR occurrence.

Results: Two hundred eleven ADRs were recorded for 159 participants, resulting in a cumulative incidence of 26.9% over six years. The majority of ADRs were mild (89.1%) with the remainder classified as moderate (10.9%). Eight moderate ADRs, representing 34.8% of moderate ADRs and 3.8% of all ADRs, resulted in emergency hospital admission. ADRs were independently associated with female sex (adjusted OR: 1.83 [95% CI 1.17, 2.85; p=0.008]), polypharmacy (5-9 drug classes) (adjusted OR: 1.81 [95% CI 1.17, 2.82; p=0.008]) and major polypharmacy (≥10 drug classes) (adjusted OR: 3.33 [95% CI 1.62, 6.85; p=0.001]).

Conclusions: This first prospective cohort study of ADRs in general practice shows that approximately one in four older adults experienced an ADR over six years. Polypharmacy is independently associated with ADR risk; older adults on ≥10 drug classes should be prioritised for regular medication review.

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Prescribing cascades in community-dwelling adults: a systematic review.

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Abstract

Introduction: The misattribution of an adverse drug reaction (ADR) as new onset illness can lead to the prescribing of additional medication, referred to as a prescribing cascade.

Aims: To identify published prescribing cascades in community-dwelling adults.

Method: A systematic review was reported in line with the PRISMA guidelines and pre-registered with PROSPERO [CRD42021243163]. Electronic databases (Medline [Ovid], EMBASE, PsycINFO, CINAHL, Cochrane Library) and grey literature sources were searched. Inclusion criteria: population-community-dwelling adults; risk-prescription medication; outcomes-initiation of new medicine to “treat” or reduce ADR risk; study type-cohort, cross-sectional, case-control, and case-series studies. Title/abstract screening, full-text screening, data extraction, and methodological quality assessment were conducted independently in duplicate. A narrative synthesis was conducted.

Results: A total of 101 studies (103 publications) were included. Study sample sizes ranged from 126 to 11 593 989 participants and 15 studies examined older adults specifically (≥60 years). Seventy-eight of 101 studies reported a potential prescribing cascade including calcium channel blockers to loop diuretic (n = 5), amiodarone to levothyroxine (n = 5), inhaled corticosteroid to topical antifungal (n = 4), antipsychotic to anti-Parkinson drug (n = 4), and acetylcholinesterase inhibitor to urinary incontinence drugs (n = 4). Identified prescribing cascades occurred within three months to one year following initial medication. Methodological quality varied across included studies.

Discussion: Prescribing cascades occur for a broad range of medications. ADRs should be included in the differential diagnosis for patients presenting with new symptoms, particularly older adults and those who started a new medication in the preceding 12 months.

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Exploring active ingredients of type 2 diabetes self-management programmes: A content analysis of two programmes

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Abstract

Background

Although attendance at type 2 diabetes self-management education (DSME) programmes is associated with improved outcomes, the key intervention features, active ingredients or behaviour change techniques (BCTs), and mechanisms of action (MoA) of such programmes remain unclear. Therefore, this study aimed to explore how and why these programmes work by systematically describing the content of two existing programmes with proven effectiveness, the Community Orientated Diabetes Education (CODE) and the Diabetes Education and Self-Management for Ongoing and Newly Diagnosed people (DESMOND).

Methods

A documentary analysis of programme materials was conducted. Programme materials were coded using the BCT Taxonomy v1, the Mode of Delivery Ontology v1, and the Intervention Source Ontology v1. The MoAs and intervention functions linked to BCTs were also identified using the Behaviour Change Wheel guidance and the 26 MoAs outlined in the Theory & Techniques tool. Relevant stakeholders reviewed preliminary findings and provided feedback.

Findings

Twenty-eight unique BCTs were identified across the programmes (M = 23, SD = 1.4). The three most frequent BCTs were ‘information about health consequences’, ‘instruction on how to perform a behaviour’, and ‘goal setting (behaviour)’. The BCTs linked with 12 MoAs, predominantly related to reflective motivation (beliefs about capabilities and beliefs about consequences) and psychological capability (skills), and served seven intervention functions, most frequently ‘enablement’, ‘education’ and ‘persuasion’.

Discussion

Although programmes are effective, there may be scope to test other BCTs to extend the barriers targeted within the programmes. These findings can inform the refinement and development of future programmes.

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A systematic review of multiple health behaviour change interventions for healthcare professionals

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Abstract

Background: Healthcare professionals are faced with managing multiple goals, behaviours, and demands when providing evidence-based care. However, it is still unclear whether interventions aiming to change multiple clinical behaviours are effective. This systematic review aims to identify, summarise the components, and analyse the efficacy of multiple health behaviour change interventions targeting healthcare professionals' clinical behaviours.

Methods: A search strategy was defined, and systematic searches were conducted in five electronic bibliographic databases. For each intervention, information is being extracted regarding study details (e.g. study design), sample details (e.g. type of healthcare professional), intervention components (using existing ontologies and taxonomies, e.g. Mode of Delivery ontology), and statistical information related to their efficacy. In addition, their quality will be critically appraised using the Risk of Bias 2 tool. Studies will be synthesised through frequencies and mapping, and a meta-analysis will be conducted to assess the efficacy of the interventions.

Preliminary results: The searches on all databases yielded a total of 5,734 records (4,765 after removing duplicates). After full-text screening, 59 studies were included. Results will highlight existing links between intervention components, as well as current trends and gaps.

Current stage of work: Systematic searches and screening have been conducted, and data extraction is currently underway. The review is expected to be completed by July 2023.

Discussion: Findings from this review will provide valuable insights into the efficacy of interventions which aim to change multiple clinical behaviours of healthcare professionals, having the potential to inform practice and research.

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Threat-based and empowering health communication: A randomised control trial to test the effects of sequential messaging on intention to seek antibiotics.

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Abstract

Abstract

Objective: Antimicrobial resistance is becoming a growing global concern, and it is therefore vital for health information regarding inappropraite antibitotic us to be as efficient as possible. The primary objectvie of this study is to investigate whether the sequence of two different forms of persuasive health communication (threat-based and empowerment) influences intention to seek out antibiotics. The secondary objective is to investigate if perceieved self-efficacy and threat appraisal act as mediators in this relationship (inspired by the Protection Motivation theory).

Methods: A total of 131 adults (≥ 18 years with competent English) were included in the analysis. The participants were randomised into two conditions (threat-based followed by empowerment, empowerment followed by threat-based). Information presented in the threat-based paragraph was concerned with discussing the dangerous risks associated with antimicrobial resistance, while the empoweremnt paragraph promoted self-management beahviours around the common cold and seasonal flu. Regression-based mediation analysis will be conducted using SPSS. Intention to seek out antibiotics is the dependent variable, measured pre- and post-intervention and was operationalised as three-item survery based on the theory of planned behaviour. Self-efficacy and threat appraisal were measured post-intervention. Additionally, gender, age and education will be used as covariates during data analysis.

Results: Work in progress

Conclusions: Work in progress

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Cardiovascular Stress Reactivity Profiles as a Function of COVID History in Runners

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Abstract

The purpose of this study is to investigate to what extent COVID history is associated with cardiovascular stress reactivity profiles in a sample of runners. The study's objectives are to determine whether there are differences in cardiovascular stress reactivity profiles between runners with and without a history of COVID, and if so, whether the association between COVID history and cardiovascular stress reactivity profiles is influenced by individual differences. The study intends to recruit a sample of runners who have had COVID as well as runners who have not had COVID and have them participate in a stress task. Using the Dinamap Pro100 Vital Signs Monitor, cardiovascular parameters of blood pressure and heart rate will be recorded at four time intervals (baseline, stress phase 1, rest phase 1, and stress phase 2) during the task. We will compare cardiovascular stress response profiles of the COVID and non-COVID groups using 3 2x4 mixed subjects ANOVAs to investigate the extent to which COVID history is associated with stress reactivity. If an association is discovered between COVID history and cardiovascular stress reactivity profiles, we will use an ANCOVA to investigate whether this is influenced by personality variables/individual differences as measured by administering the Ten Item Personality Inventory (TIPI) (Gosling et al., 2003) incorporating the data from this questionnaire as covariates in the analysis. Recruitment is currently ongoing and provisional results will be available at the time of the conference.

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Exploring the impact of transition barriers, victimisation, and identity disclosure on depression among transgender populations.

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Abstract

Existing research has shown that group solidarity is an effective coping mechanism against psychological harm when faced with group-based discrimination. Yet, for members of LGBTI+ groups, community participation is a double-edged sword. Sexual and gender minorities must weigh the advantages versus disadvantages of coming out. The process of revealing one's stigmatised group membership is referred to as identity disclosure. This disclosure is vital in forming connections with similar group members. However, by exemplifying stigmatised group membership, disclosure can increase exposure to victimisation.

Research has shown community participation to be distinctly beneficial for transgender groups. For those who wish to medically or legally transition, there is a reliance wider social systems. Transgender individuals can further their transition by disclosing their identity to, and participating with, medical and legal communities. Medical communities consist of professionals who can provide access to hormone or surgical transition. Legal communities enact measures that allow for legal gender marker changes.

The present study seeks to understand whether the relationship between transition barriers and depression can be mediated by identity disclosure. These barriers include restricted access to transition-related healthcare and legal procedures. Consideration is given to experiences of victimisation. Our analyses found no evidence of mediation between legal transition barriers and depression through identity disclosure or victimisation. Evidence of mediation was found through both identity disclosure and victimisation for the relationship between medical transition barriers and depression. Results are discussed in relation to transgender health supports and the benefits of community participation for gender minorities.

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Title :Exploring the experiences of migrant Asian family caregivers when caring for a family member.

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Abstract

Background: Caring for a family member can be a challenging experience, especially for those who are living in a foreign country. This research aims to explore 1) literature and 2) personal accounts of migrant Asian family caregivers' experiences in caring for a family member.

Methodology:

1) A scoping review of the existing literature using Peters et. al., (2020) framework. A comprehensive search strategy of 5 databases will be conducted: CINAHL, PsycINFO, Scopus, MEDLINE and Web of Science published in English and Chinese between 2012 and 2023. The PRISMA guidelines will be used to assist reporting of the scoping review processes including inclusion and exclusion criteria, data extraction, evaluation, analysis and synthesis and reporting of findings.

2) Qualitative interviews of migrant Asian family caregivers caring for a family member, using a qualitative descriptive methodology.

Potential findings: Migrant Asian family caregivers face challenges such as language barriers, unique culture, financial difficulties, unfamiliar medical systems, poor access to information and support services. These challenges and their unique cultures add to the experiences and challenges for the caregivers.

Conclusion: The experiences and challenges faced by migrant Asian family caregivers are complex and culturally unique and this research will elicit the nuances and particulars which may assist in designing psychological and nursing interventions to support the group. This research will contribute to understanding "migrant Asian family caregiving" and understand their needs for appropriate and culturally sensitive interventions.

Key words: Family caregivers, Asian , Migrant Caregivers, Experience, Culture

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The social impacts of a personal listening intervention

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Abstract

Loneliness is defined as an individual's limited social relationships, mostly a subjective experience on the part of the individual; it can be experienced even in a crowd (Peplau, et al, 1982). There is significant public health concern regarding loneliness, due to its association with reduced physical and mental health (Cacioppo et al., 2010; Mullen et al., 2019; Theeke, 2010). At the same time, music is linked to people's emotions, how they feel and how they relate. It has been demonstrated that when individuals feel lonely or stressed, they prefer to listen to music to feel better (Taruffi & Koelsch, 2014). Therefore, listening to music for some young people is used as a coping strategy, although in the short term. For this reason, this study aims to investigate the effect of listening to music to reduce feelings of loneliness by listening to music for 30 minutes once a week for three weeks among young adults, being the first study longer than 3 weeks with listening to auditory material to reduce loneliness. Divided into a control group which will listen to Podcasts and an intervention group which will listening self-selected music to enhance the external validity of the study (Chanda & Levitin, 2013) through a between-groups experimental design, with a pretest and post-test using the UCLA Loneliness Scale (Russell, et al, 1980) to measure loneliness. Data will be analyzed using 2x2 ANOVA. Overall, If found to be effective, music listening may become a recommended means of preventing loneliness in an accessible and financial manner.

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The Relationship Between Cognitive Reappraisal and Psychological Well-being During Early Adolescence: A Scoping Review

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Abstract

Introduction: During early adolescence, there is an integration between emotion regulation and cognition. Brain maturation facilitates the development of the emotion regulation strategy of cognitive reappraisal (CR), which has been found to improve adult psychological well-being (PWB). The relationship between CR and PWB in early adolescence has not been comprehensively delineated and as such, this study aims to identify and summarise the key findings that have examined CR and early adolescent PWB.

Method: This review employed Arksey and O'Malley's scoping review methodology. Papers were extracted from five databases and two unpublished/grey literature databases. A total of 432 papers were returned and screened by title and abstract. Two independent reviewers screened the identified studies using pre-specified eligibility criteria, and CS extracted data based on evidence source characteristics and details of the relationship between CR and PWB.

Results: The scoping review yielded 76 studies; 73 studies found a positive relationship between CR and PWB. Most studies that examined the role of age in this relationship found no association between the frequency of CR use and age, but CR effectiveness increased with age. Findings connected to sex differences and the effect of discrete emotions on the relationship between CR and PWB were inconsistent.

Conclusions: CR positively influences adolescent PWB and should be formally supported in youth contexts. Future research should specify both the development and effectiveness of CR across sex and discrete emotions and begin understanding if CR can be taught.

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Teaching adolescents to connect thoughts and behaviours: A controlled longitudinal evaluation of the Motus Social Emotional Learning program across secondary school transition.

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Abstract

Background: Social Emotional Learning (SEL) programs such as the Motus SEL program have a positive impact on adolescent psychological well-being (PWB). It has been theorized that these improvements to adolescent PWB are supported by the development of emotion regulation. However, there has been little examination of the relationship between emotion regulation and SEL program effectiveness, nor how SEL programs may be useful at developmental transitions such as the transition into secondary school. This transition has been evidenced to diverge students into positive developmental trajectories in the form of stable or positive PWB, or trajectories related to increased vulnerability to psychological difficulties.

Aims: This study aimed to longitudinally investigate 1) if the Motus program led to improvements in ER, self-esteem, social support and PWB post-program compared to a control group, and 2) to measure if these improvements were maintained across secondary school transition. A tertiary aim was to examine if program effectiveness differs across cohorts impacted by the Covid-19 pandemic, school SES, sex and baseline PWB.

Method: This study included 594 sixth-class students, aged 11 – 13 years who completed measures of emotion regulation, self-esteem, social support and PWB. These measures were collected one day before receiving the program (T1), on 1-month follow-up (T2; post-program) and on 6-month follow-up (T3; post-transition). A matched waitlist control group who did not receive the program was also tested at these time intervals to compare group differences.

Preliminary/Expected Results: We expect that the Motus program will significantly improve emotion regulation and PWB post-program and post-transition.

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Understanding Diet Preferences of Patients with a Diagnosis of Type 2 Diabetes

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Abstract

Diet is considered a cornerstone for managing Type 2 Diabetes (T2D). A Continuous Low Energy Diet (CLED) is often proposed as first-line therapy. However, as attitudes, needs, and lifestyle habits differ among individuals, the purpose of a single dietetic approach for all patients is unrealistic.

A Three-Step Binary Logistic Regression analysis using the Blockwise enter method was used to predict which demographics and health characteristics, treatment factors and dietary choice factors predict peoples' preference between CLEDs and Intermittent Low Energy Diets (ILEDs).

Dietary preference was predicted by age and priorities regarding lifestyle fit and perceived dietary outcomes. Those younger than 65 were significantly more likely to favour a CLED. Those who prioritised reducing dependency on medicine were 43% more likely to select a CLED, and those who prioritised speed of weight loss are 61.4% more likely to favour a CLED diet. Those who preferred an ILED were nearly three times as likely to prioritise flexibility of food choice and were twice as likely to prioritise a diet that fits in with family meals and social events.

There are many different influences on dietary choices, so it seems that a CLED may not be the best for everyone. Therefore, it is better to give patients options. Furthermore, understanding patient perspectives about desired diet outcomes and how they envisage the diet fitting into their lives will enable professionals to provide patient-centred advice. Motivation, long-term dietary adherence and patient satisfaction should be increased by people having autonomy over their diet treatment regimens.

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Examining the effect of an ebike loan intervention on transport behaviour in Ireland: Inclusive Ebike Uptake and Sustainable Use (ISCycle)

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Abstract

Background. Active travel is described as a co-beneficial health behaviour, with benefits relating to both physical activity and the environment. Electric bicycles (ebikes) offer an opportunity to promote active travel in contexts where conventional cycling may not be feasible. The Inclusive Sustainable Cycling (ISCycle) behaviour change intervention aims to promote active travel by providing participants with an ebike loan. The study will examine the effectiveness of the intervention in terms of distance and frequency of trips per transport mode, physical activity, and transport mode habit strength. **Methods.** Adults living in the community are currently being recruited via workplace settings in an urban area in Ireland. A randomised controlled trial is being conducted, with individuals randomised to an intervention group or waitlist control group. Measurements include self-report questionnaires to assess physical activity and habit strength, as well as mobile GPS logging of transport mode use. In addition to baseline and post-intervention measures, participants will be followed-up at 12- and 24-months to assess long-term impacts. **Conclusions.** Understanding if and how ebike loans influence transport behaviours will guide future strategies to promote sustainable travel modes in urban areas. Results from the ISCycle intervention will be relevant across policy sectors including health, environment, transport and climate, with implications for inclusive and active mobility.

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The Experiences of Engaging in a Conversation About Health-Related Behaviours with a Healthcare Professional

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Abstract

Chronic diseases in Ireland, such as CVD, diabetes, and cancer are growing at an increasing rate, and are the leading cause of disability worldwide according to recent WHO statistics. Individuals with chronic illnesses are more likely to have poorer quality health and greater health service needs. Self-management strategies and changing health behaviours have the potential to make a positive impact on disability and mortality rates and reduce the impact of long-term chronic conditions. Despite this, numbers remain low on the uptake and maintenance of health behaviour changes. Previous studies have shown that brief behavioural interventions can have a positive impact on behaviours such as smoking, physical activity, and diet. These are short, opportunistic conversations that encourage individuals to change their health behaviours. The aim of the current project is to examine Making Every Contact Count programme in practice by assessing the attitudes and experiences of individuals who may have or have not received a brief behavioural intervention from a healthcare professional regarding negative health behaviours. A qualitative study will be conducted with members of the general population to understand the implementation of brief interventions, their own knowledge about such interventions, and if they have received one. Semi-structured interviews will be carried out with individuals to understand their experiences of and opinions towards such conversations. The current aim is to gather 12-15 participants to engage in the study. The interviews will be held online using Microsoft Teams.

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"Asking the Algorithm": Understanding the Help-seeking Behaviours of Young People on TikTok – A Mixed Methods Co-design Approach to Optimise Mental Health and Wellbeing

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Abstract

Research has highlighted how children and young people (CYP) have a preference to access mental health information and support through informal avenues such as through social media. With TikTok being the fastest growing social media platform for young people, it offers potential to support help-seeking and provide mental health information and support to CYP. However, there is little research on how to do this. Co-creative approaches can facilitate a collaborative approach to the design and development of mental health resources for CYP. This project aims to, 1) systematically review, across disciplines, research evidence in relation to the use of co-design methods with CYP to co-create online mental health interventions, 2) explore the experiences of CYP using TikTok when accessing mental health information and support, and 3) collaborate with CYP and other relevant stakeholders to develop best-practice guidelines for the representation of mental health information and support for CYP on TikTok. The ongoing systematic integrative review will include both psychology and Human-Computer Interaction (HCI) literature that uses a co-design methodology with CYP to co-create online mental health-related interventions or modifications. Searches will be conducted on six databases including PsycINFO, CINAHL, Web of Science, Embase, PubMed, and ACM Digital Library will also be used as a search database. Data will be synthesised using a constant comparison method and further screening will be completed on all included studies to establish an understanding of the extent of participation within the research and design process. Review findings will inform the forthcoming co-design studies.

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Experiences of Late and Self-Diagnosis of Autism in Women and People Assigned Female at Birth

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Abstract

Autistic women and people assigned female at birth (AFAB) are frequently late-diagnosed or misdiagnosed, due to higher levels of masking, gendered stereotypes of autism, and a lack of awareness of the diversity within the autistic community. Although late-diagnosed AFAB individuals may have lower support needs, many experience bullying, struggles with mental health and making friends, as well as difficulties with executive functioning and self-esteem. Research demonstrates that receiving a diagnosis can be a significant turning point, allowing self-understanding and access to supports. However, in Ireland there is currently no public route to adult autism assessment, among other barriers to receiving a diagnosis. This study aims to understand experiences of late and self-diagnosis of autism in women and AFAB people in Ireland. Eight participants were interviewed using semi-structured interviews, and a thematic approach to narrative analysis was conducted in order to understand participants' experiences. The analysis generated the following themes: Importance of a diagnosis; Struggles in school and growing up; Perceptions of autism; and Need for supports. The results confirmed that many misconceptions about autism persist among communities and professionals. Most participants experienced difficulties growing up and didn't receive the accommodations they needed. However, their diagnoses allowed self-compassion, validation from others and access to supports, demonstrating the importance of early identification and increased awareness. This study has implications for educators, clinicians and support workers in demonstrating the importance of diversifying and developing knowledge on autism, listening to autistic voices, and understanding the presentation of autism in women and AFAB individuals.

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Impact of Mindfulness on Teacher Well-Being: A Mixed-Methods Investigation

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Abstract

Teachers' physical and mental health has been negatively impacted by rising stress levels due to increased workloads and demands. There is a lack of evidence-based interventions available to teachers to support stress management and improve their wellbeing. The purpose of this study was to assess the impact of a 6-week mindfulness training programme ‘Creative Mindfulness Kids’ on teacher wellbeing. An explanatory sequential mixed method design was employed with two phases. In phase 1, pre and post-test questionnaires were administered to both a control group of 52 teachers and an intervention group of 42 teachers investigating the areas of self-compassion, mindfulness, stress, burnout and quality of life. Preliminary analyses evidenced lowered stress and burnout levels, increased levels of self-compassion, mindfulness skills and improved quality of life in the intervention group. In phase 2, semi-structured interviews were conducted with 6 participants and transcribed verbatim. Thematic analysis resulted in 4 themes: 1) Practise What You Preach 2) Helping Ourselves Because We Care 3) Get in the Calm Zone and 4) Welcome it with Open Arms. Despite limitations, evidence from this study suggests mindfulness training may be an effective intervention for teacher wellbeing. Future research implementing the intervention at a national level is recommended including the use of physiological measures to uncover the internal physical mechanisms of the programme.

Keywords: Mindfulness, Stress, Self-Compassion, Burnout, Teacher Wellbeing

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The Experiences and Perceptions of Women in Their Interactions with Healthcare Providers When Presenting with Abdominal Pain

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Abstract

Work In Progress, Recruitment Ongoing

Objective

The aim of the current study is to further the understanding of women’s experiences of health care when presenting with abdominal pain symptoms.

Background

There is sometimes an unwillingness to believe in women's pain and a tendency to underestimate patient pain in general by healthcare professionals. Gender bias influences how patients are treated, with gender blindness and stereotyping as two key drivers of gender bias in healthcare. While women are more likely to experience distrust and be dismissed for their pain, previous studies have found that women with abdominal pain are in fact more likely to receive pain relief medications in emergency departments. In this study, we aim to explore the experiences of women who have presented with abdominal pain to doctors outside of emergency department settings.

Method

A minimum of 10 participants will be recruited using convenience sampling. Participants are being recruited through social media posts and posters around Irish University campuses. Participants must be cisgender women aged over 18 years, who have availed of healthcare for abdominal pain and are currently attending third level education. These participants will be asked to take part in semi-structured interviews of about 20-30 minutes. These will be recorded and then transcribed. The data from the transcripts will be compiled and analysed using thematic analysis to explore women's experiences of healthcare when presenting with abdominal pain to see if there are consistencies in their experiences, particularly when focusing on the caregiver-patient interaction.

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An Investigation into Medical Trainees' Experiences of Geographical Rotation as informed by Belonging Theory

Ciaran Carr, Janet O'Farrell, Rachel MacDonnell, John Magner, Maria Golden, Dr Ann O'Shaugnessy, Jessica Dowling, Louis Lavelle, Prof. Trevor Duffy

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Abstract

Background
Belonging is a dynamic process that relates to yearning for connection with people or places (Allen, 2019). Medical Trainees experience different placements, geographically rotating every three to six months. Trainees often request placements close to their homes, but this cannot always be accommodated. The wellbeing outcomes of instances where Trainees must relocate is unclear. This study aimed to investigate Medical Trainees' experiences of geographical rotations, informed by Belonging Theory.

Method
Through explanatory sequential mixed-methods, RCPI Trainees were asked to complete a questionnaire on their experiences of geographical rotations. Post-completion, participants were invited to contribute to a Focus Group. Qualitative data were analysed thematically, using Braun & Clarke's (2014) six-step framework.

Results
The survey was completed by 287 Trainees, of whom 80.1%, (n= 230) were required to move from their primary residence on rotation.

Focus group participants (N= 12) described how the frequency and schedule of rotations presented a barrier to imbedding within their hospital environment and community. Rotations impacted decision-making, with Trainees basing family-planning decisions around their rotation schedule. Additional barriers, including financial costs, commuting and emotional strain were identified, with a lack of transparency in rotation allocation referenced.

Discussion
Belonging refers to connection to chosen groups or places. Forming and preserving connections is often not possible for Trainees due to frequent rotations and displacement from supports. Where possible, Trainees should be accommodated to train in a preferred location. Where this cannot be facilitated, justification should be provided.

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Daily experiences and allostatic load in adolescents: A secondary analysis of data from the Avon Longitudinal Study of Parents and Children (ALSPAC)

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Abstract

Background: The daily experiences of adolescents can directly influence all aspects of their health and wellbeing. The allostatic load (AL) framework describes the process through which emotional experiences can 'get under the skin' and affect health. The AL framework has most frequently been used to describe health in adulthood, as it was posited that alterations to psychobiological function only occurred over a longer period, and so wouldn't be observable until adulthood. However, there is compelling evidence that AL may emerge in adolescence for people who experience repeated or heightened stress. As a period marked by biological and social changes and heightened sensitivity for both risk and opportunity, adolescents may be more susceptible to experiencing the negative effects of stress.

Aim: The research-in-progress will use the AL framework to examine the relationship between daily experiences and health in adolescents.

Method: Regression analyses will be used to determine if AL in late childhood predicts AL in mid-adolescence, and to investigate what experiences, if any, might mediate this relationship, and what experiences might mitigate this relationship. Measures of AL will include body-mass index; waist-hip ratio; C-Reactive protein; interleukin-6; blood pressure; cholesterol; triglycerides; high-density lipoprotein; low-density lipoprotein; glycosylated haemoglobin, alongside measures of adolescent health and wellbeing.

Expected Results: It is expected that daily experiences during adolescence will relate to AL, specifically that adolescents that report less healthful behaviours and more negative emotional experiences will have higher AL.

Implications: This work may provide insights for interventions to support positive health during adolescence.

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The Effect of Blue and Green Space Contact and Connectedness on Cardiometabolic Health in Late Adolescence; a Psychobiological Approach

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Abstract

Background: Blue and green spaces, and their impact on cardiometabolic health have been the subject of recent research. Adolescents report spending more time indoors and online than their older and younger counterparts, and less is known about the potential impact of blue and green spaces on adolescents' mental and physical health. Adolescence and early adulthood are of utmost importance for establishing the health foundations that influence health trajectories throughout the lifespan. Evidence suggests that time spent in green and blue spaces may benefit health by promoting physical activity, social connection, and reducing stress, and that connectedness with green space protects against poor mental health outcomes, cardiovascular illness, and mortality. Further research is required to understand the association with nature contact and connectedness in late adolescence aged 18-25.

Method: Data for this study has been collected from 18-25 year olds. This research-in-progress will use regression analyses to determine factors that predict cardiometabolic health markers in late adolescence. The relationship between time spent in green space and psychological wellbeing will also be measured. Measures of cardiometabolic health included body-mass index and blood pressure.

Expected Results: It is expected that there will be a relationship between less time in green space and higher values in cardiometabolic health biomarkers and those who have less recorded time spent in green space per week will have lower psychological well being as well as higher perceived stress.

Implications: This work may provide insights for the effects of nature connectedness on adolescent health and wellbeing.

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The cardiovascular impact of caregiving and coping on young adult carers

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Abstract

Objective: Providing care to a sick or disabled relative has been found to be highly stressful. In fact, this is one of the most common models of chronic stress in humans. Despite this however, much of the research has tended to concentrate on older adult caregivers with less attention paid to young adult carers. Moreover, to our knowledge no study has examined the cardiovascular impact of caring on young adult carers. In addition, little is known about what psychosocial factors are associated with the young carers-cardiovascular health relationships. These were tested in the current study.

Methods: Data from young adults carers (N=1558) and non-caring youths (n=4240) who participated in Wave 3 of the Growing up in Ireland study. Indices of blood pressure and heart rate were gathered and participants completed psychosocial measures of coping, including avoidant, problem-focused and support seeking coping.

Expected Results: We expect that due to the demands placed on young adult carers, they may be at risk for high blood pressure. Additionally, differences in coping styles may influence which young people are at increased risk. These findings could extend the caregiver-control model of caregiver by demonstrating that biological effects previously observed in adult carers are not age specific.

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Promoting workplace health and well-being through culture change: An evidence review.

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Abstract

Introduction

The National Healthy Workplace Framework aims to drive engagement and identify effective approaches to health improvement in all workplaces. Organisational culture has been identified as one of the most important factors influencing workplace health and wellbeing. This review was carried out to support the development and implementation of the National Healthy Workplace Framework by providing an evidence base to support this important work.

Methods

In this review, we used standard systematic methods to investigate the influence of workplace culture on employee health and wellbeing. Searches of four electronic databases were supplemented with journal hand-searching, Google searches and reference and citation chasing, yielding a total of 60 studies that met inclusion criteria.

Findings

This review identified ten key cultural drivers – job control, information flow, job demands, organisational support, work climate, work–family conflict, supervisor support, line managers' attitudes and actions, justice of leadership, and feedback – which mediate the impact of workplace interventions. That is, we found that interventions caused changes in these cultural drivers, and these cultural drivers thereby created changes in health and wellbeing outcomes for participants. For example, the impact of flexible working interventions on psychological distress was mediated by cultural changes in schedule control and work-family conflict. Workplace interventions can be designed with these cultural factors in mind in order to achieve health and wellbeing outcomes.

Conclusion

The review identifies the cultural drivers that impact on wellbeing and will support and inform the implementation of the National Healthy Workplace Framework.

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Development and proposed evaluation of an eHealth learning tool for undergraduate university students in Ireland

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Abstract

Undergraduate university students are at a critical stage of development in terms of their academic, social, psychological and behavioural health. Patterns established during these formative years can last a lifetime. eHealth tools have the potential to be engaging, convenient and accessible to a wide range of students by providing health information and enhancing the uptake of positive health behaviours. The ‘Healthy Trinity Online Tool’ (H-TOT) was developed in collaboration with students and a transdisciplinary team with decades of experience between them in terms of research, clinical responsibility and service delivery. Developmental steps undertaken included: a literature review to formulate the topic content choices; a survey of students to check the relevance and suitability of topics identified; and, the tacit experience of the development team. This co-design model led to the development of content encompassing academic life, healthy eating, physical activity, mood, financial matters, alcohol, tobacco, drugs and relaxation. Qualitative focus groups were subsequently conducted for in-depth exploration of the usage and functionality of H-TOT. The theoretical underpinnings include the locus of control and social cognitive theory. Evidence-based behavioural change techniques are embedded throughout. During early pre-piloting of H-TOT, the team identified and solved content functionality problems. The tone of the content was also revised to ensure it was non-judgemental. To make the H-TOT as interactive as possible, video scenarios were included and all content was audio-recorded to allow playback for students with visual or learning difficulties. Evaluation plans for the pilot year of H-TOT are outlined.

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Bedtime Story: Caregiving at night for juveniles with type 1 diabetes

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Abstract

Background: Informal caregivers provide 20 bn/pa to the Irish economy, often providing 24/7 care. Nocturnal caregiving receives little attention in the literature, consequently little is on offer to support this highly burdened population. To explore this, an exemplar cohort of ‘caregivers for juveniles with T1 Diabetes’ was selected. Aim: To establish extent of nocturnal caregiving practice (NCP) and explore the lived experience to understand the impacts for caregivers and requirements for support.

Methods: This project involves three components: 1. Systematic review of NCP in T1D; 2. Mixed-methods observational study, driven by PPI (public/patient involvement) to explore findings from the review in the Irish context and focus on investigating potential solutions for a supportive intervention with stakeholder input. 3. Mixed-methods pilot of an evidence-based intervention.

Results to date: 30 studies were included in the systematic review, comprising 3,533 caregivers. A mean of 88% engaged in NCP, significant variability was found. 19-80% caregivers fell below threshold for adequate sleep and 54% reported poor sleep quality. 83% of authors recommended that sleep be routinely addressed by healthcare professionals and that clinical guidelines are developed.

Discussion: This project has the potential to contribute to evidence that supports care guidelines to include protocols for acknowledging nocturnal caregiving in clinical care provision. It is hoped that the later stages of this research will establish feasibility and acceptability of a piloted intervention which will have applications for other cohorts burdened by nocturnal caregiving responsibilities, such as caregivers for individuals living with dementia, disability or ASD.

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Health service staff experiences of implementing the Making Every Contact Count chronic illness prevention programme

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Abstract

Background

Brief behaviour change interventions offered opportunistically by healthcare professionals can support patients with enhancing their health behaviours. The Making Every Contact Count (MECC) programme is a national programme in Ireland to support healthcare professionals to use brief behavioural interventions. MECC implementation is inconsistent across the health service. The aim of this study was to gain an in-depth understanding of the individual-level and organisational-level enablers of and barriers to MECC implementation.

Methods

We conducted individual semi-structured interviews with 36 participants (healthcare professionals, Health Promotion and Improvement staff and managers responsible for MECC implementation) to understand barriers and enablers to MECC implementation. Data was analysed using a Framework Analysis approach guided by the Theoretical Domains Framework.

Findings

Eight theoretical domains influenced MECC implementation: environmental context and resources; health care professionals' beliefs about the consequences of MECC delivery; health care professionals' beliefs about their capability to deliver MECC interventions; knowledge; professional role/identity; skills and intentions/goals. Environmental context and resources was reported to be the key influencing factor. Important aspects of the work environment that influenced implementation were: consultation type/setting; integration of MECC documentation processes; a multi-professional approach; access to/visibility of resources/services; management support/expectations; time and resource management; the salience of the MECC programme and the strategic fit of MECC with other health service initiatives.

Discussion

Implementation of brief behaviour change interventions can be influenced by a range of individual-level factors (e.g. skills, knowledge, intentions). However, developing enabling environments is key to widespread implementation across healthcare systems.

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Does perceived stress moderate the effectiveness of a group-based intervention on the reduction of eating disorder symptoms?

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Abstract

Eating disorders are complex mental illnesses that can impact an individual's physical and psychological health, recognised in thoughts, behaviours, and emotions (BodyWhys, 2022). Importantly, only 20% of individuals with an eating disorder receive some form of treatment (Becker & Stice, 2017). The Body Project, fuelled by this alarming figure, is a cognitive dissonance-based intervention that addresses body image concerns and thin-ideal internalisation, both common eating disorder symptoms. Research has stated that there is a bidirectional relationship between eating disorders and stress which may play a significant role in the intervention's effectiveness (Bodell et al., 2012). This study explored the effect of the Body Project on eating disorder symptoms in university students; the potential moderating role of perceived stress was also explored. Participants either took part in the Body Project groups (intervention) or received no intervention (control); this was the independent variable. Participants in the intervention group participated in a peer-led, four-week body image group. Data collection occurred for both groups at baseline, post-intervention, and 12-week follow-up. The Eating Disorder Examination Questionnaire (Fairburn & Beglin, 2008) was used to assess eating disorder symptoms (dependent variable) and the Perceived Stress Scale (Cohen et al., 1993) measured stress (moderator). Data will be analysed using the general linear model, with PROCESS to assess the potentially moderating role of perceived stress on eating disorder symptoms. Results will be presented at the conference upon completion of data collection. This study is novel in its approach and will inform clinical practice and community-based interventions for eating disorders.

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Adopting the Social Cure Perspective to Investigate the Mental Wellbeing of Text-Based Crisis Support Line Volunteers' Wellbeing: Social Support and Self-Efficacy Serially Mediate the Association of Group Identification with Text-Based Crisis Support Line Volunteers' Compassion Fatigue and Compassion Satisfaction

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Abstract

Crisis support lines offer essential services to those experiencing mental or personal crises. While crisis support lines have traditionally been phone-based, in recent years text-based services have become increasingly popular and more widespread. Previous research has demonstrated there are potential positive and negative effects for individuals who volunteer at crisis support line services. However, there is a lack of research exploring the mechanisms through which these effects are exerted. The social cure perspective offers a potential avenue for exploration, as individuals who meaningfully identify as a volunteer can unlock the benefits of the social cure. However, this pathway has not been tested with text-based crisis support line volunteers. Thus, a study was conducted to investigate the association between volunteer identity and professional quality of life (i.e., compassion fatigue and compassion satisfaction), and whether this association was mediated by perceptions of social support and self-efficacy. An online survey was circulated, and data was collected from 157 volunteers in two text-based crisis support lines. The results indicated the presence of a serially mediated indirect effect. Specifically, increased identification as a volunteer predicted increased perceptions of social support which were in turn associated with higher levels of self-efficacy, resulting in increased levels of compassion satisfaction along with decreased levels of compassion fatigue. These results emphasise the important role of social identity and perceptions of social support in promoting positive outcomes for volunteers. Plans for further research which will investigate volunteers' wellbeing over time, and involve comparisons with phone-based volunteers are discussed.

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ACTivate Your Life After Stroke (AYLAS) Intervention on Psychological Well-Being for People Post-Stroke – Preliminary Effectiveness, Feasibility and Acceptability (Work In Progress)

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Abstract

Introduction: Stroke is the second leading cause of disability, occurring when blood flow to the brain is blocked, causing insufficient oxygen and nutrients, leading to lasting damage. Many post-stroke patients experience negative feelings, insufficient treatment and decreased psychological well-being, which lowers independence and survival. ACTivate Your Life After Stroke (AYLAS) is a mindfulness-based intervention aiming to increase overall wellness. The primary objective is to gather preliminary data on the effectiveness of AYLAS in the West of Ireland. The secondary objective is to determine the feasibility of conducting a large trial by examining study recruitment and retention rates and exploring participant views on intervention acceptability.

Methods and analysis: This pilot study will aim to recruit n = 30 post-stroke patients. The participants will be recruited from Croi, a heart and stroke charity in Galway, before attending the AYLAS intervention. The intervention is based on acceptance and commitment therapy (ACT) and is delivered in four two-hour sessions. There will be one session per week for four weeks. Before session one of the intervention, the participants will fill out demographic questions, DASS-21, Psy-Flex Outcome, Warwick and Edinburgh Mental Well-Being Scale to determine baseline psychological well-being. After all sessions, the participants fill out the same questionnaires, including a new Global Impression of Change measure and open-ended acceptability qualitative questions. After data collection, an one-way ANOVA analysis and a thematic analysis will be used.

Implications: The results will provide preliminary data and patient acceptability to inform a large-scale trial.

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Experiences and perceptions of ebiking among older adults: a qualitative study

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Abstract

Background. Electric bicycles (ebikes) present an opportunity for sustained physical activity in older adulthood. Assistance from the electric motor allows users to travel further and cycle for longer, while at the same time achieving moderate to vigorous activity targets. This study aimed to understand experiences and perceptions of ebiking among older adults who currently use an ebike for leisure and/or for transport. Methods. Semi-structured interviews were conducted with thirteen participants aged 60 years or older. Interviews were conducted online and guided by a semi-structured schedule of questions. Data were analysed qualitatively using thematic analysis. Findings. Two themes were generated, relating to the opportunities and challenges presented to older adults by ebikes. Reported opportunities included staying active in older age, facilitating social contact with friends and family, and overcoming hilly terrains and long routes by bike. Challenges included handling the weight of the ebike, maintaining the ebike and related servicing costs, and concerns associated with road safety and cycling infrastructure. Discussion. Results highlight the potential for ebikes to support active and sustainable mobility among older adults. Potential barriers to ebiking in this cohort, linked to both the bike and built environment, may prevent inclusive uptake and should be accounted for when promoting ebiking to older adults. Policies and schemes aimed at supporting individuals to choose active and sustainable transport modes such as ebiking should reach older adults, given the potential health, social, and environmental benefits.

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MY-Psychology: Piloting a Psychological Science Programme for Youth Mental Health & Wellbeing Promotion for Transition Year Students

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Abstract

Mental health is reportedly the most prominent health concern for youth. School contexts are important settings for mental health promotion and intervention. These settings are especially useful for promoting mental health and health literacy and scaffolding youth in developing positive, protective behaviors. School-based mental health programs demonstrate efficacy in improving mental health and well-being outcomes for youth. This research aimed to develop and pilot a psychological science program to enhance and promote positive youth understanding of mental health and protective behaviors. The study targeted the inclusion of youth voices in informing the program's development and implementation. A 12-session program was designed and implemented with a convenience sample of 201 students drawn from five post-primary schools in the south of Ireland. The content was informed by youth mental-health perspectives and thematically presented: 1) Changing Health Behaviors 2) Managing social media 3) Understanding Emotions 4) Building Relationships 5) Considering Research; 6) Becoming a Leader These sessions were implemented by teachers and supported by researchers. We expect that the program will impact students positively on dimensions of science confidence, developing positive behaviors, self-esteem, and wellbeing. Pre-test results align with existing evidence that mental health and well-being are key areas of concern for youth. Pre and post-test findings will be presented and implications considered in the context of positive mental health promotion in schools.

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The RELEVANT Study:Rethinking stillbirth through behaviour change.

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Abstract

Background: Modifiable maternal behaviours (e.g., substance use, weight management behaviours, attendance at antenatal care, and sleep position) can have an influence on stillbirth risks. The study is a doctoral research project with the objective of developing an evidence base to inform future behaviour change interventions to reduce stillbirth.

Methods: Six projects composed of eight studies form the RELEVANT STUDY: a literature review of risk factors for stillbirth; a quantitative website content analysis exploring information provided online regarding stillbirth and risk factors; three qualitative evidence syntheses exploring facilitators and barriers to modifying substance use, weight management, and antenatal care attendance; a qualitative study exploring postpartum women's experience of antenatal health education and their awareness of stillbirth and risk factors; a systematic review of interventions to prevent stillbirth in high-income countries; and a survey of healthcare professionals to identify barriers to communicating.

Results: The studies show that there is a lack of awareness regarding stillbirth and risk factors in the postpartum population, which is tied to a lack of discussion between women and healthcare professionals, and a lack of information available regarding stillbirth through general pregnancy resources like websites. Personal, societal and structural factors also play an important role in womens' behaviour change.

Conclusions: Interventions addressing modifiable risk factors for stillbirth may facilitate behaviour change during pregnancy. Raising awareness about risks and promoting discussion to reduce misconceptions; as well as addressing external recurrent barriers like stigmatization and interference from the social context is essential to support behaviour change in women.

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A systematic review of behaviour change techniques used in the context of stillbirth prevention

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Abstract

Background

Some preventive efforts have been focused on tackling the behavioural risk factors for stillbirth. This study aimed to identify the Behaviour Change Techniques (BCTs) used in behaviour change interventions tacking behavioural risk factors for stillbirth such as substance use, sleep position, unattendance to antenatal care and weight management.

Study design

A systematic review of the literature was conducted in June 2021 and updated in November 2022 in five databases. BCTs were identified using the Behaviour Change Technique Taxonomy v1.

Results

Nine interventions were included in this review identified in 16 different publications. Of these, 4 interventions focused on more than one behaviour (smoking, monitoring fetal movements, sleep position, care-seeking behaviours), one focused on smoking, three on monitoring fetal movements and one on sleep position. Twenty-seven BCTs were identified. The most commonly used was “Information about health consequences” (n=7/9) followed by “Adding objects to the environment” (n=6/9). Three out of eight interventions assessed to date showed results in the reduction of rates of stillbirth. Of the remaining five, four interventions produced behaviour change (smoking reductions, increased knowledge, reduced supine sleeping time).

Conclusions

Interventions designed to date have limited effects on the rates of stillbirth and utilise a limited number of BCTs which are mostly focused on information provision. Further research is necessary to design evidence base behaviour change interventions with a greater focus to tackle all the other factors influencing behaviour change during pregnancy.

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Developing a Model of Decision Making to Explore Factors Impacting Risky Sexual Behaviours

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Abstract

The impact of poor sexual decision-making can be profound, from life-altering sexually transmitted infections (STIs) to unplanned pregnancies, representing a significant public health issue. Despite recent efforts to improve public knowledge about protective sexual health behaviour, increases in rates of STIs have been noted, with rates of sexually transmitted infections rising by 55% last year in Ireland, and in 2018, 1 in 5 Americans had an STI. Prior models of risky sexual behaviour (RSB) and decision-making have examined influencing factors in isolation from each other (e.g. impulsivity, fatigue, sexual arousal), and as such much about the nature of decision-making in this domain remains unclear. A more comprehensive model, which explores a combination of factors and their interaction is required to understand the nuances of sexual decision-making. The aim of this study was to go beyond existing research to develop a multi-factor model that accurately explains and predicts decision-making in RSB. Participants (N=125) ranging from ages 18-42, completed a series of questionnaires, measuring fatigue, emotional affect, self-criticism and self-reassurance, RSB, impulsive decision-making, and sexual arousal. For the following 29 days, participants also answered daily questions about their levels of RSB and sexual arousal. Data analysis is underway, with the main relationship to be analysed being between decision-making and RSB. The impact of the other variables on this core relationship will also be analysed. Impacts of the results on health policy and sexual education will also be explored.

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Variables associated with post-stroke PTSD; A systematic review and narrative synthesis

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Abstract

Background and Aims

Stroke is a major medical illness and the most common acquired neurological disease in adults. Stroke is often a sudden, traumatic, and potentially catastrophic event for those who experience it, leading to many stroke survivors experiencing post-stroke post-traumatic stress disorder (sPTSD). The development of sPTSD may impede patients' rehabilitation and negatively affect their long-term physical and psychological outcomes. The objective of this research was to conduct a systematic review and a narrative synthesis of the variables associated with the development of sPTSD. This review will also report on how sPTSD is assessed and the prevalence of sPTSD.

Methods

Seven databases (Web of Science, social sciences citation index, Embase, Pubmed, PsychInfo, Cinahl and PTSDPubs) were searched for studies that included samples of people who were 18 years of age or over, had had a clinically recorded stroke and who had a clinical diagnosis of PTSD post-stroke.

Results

Twenty-one studies were included in this review. The most frequent factors associated with the development of sPTSD were younger age and female gender. However, these findings are limited due to inconsistencies in the literature. The prevalence rate of sPTSD varied between 6.5% - 31%. In addition, each study varied considerably in its measure, timing and frequency of sPTSD assessment.

Conclusion

This review highlights the need for consistent methodologies in sPTSD research to ensure findings can easily be compared, contrasted, and built upon. In addition, the need to perform confirmatory analysis into the factors associated with the development of sPTSD is evident.

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Cancer Caregiver Health Literacy: A Cross-Sectional Survey

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Abstract

Health literacy skills are vital for cancer caregivers when helping cancer survivors to navigate their diagnosis, treatment, and recovery. This is the first phase of a wider study focusing on the development of an intervention to improve cancer caregiver health literacy.

A cross-sectional survey was completed by cancer caregivers. The survey collected demographic data and included several measures; Health Literacy of Caregivers Scale-Cancer, Cancer Health Literacy Test, eHealth Literacy Scale, General Self-Efficacy Scale, Distress Thermometer and the Zarit Burden Interview Short Version.

Caregivers scored lowest in Proactivity and determination to seek information, Understanding care recipient needs and preferences and Social Support health literacy domains. The relationship between health literacy and socio-demographic factors varied according to the factor and the health literacy domain. Higher scores in Cancer-related communication with the care recipient and Understanding care recipients needs and preferences were significantly associated with lower self-efficacy while higher eHealth literacy was associated with higher self-efficacy. Higher scores on Understanding care recipient needs and preferences and eHealth literacy were significantly associated with an increased likelihood of exhibiting high burden. Higher scores on Proactivity and determination to seek information was associated with a reduction in the likelihood of exhibiting high distress while higher scores on Understanding care recipient needs and preferences and Understanding the healthcare system were associated with an increased likelihood of exhibiting high distress.

Findings highlight key areas of need regarding cancer caregiver health literacy and provide insight into the relationship between cancer caregiver health literacy and socio-demographics, self-efficacy, distress and burden.

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Depression, Anxiety, Systemic Inflammation and Somatic Symptoms in Adolescence: Evidence from the ALSPAC Study.

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Abstract

Introduction:

Depression and anxiety disorders can emerge during adolescence, with onset during this developmental period associated with poor long-term outcomes. Both conditions are commonly comorbid with the experience of somatic symptoms. Moreover, increased levels of inflammatory markers, such as CRP, have been observed in both depression and anxiety. These inflammatory processes may impact on pain signalling pathways in the nervous system, potentially playing a role in the relationship between mental health and somatic symptoms. Shifts in biological and behavioural processes during adolescence may lead to, or exacerbate anxiety and depression symptoms and inflammatory processes. As such, adolescence may present a sensitive time for the emergence of mental health-related somatic symptoms.

Methods:

Secondary data analysis of the Avon Longitudinal Study of Parents and Children (ALSPAC) dataset will be carried out. Measures will include: Mental Health (Anxiety and Depression); Systemic Inflammation (blood serum C-reactive Protein); and Somatic Symptoms at age 17.

Planned analyses:

The research is in progress, including pre-registration. The analysis plan is to use regression modelling to examine the relationship between mental health, systemic inflammation, and Somatic Symptoms at age 17. The analyses will test a mediation model (Baron & Kenny, 1986) wherein CRP – as a measure of systemic inflammation – mediates any association between depression and anxiety, and somatic symptoms. These results will be presented.

Anticipated contribution:

This work will contribute to the ongoing efforts to determine the pathways by which systemic inflammation may play a role in both mental health, and somatic symptoms.

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HPV vaccination in gay and bi men: Predictors, a dynamic norms experiment, and connectedness to the LGBT+ community

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Abstract

Background

Dynamic framing of counter-normative messages may be effective at increasing unpopular behaviours. This study tested social cognitive predictors of HPV vaccination and a dynamic norms intervention for increasing HPV vaccination intentions in gay, bisexual, and other men who have sex with men (gbMSM).

Methods

Participants (n=217 gbMSM aged 18-45 in Ireland) provided data on sociodemographic constructs and constructs from the Theory of Planned behaviour and the Health Belief Model. Unvaccinated participants (n=94) were randomised between three experimental conditions (no norms, static norms, dynamic norms) and presented with information on HPV vaccine uptake in gbMSM in Ireland before reporting vaccination intentions.

Findings

In an adjusted logistic regression, significant predictors of vaccination included being in a relationship (OR=8.69 [1.09, 38.91]), perceived susceptibility (OR=1.11 [1.04, 1.19]), healthcare provider recommendation (OR=107.24 [26.87, 427.99]), and perceived barriers (OR=.83 [.7, .98]). Adjusted linear regression models showed no significant differences in HPV vaccination intentions between no norms and static norms (B=-1.24 [-4.6, 2.12]), dynamic norms and static norms (B=-.62 [-3.86, 2.63]), and dynamic norms and no norms (B=.62 [-2.74, 3.98]). Connectedness to the LGBT+ community did not moderate these differences.

Discussion

The impact of perceived susceptibility, the impact of barriers, and the strong influence of a recommendation from a healthcare provider in predicting HPV vaccination among gbMSM should be considered by policymakers. Dynamic norm messaging may be less effective for vaccination than other behaviours more easily influenced by social norms. Efforts to implement dynamic norm-based interventions in gbMSM should consider the limited evidence of efficacy.

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Can behaviour change interventions reduce expectations for inappropriate antibiotic use among the community when presenting with respiratory tract infections? A systematic review and meta-analysis protocol

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Abstract

Background: Antimicrobial Resistance(AMR) is recognised as a global health and economic threat by the World Health Organisation and World Bank. Key sources point to patient and public demand as key drivers of inappropriate antibiotic use. Future-proofing public expectations for antibiotics, particularly for influenza-like illness and other respiratory tract infections (RTIs), through effective psychological interventions, is recognised herein. This systematic review aims to synthesise the available evidence on individual level behaviour change interventions which address inappropriate health-seeking behaviours for antibiotic use related to RTIs among the community.

Methods: A search strategy will be developed, and applied across six databases(Cochrane, MedLine(Ovid), CINAHL+, Embase, PsycINFO and Web of Science). Randomised controlled trials published in any language between inception to April 2023 will be included for data collection, quality assessment, analysis, and synthesis.

Expected findings: This paper looks to piece together a fragmented landscape of psychological interventions adopted to mitigate the community's need for antibiotics through evidence synthesis, compared to non-intervention standard-of-care. Should sufficient data from quality studies be available, meta-analysis of interventional sub-groups will be tabulated.

Discussion: As antimicrobial consumption continues to remain high, combat against AMR looks at several modalities. Previous systematic reviews have focused on behavioural interventions applied to clinicians to reduce the effect of inappropriate prescribing; however, this is the first known systematic review to focus on patient-focused interventions. This review can help strengthen the multi-modality approach needed to combat AMR, amidst the backdrop of a global pandemic and in the foreground of another potential one.

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Poor quality studies preclude network meta-analysis of depression treatments in people with cancer: Hybrid systematic review

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Abstract

Abstract

Background

Depression is common among patients with cancer and is associated with poor outcomes. Evidence for the best depression treatments among patients with cancer is limited. We aimed to address this by conducting a network meta-analysis (NMA) of different depression interventions for people with cancer.

Methods

We extracted data from systematic reviews of randomised controlled trials (RCTs) of depression interventions, before performing a supplemental search for more recent RCTs. We included RCTs comparing pharmacological, psychotherapy, exercise, combination therapy, collaborative care or complementary and alternative medicine interventions with each other, or with various comparator groups, among adults who currently have cancer or a history of any cancer and elevated depressive symptoms.

The Risk of Bias 2 tool was used prior to assess study quality prior to a planned NMA.

Results

9130 citations yielded 63 (including 7 head-to-head) RCTs. 28 studies used psychotherapy, 13 pharmacotherapy, 7 collaborative care, 6 Complementary and Alternative Medicine, 3 combination care interventions, 3 unlicensed pharmacotherapy interventions, 2 exercise interventions, and 3 were classified as other. 51 RCTs were found to have a high risk of bias, 9 were found to have some concerns of bias and only 3 were found to have low risk of bias. No NMA was therefore possible.

Discussion

Poor quality studies preclude network meta-analysis of depression treatments in people with cancer, so it is unknown what treatments should be recommended for this population. High-quality studies are urgently needed.

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‘To explore family therapists experience, knowledge and training related to anorexia nervosa and its treatment’

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Abstract

Background: Family therapy is an approach used to understand a person’s emotional distress with a strong focus on the family or relationship environment. There is strong empirical evidence to support the role of family therapy in the treatment of people experiencing anorexia nervosa (AN), a condition carrying with it, a significant health burden and associated psychosocial impairments.

Aims and Objectives: This exploratory descriptive qualitative study aimed to gather an understanding of the experience, knowledge and training of family therapists regarding AN and its treatment.

Methods: Seven registered family therapists were selected through the FTAI using convenience sampling. Data collection was through semi-structured interviews utilising thematic analysis. Consolidated Criteria for Reporting Qualitative Research (COREQ) checklist was applied.

Outcomes: Findings revealed five themes that were developed from the data through thematic analysis. These included: value of knowledge, communities of support, scaffolding to frame a session, the delicate dance between the therapist and client, future direction of family therapy training.

Conclusions: The findings revealed that participants highly valued their training in family therapy and that the core skills acquired gave them an excellent base from which to continue more focused training in the post registration phase, in AN. Having supportive colleagues assisted in continuous professional development in AN. All participants referred to the future direction of family therapy training and highlighted the need to incorporate information on AN into the family therapy training programme and a further need to offer training through workshops facilitated through the FTAI in the post registration phase.