Division of Health Psychology
Annual Conference 2017
Mercure Cardiff Holland House Hotel & Spa
6–8 September
Programme and Abstracts

www.bps.org.uk/dhp2017  #dhpconf
Contents

4 Welcome
7 Useful Information
11 Keynote Speakers
15 Timetable & Posters
   15 Timetable – Wednesday
   19 Work in Progress & General Posters
   21 Timetable – Thursday
   26 Health Psychology in action & General Posters
   28 Timetable – Friday
   30 General Posters
32 Summaries of Presentations
   32 Keynote Speakers
   34 Invited Sessions
   36 Symposia
   45 Workshops & Pre-conference Workshops
   47 Oral Presentations
   101 Work in Progress & General Poster Presentations
   114 Health Psychology in Action & General Poster Presentations
   126 General Poster Presentations
141 Exhibitors & Sponsors
Welcome from the DHP UK Conference Chair

We are delighted to welcome you to the 2017 Annual Division of Health Psychology Conference, hosted in the wonderful city of Cardiff. Over the years the Division of Health Psychology conference has evolved and become one of the main forums where great Health Psychologists meet to share their worthy and interesting research. Our diverse programme has a great mix of symposia, workshops, as well as oral and poster presentations. That is not to forget our brilliant Keynote Speakers; Professor Paul Flowers; Professor Jane Ogden and our International speaker; Professor Anne Kazak. In addition, our Keynotes will be part of a publicity event that is aiming to address whether systemisation will bury or elevate health psychology. Join in on the discussion and have your say!

Although we have an excellent scientific programme we hope you enjoy the social events that we have planned. You will not want to miss the reception drinks, which is being held at the Welsh assembly overlooking the bay. We have Assembly members coming as well as some interesting VIP guests that lead on Public Health and Commissioning for Wales. As we know funding is becoming harder to come by in health, so some of our delegates might be interested in talking to Cancer Research UK, who is one of our sponsors at this year’s conference. There are lots of exciting opportunities for collaboration and not to forget the great conference dinner where we can all come together and celebrate Health Psychology.

A conference as big as the DHP takes a lot of organising and I would like to thank the DHP Committee, the Standing Conference Scientific Committee and the BPS Professional Development Team for all their hard work. I hope you have a fantastic time at this year’s conference, networking, learning and just having fun.

With very best wishes,

Trierce Turnbull
DHP National Conference Chair
Welcome from the Current and Incoming DHP Chairs

Welcome to the 2017 DHP Annual Conference.
We have put together a strong academic programme showcasing health psychology at its best; we have a fantastic set of Keynote speakers, as well as a diverse range of parallel oral and poster sessions.
We have built on the success of our past conferences and have taken into account your helpful feedback. As we are sure you can imagine a lot of hard work goes into planning and delivering the annual conference, both from your DHP committee as well as the BPS conference team. There are too many people to thank here, but we really appreciate their generosity in sharing both their precious time and their experience.
Don’t forget that this is also an opportunity for you to network, catch up with colleagues and meet new people, and of course, you can meet the DHP Committee and share your thoughts about where you would like us to focus our attention in the coming year.
We look forward to meeting you in Cardiff and hope you enjoy the conference.

Karen Rodham
Current Chair
2015–2017

Jo Hart
Incoming Chair
2017–2019
Conference Team

DHP UK Conference Chair
Triece Turnbull

Standing Conference Scientific Committee (SCSC)
Chris Armitage (SCSC Chair)
Elaine Cameron
Margaret Husted
Rachel Shaw
Triece Turnbull (DHP UK Conference Chair)

DHP Executive Committee

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<tr>
<th>Role</th>
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<tr>
<td>Chair</td>
<td>Karen Rodham</td>
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<td>Chair Elect</td>
<td>Jo Hart</td>
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<td>Honorary Treasurer</td>
<td>Heather Semper</td>
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<td>Honorary Secretary</td>
<td>Abbie Jordan</td>
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<td>Support Officer</td>
<td>Hannah Ballance</td>
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<td>National Conference Lead</td>
<td>Triece Turnbull</td>
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<td>Policy Officer</td>
<td>Amanda Bunten</td>
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<td>Practitioner Lead</td>
<td>Wendy Lawrence</td>
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<td>Emily Arden-Close</td>
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<td>Research Lead</td>
<td>Rachel Shaw</td>
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<td>Margaret Husted</td>
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<td>P&amp;L – HPU Editor</td>
<td>Kirby Sainsbury</td>
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<td>P&amp;L – Public Engagement</td>
<td>Anita Mehay</td>
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<td>PostGrad Lead</td>
<td>Shanu Sadhwana</td>
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<td>DHP Scotland Chair</td>
<td>Hannah Dale</td>
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<td>DHP Wales Chair</td>
<td>Deborah Lancastle</td>
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<td>DHP NI</td>
<td>Tony Cassidy</td>
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BPS Professional Development Centre
Lianne Goddard, Conference Organiser
Hollie Etheridge, Conference & Professional Development Assistant
Useful Information

Accommodation/leisure facilities
If you have booked accommodation is at the Mercure Holland House you can check-in from 14:00 on your arrival day, you are requested to vacate your room by 12:00 on the day of your departure. Breakfast for residential delegates will be served between 07:00–10:00 in the Urban Bar & Kitchen Restaurant.

For a great way to energise yourself at the start of the day, or wind down at its end why not use the hotel’s health, fitness and beauty facilities. These include a 16m swimming pool, thermal suite and fully equipped gym which are available for use for our residential delegates. Spa treatments are available at an additional cost, see the Spa staff for details.

AGM
The Division of Health Psychology Annual General Meeting will take place on Thursday 7 September at 13:15 and will be held in the Caernarfon. Delegates are welcome to bring their lunch to the AGM.

Badges
Your badge will be provided when you register, please wear your badge at all times whilst on-site at the event.

Cardiff city centre
The hotel is located right in the heart of city centre so you are only a 5 minute walk away from all the local amenities. There are lots of signs around the area pointing you in the right direction.

Catering
Refreshment and lunch breaks will all take place in the Calon Suite 2. If you have informed us of a dietary requirement, please let a member of the catering team know.

Conference Dinner
The Conference Dinner will take place on Thursday 7 September in Calon Suite 1. The dinner is included in the full residential package or pre-booked as an additional option. If you do not have a dinner booking and wish to attend, please check with the BPS Conference Registration Desk for availability.

Messages & programming changes
A message board will be situated next to the registration desk.

Mobile telephones
We respectfully request that all mobile telephones are turned off or turned to silent mode whilst you are in any of the conference sessions.
Poster sessions
There are three dedicated poster-viewing sessions which will take place in the Calon Suite 2.

- Wednesday  15:40–16:10 Works in Progress & General posters
- Thursday  16:00–17:00 Health Psychology in Action & General posters
- Friday  11:40–12:10 General posters

The poster sessions will not be chaired again this year but the presenters will be by their posters to answer any questions during each poster session.

Presenters
Please go to your session room at your earliest convenience (preferably within a break or registration slot) to pre-load your presentation. There will be an AV technician on hand to help you set up should you need it. We would also like to take this opportunity to remind you how important it is that your session keeps to time. Please be respectful of your session Chair who will provide an indication of your remaining time.

Recycling
We are aware that conferences produce a lot of paper and other waste, and encourage you to help us to try and reduce this as much as possible. Any paper materials that you do not need please put in the box by the Registration Desk.

Registration
All delegates attending the conference must report to the Registration Desk on their arrival to collect their badge and delegate pack. You will find the registration desk located in the hotel’s foyer. Registration will be open at the following times and will remain open throughout the day.

- Wednesday  10:30am
- Thursday  08:30am
- Friday  09:00am

Stewards
If you need help finding your way around or loading a presentation, our friendly stewards wearing purple t-shirts will be happy to assist.

Taxis
You can order a taxi from Premiere Cars Cardiff on 02920 555 555.

Twitter
You can find us at @BPSConference. We are using #dhpconf

Wi-Fi
Wi-Fi access is complimentary throughout the Hotel, the network is Mercure Cardiff. You will need to input a valid email address to gain access.
Venue layout

BPS Registration Desk – Entrance Foyer (Groundfloor)

Posters – Calon Suite 2 (Groundfloor)

Exhibition and Lunch – Foyer and Calon Suite 2 (Groundfloor)

Keynote Speakers – Calon Suite (Groundfloor)

Breakout Sessions – Caernarfon, Brecon and Kidwelly (First floor & Second floor)
Dinner & Social Arrangements

Tuesday 5 September
Postgraduates pre-conference drinks
Have some friendly faces to say hello to when you attend the conference! Students and early career researchers are invited to an informal meet up to get to know each other and some of the DHP committee in a charming local pub in the heart of Cardiff.
18:30–21:00 at The Owain Glyndwr (see https://www.craft-pubs.co.uk/theowainglyndwr for menus and directions). Drinks and nibbles will be available for purchase.

Wednesday 6 September
Wine reception
The wine reception will be held at the Welsh Assembly Rooms, Cardiff Bay from 19:00 to 20:00. All delegates are welcome to attend. Enjoy a glass of wine, take in the stunning building and view of Cardiff Bay. Kindly sponsored by Jenny Rathbone, Welsh Assembly member.

Wednesday night restaurants
There are a variety of cuisines on offer including Chinese, English, Italian and Indian. Pre-booking of restaurants has not been arranged, delegates are free to choose any restaurant. Some of Cardiff Bay’s restaurants have been listed on the conference website, social page.

Postgraduates Wednesday night dinner – a bite at the bay
After the conference drinks, the Post Grad subcommittee will be sauntering to The Mount Stuart for a cheap and cheerful bite to eat. Students and early-career researchers are welcome to join us.

Thursday 7 September
DHP Conference Dinner
The Conference Dinner will be held in the Calon Suite at 19:30 at the Mercure Holland House Hotel and Spa. The evening will start with pre-dinner drinks followed by a 3 course meal and entertainment. Pre-booking only. The dress code is smart casual.

Audio Candy
Audio Candy’s versatile repertoire features the best dance floor fillers from 60s to current chart, including classics by the likes of Michael Jackson, Stevie Wonder & Earth Wind and Fire, as well as recent chart toppers by Kings Of Leon, Bruno Mars, DNCE, Justin Timberlake and many more!
Keynote Speakers

**Professor Paul Flowers**

Professor Flowers is a Fellow of the Academy of Social Science, an HCPC Registered Health Psychologist and a BPS Chartered Psychologist. He holds a Personal Chair in Public Health Psychology. Professor Flowers leads the Public Health research at Glasgow Caledonian University. Currently he has a number of projects mostly focusing upon aspects of infectious disease prevention. These include developing interventions to improve partner notification following diagnosis with a sexually transmitted infection, reducing the drivers of antimicrobial resistance amongst the pet owning public, increasing the acceptability of screening for healthcare associated infections. Overall his work addresses the use of mixed methods in understanding people’s health behaviours and designing and evaluating interventions to improve health and wellbeing. He is currently as associate editor for the *British Journal of Health Psychology*, he is also on the editorial boards of *Health: an interdisciplinary journal for the social study of health, illness and medicine*, *Journal of Health Psychology*, *Psychology and Sexualities* and *The Journal for the international AIDS Society* and *Frontiers in Public Health*.

**Dr Jane Ogden**

After completing her PhD at the Institute of Psychiatry in 1990 Jane Ogden lectured first at Middlesex University then Kings College London. She joined the University of Surrey as Professor in Health Psychology in 2005 where she teaches psychology, medical, vet, nutrition and dietician students to think more psychologically about health. Her research focuses on eating behaviour and obesity management, symptom perception, aspects of women’s health and communication. She has published 6 books including *Health Psychology*; a textbook which is now in its 5th edition and has been translated into 6 languages, *The Psychology of Eating* which is in its 2nd edition and has been translated into 3 languages and *The Good Parenting Food Guide* which is aimed at a lay audience. She has also published over 170 papers including several theoretical critiques and debates and is a regular contributor to the media writing a regular column for ‘The Conversation’.
Dr Anne Kazak
Anne E. Kazak, Ph.D., ABPP is co-Director of the Center for Healthcare Delivery Science at Nemours Children’s Health System in Wilmington, Delaware. She is the Editor-in-Chief of the American Psychologist and a past Editor of *Health Psychology, Journal of Family Psychology, and Journal of Pediatric Psychology*. Dr Kazak is a licensed psychologist and Professor of Pediatrics at the Sidney Kimmel Medical School of Thomas Jefferson University. Dr Kazak’s experience as a clinician, researcher and administrator has helped to advance integrated (medical, behavioral) care for children and families from a systems perspective. She is a frequent consultant and reviewer on national and international projects related to pediatric psychology. Dr Kazak received her Ph.D. in Clinical-Community Psychology from the University of Virginia and completed her internship training at Yale University School of Medicine, Department of Psychiatry. Her undergraduate degree was awarded by Smith College.
DHP Postgraduate Programme
– Wednesday 6 September

The following events are open to both post and undergraduate delegates of the DHP Conference.

Pre-Conference Workshop – 9:00–12:00 Calon (pre-booking required)

The why, where, what and how of writing for peer-reviewed publications

Chris Armitage, University of Manchester

Writing for peer-reviewed publications is core to academic life and this interactive workshop will explore the why, where, what and how of writing for peer-reviewed publications. At first glance, the ‘why’ seems obvious as PhD thesis chapters increasingly resemble peer-reviewed articles, but peer-reviewed publications can serve numerous different functions that are not immediately obvious. These differing functions that peer-reviewed publications serve are important because they inform ‘where’ to send one’s article for publication and ‘what’ to write (and indeed what not to write). Participants are asked to come along with a hard copy of an abstract they have written (either previously or for the purposes of the workshop) so that we can begin to address the ‘how’ of writing for peer-reviewed publications.

Works in progress poster session

Calon Suite 2, 15.40–16.10 (open to all delegates)

This poster session represents the largest collection of purely student work at the conference. This session will provide a unique opportunity for sharing valuable ideas, eliciting useful feedback on early-stage work, and fostering discussions and collaborations among colleagues.
DHP Expert Discussion – Thursday 7 September

14:20– 16:00

Inspiration versus perspiration: Will systemisation bury or elevate health psychology?

Incoming DHP Chair, Dr Jo Hart, will facilitate an exciting discussion to debate the current move within the discipline towards the adoption of systematic approaches for design and evaluation of behaviour change intervention. For a number of years there have been calls for health psychologists to use a single model or theory of behaviour change and this discussion will debate the merits or pitfalls of such an approach. The invited speakers will include Professor Jane Ogden, Professor Paul Flowers, and Dr Anne Kazack.

Members who would like to submit questions for consideration prior to the event should email: publicityliaisonchairdhp@bps.org.uk
## Timetable

Our conference programme is subject to change at any point before or during the conference itself. We are unable to accept responsibility for changes made which are outside of our control.

<table>
<thead>
<tr>
<th>Time</th>
<th>Session</th>
<th>Location</th>
<th>Chair(s)</th>
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<tr>
<td>09:00-12:00</td>
<td>Postgraduate Workshop: The why, where, what and how of writing for peer-reviewed publications Chris Armitage, <em>University of Manchester</em></td>
<td>Calon</td>
<td>Chair: Emily Arden-Close <strong>Postgraduate Workshop:</strong> The why, where, what and how of writing for peer-reviewed publications Chris Armitage, <em>University of Manchester</em></td>
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<td>Chair: Kirby Sainsbury <strong>Ecological momentary assessment (EMA) methods in health psychology: An introductory workshop</strong> Daniel Powell, <em>University of Aberdeen</em></td>
<td>Caerarfon</td>
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<td>11:30</td>
<td>Welcome – Calon 2</td>
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<td>12:30</td>
<td>Lunch – Calon</td>
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<td>12:45</td>
<td>Keynote Speaker – Calon <strong>Engaging the public with antimicrobial resistance: Methods, theory, complexity and two house rabbits</strong> Professor Paul Flowers, <em>Glasgow Caledonian University</em></td>
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<td>13:50</td>
<td>Chair: Heather Semper <strong>8184 Participation in a Massive Open Online Course (MOOC) on dementia care. An evaluation of caregivers’ perceptions</strong> Alison Killen, <em>Newcastle University/Staffordshire University</em></td>
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<td>Chair: Rachel Shaw <strong>8147 Symposium Helping carers to care: Supporting the formal and informal carers of people with dementia</strong> Shanu Sadhwani, <em>Brighton &amp; Sussex Medical School</em></td>
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<td>Chair: Wendy Lawrence <strong>8055 Implementing a new enhanced recovery pathway: A qualitative study comparing three UK hospitals</strong> Astrid Coxon, <em>University of East Anglia</em></td>
<td>Brecon</td>
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<td>Chair: Amanda Bunton <strong>8038 What is the active content of interventions that target the public’s engagement with antimicrobial resistance?</strong> Lynn Williams, <em>University of Strathclyde</em></td>
<td>Kidwelly</td>
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<td>14:10</td>
<td>8064</td>
<td>Paper 1: Changing perceptions: Enhancing dementia care by developing volunteers understanding Jodie Proctor, Age UK</td>
<td>8368 Community led sex and relationship education for parents and their children: A qualitative evaluation Triece Turnbull, University of Northampton</td>
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<td>Paper 2: The psychological impact of caring for a partner with dementia: Experiences of the ‘hidden patient’ Laura Eddins, Vale of Glamorgan Council/Cardiff Metropolitan University</td>
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<td>14:30–14:50</td>
<td>8274</td>
<td>Paper 3: Identifying depression: Meeting the psychological needs of people with dementia in the care home Jodie Campbell, Anchor UK</td>
<td>7988 A behaviour change learning activity for undergraduate students Delyth James, Cardiff University</td>
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<td>Paper 4: Stigma, nihilism and uncertainty: GP barriers to diagnosing dementia. A qualitative study Shanu Sadhwani, Brighton &amp; Sussex Medical School</td>
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<td>14:50</td>
<td><strong>Symposium continued</strong></td>
<td><strong>Tamsyn Hawken, University of Bath</strong></td>
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<td>15:10</td>
<td><strong>Refreshment break – Calon</strong></td>
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<td>15:40</td>
<td><strong>Work in progress &amp; general posters – Calon 2</strong></td>
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<td>16:10</td>
<td>Chair: Shanu Sadhwana</td>
<td><strong>Pain</strong></td>
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<td>8233</td>
<td>A qualitative study to inform development of a novel psychosocial intervention to accompany osteopathic treatment for persistent pain</td>
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<td>Maria Madalina Saracutu</td>
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<td>Chair: Hannah Ballance</td>
<td><strong>Intervention Development</strong></td>
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<td>7916</td>
<td>The Human Behaviour-Change Project: Collaborating with computer and information scientists to improve behavioural science</td>
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<td>Emma Norris, Centre for Behaviour Change, University College London</td>
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<td>Chair: Anita Mehay</td>
<td><strong>Workshop</strong></td>
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<td>7997</td>
<td>Engagement with digital behaviour change interventions</td>
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<td>Kat Bradbury, University of Southampton</td>
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<td>Chair: Elaine Cameron</td>
<td><strong>Workshop</strong></td>
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<td>8241</td>
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<td>Health psychology in under-explored tonalities: Musicians' health and wellbeing</td>
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<td>Raluca Matei, Royal Northern College of Music</td>
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<td>16:30</td>
<td>8178 Changing drawings of pain and self during a chronic pain self-management journey: A multimodal longitudinal study using interpretative phenomenological analysis Isabella Nizza, Birkbeck, University of London</td>
<td>7936 Imagery interventions in health behaviour: A meta-analysis Dominic Conroy, Birkbeck University of London</td>
<td>Workshop 7997 continued</td>
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<td>16:50</td>
<td>Inspire and innovate: Cancer Research UK funding opportunities for population research Alexis Webb, Research Funding Manager</td>
<td>8091 Enhancing and monitoring implementation fidelity of behaviour change interventions delivered in public health practice: A methodological framework Stefanie Williams, Coventry University</td>
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<td>17:10–17:30</td>
<td>7971 Using the behaviour change wheel to understand midwives &amp; physical activity behaviours Vivien Swanson, NHS Education for Scotland</td>
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<td>MSc Award Winner A cross-sectional investigation of the cognitive, behavioural and affective factors associated with fatigue severity and fatigue-related impairment in paediatric multiple sclerosis Holly Bear, Evidence Based Practice Unit, UCL</td>
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<td>19:00–20:00</td>
<td>Networking wine reception – Welsh Assembly, Cardiff Bay</td>
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<td>WIP01</td>
<td>Negotiating conversation and interaction through videoconferencing in speech language therapy: A conversation analytic study</td>
<td>Rachel Rahman, Aberystwyth University</td>
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<td>WIP02</td>
<td>Evaluating the impact of woodland activities on personal wellbeing</td>
<td>Heli Gittins, Bangor University</td>
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<td>WIP03</td>
<td>How can we most effectively promote long-term adherence to an exercise programme for individuals with mild cognitive impairment and early dementia?</td>
<td>Jennie Hancox, University of Nottingham</td>
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<td>WIP04</td>
<td>Healthcare professionals’ perceptions of pulmonary rehabilitation as a management strategy for patients with chronic obstructive pulmonary disease</td>
<td>Emma Swift, Edge Hill University</td>
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<td>WIP05</td>
<td>Information about drinking in ex-serving personnel (InDEx app): Development of a mobile based alcohol intervention</td>
<td>Jo-Anne Puddephatt, University of Liverpool</td>
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<td>WIP06</td>
<td>The development and evaluation of a digital smoking cessation intervention for offenders</td>
<td>Stephanie Dugdale, Breaking Free Group</td>
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<td>WIP07</td>
<td>Anaphylaxis and nonadherence to adrenaline pen use in adults: The impact of a theoretically informed training intervention on staff knowledge and beliefs</td>
<td>Béré Mahoney, University of Worcester</td>
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<td>WIP08</td>
<td>H.E.A.R.T Study – Health and wellbeing events after gynaecological-related cancers and their treatment</td>
<td>Anuska Randolph-Stephens, The Royal Marsden NHS Foundation Trust/University of Surrey</td>
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<td>WIP09</td>
<td>The role of social media in how midlife women construct identities in relation to alcohol consumption, a thematic analysis</td>
<td>Catherine Wyatt, University of Derby</td>
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<td>WIP10</td>
<td>Can an intervention in general practice increase sign-up rates to the NHS organ donor register? A feasibility randomised controlled trial</td>
<td>Catrin Pedder Jones, University of Bedfordshire</td>
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<td>WIP11</td>
<td>Using social cognitive theory-based interviews with adults with mild-moderate learning disability and carers to understand healthy eating, physical activity and sedentary behaviour in this population</td>
<td>Kiran Bains, City University</td>
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<td>WIP12</td>
<td>Positive affect, diabetes, and diabetes-related outcomes: A systematic review</td>
<td>Benjamin Gibson, Liverpool John Moores University</td>
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<td>WIP13</td>
<td>The effect of mindfulness on rational thinking</td>
<td>Stephanie Farrar, City, University of London</td>
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| WIP14 | Developing a coping scale for food allergy in children and adolescents aged 8–16 years old – A work in progress  
Jennifer Hammond, *Aston University* |
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| WIP15 | How has intervention fidelity been assessed in smoking cessation interventions?  
A systematic review  
Suhana Begum, *City, University of London* |
| WIP16 | Intersectional identities and dilemmas within interactions with health care professionals: An interpretative phenomenological analysis of gay Muslim identities  
Joanna Semlyen, *UEA* |
| WIP17 | BME individuals and mental health: Reasons for non-engagement and disengagement with mainstream mental health services: A systematic review of the literature  
Meredith Wilkinson, *De Montfort University* |
| WIP18 | Distinguishing between ‘ancient’ and ‘modern’ stressors: A framework for analysis of psychosocial stressors and self-conscious emotions  
Evangelos Katsampouris, *University of Bath* |
| WIP19 | Exploring the emotional/psychological experiences of hEllp syndrome (hemolysis, elevated liver enzymes, low platelet count in pregnancy)  
Michelle Andipatin, *University of Western Cape* |
| WIP20 | Mind and body: An evaluation of an early intervention for young people who engage in self harm  
Richard Joiner, *University of Bath* |
| WIP21 | Can perceived adverse parental bonding experiences and emotional eating predict food addiction in an adult sample?  
Regina Holler, *University of Derby, Online Learning* |
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| 09:00 | Chair: Anita Mehay  
Symposium  
7973  
50 Shades of pain:  
The mediation of pain experience  
Emily Doe, University of Buckingham  
Paper 1: The biospsychosocial factors associated with pain in people with a spinal cord injury  
Margaret Tilley, University of Buckingham  
Paper 2: An exploration of online health services for chronic pain patients  
Jill Suckling, University of Buckingham  
Paper 3: Fostering peer-led support groups: reflecting on the transition from pain management services to chronic pain support groups  
Katherine Finlay, University of Buckingham | Chair: Rachel Shaw  
Healthcare Professionals 8025  
‘People call them corridor moments don’t they?’  
Barriers and enablers to midwife-health visitor collaboration using the Theoretical Domains Framework  
Maria Raisa Jessica Aquino, City, University of London  
8269 Factors influencing prescribing of disease modifying therapy for people with multiple sclerosis: A UK-wide qualitative interview study  
Elaine Cameron, University of Manchester | Chair: Shanu Sadhwana  
General Health Behaviours 8282  
Predictors of ultraviolet radiation exposure in patients with xeroderma pigmentosum: Prospective daily diary study with objective measurement of ultraviolet radiation  
Sam Norton, King’s College London | Chair: Amanda Bunten  
Social Support & Caregiving 8090  
The experiences and needs of caregivers of people with multimorbidity: A scoping review  
Mollie Price, School of Social Sciences, Leeds Beckett University |
| 09:20 | 8269 Factors influencing prescribing of disease modifying therapy for people with multiple sclerosis: A UK-wide qualitative interview study  
Elaine Cameron, University of Manchester | 7959 Do social cognitive constructs predict physical activity behaviour within individuals? A series of N-of-1 studies  
Christopher O’Donnell, University of the West of Scotland | 8023 A qualitative study exploring South Asian carers experience of caring for people with dementia in the Midlands, UK  
Atiya Kamal, Birmingham City University |
| 09:40 | Paper 3: Fostering peer-led support groups: reflecting on the transition from pain management services to chronic pain support groups  
Katherine Finlay, University of Buckingham | A European survey of the provision of specialist psychosocial support for people with visible differences  
Diana Harcourt, University of the West of England, Bristol | 8091 We are what we (think we) eat: The effect of expected satiety on hunger, fullness, later consumption and ghrelin response  
Steven Brown, Sheffield Hallam University | 8021 Social support, diurnal cortisol rhythms and recovery after coronary artery bypass graft surgery  
Aikaterini Gkourani, Department of Epidemiology & Public Health, University College London |
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<tr>
<td>10:00</td>
<td>Symposium 7973 continued</td>
<td>7953 Being a second victim: How staff understand their involvement in an adverse clinical event Vanita Chamdal, University of Leicester &amp; Ceri Jones, Cardiff University</td>
<td>7930 Testing the effects of an environmental alcohol prime and a safe sex prime on perceptions and behaviour Henry Johnson, University of West London</td>
<td>7935 Giving and receiving social support following a prostate cancer diagnosis: A couples analysis Kayleigh Nelson, Swansea University</td>
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<tr>
<td>10:20</td>
<td>Paper 4: Metaphor and mindfulness; managing neuropathic pain after spinal cord injury Jasmine Hearn, University of Buckingham</td>
<td>8056 Can primary care nurses improve biopsychosocial care and self-management for long-term conditions – a feasibility trial/ process evaluation of the person centred assessment method (PCAM) Eileen Calveley, NMAHP-RU, University of Stirling</td>
<td>8281 Proscriptive vs. Prescriptive health recommendations to drink alcohol within recommended limits: Effects on moral norms, attitudes, intentions, and behaviour change Louisa Pavey, Kingston University</td>
<td>Delivering a public health intervention with a UK South Asian audience on Type 2 Diabetes prevention and management: Discussing taboo subjects Kiran Bains, City, University of London</td>
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<td>11:10</td>
<td>Chair: Hannah Ballance Adherence 8132 Developing pharmacist-led interventions to support medicines adherence in cardiovascular patients John Bartoli-Abdou &amp; Jacob Crawshaw, King’s College London</td>
<td>Chair: Abbie Jordan Stigma &amp; Appearance 18120 ‘I have genital herpes. Now what do I do?’ Navigating the road back to psychosocial recovery Katie Watts, City, University of London</td>
<td>Chair: Wendy Lawrence Cross-Cultural Health 8101 Can UK health psychologists have a role in health partnerships? Findings from The Change Exchange Jo Hart, University of Manchester</td>
<td>Chair: Rachel Shaw Patient Experience 7574 Using Photovoice to explore the experience of living with fibromyalgia Valerie Todd, University Centre at Blackburn College</td>
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<td>Improving medication adherence in stroke survivors: The intervention development process Elise Crayton, King’s College London</td>
<td>Understanding the experience of stigma in Pernicious Anaemia (PA) Heidi Seage, Cardiff Metropolitan University</td>
<td>What are dentists’ and patients’ views and experiences of the practicality and acceptability of screening for diabetes in dental settings? Koula Asimakopoulou, King’s College London, Dental Institute</td>
<td>‘It’s when you’re not doing too much you feel tired’: A qualitative exploration of fatigue in End-Stage Kidney Disease (ESKD) Federica Picariello, King’s College London</td>
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<td>Social support and illness perception are determinants of adherence to antipsychotic medication Faisal Satti, City, University of London</td>
<td>Being looked at and exposing yourself: Appearance altering conditions and stigma Nicholas Sharratt, The University of the West of England</td>
<td>Beliefs about HIV treatment across countries in Sub-Saharan Africa Natasha Croome, King’s College London</td>
<td>Life after treatment and survivorship of men after prostate cancer Charikleia Margariti, University of East London</td>
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<td>Investigating the effectiveness of theory-based interventions on improving treatment adherence of patients with Type 2 Diabetes Mellitus: A systematic review Despoina Menti, Cardiff Metropolitan University</td>
<td>Challenges and proposed framework for formative research to inform systematic intervention development in rare and unstudied conditions: The case example of xeroderma pigmentosum Kirby Sainsbury, Newcastle University</td>
<td>Parent’s preferences for shared medical decision-making: Cross-cultural perspectives Fatimah Alharbi, University of Plymouth</td>
<td>Driving men to engage with cancer services: An evaluation of the psychosocial impact of the ‘ManVan’ Ceri Phelps, University of Wales Trinity Saint David</td>
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<td>Feasibility study for the implementation of an mHealth SMS intervention on contraception in rural Malawi</td>
<td>Women &amp; psychosocial and surgical goals for immediate and delayed breast reconstruction</td>
<td>Enhancing the adoption of asthma self-management in the South Asian and Black populations: A systematic review of explanatory factors</td>
<td>Dentists’ beliefs about the delivery of patient-centred care in dental settings</td>
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<td>Rebecca Laidlaw, University of Strathclyde</td>
<td>Ella Guest, University of the West of England</td>
<td>Salina Ahmed, Queen Mary University of London/Asthma UK Centre for Applied Research</td>
<td>Somaiah Al Rawiai, King’s College London, Dental Institute</td>
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<td>13:15</td>
<td>AGM – Caernarfon</td>
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<td>14:20</td>
<td>Expert Discussion</td>
<td>Chair: Heather Semper QoL 8051 The impact of anaphylaxis on health-related quality of life of adults</td>
<td>Chair: Elaine Cameron 8016 Exploring asthma self-management behaviours of patients and carers: a qualitative study from the IMP2ART programme</td>
<td>Chair: Emily Arden-Close Under-researched groups 8002 Feasibility of the health check: a targeted cancer awareness intervention for people from deprived communities</td>
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<td>Inspiration versus perspiration: Will systemisation bury or elevate health psychology? Panel: Dr Jo Hart, Professor Paul Flowers, Dr Anne Kazak &amp; Dr Jane Ogden</td>
<td>Rebecca Knibb, Aston University</td>
<td>Luke Daines, University of Edinburgh</td>
<td>Pamela Smith, Cardiff University</td>
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<td>Validation of the Stellenbosch Endometriosis Quality of Life (SEQOL) measure among a sample of South African women diagnosed with endometriosis</td>
<td>What do parents think about dental decay in their children? A preliminary study using the Illness Perception Questionnaire-Revised for Dental (IPQ-RD)</td>
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<td>Rizwana Roomaney, Stellenbosch University</td>
<td>Thaarani Vijayakumar, King’s College London</td>
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Programme and abstracts
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<tr>
<th>Time</th>
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<tr>
<td>15:00</td>
<td>Long-term treatment of uterine fibroids with ulipristal acetate improves health-related quality of life</td>
<td>Deborah Lancastle, University of South Wales</td>
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<td>The effectiveness of group-based Acceptance and Commitment Therapy (ACT) for stroke survivors: A randomised feasibility study</td>
<td>Reg Morris, Cardiff &amp; Vale University Health Board &amp; Cardiff University</td>
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<td>Why is it so hard to talk about the future with homeless people with ill health? The need for a different conversation</td>
<td>Briony Hudson, Pathway &amp; Marie Curie Palliative Care Research Department, UCL</td>
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<tr>
<td>15:20</td>
<td>A manualised intervention to reduce psychological distress in inflammatory bowel disease: A randomised controlled feasibility trial</td>
<td>Lyndsay Hughes, King’s College London</td>
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<td>Using the theory of planned behaviour to explain the process of post-surgical weight-loss in a married couple jointly undergoing bariatric surgery: A case-study approach</td>
<td>Valerie Todd, University Centre at Blackburn College</td>
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<td>Exploring experiences of people using khat and the health care professionals supporting them to quit</td>
<td>Suhana Begum, City, University of London</td>
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<tr>
<td>15:40</td>
<td>Evidence that implementation intentions support self-regulatory effort and improve adolescent sleep</td>
<td>Chris Armitage, University of Manchester</td>
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<td>Association between smoking habit, health anxiety, and implicit attention to health threatening information</td>
<td>Rob Lowe, Swansea University</td>
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<td>Understanding barriers to cervical screening uptake in transgender men: An exploratory qualitative analysis</td>
<td>Joanna Semlyen, UEA</td>
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<td>16:00</td>
<td>Health Psychology in Action &amp; General Posters – Calon 2</td>
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<td>17:00</td>
<td>Keynote Speaker – Calon</td>
<td>The transformation of things: The impact of language and context on symptoms, meaning and (even) disciplines</td>
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<td>Dr Jane Ogden, University of Surrey</td>
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<td>19:30</td>
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## Health Psychology in Action & General Posters

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<tr>
<th>BOARD REF</th>
<th>Title</th>
<th>Authors</th>
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<tr>
<td>HPA01</td>
<td>Can pole fitness increase psychological wellbeing?</td>
<td>Nicole Brand, University Centre at Blackburn College</td>
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<tr>
<td>HPA02</td>
<td>Information and support needs of women with autoimmune rheumatic diseases during family planning, pregnancy and early parenting</td>
<td>Rhiannon Phillips, Cardiff University</td>
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<td>HPA03</td>
<td>From existing to living and thriving: A qualitative exploration of palliative patients’ affected sense of self and terminal illness adjustment</td>
<td>Szilvia Vas, Staffordshire University</td>
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<td>HPA04</td>
<td>Cultural influences on lifestyle changes: Gender and age assigned roles for adults living with diabetes in Pakistan</td>
<td>Omama Tariq, University of Brighton</td>
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<td>HPA05</td>
<td>What are the effects of premenstrual syndrome and premenstrual dysphoric disorder symptoms on workplace outcomes – A systematic review</td>
<td>Eleanor Thorne, King’s College London</td>
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<td>HPA06</td>
<td>Providing better information and support for the diagnosis and treatment of patients living with age-related macular degeneration (AMD)</td>
<td>Tawanda Pendeke, Aston University</td>
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<td>HPA07</td>
<td>Exploring the personal experience of transitioning from employment to unemployment following spinal cord injury: An interpretative phenomenological analysis</td>
<td>Wafa Turkistani, Birkbeck, University of London</td>
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<td>HPA08</td>
<td>Emotion matters e-learning module: Improving communication with patients who have long term conditions</td>
<td>Vivien Swanson, NHS Education for Scotland</td>
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<td>HPA09</td>
<td>Three adults’ experiential descriptions of life with Niemann-Pick Disease type C: A phenomenological analysis</td>
<td>Lydia Aston, Aston University</td>
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<td>HPA10</td>
<td>Patients experiences of achalasia: A qualitative interview study</td>
<td>Amelia Hollywood, University of Reading</td>
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<td>HPA11</td>
<td>Making meaning of the complex nature of interpersonal relationships in adolescent chronic pain: A qualitative synthesis</td>
<td>Abbie Jordan, University of Bath</td>
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<tr>
<td>HPA12</td>
<td>The impact of bariatric surgery on psychosocial health</td>
<td>Mark Maxwell, Northumbria University</td>
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| HPA13 | Self-management experiences of Type 1 Diabetes Mellitus: A qualitative study of young adults’ perspectives  
Michael Swift, *Newman University* |
|-------|----------------------------------------------------------------------------------------------------------------------------------|
| HPA14 | An interpretative phenomenological analysis of experiences of women living with premenstrual dysphoric disorder  
Brigita Skopaite, *De Montfort University* |
| HPA15 | Young people’s perspectives on their long term condition: The role of health professionals in supporting school connectedness and psychological wellbeing  
Rosanna Fennessy, *University of Cambridge* |
| HPA16 | The behaviour change techniques used in continuing professional development: Developing a coding tool for educators  
Jo Hart, *University of Manchester* |
| HPA17 | Group psychological intervention for long-term physical health conditions (LTCs)  
Helen Sinclair, *CNWL Talking Therapies Service Westminster* |
| HPA18 | Study exploring the experience of being diagnosed with dementia: An Interpretative Phenomenological Analysis (IPA)  
Malcolm Bray |
| HPA19 | Setting up and initiating patient and public involvement as a collaborative process benefits research in its early stages  
Judit Varkonyi-Sepp, *NIHR Southampton BRC* |
| HPA20 | Improving body image after cancer treatments: Assessing the effectiveness of an online mindfulness-based therapy  
Rachel Povey, *Staffordshire University* |
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<tr>
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<td>Calon</td>
<td>Symposium 8186: Talking about appearance concerns and providing support</td>
<td>Kirby Sainsbury, University of Plymouth</td>
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<td>Caernarfon</td>
<td>Paper 1: Discussing appearance concerns and support needs in burn care</td>
<td>Alyson Norman, University of Plymouth</td>
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<td>Paper 2: Implementing a psychological screening tool in routine private</td>
<td>Nicole Paraskeva, University of the West of England</td>
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<td>Brecon</td>
<td>Symposium 8198: Experiences of Healthcare</td>
<td>Shanu Sadhwana, Northumbria University</td>
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<td>Paper 1: Discussing appearance concerns and support needs in burn care</td>
<td>Catrin Griffiths, University of the West of England</td>
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<td>Paper 2: Implementing a psychological screening tool in routine private</td>
<td>Miglena Campbell, University of the West of England</td>
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<td>Symposium 8017: Beliefs &amp; Attitudes</td>
<td>Abbie Jordan, Canada Department of National Defence</td>
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<td>Nicole Paraskeva, University of the West of England</td>
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<td>Symposium 7950: Trials and tribulations</td>
<td>Amanda Buntun, IoPPN, Vari Wileman, King’s College London</td>
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<td>Paper 2: The effectiveness of mindfulness interventions for headache</td>
<td>Emily Robson, City University of London</td>
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<td>Paper 2: Patients expectations of cancer treatment scale development</td>
<td>Sam Cockle, University of Surrey</td>
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<td>Symposium 8027: Health apps for physical activity</td>
<td>Heidi Williamson, University of the West of England</td>
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<td>Paper 2: Providing human support alongside an online intervention to</td>
<td>Paulina Bondaronek, University College London</td>
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<td>improve quality of life in people who have experienced cancer</td>
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<td>Symposium 8035: Predicting alcohol consumption among European university</td>
<td>Richard Cooke, Aston University</td>
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<td>Symposium continued 8186 Paper 4: Acceptability and feasibility of a dissonance-based body image intervention for Girl Guides and Girl Scouts: Qualitative results from a dissemination and implementation study across nineteen countries Nadia Craddock, University of the West of England</td>
<td>8185</td>
<td>Impact of a psychosocial self-management intervention (QOLITI) for inflammatory bowel disease: A qualitative study Samantha Goodliffe, King’s College London</td>
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<td>8003</td>
<td>Attitudes towards lung cancer screening in a Welsh population sample Stephanie Smits, Cardiff University</td>
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<td>Randomised trial of a positive reappraisal coping intervention in fertility treatment Jacky Boivin, Cardiff University</td>
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<td>How to help women to help themselves during fertility treatment Deborah Lancastle, University of South Wales</td>
<td>8100</td>
<td>‘You started something... then I continued by myself’: A qualitative evaluation of physical activity maintenance Charlotte Wahlich, St George’s, University of London/City</td>
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<td>8196</td>
<td>Telehealth to facilitate group psychosocial support for immunesuppressed patients Rachel Rahman, Aberystwyth University</td>
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<td>General posters – Calon 2</td>
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<td>Keynote Speaker – Calon Implementing family psychosocial risk screening in pediatrics Dr Anne Kazak, Sidney Kimmel Medical School of Thomas Jefferson University</td>
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<td>Conference closing words &amp; Prize Winner Awards – Calon</td>
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| GP01      | ‘Getting on with life’: Experiences of posttraumatic growth following a myocardial infarction  
Sara Morgan, *Caswell Clinic, Glanrhyd Hospital* |
| GP02      | ‘Who cares for the carer?’ A qualitative exploration into the wellbeing and support needs of younger carers  
Zoe Cooke, *University of Wales Trinity Saint David* |
| GP03      | Benefits of social non-drinking identified by British university students: A mixed methods study  
Dominic Conroy, *Birkbeck University of London* |
| GP04      | The identification of critical beliefs underlying university recreational sports participation: A theory-based approach  
Tom St Quinton, *Leeds Trinity University* |
| GP05      | The impact of stress on the eating behaviours of primary school aged children and undergraduate students  
Rachael Moss, *University of Leeds* |
| GP06      | A qualitative investigation into stress in the nurse in charge role on a cardiology ward  
Kerstin Hunter, *NHS Grampian* |
| GP07      | Using behavioural science to improve the contents of packed lunches  
Amanda Bunten, *Public Health England* |
| GP08      | An assessment of the reliability and validity of self-reported alcohol consumption measures: A systematic review  
Hannah McKenna, *Centre for Public Health, Queen’s University Belfast* |
| GP09      | Withdrawn                                                             |
| GP10      | It was hard to avoid the trend: A qualitative exploration of the influences in young adults and recreational e-cigarette use  
Rhiannon Hawkes, *University of the West of England* |
| GP11      | Psychological interventions to improve adherence to oral hygiene instructions in adults  
Tara Taheri, *Devonshire Place Dental Practice* |
| GP12      | Babies, eating and lifestyle in adolescence (BELLA) Study: A complex intervention to improve nutritional status of pregnant teenagers  
Sofia Strommer, *University of Southampton* |
| GP13      | Are digital interventions for smoking cessation in pregnancy effective?  
A systematic review and meta-analysis  
Sarah Ellen Griffiths, *Coventry University* |
| GP14 | Exploring beliefs underlying pregnant women’s appraisals of the risk of influenza and the influenza vaccine during pregnancy: A qualitative study  
Joanne Parsons, *Coventry University* |
| GP15 | Psychosocial interventions in gynaecological cancers – A systematic review  
Anuska Randolph-Stephens, *University of Surrey* |
| GP16 | The use and effectiveness of technology to support the management of severe mental illness: A systematic review  
Sadie Wickwar, *City, University of London* |
| GP17 | A qualitative investigation using thematic analysis to study the health concerns of people testing their illicit drugs at a testing service in the Netherlands  
Keith Watkins, *University of Derby* |
| GP18 | Assessing coping and adjustment in young to elderly caregivers: A systematic review  
Tamsyn Hawken, *University of Bath* |
| GP19 | Barriers and levers to hand hygiene practice and the influence of dual-processing: An ongoing study of medical students and hand hygiene behaviour  
Vivien Swanson, *University of Stirling* |
| GP20 | Attitudes and readiness to quit smoking among patients in mental health inpatient settings: A systematic review of qualitative studies  
Jan Smith, *NHS Greater Glasgow and Clyde* |
| GP21 | Risk avert: A strengths based approach to raising awareness and empowering young people to make healthier and safer decisions, whilst promoting mental wellbeing and resilience in relation to risk taking  
Claire Russell, *University of Bath* |
| GP22 | Physical activity promotion: Precise matching of message frames and affect types  
Kin-Kit Li, *City University of Hong Kong* |
Keynote Speakers

Engaging the public with antimicrobial resistance: Methods, theory, complexity and two house rabbits
Professor Paul Flowers, Glasgow Caledonian University

Reducing antimicrobial resistance (AMR) is a major global public health concern of paramount importance. The end of effective antibiotics is a growing reality. Modern medicine, as we currently know it, will end within as little as 50 years unless the drivers of AMR can be reduced. There are major challenges with this pressing endeavour, as the drivers of AMR are particularly complex and ramified. Diverse stakeholders such as farmers, vets, pharmaceutical companies, GPs, infection prevention and control nurses all have a major part to play; as do the public.

Within the presentation I draw upon a suite of my own recent studies to illuminate the problem of AMR, the problem of the publics’ engagement with AMR, and potential ways of intervening to enhance the public’s engagement with AMR and their own stewardship behaviour. Data sets include a series of one to one interviews with the pet owning public ($n=23$) and companion animal vets ($n=16$), focus groups with members of the public ($n=2$), a survey of the general public ($n=261$) and a systematic review of the effectiveness of interventions to increase the public’s awareness and engagement with AMR ($K=20$).

Across these data sets diverse analytic approaches are combined to best effect including interpretative phenomenological analysis, narrative analysis, visual affective analyses and the behaviour change wheel.

AMR is the product of a complex adaptive system. Changing this system to elicit cultural change will require innovative, complementary and co-ordinated interventions. Health psychology has a key role to play in implementing its repertoire of diverse methods, theories and interventions.

Implementing family psychosocial risk screening in pediatrics
Dr Anne Kazak, Sidney Kimmel Medical School of Thomas Jefferson University

Screening for distress and psychosocial wellbeing across health conditions has become an increasingly important topic in recent years. In pediatrics, family psychosocial risk screening allows for quick evaluation of the child and family’s overall social ecology. In this way, risks associated with the family’s structure and resources can be considered alongside social support, family problems and behavioral concerns of children and families. The Psychosocial Assessment Tool (PAT) is a brief caregiver report screener that assesses risk and maps on to a public health model – the Pediatric Psychosocial Preventative Health Model (PPPHM). The PAT has been used primarily in pediatric cancer but has been adapted for use in other illness groups and used around the world for research and clinical care. This presentation will provide background on family psychosocial risk assessment in pediatric health and provide an overview of the PAT. Screening allows for the development of clinical pathways to assure that psychosocial care is provided that matches the needs of families. This presentation will conclude with an emphasis on the implementation of screening, using the PAT has an example. Common challenges and barriers to implementation will be presented along with proposed solutions and research to optimise the value of screening in health psychology.
The transformation of things: The impact of language and context on symptoms, meaning and (even) disciplines

Dr Jane Ogden, University of Surrey

This talk will focus on the ways in which language and context can shape our experiences across a number of different health domains. Primarily it will explore the extent to which physical symptoms including hunger and pain can be changed by how language is used and the context in which they are experienced. Next it will examine how individual words used in the interaction between health professional and patient can influence the patient’s model of illness and the meaning they associate with their condition. Finally, the talk will examine how the language used by academic research can shape the ways in we make sense of health, and understand the individuals that we study. Overall it is concluded that our health experiences from symptoms to cognitions are transformed through language and context and that even the essence of who and what we study is shaped by the ways in which it is described.
Invited Sessions

MSc Award

A cross-sectional investigation of the cognitive, behavioural and affective factors associated with fatigue severity and fatigue-related impairment in paediatric multiple sclerosis

Holly Bear, Evidence Based Practice Unit, UCL

Background Fatigue is one of the most problematic and debilitating symptoms of paediatric-onset multiple sclerosis (MS). Despite its pervasiveness and severity, a complete understanding of the determinants and trajectory have not yet been achieved and the underlying mechanisms remain largely elusive. This is the first study to take a cognitive-behavioural approach to understanding the factors associated with fatigue severity and impairment in children.

Method: In this cross-sectional study, twenty-one participants with MS and twenty-eight age-matched healthy controls completed a number of validated measures to assess cognitive and behavioural responses to symptoms, emotional and behavioural problems, sleep, neurocognitive functioning and fatigue.

Results: Forty-seven percent of cases reported levels of fatigue that fell within the mild to moderate range, where twenty-nine percent were deemed as severe. Participants with MS scored significantly lower than controls on all neurocognitive functional domains and full-scale IQ (FSIQ). Fatigue was not related to any clinical or demographic factor or with neurocognitive impairment. Potentially modifiable cognitive (embarrassment avoidance), behavioural (all-or-nothing behaviours) and emotional (internalising problems) factors contributed towards the heterogeneity of fatigue severity and impairment; accounting for 90% and 98% of the variance, respectively. C

Conclusion: The results of this study suggest that the ways in which young people interpret, feel and respond to their symptoms and condition have a significant bearing upon subsequent fatigue and functional impact, irrespective of the severity of the disease. This study has defined clear pathways for future, intervention-focussed research and the development of a biopsychosocial intervention strategy.

Inspire and innovate: Cancer Research UK funding opportunities for population research

Dr Alexis Webb, Research Funding Manager

Cancer Research UK (CRUK) is the world’s largest charitable funder of high quality research in preventing, diagnosing, and treating cancer. Our ambition is to accelerate progress to see three-quarters of people surviving the disease within the next 20 years. To this aim, we support over 4,000 researchers, doctors, and nurses across the UK and have delivered over £400 million in funding decisions in 2015-2016. CRUK has a diverse portfolio of research funding streams and awards to inspire new research ideas and catalyse multidisciplinary collaborations to drive forward research to beat cancer sooner. This session will showcase funding opportunities for population research in the areas of cancer prevention, early diagnosis, and classical epidemiology and cohort studies. In prevention, we are particularly interested in receiving applications from a variety of disciplines and career stages that focus on behavioural and lifestyle interventions to prevent cancer or cancer recurrence at individual or population level, adherence to chemoprevention and screening as a form of prevention. CRUK offers several funding award types and innovative
new schemes that will be discussed here. The application process, examples of work that we fund, and top tips for researchers will also be covered.

**Learning objectives**

- Provide an overview of Cancer Research UK’s research strategy
- To understand funding opportunities and processes for population research at CRUK
- Helpful insight into what makes a good/successful research application
- Opportunities for Q&A and to discuss funding opportunities
**Symposia**

**Long-term conditions**

7973

**50 Shades of pain: The mediation of pain experience**

Emily Doe, *University of Buckingham*

**Purpose:** This symposium presents the research generated by the pain hub in the Relationships & Health group at University of Buckingham, in conjunction with Stoke Mandeville and Milton Keynes hospitals. The body of research presented explores the biopsychosocial factors which mediate pain experience, and the impact this pain has on those around them. Together, these studies significantly add to knowledge of pain experience of people with spinal cord injury, neuropathic pain, and chronic pain, and suggests effective strategies for pain management.

**Rationale:** Neuropathic pain in spinal cord injury and chronic pain are conditions which are conditions which are resistant to traditional biomedical treatments. The literature suggests that communication with healthcare professionals is therefore often difficult for patients, and many are either not aware of or cannot access alternative treatment models. These studies seek to address both difficulties with healthcare professional communication, and present arguments for treatment alternatives to be more widely adopted into practice.

**Summary:** Findings explore the impact of patient communication, pain catastrophising and mental defeat, and assesses the efficacy of mindfulness training and online pain management programmes. Crucial outcome measures include physical pain ratings, disability and wellbeing. The findings suggest that current understanding of pain experience and guidance around pain management may be reductionist, and alternative means of managing pain should be more widely offered. These studies have important implications for health policy and pain management in clinical settings.

**Paper 1**

**The biospsychosocial factors associated with pain in people with a spinal cord injury**

Margaret Tilley, Philip Fine & Katherine Finlay, *University of Buckingham*

**Objectives:** It is estimated that over 62% of people with a spinal cord injury (SCI) experience chronic pain, (Ullrich, Jensen, Loesser & Cardenas, 2007), and SCI pain is unusually resistant to standard pain management programmes (Perry, Nicholas & Middleton, 2010). The development of a tailored programme requires a profile of the biological, psychological, and social characteristics of chronic pain sufferers with SCI but the existing knowledge base is fragmented. This study is examining the range and interactions of the characteristics that could be involved.

**Design:** A cross-sectional study with 60 in-patients of the National Spinal Injuries Centre and 50 out-patients who have been out of hospital for a minimum of two years.

**Method:** Participants are asked to complete a set of two pain assessment questionnaires and six psychological assessments and to provide salivary cortisol samples on each occasion to assess the biological marker of stress.

**Results:** Catastrophising was found to mediate the effect of both depression and mental defeat on pain intensity ratings. Higher concentration levels of cortisol were positively associated with higher depression scores and higher pain intensity ratings. Further interactions between these, additional psychological variables and cortisol levels will be reported.

**Conclusions:** It is possible that the relationships between mental defeat and pain
catastrophising and depression and catastrophising are reciprocal. This could lead to a reduction in tolerance to pain and a lowering of the pain threshold. The implications of this for treatment will be discussed, along with limitations of the study, which include the problems of self-report measures with this population.

Paper 2
An exploration of online health services for chronic pain patients
Jill Suckling, Emily Doe & Katherine Finlay, University of Buckingham

Objectives: Substantial numbers of people manage chronic pain (CP) long-term. Exploratory qualitative research into long-term conditions, such as chronic heart disease and diabetes, indicate that telehealth services can inform and empower, aiding self-management. Little research appears to exist on telehealth for CP. This study aimed to understand the experience of trialling a virtual pain clinic and how this may impact help-seeking behaviour.

Methods: Qualitative, using inductive Thematic Analysis of semi-structured interviews to understand whether telehealth services may affect willingness to seek medical advice. Participants were recruited from a regional Chronic Pain Support Group, all of whom had previously completed an NHS pain management programme. Participants set up detailed medical profiles, followed by a recorded semi-structured interview. An online medical consultation with a doctor took place on a second occasion, followed by a final semi-structured interview. Interviews from both data points were transcribed verbatim and analysed to identify themes.

Results: Themes that emerged from analysis include: accessibility of medical services, condition ownership and help-seeking guilt. Results suggest that whether a participant experience with medical services is positive or negative impacts help-seeking behaviour. Negative experience can encourage stigmatisation; sometimes leading to avoidance of medical services. Participants responded positively to the trial, suggesting direct access to condition-specific medical advice reduces stigma.

Conclusion: Disparity in patient experience can lead to a cost-benefit analysis resulting in avoidance of medical services, when conditions suggest otherwise. This seems to highlight a need for guidance to medical services in understanding the condition and management of chronic pain.

Paper 3
Fostering peer-led support groups: Reflecting on the transition from pain management services to chronic pain support groups
Katherine Finlay, University of Buckingham, James Elander, University of Derby

Objectives: Transitioning from clinical care to community-based self-management represents a significant challenge, throughout which social support can facilitate health adjustment and quality of life. However, community-centred, peer-led support structures are often under-used. This study aimed to investigate the decision-making processes involved in the choice to attend a Chronic Pain Support Group (CPSG) following discharge from a Pain Management Programme.

Design: An in-depth, qualitative analysis was undertaken using Interpretative Phenomenological Analysis (IPA), exploring participants’ subjective experiences, decision-making and rationale for initial CPSG attendance.

Methods: Twelve participants (four males, eight females) were recruited from a regional CPSG and completed semi-structured interviews lasting between 45 and 120 minutes.
Interviews were transcribed verbatim and analysed idiographically before a cross-case analysis was completed.

**Results:** Analysis of transcripts resulted in three superordinate themes: (1) The thirst for comparative friendship; (2) Conjecture and the imminent choice; (3) Progressive pain management. These themes reflect a desire for empathic, socially comparative friendships and the search for a forum in which to enhance pain self-management strategies, yet also internal conflict over initial CPSG attendance.

**Conclusion:** Social support and associated friendships are attractive to prospective CPSG members and are conceptualised as opportunities to engage in social comparison and nurture self-care. The first visit to the support group presents a significant hurdle, but can be facilitated by managing the transition between therapeutic care and CPSG attendance. Clinicians can challenge preconceptions, foster positive viewpoints regarding the group and support collective decision-making to attend. Following initial attendance, psychosocial wellbeing was enhanced.

**Paper 4**

**Metaphor and mindfulness; managing neuropathic pain after spinal cord injury**

**Jasmine Hearn & Katherine Finlay, University of Buckingham**

**Objectives:** Neuropathic pain (NP) after spinal cord injury (SCI) is distressing, with many sufferers describing it as burning, electric, and attacking, which may be indicative of catastrophic thinking. However, there is little evidence surrounding psychological interventions for people with SCI and NP. Further, high rates of caregiver burnout indicate the health impact of caring for someone with a long-term condition. This study explored the efficacy of web-based mindfulness training for people with SCI, and their partners/primary caregivers.

**Design:** A between-subjects, single-blind, randomised controlled intervention study was conducted involving people with SCI and their partners/primary caregivers.

**Methods:** Participants were randomised to an Intervention Group (eight-week mindfulness course), and a Comparison Group undergoing treatment as usual alongside minor educational intervention. SCI-mindfulness (N=21), SCI-Comparison (N=22), partner/caregiver-mindfulness (N=16), and partner/caregiver-Comparison (N=18). Outcomes included quality of life (WHOQoL-BREF), pain intensity and unpleasantness, pain catastrophising (PCS), mindfulness (FFMQ), depression and anxiety (HADS).

**Results:** Findings indicated both interventions prompted significant improvements in QoL, depression and anxiety, with mindfulness training improving outcomes more than education. Both groups reduced pain intensity and unpleasantness to the same degree. Whilst catastrophising was significantly decreased in both groups, larger effects occurred in mindfulness training.

**Conclusions:** The results are consistent with previous research exploring mindfulness in general chronic pain populations and indicate that mindfulness may be a viable intervention for people with SCI. Further work should explore mindfulness in larger samples, as well as the feasibility of combined education and mindfulness training, for optimum benefit.
Psychobiological aspects of health and illness

Talking about appearance concerns and providing support

Alyson Norman, University of Plymouth

Purpose:
- Demonstrate the implications of appearance concerns for health and wellbeing
- Share methods for measuring and interventions that target appearance concerns in a range of settings (i.e. education, NHS, ‘cosmetic surgery industry’)
- Debate the challenges of discussing appearance with clients
- Highlight the importance of Health Psychologists being cognizant of the nature and impact of appearance concerns and being responsive to support needs

Rationale: 61–82% of people report appearance dissatisfaction, which can result in psychosocial distress (e.g. anxiety, social avoidance), risky health behaviours (e.g. disordered eating, smoking) and impact health treatment decision making and medication adherence. However, in a range of healthcare settings, appearance concerns are often overlooked, not routinely discussed or are poorly addressed. Health psychologists have a vital role to play in highlighting the importance of routinely exploring appearance concerns with clients and in providing access to appropriate interventions.

Summary: the symposium will demonstrate the health implications of appearance concerns. The challenges of discussing and measuring appearance concerns and delivering interventions in a range of settings will be evidenced within the following papers. Paper 1: identifying appearance concerns and support needs with burns patients; paper 2: the utility of a cosmetic surgery screening tool within the private sector; paper 3: the feasibility of an online intervention for visibly different young people within primary care and paper 4: evaluating body confidence interventions for schools.

Paper 1

Discussing appearance concerns and support needs in burn care

Catrin Griffiths, Ella Guest & Diana Harcourt, Centre for Appearance Research (CAR), University of the West of England

Objectives: Burn injuries affect 250,000 people in the UK each year. Although survival rates have significantly increased, burn patients can still face lifelong physical, psychological, and social rehabilitation. This study aimed to identify the key concerns and support needs for people affected by burns in order to develop the CARe Burn Scales: a portfolio of quality of life patient reported outcome measures (PROMs) for use in paediatric and adult burn care.

Design: A qualitative interview design aimed to identify the key concerns and support needs of patients with a burn injury.

Methods: Participants were recruited through the NHS Burn Service. Semi-structured interviews were conducted with patients (young people and adults) (n=19), family members (n=25) and health professionals (n=8). Thematic analysis was used to analyse the data.

Results: Thematic analysis identified a number of key themes experienced by individuals who are living, or supporting someone with a burn-injury. This presentation will focus on two key themes in depth which were identified across participant groups: the impact of living with burn scars on patients’ quality of life and the challenges of providing appearance-related support.

Conclusions: Living with an altered appearance after a burn injury can significantly impact on quality of life and can present challenges for health professionals providing support.
for burn patients. The findings of this study have informed the development of a scar dissatisfaction subscale within the CARe Burn Scales which aims to help identify appearance concerns after a burn injury in order to provide patients with appropriate support.

Paper 2
Implementing a psychological screening tool in routine private practice with cosmetic surgery patients: A feasibility and acceptability study
Nicole Paraskeva, Nichola Rumsey & Alex Clarke, Centre for Appearance Research (CAR), University of the West of England

Objective: Increasing numbers of people are seeking cosmetic procedures within the private sector and regulation is required to protect those at risk for poor psychological outcomes. Policy guidelines recommend improving patient selection through routine screening of patients. This study aimed to explore the feasibility and acceptability of routinely using a psychological screening tool with cosmetic surgery patients.

Design: A multi-site feasibility and acceptability qualitative study was conducted.

Method: Phase 1 entailed a qualitative evaluation of implementing the tool into routine practice of four private clinics. Six interviews were conducted to explore aesthetic providers’ experience of using the tool, suggestions to improve the tool and to identify potential barriers. Phase 2 involved the refinement of the tool and a larger scale roll out of the revised tool. 1405 patients completed the tool and 14 semi-structured interviews were conducted with aesthetic providers (AP) from 12 private practices.

Results: The tool was quick for patients to complete and, once implemented, was easy to embed into routine practice. APs described the tool as helpful and useful, particularly when discussing patients’ expectations, appearance and psychological issues. APs reported that the tool was useful to identify potentially problematic patients but also recognised that the tool was not a substitute for a thorough pre-procedure assessment. Barriers to using the tool were also discussed.

Conclusions: The tool is feasible and acceptable for routine practice use with cosmetic patients.

Paper 3
Supporting adolescents struggling with appearance-altering conditions: the feasibility of using an online psychosocial intervention (YP Face IT) in primary care
Heidi Williamson & Claire Hamlet, Centre for Appearance Research (CAR), University of the West of England, Paul White, University of the West of England, Elsa Marques, University of Bristol and the National Institute for Health Research (NIHR), Julia Cadogan, University Hospitals Bristol NHS Foundation Trust, Rohan Perera, Bristol Clinical Commissioning Group, Diana Harcourt, Centre for Appearance Research (CAR), University of the West of England

Objectives: To assess the feasibility of a randomised controlled trial (RCT) in primary care of YP Face IT (YPF): 8-session online psychosocial intervention for adolescents experiencing appearance-related distress/bullying resulting from a visible difference. Further aims examined recruitment, intervention acceptability/adherence, a safeguarding protocol, questionnaire completion, TAU variation, the feasibility of GPs supervising participants completing YPF and determine sample size and primary outcome.

Design: A parallel groups RCT (including nested qualitative study), compared treatment as usual (TAU) with YPF.

Method: 47 adolescents aged 12 to 17 were recruited via GP practices and charities and
randomised to complete YPF \( (n=23) \) or receive TAU \( (n=24) \). Participants completed self-report psychosocial measures online at baseline, 3, 6 and 12-months. Participants, parents and practice staff were interviewed about their experiences of taking part.

**Results:** Study design and YPF were acceptable, although staff and adolescents reported challenges discussing appearance. Participant retention was 98% at 3, 89% at 6 and 78% at 12 months. Staff supervised YPF use with a 59% compliance rate. A lack of alternative support within primary care was confirmed. No changes were observed in the TAU group. In the YPF group: 52% completed all sessions; there were no adverse events; at 3 and 6-months increased body esteem (BE) and decreased fear of negative evaluation were observed when factoring in baseline adjustment and number of completed sessions; BE improvements were maintained at 12 months.

**Conclusion:** YPF is safe and may improve psychosocial outcomes, GPs require education to facilitate appearance discussions and a definitive RCT is justified.

**Paper 4**

**Acceptability and feasibility of a dissonance-based body image intervention for Girl Guides and Girl Scouts: Qualitative results from a dissemination and implementation study across nineteen countries**

Nadia Craddock & Phillippa Diedrichs, Centre for Appearance Research (CAR), University of the West of England, Bailey Powe & Eric Stice, Oregon Research Institute, USA

**Objective:** The World Association of Girl Guides and Girl Scouts (WAGGGS), the largest youth organisation globally for girls, partnered with the Dove Self-Esteem Project to implement a positive body image intervention, Free Being Me (FBM), globally. FBM was adapted from the dissonance-based eating disorder (ED) prevention intervention, The Body Project. Since 2013, FBM has been disseminated in over 120 countries to 3 million young people. This study explored key stakeholders’ views on the adoption and implementation of Free Being Me, to inform future efforts to broadly implement body image and ED prevention interventions.

**Design:** Qualitative interview design

**Method:** National team members and local group leaders \( (N=40) \) from nineteen countries took part in semi-structured interviews. Respondents shared their views on the acceptability, appropriateness and feasibility of implementing the intervention on a local and national scale. Interviews were audio-recorded, transcribed verbatim, and analysed thematically.

**Results:** FBM was perceived as a valuable, timely, and effective intervention to improve girls’ body image. The intervention reportedly had a positive impact on girls, staff and leaders, and the wider community. Leaders mostly found it easy and enjoyable to deliver although in some countries, leaders found girls were not used to talking so openly about their bodies or appearance concerns. Leaders often adapted the programme to suit the needs of their girl guides, culture, and organisational infrastructure.

**Conclusion:** To ensure the effectiveness and sustainability of broadly implementing evidence-based body image and ED prevention interventions, solutions for organisational and funding challenges will be essential.
Programme and abstracts

Long-term conditions

8147

Helping carers to care: Supporting the formal and informal carers of people with dementia

Shanu Sadhwani, Brighton & Sussex Medical School

The symposia will examine challenges carers face when working with patients with increasing cognitive and functional decline. Of particular note, will be the challenge of determining best interest in patients with diminished capacity. Maintaining a high QoL is central to good care, and this symposium will examine this from the perspectives of primary carers, formal carers, volunteers, and healthcare professionals.

Jessica Proctor will discuss misconceptions of dementia and interventions for volunteers. Jessica’s professional work with Age UK, and working towards an MSc in Health Psychology ensure that she is equipped to discuss specific challenges within the volunteer sector.

Laura Eddins is working towards a Stage 2 in Health Psychology, and her professional role with Social Services marries her research with rigour. She will be discussing the difficulties faced by primary carers, and the ways in which formal support services need to support carers.

Jodie Campbell will discuss the role of professional carers, and their difficulties in meeting the psychological needs of patients with dementia, as communication and capacity decline. She is working towards an MSc in Health Psychology and has an extensive amount of professional experience working with the Alzheimer’s society.

Shanu Sadhwani is currently working towards a PhD in Health Psychology, in the early detection of diagnosis. She has previously worked within primary care, and will use her experiences and research to discuss the challenges of identifying dementia in primary care. Discussion will focus on when GPs feel diagnosis is not always in the best interest.

Paper 1

Changing perceptions: Enhancing dementia care by developing volunteers understanding

Jodie Proctor, Age UK

Purpose: This presentation will explore the perceptions of volunteers in the dementia sector and how this impacts the ability to care.

Background: Currently volunteers are a key resource for dementia charities as they are cost effective way to give care. Roles such as befriending are vital to reducing isolation and increasing involvement in local community activities. Volunteers give up their free time and are usually members of the public with little or no previous experience of dementia. There is an increasing body of evidence illustrating that lay perceptions of dementia are filled with misconceptions. There seems to be a gap in the research in terms of exploring specifically volunteers’ perceptions and whether this changes over time, or whether the training for volunteers is suffice. This presentation will explore volunteer perceptions by reflecting on current and past volunteer experiences.

Methods: Volunteering in a dementia charity enabled an insight into the underlying myths. Key arguments are built upon observational and professional practice which are stated below. As the majority of volunteers are lay people with no previous experience of dementia, it is imperative that training needs are mandated to enable understanding and address common misconceptions. The common myths from volunteers and the general public are examined. Additionally, further information put forward by volunteers to be included is also explored.
Conclusions: Further research should look to change public perceptions of dementia, promoting relevant consistent training for volunteer to enable adequate care. A byproduct of this may be prevention of self-onset via changing of behaviours by understanding the causes of dementia.

Paper 2
The psychological impact of caring for a partner with dementia:
Experiences of the ‘hidden patient’
Laura Eddins, Vale of Glamorgan Council/Cardiff Metropolitan University, Jenny Mercer, Cardiff Metropolitan University

Objectives: Exploring the psychological impact of caring for a spouse or partner with dementia upon the ‘invisible second patients’. The Social Services and Wellbeing (Wales) Act 2014, brings new duties to provide appropriate and effective support for carers. This research will help to inform service development for support for those caring for a spouse with dementia.

Design: Interpretative Phenomenological Analysis (IPA) was employed to explore the experiences of spouse/partner carers. This method enables the researcher to identify emerging themes that capture the richness and breadth of each participant’s unique experience of the phenomena under investigation.

Methods: Six carers participated in semi structured interviews; all carers were known to Social Services as they had received a carers assessment. All interviews were audio-recorded with permission of participants, transcribed verbatim and analysed using Interpretative Phenomenological Analysis.

Results: Four superordinate themes were developed under the overarching theme of Changing Relationships;

Theme 1: Relationship with Partner/Spouse
How carers now perceived themselves in relation to their role.

Theme 2: Relationship with the world
Reduction in contact with family, friends and acquaintances.

Theme 3: Relationship with the Self as a Carer
Emotions and cognitions experienced as a result of caring for their partner/spouse.

Theme 4: Relationship with dementia
This illustrated the various pragmatic strategies carers employed.

Conclusions: This research highlights that life for dementia suffers and their family encompasses cognitive and behavioural challenges. The themes captured the range of experiences. These are key areas of psychological significance that will help to determine appropriate intervention and support for carers.

Paper 3
Identifying depression: Meeting the psychological needs of people with dementia in the care home
Jodie Campbell, Anchor UK

Purpose: This paper will discuss the extent to which care home staff are equipped to meet the psychological needs of dementia customers.

Background: It is estimated that up to 40% of people living with dementia will also be living with depression. As some symptoms for depression can also be attributed to dementia, including; irritability, sleep disturbances, lack of appetite, memory impairment, identifying depression can be difficult to the untrained professional. Depression may also worsen the
behavioural changes that occur in people with dementia, and may include an increase in aggressive behaviours.

Although care home staff are expected to recognise depression and manage it effectively, although training is not always provided. Current screening tools are not always suitable due to the increasing non-responsiveness that occurs as dementia progresses. Therefore, although depression is a common co-morbidity in dementia, identifying it can be challenging.

**Methods:** This study will present specific case studies from the care home setting. Cases where care home staff have been unable to meet the emotional and psychological needs of demented customers will be presented. Discussions will focus on the limitations of screening tools, emotional needs of customers, emotional wellbeing of staff, and safeguarding concerns.

**Conclusions:** The lack of adequate training for care home staff to identify and respond to mood disorders in demented customers can be a safeguarding concern. Targeted interventions that are able to are likely to have a significant improvement on the wellbeing of staff and demented customers.

**Paper 4**

**Stigma, nihilism and uncertainty: GP barriers to diagnosing dementia.**

A qualitative study

*Shanu Sadhwani & Elizabeth Ford, Brighton & Sussex Medical School, Flis Henwood, Brighton University, Helen Smith, Nanyang Technological University*

**Objectives:** Early diagnosis of dementia has proven to benefit patients and their carers; improving health outcomes and increasing quality of life. It provides access to additional treatment and support services, and allows patients to come to terms with diagnosis and plan effectively for the future. Yet, current research suggests that almost 50% of patients living with dementia do not have a diagnosis in their health record. This study investigated specific barriers GPs face when presented with suspected dementia.

**Design:** GPs working in NHS England were invited to participate in one-to-one semi-structured interviews. A qualitative study was conducted to elicit the GPs perspective on factors that impede the diagnosis process.

**Methods:** 15 GPs were interviewed face to face. All interviews were transcribed verbatim and analysed using Thematic Analysis.

**Results:** 4 super-ordinate themes, overlapping in nature, were identified as the main barriers to pursuing a dementia diagnosis; perceived stigmatisation and patient readiness, clinical uncertainty, therapeutic nihilism and medical priority.

**Conclusions:** This study has identified a cultural context where GPs feel confident in recognising cognitive impairment; however, due to clinical uncertainty, a focus on management of symptoms, and at times a lack of confidence in secondary services, there is an overall reluctance to formally diagnose patients with dementia in both the initial stages of the condition, as well as in the very latter stages of the illness. Targeted interventions that highlight the benefits of diagnosis at all stages of the illness will improve diagnostic rates. Ultimately, this will improve the quality of life of people living with dementia.
Workshops & Pre-conference Workshops

The why, where, what and how of writing for peer-reviewed publications

Chris Armitage, University of Manchester

Writing for peer-reviewed publications is core to academic life and this interactive workshop will explore the why, where, what and how of writing for peer-reviewed publications. At first glance, the ‘why’ seems obvious as PhD thesis chapters increasingly resemble peer-reviewed articles, but peer-reviewed publications can serve numerous different functions that are not immediately obvious. These differing functions that peer-reviewed publications serve are important because they inform ‘where’ to send one’s article for publication and ‘what’ to write (and indeed what not to write). Participants are asked to come along with a hard copy of an abstract they have written (either previously or for the purposes of the workshop) so that we can begin to address the ‘how’ of writing for peer-reviewed publications.

Health behaviour change

7997

Engagement with digital behaviour change interventions

Katherine Bradbury, University of Southampton, Kristina Curtis, Public Health Warwickshire & Coventry University, Kate Morton, Ben Ainsworth & Sasha Miller, University of Southampton

Background: Engagement with digital behaviour change interventions (DBCIs) is often sub-optimal and associated with failed interventions. This workshop aims to enhance participant’s skills in how to research and maximise engagement within DBCIs, to ultimately improve the effectiveness of these interventions.

Key points: This workshop explores why people might engage or disengage with DBCIs and how we can overcome barriers to engagement. The concept of engagement as it is commonly used is critically examined and a new concept termed ‘effective engagement’ is introduced. The workshop demonstrates what ‘effective engagement’ looks like in different interventions and presents a novel method for exploring effective engagement.

Kristina Curtis presents a mixed methods approach to using parents’ feedback to refine a prototype intervention to maximise engagement. Kate Morton then presents a qualitative process analysis which explores how patients’ perceptions of opportunities and burdens of using a DBCI relate to and potentially explain their engagement. Next Ben Ainsworth presents a mixed methods approach examining the minimum threshold of intervention usage needed for ‘effective engagement’, across different behavioural interventions. Sascha Miller then presents a new method for exploring engagement in DBCIs, developed through usage analysis of a large dataset. Discussion will be facilitated by Katherine Bradbury, who has expertise in DBCIs.

Conclusions: The conception of ‘effective engagement’ and methods for researching engagement introduced in this workshop could help to improve how we research and promote engagement with DBCIs.

Participants can include anyone interested in engagement with digital interventions (Max number 100).
Ecological momentary assessment (EMA) methods in health psychology: An introductory workshop

Daniel Powell & Gertraud Stadler, University of Aberdeen

Background: Ecological momentary assessment (EMA), otherwise known as ambulatory assessment or experience sampling method, is a means of collecting relatively-intensive repeated measures in daily life. As a research method, EMA generates data that maximise ecological validity, minimise recall bias, are rich with information about context, and permit the examination of within-person research questions. This half-day workshop will introduce delegates to key facets of EMA methods so that they are equipped to appropriately design an EMA study and understand the data being generated. The workshop will assume little or no prior knowledge, and is suitable for all delegates with an interest in learning more about EMA. The maximum number of participants is 30.

Key points: On completion of the workshop, delegates will be able to: explain the advantages and disadvantages of using EMA methods in health psychology; recognise the importance of a theory of change in EMA research; formulate a within-person research question that is relevant to their own areas of interest; design an appropriate EMA study to address a specific research question; identify the potential for EMA studies across different domains: behavioural, cognitive, emotional, symptoms, and physiological; and have a basic understanding of multilevel data.

Conclusions: EMA is an important method for understanding mechanisms and processes in daily life, particularly within individuals. This workshop will provide an introduction to the fundamental aspects of EMA methods.
Enhancing the adoption of asthma self-management in the South Asian and Black populations: A systematic review of explanatory factors
Salina Ahmed, Stephanie Taylor, Queen Mary University of London, Hilary Pinnock, The University of Edinburgh, Liz Steed, Queen Mary University of London

Objectives: South Asian and Black populations either suffer poorer asthma outcomes, have a higher rate of unscheduled care or benefit less from most existing self-management interventions when compared to other ethnic groups. Possible reasons for these ethnic differences may be that self-management strategies were either inappropriate for their needs or have not been implemented in the first place. This review aims to analyse the characteristics of asthma self-management interventions (including theoretical components), and barriers and facilitators to implementing self-management in these ethnic groups.

Design: Systematic review.

Methods: We systematically searched 8 electronic databases, research registers, manually searched journals and reference lists of identified systematic reviews for randomised control trials. We extracted data on study and intervention characteristics including the use of the theoretical domains framework and explored its links to barriers and facilitators, ethnicity and social context.

Results: 17 trials (8 South Asian, 9 African-American) described interventions that used diverse self-management strategies, with education forming a central component. 2 culturally tailored interventions were found compared to 15 culturally modified interventions. 6 trials applied theoretical thinking in interventions. TDF intervention components showed all African American interventions used ‘Skills’, whereas all South Asian interventions used ‘Environmental context and resources’. Though, ‘Knowledge’ was targeted in all interventions.

Conclusions: There were a few culturally tailored interventions (in contrast to modified interventions). Most interventions were typically limited to language adaptation. Sociocultural contexts are important in conceptualising culture and tailoring self-management interventions for different ethnic groups. This has implications for clinical practice guidelines that influence intervention development.

Parent’s preferences for shared medical decision-making: Cross-cultural perspectives
Fatimah Alharbi & Michaela Gummerum, University of Plymouth

Objectives: Parents are often called upon to make health-care related decisions for their children. This study aimed to investigate parents’ preferences regarding their involvement in medical decisions when making decisions for themselves or their child, to record parents’ emotional reaction to shared medical decision-making, and to identify cultural differences on these topics in parents from Saudi Arabia and the UK.

Method: 199 parents of children under the age of six years were recruited from non-clinical samples from Saudi Arabia and the UK. Participants had to indicate their preferred level
of involvement concerning the decision on how to treat Type 1 diabetes when making
this decision for themselves or their child in an informed choice condition (advantages
and disadvantages of the treatment options were discussed) or a non-informed choice
condition. After stating their decision preferences, participants were asked about their level
of confidence in their decisions and their emotional reactions.

Results: UK participants were significantly more likely than Saudi participants to prefer being
more actively involved in the decision process $\chi^2 (4) = 16.11, p = .003$. Participants were more
likely to take an active role in the decision-making process when making the decision for
themselves rather than their child $\chi^2 (4) = 9.91, p = .042$. Decision confidence was higher in
the informed choice condition Wald $\chi^2(1) = 5.74, p = .02$. Emotional reaction and decision
confidence was higher in the informed choice condition $t(199) =1.34, p = 182$.

Conclusion: While European health-care professionals are increasingly encouraged to involve
patients in decisions about their care, this study indicates that preferences for such shared
medical decision making vary by culture and the recipient of the decision. This should be
taken into account when health care professionals involve patients in medical decisions.

Dentists’ beliefs about the delivery of patient-centred care in dental settings
Sumaiah Al Rawiai, Sasha Scambler & Koula Asimakopoulou, King’s College London, Dental
Institute

Objectives: Despite patient-centred care (PCC) being a widely researched topic in medicine,
in dentistry there is little work carried out to understand the concept, how it is practiced
and what support dentists might need to be able to deliver care that is patient-centred. We
explored how and to what extent dentists feel able to deliver PCC in the dental surgery.

Design: This is a qualitative methods study, using thematic analysis to explore transcripts
obtained from in-depth semi structured interviews with dentists working in a large London
teaching hospital.

Methods: Twenty dental practitioners (male/female ratio: 17/3) were interviewed on their
views of PCC delivery. Interviews were conducted in accordance to the BPS Ethics code and
were transcribed verbatim.

Findings: Dentists believed strongly that they generally delivered care that was highly patient-
centred, despite being unable to agree on a definition of the concept. They felt that tools
to increase their awareness of the concept were unnecessary, but that less experienced
colleagues tended to work at lower levels of patient-centredness. Barriers to the practice of
PCC included lack of time and funding, use of jargon and patient characteristics such as lack
of interest.

Conclusions: Unrealistic views surrounding dentists’ own ability to deliver PCC might explain
differences in the delivery of such care to patients in oral health settings.

Evidence that implementation intentions support self-regulatory effort and
improve adolescent sleep
Chris Armitage, The University of Manchester

Background: Lack of sleep among adolescents is a major risk factor for psychiatric
disorders, including self-harm. The present study aimed to: (a) test for the first time
whether an implementation intention-based intervention could improve adolescents’ sleep,
and (b) see whether the operation of implementation intentions could be improved by
asking people to form second-person ‘if you-then you’ plans as opposed to first-person ‘if
I-then I’ plans.

Methods: 151 adolescents (aged 12-16 years) were given a supporting tool and were
randomised to: (a) form ‘if I-then I’ plans, (b) ‘if you-then you’ plans, or (c) a control condition in which they were not asked to form ‘if-then’ plans.

**Findings:** Grammatical person did not affect the operation of the ‘if-then’ plans, but adolescents who formed ‘if-then’ plans were significantly more likely to achieve recommended levels of sleep, $\chi^2(1, N=121) = 3.65, p = .04$. The effect of the intervention on sleep was mediated by changes in self-regulatory effort (95% CI = 0.20, 9.04).

**Discussion:** ‘If-then’ plans can support self-regulatory effort and improve sleep among adolescents. The supporting tool described in the present research could be deployed at low cost with high public health reach to achieve improvements in adolescents’ sleep.

**Dentists’ beliefs about the delivery of patient-centred care in dental settings**

Koula Asimakopoulou, King’s College London, Dental Institute

**Objectives:** Despite patient-centred care (PCC) being a widely researched topic in medicine, in dentistry there is little work carried out to understand the concept, how it is practiced and what support dentists might need to be able to deliver care that is patient-centred. We explored how and to what extent dentists feel able to deliver PCC in the dental surgery.

**Design:** This is a qualitative methods study, using thematic analysis to explore transcripts obtained from in-depth semi structured interviews with dentists working in a large London teaching hospital.

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**Findings:** Dentists believed strongly that they generally delivered care that was highly patient-centred, despite being unable to agree on a definition of the concept. They felt that tools to increase their awareness of the concept were unnecessary, but that less experienced colleagues tended to work at lower levels of patient-centredness. Barriers to the practice of PCC included lack of time and funding, use of jargon and patient characteristics such as lack of interest.

**Conclusions:** Unrealistic views surrounding dentists’ own ability to deliver PCC might explain differences in the delivery of such care to patients in oral health settings.

**What are dentists’ and patients’ views and experiences of the practicality and acceptability of screening for diabetes in dental settings?**

Koula Asimakopoulou, King’s College London, Dental Institute

**Background:** Research has suggested that dentists hold a positive attitude toward diabetes screening in the dental setting, and the majority of dentists are willing to do such screening. Patients are also willing to have a dentist conduct screening and counselling for a variety of medical conditions including diabetes.

**Method:** The views on the practicality and the experiences of screening for diabetes in dental settings were explored by conducting interviews with the GDPs and dental patients who took part in a two-step diabetes screening programme. Transcripts were analysed using thematic analysis.

**Results:** Interviews with 8 GDPs and 18 dental patients found that many dental patients and dental practitioners believed that the dental visit was an opportune site for diabetes screening. Five themes were identified reflecting patients’ thoughts about diabetes screening: knowledge and seriousness of diabetes; diabetes screening worth; changes in perception of one’s susceptibility and risk; acceptability of the screening programme; reasons for GP follow-up attendance and non-attendance. Four themes were identified for
GDP interviews; two themes reflected diabetes and its association with dentists as healthcare professionals: Diabetes as a major health concern; Dentists as responsible healthcare professionals, and two themes which reflected an evaluation of the screening programme conducted: Ideal screening method to be easy, quick and can be administered by anyone; Limitations of such a screening programme.

**Conclusion:** Many patients and dental practitioners believe that the dental visit is an opportune site for diabetes screening. The implications of the role of health psychologists in this setting are explored.

**Delivering a public health intervention with a UK South Asian audience on Type 2 Diabetes prevention and management: Discussing taboo subjects**

**Kiran Bains, City, University of London**

**Background:** South Asians are at greater risk of Type 2 Diabetes (T2D) incidence and related mortality than Caucasians. Barriers include stigma and sensitivities relating to mental health, lifestyle management and insulin use.

**Method:** Several psychological approaches were combined, following a literature review and stakeholder consultation, to deliver culturally appropriate radio talks to facilitate coping, lifestyle change and medical decision making for T2D to a South Asian audience.

**Findings/conclusions:** The talks were acceptable to listeners, and this may potentially be a cost-effective and feasible method to deliver public health interventions on sensitive health issues to harder-to-reach segments in this population.

**Developing pharmacist-led interventions to support medicines adherence in cardiovascular patients**

8132

**John Bartoli-Abdou, King’s College London & King’s College Hospital NHS Foundation Trust, Jacob Crawshaw, King’s College London, Jig Patel, King’s College London & King’s College Hospital NHS Foundation Trust, Duncan McRobbie, Guy’s and St Thomas’ NHS Foundation Trust, John Weinman & Vivian Auyeung, King’s College London**

**Background:** As the experts in medicines, pharmacists have a pivotal role in supporting medicines adherence. The application of theoretical models from health psychology can help maximise the effectiveness of pharmacists in this role. We present two streams of on-going intervention development within King’s Health Partner Trusts that involves a collaboration between psychology and pharmacy.

**Methods:** Acute coronary syndrome (ACS) work stream: Two systematic reviews and an interview study with patients recently discharged from hospital following an ACS event were conducted (n=18). Atrial fibrillation (AF) work stream: A longitudinal study (baseline, one month and one year follow-up; n=164) assessing patients’ change in illness and treatment beliefs, quality of life and adherence when switched from warfarin to novel oral anticoagulant (NOAC) therapy was conducted, in addition to a focus group with patients prescribed long-term anticoagulant therapy for more than one year (n=14).

**Results:** ACS work stream: Depression and treatment beliefs were independent predictors of non-adherence following ACS. Additionally, pharmacist-led interventions were found to be moderately effective at improving adherence compared to usual care for patients with ACS. AF work stream: Baseline necessity beliefs predicted non-adherence to NOAC therapy at one year follow-up; patients also reported a high level of trust in their clinic pharmacist.

**Discussion:** Our findings have informed the pilot of pharmacist-led interventions in both
in-patient (ACS) and out-patient (AF) settings. The interventions will employ a range of behaviour change techniques and aim to demonstrate the utility of pharmacists in modifying erroneous illness and treatment-related beliefs and supporting medicine-taking behaviour.

Health behaviour change

8019
Exploring experiences of people using khat and the health care professionals supporting them to quit
Suhana Begum, Fabiana Lorencatto & Angeliki Bogosian, City, University of London

Background and aims: very little is known about khat use in the UK. The aim was to explore experiences of quitting khat from the perspective of those using it and the healthcare professionals supporting them.

Methods: this qualitative study employed semi structured interviews with 10 khat users and five healthcare professionals. Purposive sampling was used. Thematic deductive analysis based on the theoretical domains framework was used.

Results: the beliefs held by khat users regarding the consequences of continued khat use facilitated their decision to quit. The social influences from those around them was a key barrier. For healthcare professionals, reinforcement and the successes of other clients was key in enabling them to support clients. It motivated them to support new clients. The environmental context and resources that were available within their organisation was a barrier to the support they could offer; continual funding cuts meant they were restricted in what they could offer clients to facilitate the quitting process.

Conclusions: Addressing beliefs about consequences of khat use and taking into account contextual influences can enhance future interventions to support khat users to quit. Structures that will highlight healthcare professionals’ past successes can help them support future clients.

Implementation research

8272
Randomised trial of a positive reappraisal coping intervention in fertility treatment
Jacky Boivin, Cardiff University, Deborah Lancastle, University of South Wales, Agnes van den Hoogen & Marimus J.C. Eijkemans, University Medical Centre Utrecht, Nicholas Macklon, University of Southampton, Henrietta D.L. Ockhuijsen, University Medical Centre Utrecht

Objective: Waiting for medical test results is pervasive in health contexts and stressful. The transactional theory of stress and coping proposes that ‘reframining in a positive light’ (positive reappraisal coping, PA) is a beneficial coping strategy in uncontrollable and unpredictable contexts like waiting. This study evaluated the effects of the Positive Reappraisal Coping Intervention (PRCI) on appraisal and coping in women awaiting the outcome of fertility treatment. PRCI comprises an explanatory leaflet, and ten statements promoting PA, that users are instructed to read at least twice a day during waiting.

Design: Three armed randomised controlled trial (NCT01701011). All patients attending for treatment were invited.

Method: Women were randomly assigned to groups. The PRCI-monitoring (PRCI-M, n=127) group completed the Ways of Coping Questionnaire (WOCQ) pre and post treatment (4 weeks after results), used the PRCI intervention daily and monitored daily
during waiting seven coping strategies and five appraisals using the Daily Record Keeping form (validated in fertility context). The Monitoring-Control (n=126) group completed the WOCQ, and monitored daily using the DRK. The Routine Care-Control (n=126) group completed the WOCQ. Multilevel modelling evaluated PRCI effects.

**Results:** Significant linear time effects showed increasing appraisals of threat, uncontrollability and inability to cope as the pregnancy test approached combined with decreasing coping effort. The PRCI-M group showed significantly more challenge appraisals and a less steep decrease in coping effort (positive reappraisal, acceptance, relaxing) compared to controls.

**Conclusion:** PRCI stimulated a more positive outlook and sustained coping in patients waiting for potentially threatening medical test results.

**Health behaviour change**

8027

Health apps for physical activity: a review and content analysis of the quality of the most popular apps

Paulina Bondaronek, April Slee, Fiona Hamilton & Elizabeth Murray, *University College London*

**Purpose:** The aim of this review and content analysis was to evaluate the quality of the most popular PA apps on the commercial market.

**Background:** Within the new digital health landscape, the rise of health applications (apps) creates novel prospects for health promotion. The market is saturated with apps that aim to increase physical activity (PA). Despite the wide distribution and popularity of PA apps, there are limited data on their effectiveness, user experience, and safety of personal data.

**Methods:** The top-ranked 400 free and paid apps from iTunes and Google Play stores were screened. Apps were included if the primary behaviour targeted was PA; the apps had stand-alone functionality. The apps were downloaded on mobile phones and assessed by two reviewers against the following quality assessment criteria: 1) users’ data privacy and security, 2) presence of Behavioural Change Techniques (BCTs), 3) usability.

**Conclusions:** Out of 400 apps, 156 met the inclusion criteria and 65 apps were randomly selected to be downloaded and assessed. Almost 30% apps (19 out of 65) do not have privacy policy. Every app contained at least 1 BCT, with an average number of 7, and a maximum of 13 BCTs. The median usability score was ‘excellent’: 86.3 of out 100 possible. Despite the popularity of PA apps available on the commercial market, the suboptimal quality of these apps represents a missed opportunity for PA promotion. This study was conducted by reviewers, not by users of apps. More studies are needed to assess if current PA apps have the potential to increase PA levels.

**Implementation research**

8035

Identifying potential barriers to implementation of an intervention for cancer survivors

Katherine Bradbury, Mary Steele, Teresa Corbett, Paul Little & Lucy Yardley, *University of Southampton*

**Objective:** We developed an online intervention (Renewed), which supports behavioural changes which can improve quality of life in people who have experienced cancer. Many online interventions work better when supplemented with human support. The current study aimed to explore potential Supporters’ perceptions of providing support to patients using Renewed, aiming to identify potential barriers to implementation.
Design: We conducted seven focus groups (N=7) with potential Supporters of Renewed, who were staff from the NHS (N=20) and cancer charities (N=10).

Methods: Before the focus groups staff viewed the Supporter version of Renewed, which explained the Supporter’s role, including the CARE approach (Congratulate, Ask, Reassure, Encourage). We took an iterative approach moving between data collection, inductive thematic analysis, modifications to the intervention and further data collection.

Results: Whilst staff were positive about the idea of Renewed, a number of barriers to implementation were identified. Some NHS staff were concerned about the time needed to support patients or did not perceive it as within their role to do so. Charity staff perceived it as within their role, but some did not want to adhere to providing brief support, instead wanting to provide longer support calls where they told their own personal cancer story, rather than using CARE. Modifications were made to Renewed to help overcome these barriers to implementation.

Conclusions: Qualitative work with staff at the point of developing an intervention can identify potential barriers to implementation and enable modifications to interventions to maximise chances of successful implementation.

Health behaviour change

8089

We are what we (think we) eat: The effect of expected satiety on hunger, fullness, later consumption and ghrelin response

Steven Brown, Sheffield Hallam University, Jackie Duncan, University of Aberdeen, Daniel Crabtree, Edinburgh Napier University, Daniel Powell, Melanie Hudson & Julia Allan, University of Aberdeen

Expected satiety (ES) varies across equi-calorie portions of different foods. It has been demonstrated that these expectations affect subsequent feelings of hunger and fullness, so that when we think we will be more/less hungry, this becomes a self-fulfilling prophecy. To our knowledge, ES studies to date have only used liquids/semi-solids, not measured subsequent hunger/fullness for more than 3 hours and have not always included a behavioural measure of later consumption. Furthermore, it is unclear whether changes in resultant hunger/fullness/later consumption are the result of a physiological response or memory for the prior meal. The aim of the current study was to extend findings to include solid foods, participants’ response over a more realistic inter-meal period (4 hours), to measure later consumption and to assess whether any effect of ES is the result of physiology (i.e. Ghrelin) or memory.

In a within-subjects design, a convenience sample of 26 participants had their ES for omelettes manipulated experimentally so that they believed a (3 egg) omelette contained either 2 or 4 eggs. When ES was lower, participants reported themselves to be significantly hungrier after 2 hours (p<.05), they ate significantly more at a lunchtime test meal (p<.05), reported eating more that evening (non-significant) and consumed significantly more calories throughout the day (p<.05). The data suggest that while reported hunger/fullness is influenced less when using solid foods, ES seems to alter later consumption. Furthermore, the data suggest that memory for prior consumption may be more influential in driving the effect.
Factors influencing prescribing of disease modifying therapy for people with multiple sclerosis: a UK-wide qualitative interview study

Elaine Cameron, University of Manchester, David Rog, Salford Royal NHS Foundation Trust, David French, University of Manchester

Objectives: Surveys of people with multiple sclerosis (MS) have found large differences in the proportion of people eligible for disease modifying therapy (DMT) that are taking these medications between England, Scotland, Wales and Northern Ireland. Fewer people appear to be prescribed DMTs in the UK compared to other European countries. Despite this, there has been little investigation of the views of DMT prescribers in the UK or the ways in which they make prescribing decisions. This UK-wide study aims to explore neurologists’ and MS nurses’ views and experiences of prescribing and enabling access to DMTs, to identify factors influencing prescribing and uptake of DMTs for people with MS.

Design: Qualitative.

Methods: 18 consultant neurologists prescribing DMTs and 16 MS specialist nurses were purposively sampled from diverse sites across all four UK nations. Semi-structured interviews were informed by the Theoretical Domains Framework, and thematic framework analysis applied.

Results: Participants indicated that people with MS who are eligible for DMTs are offered these drugs, but prescribers varied in perceptions of drug risks, appropriate use of expensive treatments, and uncertainty over long-term effects on disability. These perceptions may influence discussions with patients about DMTs. Variation in prescribing within and between UK nations appeared to be a result of differences in institutional prescribing ‘cultures’ and in individual neurologists’ attitudes toward prescribing.

Conclusions: Although prescribers adhere to national prescribing guidelines, differences may arise through doctor-patient interactions at the point of treatment decision-making. Variation in prescribing practice results from both individual and institutional prescribing cultures.
themes: motivation, habit, self-regulation, resources and social-environmental influences (Kwasnicka et al., 2016).

**Results:** Three themes were identified. Never-Ending Cycle: repeat-dieters experienced weight management as a series of positive and negative behavioural cycles. Micro-Cycling: At times, behavioural oscillations could be very rapid, with participants experiencing several stages of change in the course of just one day. Pragmatic-Emotional Spectrum: The role of emotions varied within and between participants.

**Conclusions:** Theory and interventions should consider the major role emotions play in weight management. Micro-cycling is a novel theoretical concept that requires investigation. The self-selected nature of the sample was one key limitation to the study.

**Psychological benefits for children of mothers taking Folic Acid Supplementation throughout pregnancy**

Tony Cassidy, PhD; Marian McLaughlin, PhD; Lesley-Anne Henry, MRes; Kristina Pentieva, MD PhD; Mark Rollins, MD; Barry Marshall, MD; Breige McNulty, PhD; J.J. Strain, PhD; Anne M. Molloy, PhD; James Dornan, MD; Mary Ward, PhD; Colum P. Walsh, PhD; Diane Lees-Murdock, PhD; Helene McNulty, PhD

**Objectives:** Folic acid supplements taken during the first trimester of pregnancy can have beneficial effects on children’s brain development. Little is known if continued supplementation throughout pregnancy has any additional effects.

**Method:** A randomised controlled trial of folic acid supplementation in pregnancy, with parental rating using the Resiliency Attitudes and Skills Profile (RASP), the Strengths and Difficulties Questionnaire (SDQ), and the Trait Emotional Intelligence Questionnaire Child Short Form (TEIQue-CSF). Children aged 7 whose mothers received folic acid throughout pregnancy ($n=22$) were compared to those whose mothers only received it during the first trimester ($n=17$).

**Results:** Children whose mothers received the full term supplement scored significantly higher on emotional intelligence ($t=3.84, p<.001$) and resilience ($t=5.03, p<.001$). Hierarchical Multiple Regression Analysis identified folate level at 36th gestational week as an important predictor of emotional intelligence (EI) and resilience.

**Conclusion:** Folic acid supplementation continued throughout pregnancy may enhance psychological development in children.

**General 7972**

**Patients’ expectations of cancer treatment: Scale development**

Sam G Cockle, Jane Ogden, University of Surrey

**Objectives:** Research indicates that patients’ expectations relate to health outcomes. Although existing measures assess patients’ expectations of cancer treatment with a focus on side effects and efficacy expectancies none cover cancer patients’ expectations more broadly. The aim was therefore to develop a new measure of patients’ expectations of cancer treatment as a means to evaluate their impact on health outcomes.

**Design:** The first stage in creating a new measurement tool; item generation and categorisation, and face validity assessment.

**Methods:** Interviews with 16 patients who had recently had cancer treatment together with existing literature were used to generate items for a first draft of the new measure. This was refined in discussions within the research team before being given to four psychology researchers, inviting feedback. Amendments were made, then the measure sent to six
current or former cancer patients and a Macmillan Healthcare Professional. All assessed face validity, providing feedback on item appropriateness, wording, and anything else of relevance. The questionnaire is currently being completed by cancer patients from one hospital in South East England.

**Results:** Items generated were broadly categorised into four areas with expectations included about efficacy, physical effects, psychological effects, and impact on daily life. Face validity revealed positive attitudes towards the measure but informed some further adjustments. This resulted in a measure containing 64 items, which is large enough to allow for deletion in later validation stages.

**Conclusions:** A new measure of patients’ expectations of cancer treatment has been developed. Work is ongoing to further validate it.

**Health behaviour change**

7936

**Imagery interventions in health behaviour: A meta-analysis**

Dominic Conroy, Birkbeck University of London, Martin S. Hagger, Curtin University, Australia and University of Jyväskylä, Finland

**Objective:** Imagery-based interventions represent an inexpensive, potentially effective technique for changing health behaviour yet have shown considerable variability in effects across studies. The present review provided a quantitative synthesis of the effectiveness of mental imagery interventions in health behaviour and tested key moderator effects.

**Design:** A systematic database and grey literature review of studies adopting imagery interventions in health behaviour and related outcomes was conducted.

**Methods:** Data were extracted for imagery intervention effects on behavioural, psychological, and physiological outcomes, and for candidate moderators.

**Results:** Twenty-six studies of mental imagery intervention effects comprising 33 independent data sets met eligibility criteria for review inclusion. Mental imagery interventions led to non-trivial, small averaged corrected effect sizes on post-intervention behaviour (d+ = 0.23), intention (d+ = 0.19), perceived control (d+ = 0.08), and attitude (d+ = 0.12), and a small-to-medium sized effect of imagery interventions on post-intervention physiological measures (d+ = 0.29). The substantive heterogeneity in the effects meant that a search for moderators was warranted. Moderator analyses indicated stronger effects for imagery interventions on health behaviours in studies on older samples, when detailed instructions were provided, in studies with higher methodological quality scores, and in studies of longer duration. Effect sizes for imagery on behavioural and physiological outcomes were larger than effects on psychological outcomes.

**Conclusions:** Results support effects of mental imagery interventions on health behaviours, identifies the conditions where they may be more effective, and points to how future imagery interventions might be optimised.

**General**

8096

**Predicting alcohol consumption among European university students**

Richard Cooke, Aston University, Franca Beccaria, Eclectica, Jakob Demant, University of Copenhagen, Maria Fernandes-Jesus, ISCTE-University of Lisbon, Lena Fleig, Free University of Berlin, Urte Scholz, University of Zurich, Richard de Visser, University of Sussex

**Objectives:** Various demographic, psychological and social variables have been identified as
predictors of university students’ alcohol consumption. However, because studies typically measure different variables, it is unclear which variables predict alcohol consumption after controlling for the effects of other variables. The aim of this study was to compare prediction of alcohol consumption using a large set of predictor variables.

**Design:** Online survey completed at baseline and 6-months later

**Methods:** 1249 university students from six European countries were recruited. At baseline, participants completed measures of demographic (e.g., age, gender), psychological (e.g., Anticipated Regret, Intentions) and social variables (Descriptive Norms, Prototypes) and reported their alcohol consumption in the past week. 6-months later, participants reported their alcohol consumption in the past week.

**Results:** A linear regression accounted for 30% of the variance in 6-month alcohol consumption. Six significant predictors were identified: Higher baseline alcohol consumption (beta = 0.32, \( p < .001 \)); Viewing yourself as dissimilar to the prototypical abstinent drinker (beta = -0.11, \( p < .01 \)); Older age (beta = 0.11, \( p < .001 \)); Male gender (beta = -0.12, \( p < .01 \)); Perceiving that your peers consume lots of alcohol on a typical drinking day (beta = 0.10, \( p < .001 \)); Viewing yourself as similar to the prototypical binge drinker (beta = 0.11, \( p < .01 \)).

**Conclusions:** Interventions to reduce university students’ alcohol consumption should focus on challenging stereotypes around university students typically engaging in heavy alcohol consumption as well as encouraging negative perceptions of prototypical binge-drinkers and positive perceptions of abstinent drinkers.

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**Implementation research**

8055

**Implementing a new enhanced recovery pathway: A qualitative study comparing three UK hospitals**

Astrid Coxon, Chris Fox, Karina Nielsen, University of Sheffield, Jane Cross, University of East Anglia

**Objectives:** Enhanced Recovery Pathways (ERPs) are an increasingly popular approach to streamline surgery. However, their effectiveness can be limited by suboptimal implementation. This study aimed to provide a rich description of the implementation process in three UK hospitals.

**Design:** This study was designed using a qualitative approach, to gain an insight into participants’ experiences and perceptions of the ERP implementation process. These insights would not be possible with quantitative methods or closed questionnaires.

**Methods:** Individual, semi-structured interviews were conducted with three Service Improvement Leads (SILs) coordinating the implementation of an ERP at their hospitals. Each SIL was interviewed on three occasions over a 12-month period (totalling nine interviews). Interview topics included expectations of the process, problems encountered, perceived success of implementation. Interviews were transcribed, and analysed thematically.

**Results:** A key theme developed was how SILs conceptualised barriers to implementation. This had two sub-themes: managing barriers to implementation, and acceptance of insoluble problems. Other themes included expectations of the implementation process, multi-disciplinary working, and peer support as a tool for problem solving.

**Conclusions:** Despite having different backgrounds, levels of experience, and working in different settings, there were areas of striking similarity between the three SILs’ experiences. All SILs reported a lack of available resources as a barrier to implementing necessary changes for the ERP (e.g. providing requisite rehabilitation). Although the SILs
held mixed opinions regarding the success of ERP implementation at their hospitals, they agreed it highlighted the importance of clear documentation and guidelines. All three SILs raised concerns about the long-term sustainability of the ERP.

Health behaviour change
8169
Improving medication adherence in stroke survivors: The intervention development process
Elise Crayton, Mark Ashworth & Alison Wright, King’s College London
Purpose: This study formed part of a multiphase research project aiming to develop a theory driven and evidence-based behaviour change intervention, targeting medication adherence in stroke survivors.
Background: Medications targeting stroke risk factors have shown good efficacy, yet adherence is suboptimal. Many previous interventions targeting medication adherence in stroke and other chronic conditions have not been driven by underlying theory and have been ineffective at eliciting or sustaining behaviour change. Consideration of evidence base and theory to drive intervention development could enhance intervention effectiveness and subsequent implementation.
Methods: A multidisciplinary team followed a systematic process of intervention development, informed by the Behaviour Change Wheel (BCW) approach. Following from their systematic review, which revealed that negative emotions, concerns about medications and beliefs about medication necessity were important predictors of adherence, behaviour change techniques (BCTs) that could potentially target each determinant were identified from the literature. To further refine which BCTs might form part of a feasible adherence intervention, the APEASE criteria were employed.
Conclusions: Application of the BCW has allowed for careful consideration of underlying evidence and theory to drive intervention design. BCTs including Habit Formation, Information about Health Consequences and Self-monitoring of Behaviour were considered potentially effective. Feasibility testing is now exploring the perceived acceptability of the potential intervention components with stroke patients and healthcare professionals, together with perceived optimal modes of intervention delivery. The final selection of BCTs for inclusion in the novel intervention and the channel(s) by which they are delivered will be informed by these findings.

Beliefs about HIV treatment across countries in Sub-Saharan Africa
8134
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Objectives: To identify the culturally relevant beliefs in Sub-Saharan Africa (SSA) towards HIV treatment.
Design: Beliefs were identified via a systematic review assessing barriers and facilitators to ART adherence in SSA supplemented with qualitative interviews with patients living with HIV in Zimbabwe.
Methods: Studies that included a patient-reported barrier or facilitator to ART in 2005-2016
were identified by searching 10 electronic databases and through supplementary hand and web-searching. Additionally, semi-structured interviews assessing adherence barriers and beliefs about ART were conducted with 42 participants attending a HIV clinic in Harare.

**Results:** Beliefs about the cause of HIV impacted the treatment participants utilised. Believing HIV is a punishment from God lead to faith healing or believing HIV is caused by witchcraft lead to prayer and/or using traditional medicines. Some churches are supportive of ART which helps facilitate adherence whereas others will tell their congregations to stop taking the medication. In some cases patients are told not to mix traditional medicines with ART which reduces ART adherence. Beliefs about the necessity of ART and concerns about ART’s side effects and long term effects were also found which are similar to findings from studies in other cultures.

**Conclusions:** Culturally specific beliefs regarding HIV treatment across countries in SSA were identified. These highlighted that there are similarities and differences with the beliefs about ART and HIV in other cultures. These need to be understood and incorporated into adherence interventions utilised in this region to help enhance adherence among people living with HIV in SSA.

**Exploring asthma self-management behaviours of patients and carers: A qualitative study from the IMP2ART programme**

**Luke Daines, Susan Morrow & Caroline Scott, University of Edinburgh, Sharon Weiner-Ogilvie, NHS Education for Scotland, Elizabeth Steed, Queen Mary University of London, Stephanie Taylor, Queen Mary University of London, Hilary Pinnock, University of Edinburgh**

**Background:** Supported self-management reduces unscheduled care and improves asthma control. Yet, only a quarter of people with asthma in the UK have a supported action plan.

**Objectives:** To explore how patients and carers self-manage asthma, and their perspectives on the support they need for successful self-management

**Design:** Qualitative study.

**Methods:** Patients and carers were purposefully sampled based on age, gender, experience of asthma, from 10 UK general practices to participate in focus groups or interviews. The topic guide addressed how their strategies for managing asthma evolved, their experiences of healthcare and views on supported self-management. Interviews and focus groups were audio-taped, transcribed and coded in NVivo. Analysis was iterative and interpreted in discussion with the IMP2ART team

**Results:** 49 participants (14 male) contributed 32 interviews and 5 focus groups. Individuals considered themselves responsible for looking after their asthma and most reported learning intuitively how to self-manage over years; reducing the value they placed on a written asthma action plan. Some frequently repeated self-management behaviours become habitual. In contrast, dealing with new or uncommon situations (e.g. a deterioration in asthma control) required reflective abilities that could be put into action when needed. Patient centred care was highly valued; accordingly, many were disappointed with their perceived ‘tick box’ routine asthma review

**Conclusions:** Patients learn how to self-manage over time; building knowledge empirically, developing habits and learning skills to deal with new situations. Implementing optimal asthma self-management requires flexible practice routines that can synchronise with patients’ strategies.
Psychobiological aspects of health and illness
8021
Social support, diurnal cortisol rhythms and recovery after coronary artery bypass graft surgery
Aikaterini Gkourani, Lydia Poole, Tara Kidd, Elizabeth Leigh & Amy Ronaldson, University College London, Marjan Jahangiri, St George’s Hospital, University of London, Andrew Steptoe, University College London

Objectives: To investigate the prospective association between preoperative perceived social support (PPSS) and post-operative health-related quality of life (HRQoL) in coronary artery bypass graft (CABG) patients and the role of diurnal cortisol in this relationship. We hypothesised that greater PPSS would predict higher HRQoL 1 year post-surgery and that post-operative cortisol would mediate this relationship.

Design: Secondary analysis of a prospective, longitudinal, clinical cohort study.

Methods: Complete case analysis on 177 patients (age: 68.56±8.72, female: 14.1%) undergoing first-time elective CABG surgery was conducted. PPSS was assessed using the ENRICHD Social Support Inventory (ESSI). Physical and mental HRQoL before and 1 year post-surgery was measured using the Short Form health survey-12 item (SF-12). Diurnal cortisol was assessed using saliva samples before and 2 months post-surgery. Hierarchical linear regression models were used to test the hypotheses controlling for sociodemographic, behavioural and clinical covariates.

Results: Greater PPSS predicted higher mental HRQoL (B = 0.226, p = 0.018) 1 year post-surgery. Greater PPSS predicted greater difference in waking-bedtime cortisol values 2 months post-surgery (B = 0.333, p = 0.045). Cortisol AUC (area under the curve) 2 months post-surgery predicted physical HRQoL 1 year post-surgery (B =-0.000458, p = 0.043). Cortisol did not mediate the relationship between PPSS and HRQoL.

Conclusions: PPSS may be beneficial for psychological recovery and may play an important role in cortisol regulation after CABG surgery. Further research is needed to investigate the underlying mechanisms explaining these relationships.

General
8029
Exploring veterinarians and beliefs about antibiotic use in livestock
Sarah Golding & Jane Ogden, University of Surrey, Helen Higgins, University of Liverpool

Objectives: Rates of antibiotic resistance (ABR) in bacteria are increasing, partly due to inappropriate antibiotic use in human and animal medicine, including in farming. Research exists to understand and improve prescribing behaviours by doctors, but corresponding research into the beliefs and prescribing behaviours of veterinarians (vets) is lacking. The study’s objective was to explore vets’ beliefs about antibiotic use in livestock farming.

Design: A qualitative approach was adopted, to enable participants to talk freely around the topic.

Methods: Semi-structured telephone interviews were conducted with 13 farm animal vets from across the UK. Participants were recruited using opportunistic and snowball sampling. Interviews were audio-recorded and transcribed verbatim. Data were analysed using thematic analysis.

Results: The analysis explored how vets made sense of their prescribing decisions, and how they understood the potential risks posed by ABR. Vets demonstrated a good understanding of the principles of antibiotic stewardship, but referred to perceived barriers they felt sometimes prevented them from acting in line with stewardship ideals.

**Conclusions:** Vets are key stakeholders in driving antibiotic stewardship; this study provides insight into some of the challenges they experience when making prescribing decisions. Understanding the barriers and motivators to good veterinary prescribing practice will be of value to those designing interventions to promote prudent antibiotic prescribing amongst farm animal vets.

**Long-term conditions**

8185

**Impact of a psychosocial self-management intervention (QOLITI) for inflammatory bowel disease: A qualitative study**

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**Objectives:** Inflammatory Bowel Diseases (IBD) are long-term conditions with no identified cure. Depression and anxiety are high with little provision in routine care to minimise the impact on quality of life. This study aimed to understand the patient experience of pilot testing a self-administered manual targeting distress; the QOLITI.

**Design:** The study was embedded within a larger randomised control trial to pilot the QOLITI. Semi-structured one-to-one interviews were used in this study to elicit a personal in-depth account of the experience.

**Methods:** Interviews were conducted via telephone or face-to-face with eleven patients with IBD who completed the QOLITI. An inductive thematic analysis with elements of grounded theory was employed to analyse data.

**Results:** An overarching theme identified in the data was a process of change, which contained key themes of welcomed help for symptoms, awareness of unhelpful thoughts and behaviours, challenging self and practising new skills.

**Conclusions:** The QOLITI was valued by participants who were keen to engage with the intervention. Although tasks were viewed as challenging by participants they all persevered with them adopting self-reported behaviour change. Participants discussed ongoing change in their behaviour for managing their IBD as well as their cognitions surrounding their illness. Techniques for managing unhelpful thoughts were used by some in other areas of their lives. Many participants discussed how they used the manual as a basis for discussing their IBD with friends and family to improve understanding. This study suggests that those who engage with the manual experience positive ongoing change.

**Psychobiological aspects of health and illness**

8191

**Women’s psychosocial and surgical goals for immediate and delayed breast reconstruction**

Ella Guest, Nicole Paraskeva & Diana Harcourt, Centre for Appearance Research, University of the West of England, Elizabeth Baker & Esther Hansen, Royal Free Hospital, London

**Objectives:** Increasingly, women undergo breast reconstruction (BR) to restore physical and psychosocial quality of life after mastectomy. However, decision-making about BR is
complex. To date, most research has focussed on outcomes of BR rather than women’s motivation for surgery and choice of immediate (IBR) or delayed procedures (DBR). This study aimed to investigate women’s BR goals, and whether these differed according to timing of surgery (IBR or DBR).

**Design:** Data was collected from 76 women considering whether to undergo DBR ($N=50$) or IBR ($N=26$) at the Royal Free Hospital in London.

**Methods:** The women underwent a pre-surgical consultation with a psychologist (part of usual care at this hospital), designed to facilitate shared decision-making. The women were encouraged to clarify and record their BR-related goals, and rated the importance of achieving each on a scale of 1–10. Basic content analysis was employed to categorise, and count frequency of, the goals reported by women in both surgical groups.

**Results:** Analysis revealed 15 goal categories (7 surgical, e.g. scarring; 8 psychosocial, e.g. feeling feminine). 47% of the goals were reported by a similar percentage of women from both groups. Differences between the groups were also identified (e.g. breast sensation). Choice of clothing was reported by >75% of both groups. Overall, the number of psychosocial goals ($N=206$) reported was far higher than surgical goals ($N=160$).

**Conclusions:** These results highlight the importance of women’s individual goals when electing to undergo BR, and the need to incorporate these into shared surgical decision-making. Future research should consider whether their goals are met and influence satisfaction with outcome over time.

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**Can UK health psychologists have a role in health partnerships? Findings from The Change Exchange**

8101

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**Objectives:** Health partnerships between UK and low-income countries (LIC) use education and training to increase the knowledge and skills of health professionals to improve patient outcomes. Health psychology, with its focus on behaviour change, can enhance training and its evaluation. The Change Exchange implemented health psychology in four health partnerships: Mozambique, Sierra Leone & two in Uganda and evaluated its acceptability and usefulness.

**Design:** We took an ethnographic approach.

Methods: Two to three health psychologists observed, interviewed and surveyed 20-60 health professionals in each of four partnerships over a period of 6-12 months. Data were analysed thematically (within and between the partnerships) and written reports to health partnerships included recommendations to enable practice change.

**Results:** Health partnerships adopted a variety of behaviour change techniques, e.g. action planning, social support, demonstration of behaviour with multiple examples of partial techniques. Partnerships welcomed reports and implemented some but not all recommendations; and reported a commitment to using their knowledge of behaviour change in their work. We also found that embedding health psychologists in partnerships enabled challenging conversations with teams. Some evaluation methods (e.g., agreement ratings) were difficult to use in LIC.

**Conclusions:** Partnerships saw behaviour change as a crucial part of their work, quickly using the language and models of behaviour and facilitating the work of the health
Health behaviour change
8275
Where are all the men? Exploring the lack of male participation in fertility and childbearing research using the theory of planned behavior
China Harrison, Jacky Boivin, Cardiff University

Objectives: Men are are poorly represented in fertility health research compared to women. The current study examined whether the theory of planned behavior (TPB) could explain discrepancy in participation rates and research participation.

Methods: Participants were recruited through public university, and included 799 men and women who completed the Participation in Research Survey, an online longitudinal survey assessing at Time 1 TPB (e.g., attitudes, subjective norms), correlates of fertility and childbearing decision-making (e.g., gender, fertility history) and at Time 2 behavioral participation in childbearing research three months later.

Results: Significantly more women than men participated at both Time 1 and 2 (ratio 4:1). Structural equation modelling provided support for the predictive ability of TPB to account for intentions to participation in research at T, but T1 intention was not related to research behavior at T2 ($\chi^2=7.39$, df=2, p<.05, RMSEA =.09, CFI .96). Attitude had strongest association with intention ($\beta=.53$). Distal fertility related variables improved prediction (e.g., having given birth/fathered a child).

Conclusions: Gender discrepancy in fertility health research exists, even when men are specifically targeted. The TPB partially explains research participation (intentions, but not actual participation). Fertility-related correlates helped ascertain the men ‘missing’ from the childbearing research, namely, men not yet at the stage of starting a family due to being childless and having low childbearing desire. Future fertility health research needs to improve men’s attitudes to fertility health research.

Through the eyes of a young carer: A photo elicitation study
9071
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Objective: To explore coping factors in young carers. To-date, research has focused primarily on prevalence and outcomes associated with caregiving at a young age, rather than on coping factors which may promote resilience.

Design: A qualitative research design was used due to the exploratory nature of this study.

Methods: Twelve young carers (aged five to 18 years) were recruited through an opportunist/volunteer sample. Photo elicitation, an innovative and engaging method for research with children and young people was used, with the intention of balancing the researcher-participant power dynamic and providing a sense of agency to participants. Young carers were given a disposable camera and prompts to enable them to take photos illustrating their experiences. Photos were used to facilitate interviews that were analysed using thematic analysis to identify common coping factors.

Results: Coping factors identified included receiving social and professional support, experiencing comfort and using technology. Additionally there was a tension between being outside of the house which allowed for ‘a break’ and sense of ‘freedom’ rather than being inside which promoted a sense of certainty and ‘knowing that everything was ok’.
Conclusions: This study identified coping factors that young carers have at their disposal, and also highlighted barriers to accessing or utilising these factors effectively. These findings inform the shape of future research in which factors can be quantitatively measured alongside indices of stress and physiological biomarkers to determine the psychophysiological resilience of young carers. This has implications for the development of stress resilience interventions for this population.

Long-term conditions

Managing spinal cord injury, chronic pain, and wellbeing with internet-delivered mindfulness; a randomised, controlled trial

Jasmine Hearn, The University of Buckingham Medical School, Katherine Finlay, The University of Buckingham

Objectives: To explore the efficacy of web-delivered mindfulness training intervention for people with spinal cord injury and their partner/caregivers.

Design: A between-subjects, single-blind, longitudinal, randomised controlled intervention study, involving people with SCI and their partners/caregivers, with an Intervention Group (mindfulness), and a Comparison Group undergoing treatment as usual alongside minor educational intervention. Thus, there were four groups: SCI-mindfulness (N=21), SCI-Comparison (N=22), partner/caregiver-mindfulness (N=16), and partner/caregiver-Comparison (N=18).

Methods: Participants were randomly allocated to take part in either the online mindfulness training intervention, or receive educational emails each week. The primary outcome was quality of life (WHOQoL-BREF). Secondary outcomes included pain intensity and unpleasantness, pain catastrophising (PCS), mindfulness (FFMQ), depression and anxiety (HADS).

Results: Mindfulness training improved mindfulness (FFMQ). Both interventions prompted significant improvements in QoL, depression and anxiety, with mindfulness training improving outcomes more than the educational intervention. Both Intervention and Comparison Groups reduced pain intensity and unpleasantness to the same degree, whilst catastrophising was significantly decreased in both groups, with larger effects occurring in mindfulness training.

Conclusions: Consistent with previous research exploring mindfulness in general chronic pain populations, this study indicates that mindfulness is a viable intervention for people with SCI in improving QoL, and reducing depression, anxiety, NP intensity and unpleasantness, and catastrophising. Further work should explore mindfulness in larger samples, and the feasibility of combined education and mindfulness training, for optimum benefit.

Long-term conditions

Effectiveness and participatory perspectives of cognitive behaviour therapy for insomnia (CBT-I) interventions on key outcomes and experiences

Belinda Hemingway & Vanessa Bogle, City University London

Objectives: This study explored the effectiveness of three Cognitive Behaviour Therapy for Insomnia (CBT-I) treatment interventions – a manual-guided five-week group, a one-day workshop and an online programme – on outcomes and participatory experience. It was predicted that there would be improvements in outcomes across interventions, with no significant differences between interventions – thus contributing to evidence for choice and accessibility.
**Design:** A mixed methods approach was taken; including a randomised controlled pilot study, exploration of participatory experiences through completion of a patient experience questionnaire, and semi-structured interviews from each intervention to form a case study.

**Methods:** The research was conducted at a London insomnia clinic. Forty-nine participants were recruited, and thirty-one completed the study. Quantitative questionnaire measures were taken at baseline and following completion, and data analysis followed an intention-to-treat approach. Content analysis was conducted on experience questionnaires, and interviews were analysed using interpretative phenomenological analysis.

**Results:** Findings revealed that CBT-I treatment resulted in significant improvements in insomnia severity, beliefs and attitudes about sleep, depression, anxiety, daytime functioning and health-related quality of life, medication use, and sleep diary measures across interventions. No significant differences between the effectiveness of the three interventions were found. Secondary findings provided valuable information on participant experience.

**Conclusions:** The success of all interventions in this pilot study contributes to the ongoing development of accessible and effective insomnia treatment, as well as gaining an insight into participant experience. Health psychology can therefore make a valued contribution to research, training and delivery of CBT-I interventions.

**Health behaviour change**

7971

**Using the behaviour change wheel to understand midwives & physical activity behaviours**

Deirdre Holly & Vivien Swanson, *NHS Education for Scotland*

**Background:** Physical activity (PA) levels within the midwifery population may be suboptimal, impacting their health and patient care.

**Method:** A mixed-methods approach was used. Four focus groups were conducted in urban and rural areas with community and hospital-based midwives. The focus groups were led by a health psychologist using a topic guide based on the COM-B model and Theoretical Domains Framework as recommended within the Behaviour Change Wheel, alongside findings from a rapid literature review. The focus group findings informed development of a questionnaire, which was sent out to all 14 health boards within Scotland and also made available using an online survey management system.

**Results:** Thirty-three midwives participated in the focus groups. The findings suggest that environmental context and resources were both a barrier and facilitator. Similarly, while social influences were a barrier, they also facilitated behaviour. A lack of behavioural regulation due to irregular shift patterns and breaks were also barriers.

The questionnaire was completed by 329 midwives. Fifty-eight per cent reported engaging in more than 150 minutes PA per week, this included walking (86%) and housework (55%). The questionnaire findings mirrored the findings from the focus groups and suggested that additional factors that would increase PA levels included workplace PA challenges (38%) and structured exercise classes at work (35%).

**Conclusion:** These findings suggest that interventions addressing PA within this population need to address both environmental context and resources and individual factors. These findings are being used to develop an intervention to support midwives to be more active.
General
8093
Why is it so hard to talk about the future with homeless people with ill health? The need for a different conversation

**Objectives:** To explore why conversations about the future with homeless people with ill health and to look at alternative approaches to having these difficult conversations.

**Design:** Qualitative study using thematic analysis of verbatim transcripts to identify key themes. Data was collected between October 2015 and October 2016 and explored the views and experiences of currently and formerly homeless people and those supporting them around palliative care, based around a vignette.

**Methods:** Focus groups and interviews were completed with currently homeless people (N=28), formerly homeless people (N=10), health care professionals (N=32), drug and alcohol workers (N=4), hostel staff (N=29) and outreach staff (N=10) from three London boroughs. Participants completed demographic sheets, data collection was audio recorded and transcribed verbatim.

**Results:** Currently conversations with homeless people about their future care preferences are rare. Three themes were identified relating to the challenges of having such conversations. These were, culture and the recovery focused nature of services for homeless people, uncertainty and fear of negative impact on the homeless person and on staff.

**Conclusions:** There is a need for a shift in approach to exploring future preferences with people who are homeless and whose health is poor. Adopting a parallel planning approach (hoping for the best but planning for the worst) could be a useful approach to working with the uncertainty that surrounds the health and illness of many homeless people.

Long-term conditions
8138
A manualised intervention to reduce psychological distress in inflammatory bowel disease: A randomised controlled feasibility trial
Lyndsay Hughes, *King’s College London*, Anja Fischer, *School of Psychology, University of Central Lancashire*, Samantha Goodliffe, *Health Psychology Section, King’s College London*, Peter Irving, *Gastroenterology Dept, Guy’s & St Thomas NHS Foundation Trust*, Rona Moss-Morris, *Health Psychology Section, King’s College London*

**Objectives:** To address high rates of depression and anxiety in Inflammatory Bowel Diseases (IBD) a novel IBD specific self-management manual (QOLITI) with minimal therapist telephone support was developed. The manual was grounded in evidence based interventions together with patient and professional input. This study assessed the feasibility and acceptability of the QOLITI.

**Design:** A two-arm randomised control trial (NCT02707068).

**Methods:** recruitment was through hospital clinics and the Crohn’s and Colitis UK website. Patients were randomised into either the intervention arm of QOLITI manual plus three telephone support sessions (n=32) or waitlist control arm of usual care (n=31). Questionnaires were administered pre- and post-intervention (8 weeks).
**Results:** 97% of patients approached in clinics were eligible and 50% subsequently consented. 85% of patients who began the trial were retained in the study. 80% of those in the treatment arm completed at least 1 telephone session. Semi-structured interviews indicated a high level of acceptability with willingness to actively engage with the manual, despite challenging tasks.

**Conclusions:** Good feasibility and acceptability was shown for a self-directed manual targeting distress. It is feasible to recruit participants from clinics and retain them through an 8 week intervention. Telephone support was helpful to guide progress through the manual. Feedback on the manual was positive and further testing following MRC guidelines will continue to test the effectiveness, cost-effectiveness and implementation of the QOLITI.

**Health behaviour change**

8264

**Unpicking the relationship between sleep quality and the mental wellbeing of adolescents**

Margaret Husted, *University of Winchester*, Laura Naylor, *University of Surrey*

**Objectives:** This research aims to investigate whether sleep quality, and in particular the sub-constructs of insomnia, have distinct relationships that are predictive of anxiety, depression and stress within adolescents.

**Design:** A cross-sectional study of 198 UK college students (16 to 19 years).

**Methods:** Participants were recruited from sixth form colleges in South East England. Sleep quality was assessed using DSM IV diagnostic criteria for insomnia and measures of daily impact from the Insomnia Severity Index. The Depression, Anxiety and Stress Scale (DASS-21) measured adolescent mental health. Composite scores for insomnia sub-constructs; sleep onset difficulty, night waking, early waking and non-restorative sleep were calculated. As well as reviewing relationships between variables, the insomnia sub-constructs and daily impact from sleep were analysed to explore predictive value for anxiety, depression and stress.

**Results:** Poorer sleep quality was significantly related to depression, anxiety and stress (*p* ≤ .001). Analysis indicated specific insomnia sub-constructs were predictive of mental wellbeing with non-restorative sleep and daily impact consistently significant factors for depression, anxiety and stress (*p* ≤ .02) In addition, night waking (*p* = .02) was a significant factor in explaining anxiety with early waking (*p* = .02) significant in explaining levels of stress.

**Conclusions:** Results indicate that the cumulative effect of poor sleep quality is detrimental for adolescent mental health. Results indicate improving sleep quality with a particular focus on non-restorative sleep is warranted. Repetition of findings and longitudinal research confirming stability of the interaction and/or causality would strengthen findings and aid intervention development.

**Health behaviour change**

7988

**A behaviour change learning activity for undergraduate students**

Delyth James, *Cardiff Metropolitan University*, Rhian Deslandes, *Cardiff University*, Phil Smith, *Cardiff Metropolitan University*

**Background:** Teaching undergraduate students about the different theories and models of behaviour change can be challenging, depending on their engagement with the subject and prior experience of changing lifestyle behaviours. The aim of this paper was to engage
students in a behaviour change learning activity and to capture their reflections on the teaching exercise.

**Methods:** All second year pharmacy undergraduate students in one University were asked to choose a behaviour to change and record their progress on an anonymised daily diary for 1-week before and after a lecture on health psychology models. Diaries were analysed following ethics approval.

**Results:** Of the 99 students in the cohort (72% female; age 19 to 25 years; all ‘home’ students) 61 completed the exercise (62%) and 55 (90%) had made the proposed change. Four categories of behaviour change were identified related to exercise \( n=21 \), diet \( n=20 \), liquid consumption \( n=14 \) and other issues such as use of social media \( n=6 \). Students provided plans for how they intended to change, reflections on progress, challenges faced and reasons for not changing \( n=6; 10\% \). Ten (16%) noted the theory which best described their behaviour (COM-B, trans-theoretical or health belief models, theory of planned behaviour or health locus of control).

**Conclusions:** The inclusion of this activity resulted in two-thirds of students having real-life experience of attempting to change their behaviour and exposure to the challenges faced by patients when trying to adopt healthier lifestyles. A small percentage also related this to the theoretical aspects which underpin behaviour change.

**Health behaviour change**

7930

**Testing the effects of an environmental alcohol prime and a safe sex prime on perceptions and behaviour**

**Henry Johnson, University of West London, Ian Albery, London South Bank University, Daniel Frings, London South Bank University, Antony Moss, London South Bank University**

Objectives: Experimental manipulation of an alcohol prime and a safe sex prime tested for the possibility that the indirect experience of a salient alcohol-related cue and/or safe sex cue would influence related perceptions and behaviour of sexually-active alcohol users, without actual alcohol consumption.

**Design:** A 2 (alcohol prime: alcohol environment vs. non-alcohol environment) X 2 (safe sex-related prime: safe sex message vs. no message) between-participants design was employed. An experiment was conducted in an alcohol (bar) environment and in a laboratory.

**Methods:** Participants were 80 students, sexually-active alcohol users, from a university in London, UK. Measures included the AUDIT-C; CARE-R; sex-related alcohol expectancies; perceptions of: sexual intent, sexuality, sexual behaviour, sexual attraction, friendliness, and disinhibition; and a behavioural measure of proximity.

**Results:** The alcohol prime (bar environment) affected participants’ perceptions of an experimental stooge’s disinhibition (lack of inhibitions) and sexuality, with participants in the bar condition perceiving their partner as less inhibited and as more sexual than participants in the non-bar/lab condition. However, the presence of the safe sex message prime weakened these effects. The safe sex message prime weakened the participants’ self-perceptions for the sexuality variables, friendliness and disinhibition, but the alcohol prime had no significant effect on self-perceptions.

**Conclusions:** Findings suggest that perceptions and behaviours of sexually-active alcohol users may be influenced by alcohol and safe sex environmental stimuli. Findings provide evidence that the presence of a safe sex message in an alcohol-related environment may have a positive impact on safe sex behaviour for sexually-active alcohol users.
Psychobiological aspects of health and illness

Cultural perspectives of Hausa Community and mental wellbeing in Northern Nigeria

Dung Ezekiel Jidong, Rachel Tribe, Poul Rohleder & Aneta Tunariu, University of East London

Objectives: Nigerian culture-specific mental health issues are increasingly lacking research attention. This necessitated the interest to explore the cultural beliefs and linguistic construction of mental health and ill-health amongst the Hausa people of Northern Nigeria.

Design/Methods: A purposive sample of 13 participants had a semi-structured interviews that lasts approximately 55 minutes each. A thematic analysis from a critical realist epistemological position was employed to unravel participants’ defined meanings. Of the 13 participants, 6 were psychology-aligned practitioners and 7 ‘laypersons’ were recruited from Hausa communities within the Ahmadu Bello University Zaria and environs.

Results: Findings revealed that there exist strong religious beliefs and cultural value attachment to mental health amongst the Hausa communities. Consequently, the Hausa herbal and religious mental healthcare seem helpful as the practices are congruent with their linguistic, religious and cultural values. However, other traditional practices by ‘boka’ or ritualists are considered vague, inhumane and psycho-physically harmful.

Conclusions: Despite the limited number of participants and the non-exclusive coverage of all Hausa states in northern Nigeria, the research concludes that it is pertinent for government policies to encourage Hausa linguistic and cultural values that are essential for mental health and regulatory policies to rid the Hausa communities of false indigenous mental health practices.

Long-term conditions

A qualitative study exploring South Asian carers experience of caring for people with dementia in the Midlands, UK

Atiya Kamal, Birmingham City University, Jane Montague & Kirsty Armstrong-Booth, University of Derby

The South Asian (SA) community is seeing a faster rise in the number of people diagnosed with dementia than the general population (All Party Parliamentary Group, 2013). Previous qualitative research has shown that many carers from Black and Minority Ethnic backgrounds hold traditional ideologies that caregiving is natural and expected, which can result in feelings of strain and fearful attitudes towards formal services (Lawrence, Murray, Samsi & Banerjee, 2008).

National Institute for Health and Care Excellence guidance (2015) acknowledges the need to support carers of people with dementia (PWD) but there is limited research on SA carers’ experience of caring for PWD so services might not adequately address the needs of SA carers.

One-to-one semi-structured interviews were conducted with 12 participants of SA origin involved in the care of PWD. Thematic analysis revealed two themes: ‘Experience of Healthcare Services’ which highlighted communication issues with healthcare professionals and delays with accessing appropriate services resulting in carers feeling isolated and unsupported; and ‘Identity’ where the carers’ relationship with the PWD changed from
being cared for (as a child) to becoming the main carer. Relationships with other family members also changed due to their lack of understanding of the condition which made the caring experience more challenging.

Our recommendations are that healthcare services should directly target educational information at the SA community to aid their communication about the condition. This will, in turn, result in increased support at the community level as well as enhancing culturally appropriate services tailored to their interests.

Long-term conditions
8184
Participation in a massive open online course (MOOC) on dementia care: An evaluation of caregivers’ perceptions
Alison Killen, Newcastle University/Staffordshire University

Objectives: ‘Dementia Care: Staying Connected and Living Well’ was a four week Massive Open Online Course (MOOC) providing knowledge and advice around dementia care-giving. The objective of the current study was to evaluate caregivers’ perceptions of course participation and their care-giving situation through their posted responses to the course material.

Design: The duration of this qualitative study mirrored the initial presentation of the MOOC to enable findings to shape future delivery. Data encompassed online comments from 63 course steps where participants reacted to videos, texts, information from experts and fellow participants.

Methods: Participants comprised 1560 people who self-identified as formal or informal caregivers. Their responses were downloaded anonymously to an Excel database for thematic analysis.

Results: Three key themes emerged from over 18,000 comments: Issues for informal caregivers (with 7 sub-themes including identity, others reactions, and emotional impact), being part of the MOOC (with 5 sub-themes around participating and facilitating), and delivery of the MOOC (with 5 sub-themes including course structure, dissent and debate and research). Respondents frequently described social isolation and the value of anonymously sharing stressful situations and engagement with similarly placed peers, highlighting caregiver vulnerability but indicating additional beneficial effects compared with completing purely factual MOOCs.

Conclusions: Health condition focused MOOCs provide new opportunities for people experiencing or supporting others with long-term conditions to benefit from knowledge, engagement and peer support potentially enhancing feelings of self-efficacy. Health psychologists’ engagement in designing content, mentoring participants and course evaluation can ensure these meet the needs of vulnerable clients.

Long-term conditions
8051
The impact of anaphylaxis on health-related quality of life of adults
Rebecca Knibb, Kristina Newman, & Elisabeth Wagland, Aston University

Objective: Anaphylaxis is a sudden, severe and potentially life threatening allergic reaction to allergens such as food, latex, drugs and venom. It has a detrimental impact on quality of life of children and parents, however there is little research on adults. The aim of this study was to explore the impact of anaphylaxis on health-related quality of life of adults.

Design: Qualitative design using semi-structured interviews.
Methods: Interviews were conducted with 10 participants recruited using opportunity sampling from allergy clinics in the Heart of England NHS Trust, Birmingham, UK. Data was transcribed verbatim and analysed using thematic analysis.

Results: Three over-arching themes were generated from the analysis: conflict in identity; the need for control; and support. Participants expressed their refusal to consider their allergy as an illness and attempted to retain an identity as a healthy person. However they felt they lacked control over their anaphylaxis, had uncertainty regarding when anaphylactic reactions might occur and had limited knowledge of how to manage their condition. This made their experiences frightening and distressing. The support from others was extremely important but participants expressed a need to retain their independence.

Conclusions: Anaphylaxis had an adverse impact on the health-related QoL of adults irrespective of the trigger allergen. More information about anaphylaxis and its management from health care professionals may help patients gain a sense of control over their condition and reduce the worry and anxiety associated with it.

Health behaviour change

Feasibility study for the implementation of an mHealth SMS intervention on contraception in rural Malawi

Rebecca Laidlaw, Diane Dixon, Tracy Morse & Tara Beattie, University of Strathclyde

Objectives: This study set out to determine: i) the feasibility of implementing an SMS intervention in the Chikwawa District of Malawi and ii) the acceptability of an SMS intervention for contraceptive health education targeting adolescents in the Chikwawa District.

Design: A quasi-experimental design was employed.

Methods: Thirty participants were recruited for a 4 week SMS intervention providing 36 messages on 8 contraception methods. Contraceptive knowledge and current contraceptive behaviour were assessed pre and post intervention as well as intervention acceptability through one-to-one interviews. Mobile phone accessibility and coverage were also assessed.

Results: Twenty-one participants were interviewed one month post intervention. 55% reported receiving access to the intervention content. Those without access relied on shared devices and were predominantly female. Participants had a positive opinion of the service and both those with and without access stated they would use the service in future, 100% and 67% respectively. Knowledge of contraception methods increased by 27% post intervention but sample size was too small for significance testing. There was a 20% increase in self-reported contraception use at last sexual encounter post-intervention and a 50% increase in intention to use contraception in those not yet sexually active.

Conclusions: An SMS intervention is a feasible and acceptable health education tool for contraception in adolescents of the Chikwawa District of Malawi. Positive changes in knowledge and behaviour change post intervention suggest the need for a larger study to test intervention effectiveness.
Long-term conditions
8283
Long-term treatment of uterine fibroids with ulipristal acetate improves health-related quality of life
Deborah Lancastle, University of South Wales, Pablo Arriagada, Preglem, Sven Skouby, University of Copenhagen

Objectives: Up to 60% of women with uterine fibroids have heavy, prolonged menstrual bleeding, which has a profoundly negative impact on quality of life. Hysterectomy affords a permanent solution but means that women will be unable to have any (more) children. It is therefore important that women can access long-term treatments that improve quality of life whilst retaining fertility. The objective was to determine the impact of repeated three-month courses of medication (ulipristal acetate; UPA) on the quality of life in women with symptomatic uterine fibroids.

Design: Data are from the PEARL-III extension study. This multicentre clinical study investigated the effects of four 3-month courses of Ulipristal Acetate. Quality of Life was assessed at Baseline and five further assessments. Follow up was 3 months after the fourth course of treatment.

Method: Participants (N=99) were premenopausal women with symptomatic uterine fibroids attending European gynaecology centres who completed the Uterine Fibroid Specific quality of life questionnaire and the EQ-5D current health state measure at each assessment. Data were analysed using within-subjects ANOVAs

Results: Significant improvements were found in quality of life and current health state after the first course of treatment which were sustained up to and including Follow-up.

Conclusion: The results suggest that long-term management of fibroids with UPA could be an important way of improving the quality of life of women with fibroids.

How to help women to help themselves during fertility treatment
Deborah Lancastle, University of South Wales, School of Psychology and Therapeutic Studies, Pontypridd, United Kingdom

Introduction: Becoming a parent is a key personal life goal and people may assume that unprotected sexual intercourse will automatically lead to pregnancy as soon as they decide to conceive. For the 9% or so of couples that are infertile, however, such an assumption is challenged with monthly disappointment and the realisation that their futures will necessarily include treatment if they wish to have a child that is biologically their own. The European Society of Human Reproduction and Embryology guidelines ‘Routine psychosocial care in infertility and medically assisted reproduction – A guide for fertility staff on the implementation of psychosocial care by healthcare professionals in infertility and medically assisted reproduction’ differentiates specialised infertility counselling and psychotherapy for the minority of patients with clinically significant emotional problems, from ‘routine’ psychosocial care. This presentation speaks to the latter form of psychosocial support.

Methods: Evidence from a number of studies about the effects of self-help interventions promoting coping strategies that enhance accommodation to stressful events is presented. These being the Positive Reappraisal Coping Intervention (PRCI); the Cognitive Coping and Relaxation Intervention (CCRI); emotional support from online groups, and increasing satisfaction with information-seeking in medical consultations.

Results: The evidence suggests that the PRCI has a number of benefits to the psychological wellbeing of women with fertility problems (e.g., sense of control, anxiety, coping), that the CCRI has positive effects on emotions, anxiety and treatment discontinuation, and
Health behaviour change

8005

Association between smoking habit, health anxiety, and implicit attention to health threatening information

Rob Lowe & Paul Bennett, Swansea University

Objectives: Attention is related to anxiety states, with anxious individuals being prone to vigilance towards threat cues. This was explored in the context of health-related anxiety and smoking habit. Due to the illness-related salience of smoking, we predicted habitual smokers would evidence elevated health anxiety and hence be vigilant for health threatening information.

Design and Methods: Cross-sectional design. Participants were 146 people (convenience sampled smokers and non-smokers) who completed questionnaire measures of smoking status, smoking habit, and health anxiety. They also completed a computerised dot probe measure of visual attention to health-threat, social-threat, and non-threat words.

Results: Findings were consistent with hypotheses. Smokers evidenced more health anxiety than non-smokers ($p = .003$). Moderated regressions showed health anxious people were more attentive to health threatening cues than less anxious people; however, this association was only apparent among habitual smokers. Specifically, interactions between attention cues and smoking habit accounted for a significant 7% and 14% variance of health anxiety across ‘attention grabbing’ (500ms) and ‘attention holding’ (1250ms) dot probe latencies respectively. Importantly, it was the interaction between health threat cues and smoking habit that contributed to these variances in health anxiety; no significant contributions emerged for social threat and non-threat cues.

Conclusions: Habitual smokers’ alertness to health threatening information indicated an implicit sensitivity to health damaging associates of their smoking habit. Results may have implications for interventions aimed at fostering motivation to quit smoking by highlighting those who may be more (or less) amenable to engagement with lifestyle change interventions.

Long-term conditions

8063

The effectiveness of group-based Acceptance and Commitment Therapy (ACT) for stroke survivors: A randomised feasibility study

Sarah Majumdar & Reg Morris, Cardiff University

Objectives: To date, the efficacy of Acceptance and Commitment Therapy (ACT) for stroke survivors has not been established. The aim of this feasibility study was to evaluate the...
effectiveness of group-based ACT for stroke survivors in comparison to waiting-list controls.

**Design & Method:** Fifty-three participants were randomly assigned either to group-based ACT or to a waiting-list control group (60% male; mean age: 63 years). The ACT intervention consisted of four weekly 2-hour group sessions. Therapeutic effects were measured by examining changes in depression, anxiety, hope, quality of life, self-rated health status and mental-health wellbeing. Measures were completed at pre-treatment, post-treatment and two month follow-up. A mixed-design multivariate ANOVA was conducted to analyse the findings.

**Results:** Preliminary analysis based on intention-to-treat found that, compared to participants in the waiting-list control group, group-based ACT significantly reduced depression and increased self-rated health status and hope in stroke survivors from pre-treatment to 2 month follow-up.

**Conclusions:** The results correspond with previous studies on group-based ACT with other long-term conditions. The findings from the present feasibility study suggest group-based ACT may have promising utility for stroke survivors, however further research is required.

Psychobiological aspects of health and illness

8274

**Do women turn to the Internet when experiencing potential breast cancer symptoms? Insights from a qualitative interview study**

Afrodita Marcu, University of Surrey, Peter Vedsted, Aarhus University, Denmark, Georgios Lyratzopoulos & Georgia Black, University College London, Katriina Whitaker, University of Surrey

**Objectives:** Lower socio-economic status (SES) has been associated with delay in help-seeking for breast cancer symptoms and lower chances of survival for breast cancer. We explored potential SES differences in women’s use of the Internet as a source of information when experiencing, interpreting, and seeking help for breast-related symptoms.

**Design:** Qualitative interview study with women experiencing breast symptoms, without explicit focus on breast cancer. The data were analysed thematically.

Methods: Twenty-seven women aged ≥ 47 years who had experienced at least one potential breast cancer symptom in the previous six months were interviewed in-depth about their symptom experience and help-seeking strategies. Equal numbers were from higher (N = 13) and lower (N = 14) educational backgrounds.

**Results:** Half of the participants (N = 13) had looked up their symptoms online, and half (N = 14) had not. Four themes reflected a typology of attitudes towards consulting the Internet about the symptoms: i) confident; ii) hesitant; iii) avoider; and iv) neutral. Negative attitudes among ‘avoider’ and ‘hesitant’ participants stemmed from fear of finding ‘scaremongering’ information, concern over incorrect self-diagnosis, and doubt over being able to interpret the information found online. These negative attitudes were particularly prominent in women with lower education.

**Conclusions:** Women experiencing potential breast cancer symptoms feel unsure how to use the Internet to interpret their symptoms, particularly women with lower education. Healthcare professionals should promote vetted health websites among their patients to facilitate symptom appraisal and increase prompt help-seeking for cancer symptoms.
Psychobiological aspects of health and illness

Life after treatment and survivorship of men after prostate cancer

Charikleia Margariti, Kenneth Gannon, James Walsh, University of East London, James Green, Barts NHS Trust

Objectives: As survival times for prostate cancer (PCa) have increased substantially more survivors of PCa will live with the long-term side-effects of treatment, such as erectile dysfunction (ED) and incontinence. The aim of this study is to understand the challenges of PCa survivorship and the impact of psycho-biological side-effects on men’s lives.

Design: This qualitative study was based on individual interviews. This method led to a better in-depth understanding of the experiences and feelings of participants and the significance of their meanings to them. It allowed participants to talk about their survivorship adjustment and their ways of managing their side-effects.

Methods: 67 participants who had been successfully treated for localised PCa, were recruited via 3 NHS Trusts in London. Semi-structured telephone interviews were conducted, audio-recorded and transcribed. An inductive thematic analysis was employed.

Results: Three main themes have developed: Experience of discharge to GP; follow-up with GPs; and PCa survivorship. Participants described the impact of PCa on their lives after treatment. They described how they had to cope and adjust with ED and incontinence. They also talked about the importance of receiving appropriate follow-up, having a trusting personal relationship with their GP and the provision of counselling in health services.

Conclusion: There is a need for a greater focus on recovery, health and wellbeing after treatment and personalised-care planning. The findings revealed that the side-effects have an impact on men’s life and psychological wellbeing. Follow-up care and provision of psychological support should be

Health behaviour change

Health psychology in under-explored tonalities: Musicians’ health and wellbeing

Raluca Matei, Royal Northern College of Music

Objectives: To evaluate the first health promotion course incorporating behaviour change techniques (BCTs) among first-year music students at the Royal Northern College of Music (RNCM), in Manchester, as part of the core curriculum.

Design: A pre-post design was employed.

Methods: Based on our review of the existing literature on health promotion in music education, the COM-B model and findings from cognitive and behavioural sciences, as well as various constraints by necessity, the course consisted of seven lectures and five seminars for the first-year cohort, over six months. Sessions addressed practice strategies; anatomy and physiology; music performance anxiety; BCTs applied to preventative health, time management and practice planning. A pre-post questionnaire survey was conducted looking at performance-related musculoskeletal problems (PRMDs), health-related behaviours, hearing loss and use of hearing protection, as well as attitudes towards health. Interviews were conducted post-course. Descriptive statistics of the baseline data have been produced thus far.

Results: Out of 90 students who completed the questionnaires (46% male, 52% female), 13% reported moderate problems with sleeping, 11% felt moderately sad, melancholic or depressed; 8% reported having tinnitus and 6% reported hyperacusis. The severity of PRMDs was
surprisingly low (M = 2.23 out of 10). Respondents showed lower scores for health responsibility, physical activity and stress management than nutrition, spiritual growth and interpersonal relations. Further analyses are being taken and will be reported at the conference.

Conclusions: This is one of the very few evidence-based health promotion courses for music students that have been evaluated to date.

Long-term conditions

Can primary care nurses improve biopsychosocial care and self-management for long-term conditions – A feasibility trial/ process evaluation of the person centred assessment method (PCAM)

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Background: Long-term conditions (LTC) affect 15 million people in the UK (DoH, 2012). There is a strong association between LTCs and psychosocial issues (Barth et al, 2004), but nurse-led LTC reviews focus principally on physical needs. Improving broader biopsychosocial care is key to addressing wellbeing, but clinicians and patients have struggled to optimise behaviour change to improve self-care.

Intervention: The PCAM aims to encourage: conversational assessment of biopsychosocial need and motivations; and person-centred implementation planning, linking patients with statutory and third sector services.

Method: A feasibility/pilot cluster RCT with practices randomised to nurses delivering Usual-care (UC) or PCAM in LTC reviews. Randomisation followed nurse and patient level baseline data collection. PCAM-arm nurses were trained to use the PCAM intervention. Data collection was repeated for a second patient cohort. Fidelity to PCAM use was tested using recorded consultations. A qualitative process evaluation assessed feasibility, acceptability and barriers and facilitators to use.

Findings: Three practices (six nurses) were randomised to the PCAM arm and two practices (three nurses) to the UC arm; with data from 133 patients at baseline and 77 patients post intervention. For nurses, the PCAM supported behaviour change in encouraging a conversational style with strengthened focus on mental wellbeing and social issues. All nurses reported they would continue using PCAM which helped support a positive nurse/patient relationship.

Conclusions: This feasibility study indicates that PCAM has potential to be implemented to improve discussion and management of mental health related to long term conditions and patient access to social supports.

Health behaviour change

Investigating the effectiveness of theory-based interventions on improving treatment adherence of patients with Type 2 Diabetes Mellitus: A systematic review

Despoina Menti & Georgios Lyrakos, Cardiff Metropolitan University/City Unity College Athens, Caroline Limbert, Cardiff Metropolitan University

Purpose: This systematic review examined the effectiveness of theory-based interventions
on improving treatment adherence of Diabetes Mellitus (DM) patients.

**Background:** Non-adherence to treatment leads to poor psychophysical health of DM patients, dramatically increasing risk of complications and costs to the health care system. Theory-based interventions are considered to be effective in changing health-related behaviours, however, there is currently a lack of research on DM. It is important to examine which theoretical element, or combination of elements, are more effective in order to inform and improve adherence-enhancing interventions, targeting all three aspects of DM treatment – diet, exercise and medication taking.

**Methods:** An electronic search was conducted on PubMed, Science Direct, Willey Online Library, Oxford Journals and PsychInfo databases. Only theory-based interventions, utilising randomised control trials and targeting adherence of DM patients, were used. Out of 1,129 studies, 11 interventions, using the Health Belief Model (N:3), Social Cognitive Theory (N:2), Theory of Planned Behaviour (N:2), Transtheoretical Model (N:2), Information-Motivation-Behavioural skills model (N:1) and Motivational Interviewing (N:1) were eligible for inclusion.

**Conclusions:** Most interventions (N:9) were effective in improving adherence of DM patients, especially the SCT which successfully improved adherence to all three aspects of treatment, diet, medication and exercise, with self-efficacy being the most effective element across interventions. However, the wide heterogeneity in the methodology of the interventions impedes the comparison of the findings. Further research would need to focus on the applicability and cost-effectiveness of theory-based interventions, to facilitate their application in health care settings.

**Long-term conditions**

**Giving and receiving social support following a prostate cancer diagnosis: A couples analysis**

Kayleigh Nelson, Jaynie Rance & Paul Bennett, Swansea University

**Objectives:** To explore how prostate cancer patients and their partners utilise social support in the first twelve months following a localised prostate cancer diagnosis.

**Design:** A longitudinal qualitative design.

**Methods:** Eighteen couples were recruited from the Local Health Board following a localised prostate cancer diagnosis. Participants were recruited to take part in semi-structured interviews at three time-points; diagnosis, four months following diagnosis and twelve months following diagnosis. Data were analysed using Thematic Analysis.

**Results:** Four key themes emerged: ‘dealing with the practicalities’, ‘getting on with everyday life’, ‘managing feelings’ and ‘making sense of it all’. While it was important for couples to manage illness and to reduce its potential intrusion into everyday life, this strategy had psychological costs and benefits. Patients struggled to stay in control of their emotions and their lives. Partners became distressed by the complicated requirements of being supportive while also wanting the patient to maintain self-reliance.

**Conclusions:** The findings expand our understanding of the reciprocal support between patients and partners in the months following diagnosis. The findings also help to identify what couples require in terms of social support and where there are gaps in support services. Considering partner experience is crucial to forming an understanding of the impact of the diagnosis on an individual’s wellbeing. It also supports the knock-on effect on partners’ own wellbeing and the quality of care they can provide. To date, there is limited evidence for appropriate interventions for couples dealing with localised prostate cancer.
Changing drawings of pain and self during a chronic pain self-management journey: A multimodal longitudinal study using Interpretative Phenomenological Analysis

Isabella E Nizza & Jonathan A Smith, Birkbeck, University of London, Jamie A Kirkham, Kent Community Health NHS Foundation Trust

Objectives: The study aimed to explore how the sense of self and its relationship with pain evolves when chronic pain sufferers attend a multidisciplinary pain service and participate in a pain management programme (PMP).

Design: Considering the strong impact, elusiveness and indefinability of chronic pain, a multimodal approach, combining drawings with interview data, was adopted to elicit deep reflections and allow the inexpressible to be expressed.

Methods: Sixteen chronic pain sufferers from a community chronic pain service in South-East England were interviewed at three time points: when they were referred to the service, after they attended a PMP and six months later. At the start of each interview participants were asked to draw a picture of their pain and one of themselves. The drawings were used to guide a discussion on the impact that pain was having on their lives. Transcripts and drawings were analysed inductively and longitudinally using Interpretative Phenomenological Analysis.

Results: The group responded differently to learning to self-manage their pain, with themes exploring changes in the relationship with pain and in participants’ representations of themselves. In most cases, self-management influenced the perceived ability to deal with pain and allowed sufferers to develop some form of co-existence with it.

Conclusions: This longitudinal and multimodal application of IPA offers unique insight into how the relationship with chronic pain can change over time and how this relates to the sense of identity of sufferers. The drawings, expressive in themselves, facilitated access to the emotional world of participants and, when reviewed retrospectively, triggered deep reflection.

Developing an ontology of behaviour change interventions: The Human Behaviour-Change Project

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Purpose: To improve our understanding of behaviour change by developing an ‘ontology’ of behaviour change interventions: a structure for organising knowledge using a set of shared terms for entities and the relationships between them.

Background: Evidence about behaviour change interventions is being generated on a vast but fragmented scale and more rapidly than humans can synthesise and access. The Human Behaviour-Change Project (HBCP) brings together behavioural, computer and information scientists to generate new insights about behaviour change by applying machine learning.
and reasoning algorithms to the world literature, organised by an ontology. An online interface will allow users (researchers, policy-makers and practitioners) to access this knowledge system to answer questions about behaviour change interventions.

**Method:** The Behaviour Change Intervention Ontology is being built by developing taxonomies of its top-level entities. We are using similar literature review and consensus methods to those used to develop the Behaviour Change Techniques Taxonomy v1 (BCTTv1) to develop the other ontology entities: intervention delivery and exposure, target population and setting, behaviour and mechanism of action.

**Results:** Taxonomies of mode of delivery, population and setting have been developed, with good inter-rater reliability. 92 links between behaviour change techniques and their mechanisms of action have been identified, supported by both published evidence and expert consensus.

**Conclusions:** It has been possible to develop the entities of the Behaviour Change Intervention Ontology using similar methods to those used to develop BCTTv1.

**Long-term conditions**

**Predictors of ultraviolet radiation exposure in patients with Xeroderma Pigmentosum: Prospective daily diary study with objective measurement of ultraviolet radiation**

Sam Norton, Jessica Walburn & Martha Canfield, King’s College London, Kirby Sainsbury, Newcastle University & Vera Araujo-Soares, Newcastle University, Lesley Foster, Guy’s & St Thomas’ NHS Trust, John Weinman, King’s College London, Bob Sarkany, Guy’s & St Thomas’ NHS Trust

**Objectives:** Xeroderma Pigmentosum (XP) is a rare genetic condition where damage caused by ultraviolet radiation (UVR) in sunlight cannot be repaired, increasing skin cancer risk. Management involves avoidance of UVR. This is the first study to objectively quantify UVR exposure in this population and determine the impact of photoprotection behaviours on UVR dose to the face.

**Design:** Prospective daily diary study with objective measurement of UVR.

Methods: UVR exposure and UVR dose to the face (standard erythemal dose;SED) was calculated for 21 adults with XP (mean age 43 years, 66% male) combining data from a daily photoprotection diary and a wrist-worn UVR dosimeter over a period of 21 days between May and August 2016. Multilevel models were used to calculate average daily UVR exposure and dose to face, including the assessment of psychosocial predictors.

**Results:** Across 491 days, the average daily UVR exposure was .23SED (SD.20, range .03-.74). Individuals protected their face against 77.7% (SD13.4%) of the UVR they were exposed to while outside. This meant the average daily UVR dose to the face reduce to .06SED (SD.09, range .01-.32). Older age, female gender, lower self-efficacy, and lower social support were significantly related to increased UVR dose to the face. Whereas burning type, mental health and illness perceptions were not.

**Conclusions:** Photoprotection in this sample was good but highly variable. Avoidance of going outside resulted in UVR exposure approximately half that observed for a typical individual. Interventions targeting modifiable predictors of photoprotection may further reduce dose of UVR.
Health behaviour change

8281

Proscriptive vs. Prescriptive health recommendations to drink alcohol within recommended limits: Effects on moral norms, attitudes, intentions, and behaviour change

Louisa Pavey, Kingston University, Sue Churchill, University of Chichester, Paul Sparks, University of Sussex

Objectives: Health advice can be framed in terms of prescriptive rules (what we should do) or proscriptive rules (what we should not do). The current research examines the differing effect that these two types of recommendation have on participants’ moral norms, reactance, attitudes, and intentions to consume alcohol within recommended limits, and subsequent alcohol consumption.

Design: A prospective design was used with participants randomly assigned to one of two health message conditions.

Methods: Participants (N=529) completed an online questionnaire which asked them to report their previous 7 days alcohol consumption. They then read a proscriptive vs. prescriptive health message and completed measures of moral norms, attitudes, and intentions to drink alcohol only within recommended limits. Subsequent alcohol consumption was measured seven days later.

Results: The results showed that across all participants, the proscriptive message elicited greater moral norms than the prescriptive message, which in turn increased attitudes and intentions to drink within recommended limits. However, for male participants who reported drinking more alcohol than recommended, the proscriptive message elicited greater alcohol consumption behaviour 7 days later.

Conclusions: The proscriptive (vs. prescriptive) message was more effective in eliciting stronger moral norms towards drinking within recommended limits. However, the proscriptive (vs. prescriptive) message also led to greater alcohol consumption within a higher risk participant group, indicating a possible reactance effect. The practical and theoretical implications of the research are discussed.

Health behaviour change

8060

Driving men to engage with cancer services: An evaluation of the psychosocial impact of the ‘ManVan’

Ceri Phelps, University of Wales Trinity Saint David, Rhiannon Skilton, Tenovus Cancer Care, Rachel Iredale, University of South Wales

Objectives: This paper presents final data from the psychosocial evaluation of the Tenovus ManVan initiative. A joint partnership between Tenovus Cancer Care and Prostate Cancer UK, funded by the Movember Foundation, the aim of the ManVan was to increase engagement with cancer services in diagnosed men who live in deprived or hard-to-reach areas, providing a range of nurse support, counselling, benefits and welfare advice.

Design: A longitudinal psychosocial and quality of life questionnaire evaluation was carried out between 2014 and 2017 in order to measure the impact of the ManVan on key outcomes.

Methods: 540 clients completed questionnaires before and after each ManVan visit including validated measures of psychological distress, emotions, mood, and cancer-specific quality of life. 51% of the sample were already receiving treatment for prostate, testicular or penile cancer when first accessing the ManVan, with 22% in the pre-treatment phase.
Results: Receiving services on-board the ManVan resulted in statistically significant improvements in mood ($p < .01$). Amongst those completing multiple counselling sessions, a significant reduction in psychological distress was found ($\text{Wilks’ Lambda} = .45$, $F(3, 45), p = .01$). Engagement with the ManVan services did not have any significant impact on quality of life scores.

Conclusions: For men affected by cancer the ManVan appeared to offer a valuable resource for the provision of psychosocial support, clinical and welfare advice. Specifically, the counselling services offered an opportunity to help men manage their psychological distress associated with their cancer diagnosis and/or treatment. The impact on cancer-specific quality of life measures however appears more limited.

Long-term conditions

7745

‘It’s when you’re not doing too much you feel tired’: A qualitative exploration of fatigue in End-Stage Kidney Disease (ESKD)

Federica Picariello & Rona Moss-Morris, King’s College London, Iain Macdougall, King’s College Hospital, Joseph Chilcot, King’s College London

Background: Fatigue is commonly experienced in End-Stage Kidney Disease (ESKD) patients. In order to develop patient-centred psychosocial interventions to help patients manage fatigue symptoms, a more in-depth understanding regarding the experience of fatigue is needed.

Objective: The objective of this study was to explore renal patients’ experiences of fatigue, across renal replacement therapy (RRT).

Methods: Twenty-five in-depth semi-structured interviews were conducted. Interviews were audiotaped, transcribed and analysed using inductive thematic analysis with elements from grounded theory and framework analyses.

Results: Main themes included the strong role of the illness and treatment in the aetiology of fatigue. Two contrasting streams of illness-fatigue interpretations emerged: catastrophising versus normalising. Patients emphasised the importance of having a sense of purpose in facilitating active management of fatigue. Many patients described the consequences of fatigue on their functioning. Low mood, frustration, and anger were common emotional consequences of fatigue. Three dominant fatigue management strategies emerged: one related to accommodation of activities around fatigue, another on increasing activities to counteract fatigue, and the third one revolved around self-compassion. Social support emerged as an important aspect of the fatigue experience, serving as a source of motivation, yet patients were wary of becoming a burden to others.

Conclusion: Findings identify casual attributions, behavioural and emotional reactions, management strategies, and facilitators of active management of fatigue in ESKD. Untying fatigue from the illness and treatment may help patients to develop alternative less catastrophic perceptions of fatigue, increase their perception of control over fatigue, and facilitate active fatigue management.

Long-term conditions

8090

The experiences and needs of caregivers of people with multimorbidity: A scoping review

Mollie Price, Claire Surr, Brendan Gough & Laura Ashley, Leeds Beckett University

Purpose: To determine what is currently known about the experiences and needs of carers of people with multimorbidity, and to highlight knowledge gaps.
**Background:** Multimorbidity is a growing global public health concern, and a challenge for healthcare systems. There is increasing research on multimorbidity with patients and health professionals, but less is known about informal caregivers.

**Methods:** A scoping review was conducted guided by Arksey and O’Malley’s (2005) methodological framework, to examine the extent, range and nature of research activity. Published empirical English-language papers and doctoral theses explicitly focusing on carers of adults with more than one chronic condition were included (no date restrictions). In February 2016 seven databases were searched, plus lateral searches conducted. Study quality was assessed (rated 1* to 4*) using the Mixed Methods Appraisal Tool. Thematic analysis was used to synthesise study findings.

**Results:** This novel review identified 24 eligible papers (reporting 18 studies) from 1832 initial abstracts, with 17/24 quality-rated 3* or 4*. Just 11/24 papers focused exclusively on carers, and most focused on pragmatic rather than psychosocial aspects of caregiving (e.g. knowledge, care co-ordination). Thematic analysis identified five themes in studies’ findings concerning carers’ experiences and needs: (1) The multifaceted practical responsibilities and challenges; (2) Emotional and psychosocial burden; (3) Difficulties accessing support and respite services; (4) Poor communication and coordination between different healthcare teams; and (5) Lack of information and knowledge about care-recipients’ diagnoses.

**Conclusions:** More research is needed to understand, and inform interventions to address, the psychosocial support needs of these caregivers.

**Implementation research 8196**

**Telehealth to facilitate group psychosocial support for immune suppressed patients**

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**Objective:** The aim of this research was to explore the suitability of telehealth videoconferencing to facilitate group art therapy for immune suppressed patients. Cancer patients receiving chemotherapy face a rigorous regime of treatment cycles where the immune system is compromised. Considerable value is placed on peer and psychosocial support during this challenging time (NICE, 2009). However traditional group psychosocial support is inadvisable due to the risk of infection. Telehealth offers an opportunity to connect people from their own homes to engage in group psychotherapy; however, there is a need to explore how effective this is for creating a sense of connection and support between group members when connecting remotely.

**Design:** The qualitative study utilises a longitudinal ideographic approach.

**Methods:** Five patients (2 groups) accessed telehealth videoconferencing art therapy with a trained psychotherapist for 8 weeks. Patients and the art therapist were interviewed pre starting, at mid-point and at the end of the 8 week period to explore their expectations and experiences of engaging with group art therapy in this way. Data was analysed using thematic analysis.

**Results:** Themes included a sense of connection between group members, managing communication, the benefit of distance to create security and challenges of managing technology.

**Conclusions:** Group art therapy facilitated by telehealth offers a viable way to connect immunosuppressed individuals from their own homes whilst maintain a strong sense
of connection and support between members. However, the associated challenges and limitations will also be discussed.

Implementation research
8025
‘People call them corridor moments don’t they?’ Barriers and enablers to midwife-health visitor collaboration using the theoretical domains framework

Maria Raisa, Jessica Aquino, Ellinor Olander, Fabiana Lorencatto & Rosamund Bryar, City, University of London

Background: Interprofessional collaboration, where health professionals engage with each other to improve health care, is promoted across services. UK universal maternal and child health services involve midwifery care from pregnancy to 10 days postnatally, followed by health visiting care from 10 to 14 days postnatally until the child is five years old. A recent systematic review concluded that although interprofessional collaboration is limited in day-to-day practice, midwives and health visitors value it. This study investigated UK midwives’ and health visitors’ experiences of interprofessional collaboration during the postnatal period, and barriers and enablers to increasing collaboration.

Methods: Semi-structured interviews based on the Theoretical Domains Framework (TDF) were conducted with 17 health visitors and 14 midwives. Interviews were analysed using a combined content and framework analysis approach. Participant responses were allocated to representative TDF domains, and similar responses grouped to inductively generate summary belief statements (themes) representing barriers/enablers to interprofessional collaboration. Theme prevalence was examined to identify key domains (i.e. most frequent).

Results: ‘Limited interactions in the postnatal period’ (Nature of the Behaviours Domain) reflected current experiences of midwife-health visitor collaboration. Key barriers/enablers related to four domains: ‘inadequate organisational/managerial support’ (Social influences); ‘concerns regarding staffing levels’ (Environmental context and resources); ‘situational adjustment and management’ (Behavioural regulation); ‘differences in professional remit’ (Social/professional role and identity).

Discussion: This study identified a range of theoretically-grounded barriers and enablers to midwife-health visitor interprofessional collaboration in the postnatal period, which provide a basis for developing targeted behaviour change interventions to enhance interprofessional collaboration in maternal and child health.

General
7953
Being a second victim: How staff understand their involvement in an adverse clinical event

Noelle Robertson, University of Leicester, Ceri Jones, University of Cardiff, Vanita Chamdal, University of Leicester

Introduction: Clinical error imposes significant burden on both patients and those who deliver health care. Healthcare professionals distressed by their involvement in an adverse event have been described as second victims, reporting traumatic reactions akin to patients who are primarily affected (Wu, 2000). Recent estimates suggest between 10 and 43% health professionals report significant psychological morbidity (Seys et al., 2012), with responses mediated by error outcome, patient and team response (Sirriyeh et al., 2010). Yet
few studies have explored how health professionals emotionally process the impact of error, its interaction with the employing organisation and wider NHS culture.

**Method:** Semi-structured interviews were undertaken with 21 members of nursing and medical staff in two large acute hospital Trusts in the Midlands, who were directly involved in an adverse event. Data were analysed using Template Analysis.

**Results:** Four dominant themes emerged; Heightened Emotionality and Growth, Organisational Support and its Absence, Victimisation and Blame, and Patient Safety and Culture.

**Discussion:** Respondents disclosed ongoing and elevated levels of distress and vigilance to threat. Restorative processes and regaining professional equipoise were described as eased by timely support acknowledging profound impact, but interview data privileged content describing organisational culture as indifferent, unsupportive and antagonistic.

**Conclusion:** Experience of an adverse incident poses risk to both patients and staff involved. High levels of psychological morbidity may be tempered by the support they receive from the team and organisation, as well as the prevailing safety culture of the organisation.

**Long-term conditions**

8020

**The effectiveness of mindfulness-based interventions for adults with recurring chronic headache and migraine: A systematic review**

Emily Robson & Triece Turnbull, City, University of London

**Introduction:** Chronic headaches and migraine are amongst the top three common causes of disability worldwide. Symptoms can cause debilitating pain that interfere with everyday tasks and quality of life (QOL). Typically, single analgesics and prescription drugs are used to manage pain, however unpleasant side effects have led to increased uptake in alternative therapies (e.g. mindfulness). Engaging in mindfulness has shown positive outcomes when applied to health conditions including schizophrenia and eating disorders. Mindfulness has also been associated with improved mental health and reduced stress.

**Aim:** Identify and assess the effectiveness of mindfulness-based interventions for adults managing recurring chronic headaches and/or migraines.

**Method:** A search of English, peer-reviewed literature published between 2007–2017 was conducted within 11 databases. Keywords included: mindfulness, headache and adult. Inclusion criteria consisted of adults aged over 18 years, diagnosis of headache and/or migraine, randomised control trial (RCT), and use of an intervention that applied mindfulness-based techniques. A quality assessment tool was also applied.

**Results:** After initial searching 369 studies were retrieved. Following screening and eligibility checks, 9 RCT studies remained. Interventions that applied mindfulness-based stress reduction techniques (including relaxation and breathing exercises) occurred most frequently. Results reported favourably for the effectiveness of mindfulness-based interventions. Headache and migraine frequency decreased and QOL improved.

**Discussion and conclusion:** It is fundamental that alternative treatments such as mindfulness are offered as part of pain management interventions more frequently. Future reviews should focus on mindfulness for children and/or adolescents with headache, and also qualitative study-designs exploring patient experience should be included.
Validation of the Stellenbosch Endometriosis Quality of Life (SEQOL) measure among a sample of South African women diagnosed with endometriosis

Rizwana Roomaney & Ashraf Kagee, Stellenbosch University

Objective: The purpose of this study was to determine the test reliability, validity and factor structure of a newly-developed health-related quality of life (HRQOL) measure for patients with endometriosis.

Design: The study used a cross-sectional research design to collect data from a large sample of patients who had been diagnosed with endometriosis.

Method: Participants were 203 patients who were recruited from private and public healthcare facilities in the Western Cape, South Africa. We administered the 64-item HRQOL measure, the Endometriosis Health Profile (EHP 30), Short Form-12 Health Survey Questionnaire (SF12v2), World Health Organization Quality of life Brief scale (WHOQOL Bref) and the Beck Depression Inventory (BDI) to participants. We conducted an item analysis, exploratory factor analysis (EFA), calculated the internal consistency of the measure and subscales and correlated the measures with one another.

Results: The factor analysis revealed an 8-dimension factor structure which were (1) Psychological wellbeing; (2) Income; (3) Sexual functioning and romantic relationships; (4) Reproductive functioning; (5) Vitality; (6) Occupational functioning; (7) Menstrual characteristics and (8) Support. The measure and its subscales demonstrated excellent internal consistency reliability, with the entire scale producing a Cronbach’s $\alpha$ of .92 and subscale Cronbach’s $\alpha$ ranging from .72 to .88. Correlations between scores on SEQOL, its subscales and other measures indicated promising validity.

Conclusion: The initial validation indicates that the SEQOL may be a useful assessment of HRQOL in women with endometriosis in South Africa, both in research and clinical practice.

Challenges and proposed framework for formative research to inform systematic intervention development in rare and unstudied conditions: The case example of xeroderma pigmentosum

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Purpose: To outline the challenges of applying existing systematic intervention development approaches in rare diseases, and to propose a novel framework within which these challenges can be met.

Background: A gap in the provision of self-management and psychosocial interventions to change behaviour and improve health in rare diseases exists, partly due to the difficulty of conducting formative research in such conditions. Challenges include heterogeneity within already small sample sizes, patient burden, and the absence of prior research to guide decision-making. XP is a very rare inherited disease (~100 UK patients), involving an inability to repair ultraviolet radiation (UVR)-induced damage and increased melanoma
risk; the only treatment is complete photoprotection. No research in XP has been conducted outside of the genetic literature.

**Methods:** Using XP and improved photoprotection as a case example, we highlight the necessity of departing from the steps outlined by three intervention development approaches (intervention mapping, UK MRC guidelines for complex interventions, behaviour change wheel), and outline a framework that can be applied to the conduct of formative research in rare diseases. The framework focuses on the sequential or parallel use of mixed-methods (e.g., n-of-1, interviews, reviews of comparable conditions) and the triangulation of gathered data, and provides solutions to challenges including patient burden and the inability to pre-test study materials or intervention content in members of the target population.

**Conclusions:** The proposed framework offers an alternative that may overcome the limitations associated with intervention development in rare diseases, which will hopefully encourage much-needed work in this field.

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**Long-term conditions**

**8233**

**A qualitative study to inform development of a novel psychosocial intervention to accompany osteopathic treatment for persistent pain**

**Madalina Saracutu, Jaynie Rance & Darren Edwards, Swansea University**

The impact of pain on individuals’ physical, psychological and social wellbeing is well established. There is evidence acknowledging the high prevalence of psychological comorbidities in long term chronic conditions.

Current psychosocial interventions for persistent pain include education, CBT, mindfulness and acceptance and commitment therapies (ACT), and motivational interviewing (MI). CBT interventions are regarded as the most effective and cost effective approaches to chronic pain (McCracken & Vowles, 2014), however more novel interventions are required to help people with chronic pain identify values and life meaning rather than focusing on reducing the symptoms (Wicksell et al., 2005).

Two focus groups and four qualitative interviews were conducted with 9 Osteopaths and 9 patients with persistent pain. All participants were recruited from Swansea University Osteopathy clinic. Both focus groups and interviews used the same protocol based on a semi-structured interview. The discussions were audio recorded and subsequently transcribed verbatim. The data was coded and analysed by using Thematic Analysis, in NVIVO10.

The patients’ experiences are represented by four main themes: ‘the complex nature of pain’, ‘empowerment’, ‘trust in health professionals’ and ‘living despite the pain’. The themes resulting from the focus group with the Osteopaths revolved around being recognised as a distinct profession and maintaining a holistic approach, but also around challenges they face in their practice while supporting individuals with different pain conditions.

This study provides an exploration of pain, both from a patients’ and Osteopaths’ perspective, which is useful informing the development of a novel values based intervention.

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**Health behaviour change**

**8104**

**Social support and illness perception are determinants of adherence to antipsychotic medication**

**Faisal Satti, City, University of London**

**Objectives:** Adherence to prescribed medication is crucial to effective treatment in many
chronic conditions, and particularly for individuals suffering from psychosis. Health psychology has provided robust models which have been employed to explore adherence in numerous chronic conditions. Yet, research using these models to explore adherence to anti-psychotic medication is scarce. We aim to implement the science and evidence base of Health Psychology while investigating determinants of adherence to anti-psychotic medication.

**Design:** Longitudinal questionnaire study. Data was collected at two-time points; baseline N=110 and at six-month follow-up N=87. Individuals prescribed anti-psychotic medication were eligible to take part.

**Method:** Adherence to antipsychotic medication was measured using the Medication Adherence Rating Scale. Social Support, Illness Perception, Illicit Drug Use and Side effects were assessed using the Duke Functional Social Support Questionnaire, The Brief Illness Perception Questionnaire, The Drug Abuse Screening Test and The Glasgow Anti-psychotic Side Effect Scale questionnaires respectively. Correlations were conducted to explore associations between demographic characteristics and adherence, while the predictive capacity of these factors was examined through Hierarchal Regression.

**Results:** Higher levels of Social Support (b=0.96 [0.55-1.36], p=.01) and Illness Perception (b=0.38 [0.000-.072], p=.040) were demonstrated to be significant determinants of adherence to anti-psychotic medication while higher educational achievement was also associated with adherence (r=.303).

**Conclusions:** Adherence to anti-psychotic medication presents with a unique set of challenges and is a complex multifactorial phenomenon influenced by a number of parameters. Levels of social support and illness perception were significantly associated with adherence to anti-psychotic medication. Social support can be employed in future interventions designed to increase adherence. Illness perception is an important factor and the Common-Sense Model has the aptitude to be employed in future research. There is potential for prospective research to employ Health Psychology theories, frameworks and principles to not only scrutinise adherence within mental health settings but also develop behaviour change interventions that target identified risks factors for non-adherence.

**Long-term conditions**

**7884**

**Understanding the experience of stigma in Pernicious Anaemia (PA)**

**Heidi Seage, Cardiff Metropolitan University**

**Objectives:** Pernicious Anaemia (PA) is a long term condition which results from the body being unable to absorb vitamin B12. The clinical presentation of PA is complex; B12 deficiency underpins a wide range of neurological and physical symptoms which may interfere with daily life. A recent publication from the UK patient support group for PA revealed that many patients are dissatisfied with their current treatment and feel that their condition is not sufficiently understood by health professionals. To date, the extent to which individuals with PA experience stigma has not been documented.

**Design:** This explorative study aimed to establish the extent to which patients with PA anticipate experiencing health related stigma. It was explored the impact that stigma had on patient wellbeing. An online survey was used to collect information about the psychological impact of living with PA (N=387).

**Methods:** This survey contained standardised measures of anticipated stigma, psychological wellbeing and adjustment to illness. Results: The responses (N=387) reveal that the level of anticipated stigma within PA patients was comparable to that documented in other long term conditions. The largest source of anticipated stigma was perceived to be health care
professionals. In this sample, high levels of stigma predicted significantly lower acceptance of illness and higher rates of anxiety and depression.

**Conclusions:** This study supports recent calls within the UK for a review of the treatment and support services available for those living with this long term condition.

### 9100

**Understanding barriers to cervical screening uptake in transgender men: an exploratory qualitative analysis**

**Joanna Semlyen, UEA**

**Objectives:** Cervical cancer is one of the most frequently encountered gynaecologic malignancies that is highly preventable through screening. There is evidence to suggest female to male trans individuals attend cervical screening significantly less than cisgendered women and also are more likely to receive an inadequate cervical smear test. This study aims to explore barriers to cervical screening uptake in transmen.

**Design and Methods:** Using qualitative interview and focus group methods, barriers to screening were explored with seven transmen, recruited through trans organisations. Transcripts were analysed using thematic analysis.

**Results:** The transmen reported the importance of social and peer support in providing motivation to seek healthcare. The need for their gender identity, post-transition, to be accepted by the health care professionals was crucial in influencing the decision for screening uptake. Despite the participants’ understanding of the importance of cervical screening on their health, prior negative experiences deterred attendance. There was a recognition that education of the need for screening within the trans community was needed.

**Conclusions:** Transmen need sensitive and respectful cervical screening experiences. Promotion of cervical screening through education provision for transmen and health care professionals is needed to increase awareness and understanding of the importance of screening in this group and to develop sensitive environments for screening to take place. While a small sample, these findings are novel and valuable. Future research is needed to develop interventions to increase understanding and awareness, promote screening attendance and create a trans friendly environment. Guidelines for delivering appropriate services are warranted.

### Long-term conditions

#### 7467

**Being looked at and exposing yourself: Appearance altering conditions and stigma**

**Nicholas Sharratt, Elizabeth Jenkinson, Tim Moss & Nichola Rumsey, The Centre for Appearance Research, The University of the West of England**

**Objectives:** To explore participants’ accounts of the impact of disfiguring conditions (‘visible differences’) upon their romantic and intimate lives.

**Design:** Semi-structured qualitative interviews were performed to facilitate an exploratory investigation of this under-researched area, to focus upon participants’ individual experiences and afford priority to their accounts.

**Methods:** Twenty-two participants with a variety of visible differences and underlying aetiologies (including alopecia, cancer, skin and craniofacial conditions) were recruited through relevant charities and support groups. Semi-structured interviews were conducted, audio-recorded, transcribed and analysed using inductive thematic analysis.
Results: Themes included ‘Being Public Property’ and ‘The Disclosure Dilemma.’ Both related to the visibility and revelation of stigmatised physical features. ‘Being Public Property’ was characterised by an awareness of other people’s intrusive stares and uninvited and assumptive comments, negating participants’ right to privacy. ‘The Disclosure Dilemma’ relayed feelings of uncertainty and anxiety about how and when participants should inform a new partner of their visible difference, whether they are obligated to do so and how that other person would respond.

Conclusions: These themes illustrated feelings of distress and anxiety and instances of both felt and enacted stigma experienced by participants with visible differences. Participants reported experiencing both forms of stigma in connection with visible differences that were ordinarily visible to and known by others and in connection with visible differences that were ordinarily concealed from and therefore invisible to and unknown by others. In the latter case ‘The Disclosure Dilemma’ arose and experiences of stigma intensified when participants considered the voluntary revelation of their difference to a new or potential partner.

Long-term conditions

8064

‘Help is just a click away’. Exploring the use of online support groups by parents of adolescents with Type 1 diabetes

Karen Shepherd, Neil Coulson & Heather Buchanan, University of Nottingham

Objectives: Physical, social and psychological problems have been experienced by parents of children with Type 1 diabetes. The ubiquitous nature of the Internet means that health related information, advice and support are readily available, augmented by the use of online support groups. However, little is known about how parents use these groups throughout their child’s transition from paediatric to adult diabetes services during late adolescence. The aim of this study was to consider if and how online support groups (OSG’s) are beneficial to parents of adolescents with Type 1 diabetes during a period of significant change.

Methods: A mixed methods design was used. 88 participants recruited from diabetes OSG’s completed an online survey incorporating demographic information, validated scales (IPQ-R, DDS-P) plus open-ended questions to assess illness perceptions, parental distress and empowerment. Data were analysed using SPSS, with open-ended responses coded using thematic analysis.

Results: Pearson’s correlation coefficients were calculated to examine relationships between the IPQ-R dimensions, the DDS-P subscales, the empowering processes and outcomes subscales and the demographic data. Initial results indicated whilst parents using OSG’s experienced personal distress and found the long-term effects of diabetes on their child’s life most distressing, membership and participation was empowering and had beneficial psychological consequences including enhanced self-esteem. This was corroborated by the themes identified following thematic analysis of the qualitative data, including eustress as a novel positive outcome of OSG use.

Conclusions: Diabetes OSG’s provide a sense of community for parents with unique beneficial characteristics. Interacting with others who share similar experiences and concerns may reduce parental distress and empower individuals.
Do social cognitive constructs predict physical activity behaviour within individuals? A series of N-of-1 studies

Graeme Smith, University of the West of Scotland, Lynn Williams, University of the West of Scotland, Christopher O’Donnell, University of the West of Scotland, Jim McKechnie, University of the West of Scotland

Objectives: Previous research supports the ability of Social Cognitive Theory (SCT) in explaining physical activity (PA) behaviour. However, further tests of this theory are required at the within-person level, because while SCT proposes that its constructs should explain behaviour within individuals, most studies have tested this theory between individuals in large group studies. The aim of this study is to examine whether SCT constructs can predict PA within individuals of varying activity levels.

Design: Six correlational n-of-1 studies were conducted.

Methods: Six adults aged 29-65 with varying levels of PA (e.g. two inactive, two minimally active, and two currently active) completed questionnaires on random days over a four-week period measuring SCT cognitions (e.g. barrier self-efficacy, goal setting, planning, social support, outcome expectations, perceived barriers, enjoyment). Daily PA was assessed using a combination of accelerometers (step counts) and self-report log-books. Data were analysed using cross-correlational time series analysis.

Results: Cross-correlation analysis showed that at least one SCT construct predicted PA in five participants, although no individual had the same pattern of predictors across the study. Barrier self-efficacy and perceived barriers predicted behaviour in individuals with lower levels of PA, but currently active individuals did not display similar patterns of predictors.

Conclusions: The ability of SCT to predict PA within individuals was partially supported. Interventions aimed at reducing perceived barriers and improving self-efficacy may increase levels of PA in low active individuals. Tailored behaviour change techniques that target cognitions at the individual level are recommended.

Development of Concordance Therapy psycho-education groups to help adults self manage diabetes: A pilot

Jan Smith, NHS Greater Glasgow and Clyde, Kate Hamilton-West, University of Kent, Anna Vaughan & Pavlo Kannellakis

Objectives: Active self-management of diabetes is essential for minimising health complications. However, many people struggle to adhere to complex self-management regimens. Concordance Therapy (CCT) incorporates techniques from cognitive behavioural therapy (CBT) and motivational interviewing to help people develop realistic and relevant self-management regimes. Previous research shows CCT enables improvements in blood glucose, depression and diabetes knowledge. The acceptability and feasibility of group-based CCT psychoeducation intervention sessions were conducted to enhance diabetes self-management and psychological outcomes.

Design: A one group pretest-posttest design, six week CCT psychoeducation group was piloted with people living with diabetes recruited from a primary care mental health service, in order to access people at the first point of contact with services.
Methods: Three people participated in the CCT psychoeducation sessions. Depression, anxiety, illness perceptions, diabetes distress and satisfaction were assessed throughout.

Results: All participants showed improved psychological outcomes, including reduction in diabetes distress, improved psychological wellbeing and motivation. An initial thematic analysis of qualitative evaluation data revealed high satisfaction of CCT psychoeducation sessions. Findings suggest replicating sessions for larger groups and for people living with other long term health conditions.

Conclusions: Group based diabetes self management interventions in primary care offers benefits, specifically, opportunities to enhance diabetes self management. This small study suggests CCT may represent useful additions for improving diabetes self management regimes.

Health behaviour change

Feasibility of the health check: A targeted cancer awareness intervention for people from deprived communities

Pamela Smith, Stephanie Smits, Michael Robling, Fiona Wood & Julia Townson, Cardiff University, Ben Carter, Kings College London, Sioned Owen, Tenovus Cancer Care, Grace McCutchan, Cardiff University, Maura Matthews & Tim Banks, Tenovus Cancer Care, Adrian Edwards, Gareth Watson, Shantini Paranjothy & Katherine Brain, Cardiff University

Objectives: Interventions tailored to specific communities are needed to improve cancer awareness and reduce socioeconomic inequalities in cancer outcomes. The health check is an interactive touchscreen questionnaire delivered face-to-face by a trained lay advisor, which aims to improve cancer symptom awareness and help-seeking behaviour using theory derived behaviour change techniques.

Design: A non-randomised, before-and-after study was conducted to evaluate feasibility and acceptability. This phase was also a pilot for quantitative measurement of outcomes.

Method: A sample of 100 adults aged 40+ living in deprived communities in Wales were targeted. Descriptive statistics for: symptom recognition; cancer belief statements; help-seeking intentions; and state anxiety were calculated. Process evaluation interviews were conducted on 25 users and analysed thematically.

Results: Of 185 approached, ninety-eight participants (53%) were recruited in community and healthcare settings, with 76% from the lowest deprivation quartiles. Eighty-three (85%) completed one month follow-up questionnaires. Participants recognised on average one extra cancer symptom post-intervention, with better recognition of vague, non-specific symptoms (e.g. ‘difficulty swallowing’) and improved help-seeking for ‘cough’ and ‘losing weight’. Ceiling effects were observed for red flag symptoms (e.g. ‘lump’, ‘blood in poo’). More negative belief statements were endorsed post-intervention, but state anxiety scores remained stable. The intervention was described as easy to use and provided informative content in a suitable setting.

Conclusion: Recruitment and data collection methods were feasible, with reach to adults from low socioeconomic groups. The health check intervention was acceptable and demonstrated potential for improved awareness of non-specific symptoms.
Attitudes towards lung cancer screening in a Welsh population sample

Stephanie Smits & Grace McCutchan, Cardiff University. Jodie Moffat, Cancer Research UK, Kate Brain, Cardiff University

Objectives: Lung cancer survival rates in Wales are among the lowest in Europe, but routine lung cancer screening is not yet available. We examined attitudes towards lung cancer screening in a Welsh population.

Design: Population-based survey of Welsh adults aged 16 and over.

Methods: N=1007 adults recruited using random quota sampling. Computer-assisted face to face interviews included demographic variables (age, gender, smoking, deprivation), four lung cancer belief statements, and three screening attitudinal items. Determinants of lung screening attitudes were examined using multivariable regressions.

Results: Avoidance of lung screening due to fear of what might be found was significantly associated with negative lung cancer beliefs including fatalism (adj OR=8.8, 95% CI=5.6-13.7), low perceived value of symptom presentation (adj OR=2.4, 95%CI=1.5-3.9), negative views about treatment (adj OR=0.4, 95% CI=0.2-0.8) and worry about wasting the doctor’s time (adj OR=1.6, 95% CI=1.0-2.4). Low perceived effectiveness of lung screening was significantly associated with fatalism (adj OR=6.4, 95% CI=3.5-11.7), low perceived value of symptom presentation (adj OR=4.8, 95% CI=2.6-8.8), negative views about treatment (adj OR=0.1, 95% CI=0.1-0.3) and worry about wasting the doctor’s time (adj OR=2.1, 95% CI=1.1-3.7). Respondents who believed lung screening could reduce cancer deaths had positive lung cancer beliefs reflecting lack of fatalism (adj OR=0.4, 95% CI=0.2-0.7) and positive views about treatment (adj OR=6.6, 95% CI=3.3-13.2). Demographic variables were not statistically significantly associated with screening attitudes.

Conclusion: Respondents who endorse negative beliefs about lung cancer may be more likely to avoid lung screening. Interventions to modify public perceptions of lung cancer are needed.

Using the Theory of Planned Behaviour to explain the process of post-surgical weight-loss in a married couple jointly undergoing bariatric surgery: A case-study approach

Valerie Todd, University Centre at Blackburn College

Purpose: The aim was to examine the dynamics within a personal relationship than can help or hinder the surgically-induced weight-loss process over time, from before the surgery takes place, through the post-surgical phase, and onto the phase where the effects of surgery are embedded into life. The process of post-surgical weight-loss was examined using the theoretical framework of the Theory of Planned Behaviour.

Background: Bariatric surgery is an effective treatment for obesity when post-surgical dietary and exercise guidance is followed. The Theory of Planned Behaviour has been recommended as a useful framework to inform weight-loss strategies, so can be applied to examine compliance with expected lifestyle changes required to optimise surgical outcomes.

Methods: A single case-study approach was applied in this unique circumstance of a couple who were both surgery candidates, to determine the dynamics of personal relationships that
can impact surgical outcomes. Data was collected using unstructured interviews conducted annually over a period of 3 years, along with repeated measurement of optimism, life-satisfaction, self-esteem, self-efficacy, physical appearance anxiety and depression. Interview data was analysed using Thematic Analysis which allowed for the Theory of Planned Behaviour to be applied post-hoc to explain non-compliance with desired behaviour changes.

**Conclusions:** The Theory of Planned Behaviour proved useful to explain post-surgical non-compliance, with perceived behavioural control and subjective norms forming the key indicators. The conditions necessary for long-term behaviour change were hampered by the relationship, suggesting that policies should take account of context and personal relationships when devising services for the obese.

### Long-term conditions

#### Using Photovoice to explore the experience of living with fibromyalgia

**Valerie Todd, University Centre at Blackburn College**

**Objectives:** Fibromyalgia is a chronic debilitating condition that is increasing in prevalence. It causes widespread pain in muscles, tendons and ligaments, for which there appears to be no physical cause. The objectives of the current research was to develop an understanding of the lived experience of this growing population, and to help those with the condition to think critically about their situation to help them to develop strategies for change.

**Design:** Photovoice was selected because it uses visual images to help people think critically about their situation, and can be beneficial in exploring individuals’ lived experiences in relation to health and illness.

**Methods:** Seven participants with a diagnosis of fibromyalgia were recruited via purposive snowball sampling. Participants created a visual record of their lived experiences over a period of one month using their smartphones, supplemented by contemporaneous written narratives in the form of a photograph diary for accuracy. The data was classified into themes by the researcher, and uploaded onto a closed online discussion group for participants to provide commentary and validate the findings.

**Results:** A range of barriers to health along with effective coping mechanisms were identified. In addition to the barriers caused by the symptoms of fibromyalgia, stigma and prejudice from both the public and health professionals were identified as key themes.

**Conclusions:** A lack of understanding from health professionals can exacerbate the already debilitating symptoms of fibromyalgia and prevent patients from accessing services. These findings could be used to make recommendations to inform services for fibromyalgia patients.

### Implementation research

#### Community led sex and relationship education for parents and their children: A qualitative evaluation

**Triece Turnbull, University of Northampton, Anna van Wersch & Kat Swainston, Teesside University**

**Objective:** Sex and relationship education (SRE) is often debated in the media and remains a contentious issue. The main questions that often get raised are: What should good quality SRE include? Who should deliver SRE? What age should children start to be taught SRE? Debates continue but Ofsted (2016) have reported that SRE in schools is inadequate and
that schools should involve parents in the SRE being delivered. However, it is important to investigate whether parents have the knowledge and skills to do this and if not, what provisions need to be in place?

**Method:** Thematic analysis was used to analyse the data of twenty-nine parents from focus group discussions whereby six themes emerged. A further ten parents and their children were interviewed and a further seven from the family interviews.

**Results:** All of the parents reported an increase in confidence and knowledge and felt more equipped to educate their own children about sexual matters. Furthermore the SRE programme that was developed by the Family Planning Association was found to decrease embarrassment of parents and their children which paved the way for open communication within families.

**Conclusion:** In order to improve current SRE provisions parents need to be acknowledged for the benefit they can make to their children’s education. This is especially so in the delivery of SRE as it would provide an overarching approach to ensuring children grow up with the facts so they can BE safe, and make informed choices over their personal relationships and sexual behaviour.

**Implementation research**

8280

‘It’s a culture of silence; the whole family gets affected if this news comes out!’: Comparative evaluations of South Asian migrants on screening for Viral Hepatitis

Tushna Vandrevala, Kingston University, Jane Hendy & Ayesha Ahmed, Brunel University, Lucy Gray, Kingston University, Claire Kelly & Aftab Ala, University of Surrey & Gastroenterology and Hepatology, Royal Surrey County

**Introduction:** Infectious viral hepatitis is an important challenge to health worldwide and the prevalence of Hepatitis has been disproportionately represented among ethnic minorities. NICE guidelines highlight the importance of offering community testing to ‘hard-to-reach’ migrant groups. The aim of the current exploratory study was to investigate the perspectives of the South Asian community towards screening for Viral Hepatitis and the barriers they may experience while accessing care.

**Method:** Eight focus groups were conducted with first generation South-Asian migrants (N=53; 26 male and 27 females). Interpretative Phenomenological Analysis was used to analyse the data.

**Results:** The findings of the study suggest that first generation migrant from the South Asian community views on accessing screening for communicable disease were influenced by their beliefs about attribution of blame and responsibility, burden and loss and self-efficacy. First generation migrant’s decisions regarding benefits and dis-benefits of screening were influenced by beliefs about fatalism, familial and community responsibility and blame. Furthermore, the burden of illness, burden of testing, burden of the family and the burden of uncertainty created additionally dilemmas for participants while considering screening. Finally, participant’s self-efficacy, sense of control and hopelessness influenced their views on accessing screening.

**Conclusions:** The findings highlight the ethnic centered nature of the decision making and the findings of the current study will be used to develop an outreach educational film aimed at improving the uptake of hepatitis screening in the South Asian population across different community settings.
Health behaviour change
8128
What do parents think about dental decay in their children? A preliminary study using the Illness Perception Questionnaire-Revised for Dental (IPQ-RD)
Thaarani Vijayakumar & Koula Asimakopoulou, King’s College London, Heather Buchanan, Nottingham University, Marie Therese Hosey, King’s College, London Dental Institute

Objectives: Parents are primary decision makers on matters regarding health of their children. Treatment under general anaesthesia (GA) is a treatment modality for children with extensive treatment. Parents’ views on dental decay are vital for two reasons: firstly, they affect the preventive care children receive. Secondly, these views may be helpful in understanding the reasoning behind recurring decay after preventive and treatment regimens. This study aims to assess the perceptions of parents whose children require multiple extractions under GA due to dental decay.

Designs & Methods: Prospective study using the IPQ-RD with a convenience sample of 80 volunteer parents with children scheduled for extractions due to decay under GA at King’s College Hospital. The IPQ-RD (32 items + 11 causal items) and a demographic measure were completed in clinic after a pre-assessment for the procedure. A validated version of the IPQ-RD was used.

Results: Of 115 parents approached, 80 consented. Parents’ mean age was 37.9 years (SD=8.76) and they were well-educated (mean education years=14.4, SD=2.43). A substantial number of parents (43.4%) thought their children’s decay had no consequences. Whilst the majority agreed that diet played a role (60%) about one third (30.3%) failed to recognise that proper dental care (e.g. brushing) was related to their children’s tooth decay. IPQ-RD Cronbach’s alpha ranged from 0.523-0.848.

Conclusions: A majority of parents lack awareness of their role in actively preventing dental decay in their children and, surprisingly, seem to think that proper dental care has little to offer to prevent dental decay.

Health behaviour change
8100
‘You started something… then I continued by myself’: A qualitative evaluation of physical activity maintenance
Charlotte Wahlich & Carole Beighton, St George’s, University of London, Christina Victor, Brunel University London, Rebecca Normansell & Derek Cook, St George’s, University of London, Sally Kerry, Queen Mary University of London, Steve Iliffe, University College, London, Michael Ussher & Peter Wincup, St George’s, University of London, Julia Fox-Rushby, Brunel University London, Elizabeth Limb, Cheryl Furness & Tess Harris, St George’s, University of London

Objectives: Most mid-life and older adults are not achieving recommended physical activity (PA) targets and effective interventions are needed to increase and maintain PA long-term for health benefits. The aim of this work was to examine facilitators and barriers to PA maintenance in mid-life and older adults previously involved in a PA trial.

Design: The PACE-UP trial, a three-armed primary care pedometer-based walking intervention in those aged 45-75 years, demonstrated increased PA levels at 12 months. A three year follow-up was conducted to evaluate long-term PA maintenance, including a qualitative component.
**Method:** Semi-structured telephone interviews were conducted with 60 PACE-UP participants across all study arms. Interviews were audio-recorded, transcribed verbatim and coded independently by researchers, prior to thematic analysis.

**Results:** Two thirds of participants felt PACE-UP had increased their PA awareness, with the pedometer reported as ‘kick-starting’ regular activity, and then helped them to maintain regular activity. PA facilitators included: maintaining good health, self-motivation, social-support and good weather. Lack of time was the most frequently cited barrier. Other barriers were often the inverse of the facilitators; for example, poor health and bad weather. Participants described the type of ‘top-up’ intervention they would find beneficial to aid PA maintenance (e.g., text messages, online resources and walking groups).

**Conclusion:** A challenge for future PA interventions is to transform barriers into facilitators; for example, educating trial participants about the value of PA for many chronic health conditions to change this from inhibiting to promoting PA. Participants provided ideas for encouraging PA maintenance which could be incorporated into future interventions.

**General**

8177

‘Let’s talk about sex’: Investigating the relationship between sexually explicit material and risky sexual behaviour in the UK

Elysis Walker & Emily Doe, University of Buckingham

**Objectives:** The number of Sexually Transmitted Infections (STIs) within the UK is rising, with the 15 to 24 age group at the highest risk of infection. A paucity of studies has investigated the relationship between viewing sexually explicit material (SEM) and sexually risky behaviour (SRB). Exposure to SEM can influence the adoption of sexually risky behaviour that increases risk of contracting an STI. Additionally, few studies have assessed the differences in SEM, which is actively sought out or passively observed, and data from a UK sample is lacking. It was hypothesized that levels of both active and inactive exposure to SEM would predict increased levels of all three categories of SRB.

**Design:** An online survey disseminated via social media was selected to recruit a representative sample.

**Methods:** 73 British adults aged 18-25 were recruited. The online questionnaire consisted of demographic information, an adapted version of the pornography addiction-screening questionnaire and Section 3 (‘Sexual Conduct’) of the WHO Adolescent Reproductive Health Questionnaire.

**Results:** Active exposure to SEM was related to a higher number of sexual partners ($X^2 鈭? (247, N = 47) = 337.65, p = .04$), and a younger age of exposure to SEM was related to a younger age of initiation of sexual behaviour ($F (3,74) =2.39, p = .01, h^2 =.08$). Inactive exposure was not found to be related to SRB.

**Conclusions:** Overall, findings support further exploration of the influence of SEM to enhance the quality and content of sex education in an effort to combat rising levels of STIs.
Barefoot and minimalist running may improve the running experience compared with conventional running: An interpretative phenomenological analysis

Peter Walton, Queen’s University Belfast, David French, The University of Manchester

Objectives: Up to 79 percent of runners suffer from at least one running-related injury (RRI) each year. Frequent RRI-related exercise deprivation might eliminate or decrease the potential benefits of physical activity. One method for reducing RRIs that has been proposed is barefoot running. Barefoot running describes the practice of running without shoes. Minimalist shoes are typically running shoes designed to minimally interfere with the foot’s movement. There is very little research on the subjective experiences of such runners.

Design: Ten barefoot and/or minimalist runners completed semi-structured interviews about their experiences of barefoot and/or minimalist running.

Methods: Interpretative Phenomenological Analysis (IPA) was used to qualitatively explore the idiographic meanings that 10 participants attached to their experiences of barefoot and/or minimalist running

Results: Participants generally indicated that conventional shoes lead to painful injuries because they negatively affect running gait. Participants described numerous benefits from running fully barefoot and/or with minimalist footwear: a new-found sense of lightness, positive connection to the world, pleasurable ground feel, reversal of foot deformation and an ability to refine their running form (to an ‘optimal’ gait) to treat and/or prevent injury and ‘bad’ pain.

Conclusion: Participants seemed to gain positive experiences through barefoot and minimalist running. Although there is a lack of conclusive evidence regarding the benefits and risks of barefoot, minimalist, and running in conventional trainers on injury rates, the current research reveals that at least some runners may be able to improve their experience of running through barefoot and/or minimalist running.

Domestic social environment as a predictor of health and treatment seeking among Canadian military personnel

Kimberley Watkins & Christine Frank, Canada Department of National Defence

Objectives: This study investigated differences in mental and physical health and treatment seeking by living arrangement among Canadian Armed Forces (CAF) members. The aim was to explore disparities in wellbeing based on the composition of military members’ domestic social environment while controlling for other variables, including social support.

Design: The data were collected as part of the 2013 Canadian Forces Mental Health Survey.

Methods: CAF Regular and Reserve Force personnel (N=5860) were interviewed face-to-face on various aspects of mental and physical health, psychosocial factors, and sociodemographic variables. The data were analysed using linear and logistic regression.

Results: After controlling for sociodemographic variables, trauma exposure, and social support, results showed that participants who were living independently with children had significantly poorer mental and physical health compared to those who either lived: alone, with people other than their partner, with their partner, or with their partner and children.
Additionally, even after controlling for mental health, participants living independently with their children were more than twice as likely to seek mental health treatment as the other groups.

**Conclusions:** It appears that the poorer mental and physical health reported by military personnel whose domestic social environment comprises only their children are not due to differences in social support. Rather, the burden of caregiving alone may account for these findings. Members who live alone with dependents may also be more likely to seek treatment because they are the sole support for their children, and place greater value on health maintenance.

**General**

8120

‘I have genital herpes. Now what do I do?’ Navigating the road back to psychosocial recovery

Katie Watts & Paula Corcoran, City University, Triece Turnbull, City University/University of Northampton

**Objectives:** Genital herpes is a common but heavily stigmatised sexually transmitted infection. Previous research outside of the UK has shown it has a negative impact upon psychological and emotional wellbeing. It is important to understand the experience of diagnosis now within the UK, what resources are available through the NHS, and what individuals need to successfully adapt to the condition.

**Design:** A qualitative research design was employed using thematic analysis, due to the descriptive and exploratory nature of the study aims.

**Methods:** Audio-recorded semi-structured telephone interviews were conducted with nine participants recruited from H-ype – a support website. Interviews covered the experience of diagnosis, resources provided, and what they needed to help them adapt. Following transcription, data was analysed inductively.

**Results:** Results identified three key themes – My world is crashing down, I’ve been diagnosed – now what?, Working together to make it better, with six sub-themes in total. There were no clear differences between ages or gender.

**Conclusions:** Participants expressed a feeling of shock following diagnosis and feeling abandoned due to a lack of formal NHS resources. This led them to seek out information and support through unregulated websites such as H-ype. It is imperative that individuals receive practical and psychological resources from health professionals to successfully adapt following diagnosis. Limitations are that participants were recruited through a support website, and therefore were more likely to require support and information.

**Implementation research**

7950

Trials and tribulations: Reflections on the implementation of a randomised controlled trial of Physiotherapy informed by Acceptance & Commitment Therapy (PACT)

Vari Wileman, IoPPN, King’s College London

**Background:** Psychological theory-based interventions delivered by non-psychologists may improve experiences and outcomes for people with long-term conditions. A randomised controlled trial (RCT) conducted in a clinical setting examines the efficacy of the intervention, and evaluates acceptability and pragmatic appropriateness. However, such
RCTs often include unexpected challenges, delays and disappointing patient recruitment levels. We highlight here key issues experienced in conducting the PACT Study in outpatient physiotherapy clinics.

**Methods:** The PACT Study multi-centre RCT evaluated PACT versus Usual Care in 248 chronic-low-back-pain (CLBP) patients attending NHS outpatient physiotherapy. Patients were referred by clinical physiotherapists and treated in private rooms by specially trained PACT physiotherapists. Treatment was reconfigured to include fewer but longer (1-hour) sessions. Outcome data was collected at 3 and 12 months post randomisation.

**Findings:** Establishing PACT within usual clinical practice, including room availability and changing physiotherapist diaries, was an unexpected challenge which delayed trial start-up and recruitment. Initiatives were required throughout the trial to motivate patient referrals: researcher presence in clinics, monthly newsletters and competition prizes were well received and improved referral levels. Communications with trial patients about treatment group will need revision in future, especially with patients receiving usual care to clarify expectations and facilitate retention. A multi-step protocol and incentives improved patient retention at follow-up to 82% at 3-months and 72% at 12-months.

**Discussion:** Non-psychologists delivering psychologically informed theory-based interventions are becoming more common. Sharing ideas for overcoming challenges experienced in an RCT is important to improve the efficiency and implementation of psychological interventions in future.

**Health behaviour change**

8038

**What is the active content of interventions that target the public’s engagement with antimicrobial resistance?**

Lynn Williams, University of Strathclyde, Joanna McParland, Mairi Young, Lucyna Gozdzielewsk, Lesley Price & Paul Flowers, Glasgow Caledonian University

**Objectives:** Recent international policy suggests that changing public awareness of antimicrobial resistance (AMR) represents a global public health priority. We conducted a systematic review of the effectiveness of interventions that targeted the public and aimed to change AMR awareness and associated behaviour. Here we focus on identifying the active content of such interventions and explore potential mechanisms of action. Design: Systematic review.

**Methods:** The project took a novel approach to intervention mapping utilising the following steps: (i) systematic review of the literature; (ii) coding of behaviour change techniques (BCTs) using the BCT Taxonomy v1 from intervention descriptions alone; (iii) an exploration of explicit and tacit theory and theoretical constructs using the theory coding scheme and the Theoretical Domains Framework (TDF), and (iv) an examination of the added value of BCT coding of intervention materials rather than intervention descriptions.

**Results:** Nineteen studies utilising 14 BCTs were included. The most commonly used BCTs were ‘information about health consequences’ (79% of studies), ‘credible source’ (68% of studies), and ‘instruction on how to perform the behaviour’ (58% of studies). These represent theory congruent BCTs when mapped onto the TDF domains of knowledge and skills. An explicit theoretical framework for the interventions was reported in only four of the 19 studies.

**Conclusions:** The study highlights the need for innovation in methods around intervention mapping. The current methodological approach provided a novel and useful way of
mapping theoretical constructs and BCTs when reviewing studies that provide limited information on theory and intervention content.

Implementation research
8091
Enhancing and monitoring implementation fidelity of behaviour change interventions delivered in public health practice: A methodological framework
Stefanie L Williams, Kayleigh Kwah, John Dewsbury & Lou Atkinson, Coventry City Council

Purpose: The aim of the present paper is to report on the process of developing a methodological framework for the enhancement and assessment of fidelity within the context of public health practice.

Background: There is evidence of the importance of assessing implementation fidelity of behaviour change interventions, and best practice guidance for intervention research has been established. However, evidence concerning how to embed fidelity processes for interventions delivered in the ‘real-world’ is lacking, despite the requirement for public health commissioners to quality assure behaviour change services to ensure they are delivered as intended (NICE, 2014).

Methods: ‘One Body One Life’ (OBOL) is a 10-week, group based, structured family weight management programme. In accordance with the Behaviour Change Consortium framework for treatment fidelity, methodological strategies related to 1) programme design, 2) provider training, and 3) treatment delivery were tested and implemented for OBOL. Sessions were audio-recorded, and fidelity was assessed using standardised checklists. Service providers (n=4) self-reported adherence to the protocol using the same checklist. Self-report and objective assessments were compared.

Results: Overall fidelity of BCT delivery was 72%. Good agreement was found between the objective and self-report fidelity methods (mean=77.9% agreement).

Conclusions: We propose a novel fidelity framework which consists of three distinct domains; a) service enhancement and manualisation, b) provider competency and training, and b) monitoring and quality assurance, incorporating self-report fidelity assessments. We recommend that researchers and public health commissioners implement this approach when developing and evaluating behaviour change services delivered within public health settings.
Exploring the emotional/psychological experiences of HELLP Syndrome (Hemolysis, Elevated Liver Enzymes, Low Platelet Count in Pregnancy)

Michelle Andipatin, University of Western Cape

The primary objective of this poster presentation is to provide colleagues and readers with an idea of what women who have had HELLP syndrome, one of the most devastating and potentially fatal complications of pregnancy, experience. The aim of the study was to explore the subjective maternal experiences of HELLP syndrome (hemolysis, elevated liver enzymes, low platelet count in pregnancy); a condition that is potentially fatal to mother and baby. This objective crystallised into the following aims: to explore the emotional and psychological experiences of such a traumatic event and to give voice to the many women who have survived this experience.

Semi-structured interviews were utilised to gather data from eleven participants who come from very diverse backgrounds. Data was analysed both phenomenologically and discursively. The findings of the study highlighted the immense trauma, difficulties and challenges participants faced in these high-risk situations. Participants described their experiences as a disaster, painful and difficult. Due to the rapid deterioration of symptoms, the tempo of these events was expressed and experienced as a whirlwind in which control was diminished. Emotions ranged from shock, total disbelief and surprise to anger, helplessness and powerlessness.

Drawing attention to and analysing these intense experiences materially and discursively, serves to highlight the complexity of these experiences and in turn could facilitate a more empathic understanding by all who come into contact with this disease. Recent research demonstrates that the aftermath of these experiences is devastating with the psychological effects lingering long after the actual birth or loss when it is experienced.

Using social cognitive theory-based interviews with adults with mild-moderate learning disability and carers to understand healthy eating, physical activity and sedentary behaviour in this population

Kiran Bains & Renata Pires-Yfantouda, City University

Previous research has established that adults with learning disabilities (ID), particularly those with mild-moderate learning disabilities, have a poorer diet, lower levels of physical activity and higher levels of sedentary behaviour than adults in the general population, which contributes significantly to a greater risk of morbidity and premature mortality in this group. There have been a few interview studies conducted with this group and their carers to understand their perspective on the factors which may influence their participation in these health behaviours, and these have not taken a theory-based approach, which, if feasible, may be useful to aid development of effective interventions within this cohort.

The current study uses social cognitive theory-based interviews with adults with mild-moderate ID and their carers to assess approaches that may help them increase self-efficacy, proxy efficacy (for adults with ID), appropriate outcome expectancies, social support, goal setting, and to understand barriers and facilitators to healthier eating, physical activity and reducing sedentary behaviour from their perspectives.
Preliminary analysis indicates the importance of the carer-client relationship in facilitating successful behaviour change. The data will be analysed using content analysis, guided by the constructs of social cognitive theory. Key findings and implications for behaviour change interventions will be discussed, as well as important considerations to be made when carrying out theory-based interview studies with adults with mild-moderate ID and their carers.

**Implementation research**

8004

**How has intervention fidelity been assessed in smoking cessation interventions? A systematic review**

Suhana Begum & Fabiana Lorencatto, City, University of London

**Background:** Intervention fidelity concerns the degree to which complex interventions are delivered and engaged with as intended. Fidelity frameworks argue fidelity is a multidimensional concept; yet the extent to which fidelity is multidimensionally assessed is unclear. This systematic review examined the extent to which five fidelity dimensions proposed by the National Institute of Health Behaviour Change Consortium (BCC) fidelity framework (Design; Training; Delivery; Receipt; Enactment) have been assessed in smoking cessation behavioural interventions.

**Methods:** Five electronic databases were searched using terms relating to ‘smoking cessation,’ ‘interventions,’ ‘fidelity’ and ‘randomised control trials’ (RCTs). Eligible studies included: RCTs of smoking cessation behavioural interventions, published post 2006 (following 2005 publication of the BCC framework), reporting assessment of fidelity. Data extraction included: study characteristics, fidelity definitions, dimensions assessed, data collection and analysis strategies. The proportion of fidelity assessment and reporting strategies (e.g. frequency/timing, sampling, psychometrics) adhered to for each dimension as outlined in the BCC framework was examined.

**Current stage of work:** 42 eligible studies have been identified. Data extraction has commenced.

**Expected results:** It is likely that a wide range of assessment strategies have been adopted, with few studies assessing fidelity multidimensionally. Previous reviews in other behavioural contexts suggest only one dimension is likely to be assessed- fidelity of delivery.

**Discussion:** Findings are likely to highlight recommendations for improving fidelity evaluations and reporting practices.

**General**

8123

**Negotiating conversation and interaction through videoconferencing in speech language therapy: A conversation analytic study**

David Dalley, Aberystwyth University

**Objectives:** The objective of the research was to examine the interaction between healthcare professionals and patients within telehealth services involved in speech-language therapy through conversation analysis.

**Research question:**

1. How does interaction and communication occur between healthcare professionals and patients undergoing speech language therapy through video conferencing?

   It is common with conversation analytic research to formulate research questions from
the data during analysis allowing for further research questions to emerge based on the nature of the data obtained.

**Design:** The study adopted a conversation analytic approach

**Methods:** The following study drew on video and audio recordings of naturally occurring interaction within telehealth consultations. Participants were recruited through a pre-existing speech-language therapy service using telehealth videoconferencing based in South Wales linking with 5 NHS settings across Wales. Participants were first approached by their speech language therapist and informed about the study. Patients were then provided with an invitation pack containing further information. Following consent, telehealth consultations were recorded. From data collection, 9 Hours 33 Minutes of data was obtained spanning 17 consultations. Data was transcribed and analysed using Conversation analysis to examine the sequential aspects of talk in interaction. This approach allows for the examination of the minutiae of interaction as co-constructed by participants.

**Results:** Data analysis in progress.

**Conclusions:** This research intends to elucidate the interactional difficulties present in telehealth speech language therapy consultations, as well as aspects of good clinical practice in order to consider ways of improving communication between health-care professionals and patients within telehealth consultations.

**Health behaviour change**

**8970**

**The development and evaluation of a digital smoking cessation intervention for offenders**

**Stephanie Dugdale, Breaking Free Group**

**Objectives:** This research aims to design and evaluate a smoking cessation intervention providing evidence-based, online behavioural support to offenders in prisons in England.

**Design:** Developers collaborated with stakeholders to design this digital behaviour change programme, Breaking Free from Smoking (BFS). A randomised controlled trial (RCT) is planned to evaluate the efficacy of the programme. Participants will be allocated randomly to either an active control (treatment as usual including pharmacological support) or intervention group (BFS and treatment as usual).

**Methods:** A sample size of 128 participants has been predicted to find a medium effect size \( (d = 0.50) \), at an alpha level of 0.05, and a power of at least 80%. Participants will be recruited from four prison services across the North West of England. Participants will complete the online programme over Virtual Campus, supervised by a trained member of prison staff.

**Results:** The Behaviour Change Wheel (BCW) has been used to map out the content of the programme. The effect of this novel programme on psychometric assessments of smoking status (e.g. recently smoked), quality of life and recovery progression will be evaluated using an ANOVA, and mediation analysis, to understand the influences of the programme on smoking behaviour.

**Conclusions:** Through the utilisation of the BCW, this digital smoking cessation intervention has been developed. The RCT will provide evidence around the efficacy of this programme. If significant reductions to smoking behaviours are achieved, this may have implications for smoking cessation support provided to offenders within UK prisons.
Health behaviour change
9049
The effect of mindfulness on rational thinking
Stephanie Farrar & Katy Tapper, City, University of London
The excessive consumption of unhealthy foods leading to obesity is responsible for more than 2.8 million deaths per year (EASO, 2013). The influence of automatic processes on health-related decisions is shown by the significant impact of visual cues on food choice and intake. This study examines the effect of mindfulness – a non-judgemental awareness of the present moment – on rational thinking and reasoning. As mindfulness requires conscious processing to maintain present moment awareness, automatic processing may naturally decrease as a result. A minimum of 156 first and second year undergraduates will be randomly allocated to either a mindfulness or control condition; the mindfulness condition instructs participants to dissociate from thoughts (decentring) whereas the control condition is a recording of a book prologue. Participants will then be required to complete the expanded cognitive reflection test and a syllogistic reasoning test; both cognitive tests are designed to encourage an incorrect automatic response rather than a correct rational response. The five-facet mindfulness questionnaire (short form) and the rational-experiential inventory will also be administered as trait measures of mindfulness and thinking style (intuitive or rational), respectively. The first hypothesis states that high trait mindfulness will be positively associated with rational thinking (trait). The second hypothesis states that the mindfulness condition will lead to an increase in rational thinking (state). The results will give some insight into the role of mindfulness in rational thinking and whether this may be an appropriate intervention for improving food choice in the long-term.

Implementation research
9036
Positive affect, diabetes, and diabetes-related outcomes: A systematic review
Benjamin Gibson, Kanayo Umeh, Lisa Newson & Ian Davies, Liverpool John Moores University
Purpose: The aim of this systematic review is to assess the relationship between positive affect and clinical outcomes associated with diabetes.
Background: Managing one’s diabetes requires a series of long-term and iterative lifestyle adaptations that can be extremely stressful. The link between negative affect and ‘unsuccessful’ management is well-documented, and research continues to examine the effect that depression and diabetes-related distress can have on clinical outcomes such as HbA1c (a long-term measure of blood sugar control). Recent research, however, has shown that increased positive affect, by contrast, may promote improved management strategies. A literature review published in 2012 demonstrated that positive emotional health (i.e., positive affect, well-being, and resilience) facilitates improved health outcomes by buffering against negative affect. The present review provides an updated and more focused examination of positive affect’s role specifically and the implications this has had for novel intervention development.
Methods: A number of comprehensive literature searches were conducted using the searches ‘positive affect AND diabetes’ (162 results) ‘positive affect AND HbA1c’ (24 results) and ‘positive intervention AND diabetes’ (203) on the psychINFO and MEDLINE databases.
Conclusions: Preliminary findings suggest that positive affect plays a unique role in improving self-management strategies and clinical outcomes such as HbA1c because of the long-term changes it can bring about. This is supported by trial data and, though more intervention research is needed, results indicate potential for the utility of “positive”
interventions in promoting increased positive affect. Suggestions for positive interventions suitable for future adaptation are discussed.

**General**

**Evaluating the impact of woodland activities on personal wellbeing**

Heli Gittins, Val Morrison & Sophie Wynne-Jones, Bangor University

**Objectives:** Working in partnership with The Woodland Trust, the study seeks to evaluate the psychosocial impacts of the Actif Woods Wales programme (a project running woodland activities for improved health and wellbeing) and to examine the psychosocial-geographic influences on woodland use, sustainable outdoor activity, and its impacts.

**Design:** Face to face completion of questionnaires at baseline, 6 months and 12 months to gain longitudinal quantitative data.

**Methods:** Participants are new or recently joined AWW adult attendees. Approximately 100 questionnaires capture self-reported health (SF-12), physical activity levels, mental wellbeing (Warwick and Edinburgh Mental Well-being Scale), self-esteem (Rosenberg Self-esteem Scale), self-efficacy (Generalised Self-Efficacy Scale) and perceived barriers or enablers of woodland use.

**Results:** Descriptive data from the first 30 questionnaires completed will present current physical activity levels and wellbeing amongst attendees with an examination of key demographic and psychosocial correlates.

**Conclusions:** These data will be explored further using focus groups and semi-structured interviews with selected participants and the meanings and impact of personal barriers and facilitators of independent woodland access examined. Combined, the survey and qualitative data will inform The Woodland Trust in delivering the Well-being of Future Generations Act. The goal is to extend the implementation of the AWW programme by woodland managers and providers of health and social care so as to better use woodlands for wellbeing.

**Health behaviour change**

**Developing a coping scale for food allergy in children and adolescents aged 8 to 16 years old – A work in progress**

Jennifer Hammond, Richard Cooke & Rebecca Knibb, Aston University

**Purpose:** To develop a coping scale for food allergy for children and adolescents aged 8–16 with the condition.

**Background:** Children and adolescents with a food allergy are at a particular risk of fatal reactions. The reasoning behind this is unclear due to limited research that specifically examines how this population view the risk of and cope with food allergy, nor has there been any systematic research into the attitudes or experiences of this group. It is important to identify the different coping strategies that this population employ with their food allergy management, and how this influences their level of risk-taking behaviour, and to date, there are no specific food allergy coping scales that can measure this.

**Method:** Semi-structured interviews with 32 food-allergic children and adolescents aged 8–16, which were recorded and transcribed verbatim. An interview guide was developed through a literature review in the area. Interviews were analysed using thematic analysis, and coded using the Transactional Model of Stress and Coping as a guide. Common issues were re-formulated into scale items which were reviewed by a sample of the participants.
interviewed, and by a panel of experts comprising of medical, nursing and health psychology professionals.

**Conclusions:** Following the review and refinement of the scale items, a prototype food allergy coping scale has been developed consisting of 45 items, with a specific section for adolescents aged 12–16 years old. This prototype scale will be disseminated to food allergic children and adolescents to complete to test for reliability and validation.

**Health behaviour change**

**How can we most effectively promote long-term adherence to an exercise programme for individuals with mild cognitive impairment and early dementia?**

Jennie Hancox, Veronika Van der Wardt, Kristian Pollock, Kavita Vedhara & Rowan Harwood, *University of Nottingham*

**Purpose:** To explore the psychological processes associated with adherence to an exercise programme for individuals with early dementia.

**Background:** Promoting Activity, Independence and Stability in Early Dementia (PrAISED) is a 12-month person-centred programme which aims to increase activity and independence whilst reducing falls in people with early dementia. In this population, as well as many others, poor adherence can undermine treatment effectiveness. The aim of the present investigation is to explore participants’ motivations for engaging in PrAISED exercises and activities over the course of the programme. More specifically:

1. Why do some participants adhere to the programme and others do not?
2. How do participants’ motivations to engage in the programme change over time?

**Methods:** Mixed methods longitudinal research design. Approximately 20 individuals with early dementia and their carer(s) will take part in semi-structured interviews at two time points: 3-6 and 9-12 months following commencement of therapy. Interviews will continue until theoretical saturation. Qualitative data will be analysed thematically using the Framework Method to facilitate comparison with ease across data cases as well as within individual cases. Adherence levels will be ascertained via a monthly self-report exercise diary and comparison of themes made between individuals with high and low adherence.

**Conclusions:** It is expected that this study will advance understanding of the psychological processes of motivation and behaviour change in individuals with early dementia. The findings will identify factors influencing long-term adherence with potential implications for the design and delivery of future exercise and activity programmes with this population.

**General**

**Can perceived adverse parental bonding experiences and emotional eating predict food addiction in an adult sample?**

Regina Holler, *University of Derby, Online Learning*, Eirini Tatsi, *King’s College, University of London*, Philip Clarke, *University of Derby*

**Objectives:** To increase knowledge on the phenomenon of food addiction (FA) by investigating if perceived adverse parental bonding experiences (PAPBE) and emotional eating (EE) are correlated with and predict FA.

**Design:** PAPBE have previously been associated with addictive behaviours, and EE correlated with FA and negative emotional states. Hence, the likelihood emerged that
PAPBE and EE might anticipate addictive overeating, which was explored in the current correlational study in Multiple Regression analyses of levels of PAPBE and EE as predictors and levels of FA as outcome variable.

**Methods:** Data were collected from a general population convenience sample of 164 adults (131 women, 33 men) in an online survey of the Parental Bonding Instrument, Emotional Eating Scale, and Yale Food Addiction Scale, and analysed in Multiple Linear Regression.

**Results:** EE was the best predictor of FA ($\beta = .69$) over perceived maternal overprotection ($\beta = .13$) and maternal affectionless control ($\beta = .18$). Perceived parental care and paternal overprotection were not significantly correlated with FA.

**Conclusions:** The results indicated that those who perceive having been parented with high overprotection (and low affection) by their mother and those who engage in EE are at risk of increased levels of FA. The findings informed mechanisms of FA, demonstrated applicability of pre-existing need theories of addiction to FA, and could hold implications for the development of treatment strategies to FA. The cross-sectional nature of the study limited insights into causality of the investigated factors, thus, longitudinal research on the established findings is needed.

**Implementation research**

**9069**

**Mind and body: An evaluation of an early intervention for young people who engage in self harm**


There has been a dramatic rise in self-harm among young people in the last 10 years in the UK. The Mind and Body programme was developed as a targeted prevention and early intervention for young people who engage in risk-taking behaviours that are associated with self-harm. The programme has two aims: (i) to facilitate young people to explore and better manage the thoughts and actions that are associated with self-harm; and, (ii) to support young people to address issues that may be associated with reduced wellbeing. The Mind and Body programme consists of a preliminary baseline assessment, eight group sessions and three one-to-one sessions. The programme was rolled out to three pilot sites in 2016: Kent, Cornwall and Lancashire. This paper reports a study that evaluates the Mind and Body Programme, using a mixture of quantitative and qualitative approaches. Data were collected from 299 young people before and after they had completed the programme. There are three main findings: (i) the Mind and Body programme resulted in an efficient identification, referral and support for young people engaging in self-harm and/or risk-taking behaviour; (ii) it had a positive impact on young peoples’ awareness thoughts, feelings and behaviours relating to self-harm and risk-taking and (iii) it had a positive impact on young peoples’ mental wellbeing. In conclusion, this study provides evidence for the effectiveness of the Mind and Body programme and provides recommendations for further service development and improvement.

**General**

**8866**

**Distinguishing between ‘Ancient’ and ‘Modern’ stressors: A framework for analysis of psychosocial stressors and self-conscious emotions**


**Objectives:** This study aimed to investigate the stress and self-conscious emotions (SCEs)
association, particularly as relating to ‘ancient’ and ‘modern’ sources of stress. The primary objective was to explore the feasibility of distinguishing between ancient and modern stressors. Ancient stressors were expected to be associated with more SCEs than modern stressors due to evolutionary and psychological adaptation and coping.

**Design:** A cross-sectional mixed methods design was followed. Self-report questionnaires were used to measure a range of different stressors (life events, daily hassles, perceived stress and SCEs). Semi-structured interviews assessed the questionnaire reported stress in-depth and SCEs experienced.

**Methods:** One hundred adults (40 men, 60 women; Mage = 20.33 years) through opportunity/volunteer sampling participated in a two-phase study. Life Events Inventory, Hassles Scale, Perceived Stress Scale and Test of Self-Conscious Affect assessed psychosocial stressors and SCEs, and were analysed through correlations and multiple regressions. Semi-structured interviews were analysed through deductive qualitative content analysis to identify underlying characteristics in ancient and modern stressors.

**Results:** Ancient and modern stressors were associated with SCEs. Ancient stressors (B = -.116, \( p = .002 \)) and gender (B = .295, \( p = .011 \)) predicted shame. Content analysis enabled development of a designating system (adaptation/coping, experience, manageability/expectedness, duration, type) that distinguished between ancient and modern stressors.

**Conclusions:** The ancient and modern stressors distinction adds a novel psychological perspective on the stress and SCEs association. Stressor characteristics were identified to classify ancient and modern stressors; this was a provisional distinction which future studies need to verify.

**Health behaviour change**

**8977**

**Anaphylaxis and nonadherence to adrenaline pen use in adults: the impact of a theoretically informed training intervention on staff knowledge and beliefs**

Béré Mahoney, Elaine Walklet, Charlotte Taylor & Eleanor Bradley, University of Worcester, Steve O'Hickey, Worcestershire Acute Hospitals NHS Trust

**Objective:** Nonadherence to adrenaline pen behaviours (carrying pen and use in the event of anaphylaxis) is problematic in patients with anaphylaxis and associated with increased fatalities. This study evaluated the impact of a staff training intervention developed using the Theoretical Domains Framework and COM-B model. Impact of the training was assessed through changes in knowledge, confidence, beliefs and intention to use strategies to enhance patient adherence.

**Design:** A longitudinal mixed-method evaluation.

**Methods:** Health professionals (anticipated sample size 25 – 35) working with anaphylaxis patients in hospitals across the West Midlands were invited to attend a 90 minute workshop designed to enhance patient adherence to adrenaline pen use. Participants completed an online survey one week in advance of the workshop and 1 – 3 and 6 – 8 weeks after attending. The survey measured their knowledge, confidence, beliefs and intention to use strategies enhancing patient adherence. Staff were also invited to complete a telephone interview after attending to explore further the impact of the workshop.

**Results:** Early findings indicate the workshop produced sustained (6 – 8 weeks) improvements in staff knowledge, confidence and intention to use strategies enhancing patient adherence. Themes to date from the interviews include:
- changed understanding of patients’ experiences as psychological and not only physical.
• contextual barriers to using adherence enhancing strategies
• conflict around promoting adherence

Conclusions: The workshop has changed how staff communicate with patients. This suggests theory-based interventions are important for changing health professionals' practices. Recommendations for increasing adherence to adrenaline pens will be drawn.

Implementation research

9016
Can an intervention in general practice increase sign-up rates to the NHS Organ Donor Register? A feasibility randomised controlled trial
Catrin Pedder Jones, Chris Papadopoulos & Gurch Randhawa, University of Bedfordshire
Background: A shortage of organs for transplant exists in the U.K: only 3529 transplants were carried out in 2015–2016 with 6462 people awaiting transplant. Primary care interventions have previously proved to be successful in recruitment to organ donor registries in the USA and UK. However, barriers to implementation and acceptability of these interventions have been expressed by primary care staff.
Aim: To develop and evaluate the feasibility of a GP practice intervention designed to increase sign-up to the NHS Organ Donor Register.
Method: This sequential mixed methods project consists of three stages; stage 1, a systematic literature review, stage 2, a single practice feasibility study and stage 3, a multi-practice pilot feasibility randomised controlled trial.
Current stage of work: This PhD is funded jointly by NHS Blood and Transplant and the University of Bedfordshire. At present stage 1 has been completed and stage 2 is in progress.
Discussion: This project can help inform future organ donation interventions, as well as examining how best to implement interventions in a UK primary care setting.

Health behaviour change

8968
Information about Drinking in Ex-serving personnel (InDEx app):
Development of a mobile based alcohol intervention
Anne Puddephatt, University of Liverpool, Daniel Leightley, Nicola Fear, Roberto Rona, Toktam Mahmoodi, Colin Drummond & Lt Col Norman Jones, King’s College London
Objectives: To examine the acceptability and usability of this alcohol app in a sample of ex-serving personnel.
Methods: The app contains key components including; normative feedback, goal setting, highly personalised text messages and a drinks diary. Components of the app are based upon the Health Action Process Approach, implementation intentions, social norms approach and behaviour change techniques. The study will use the King’s Centre for Military Health Research (KCMHR) cohort study to recruit 35 veterans to test the app over a 28-day period. Participants will be eligible based on previously serving in the UK Armed Forces, owning a smartphone, having an AUDIT score of 9 to 19 and aged 18 to 65.
Plan of analysis: Qualitative interviews will be conducted to assess (i) acceptability and usability of the app, (ii) identify areas in which the app could be improved, (iii) what components they found to be most helpful and (iv) overall feedback on the language and scenarios provided with the intervention. Qualitative data will be analysed using thematic analysis. Adherence can be evaluated using the data collected through the app.
**Discussion:** The findings of this feasibility study will lead into a main study. This will include the InDEx app, quantitative data on adherence and usage, qualitative data on acceptability, usability, improvements to be made and feasibility of recruitment.

**Long-term conditions**

**Awareness and experiences of endometriosis among adolescent girls:**
**A mixed methods study**

*Amie Randhawa, Birmingham City University*

**Objectives:** This research aims to explore adolescent girls’ awareness of endometriosis, and the lived experience of endometriosis amongst adolescents diagnosed with the condition.

**Design:** This study will adopt a convergent parallel mixed methods design; a qualitative study to explore adolescents’ lived experiences of endometriosis, and a quantitative study to capture the awareness of endometriosis among adolescent girls.

**Methods:** Qualitative study: Participants aged 15 to 24, with a diagnosis of endometriosis, and symptom onset between the ages of 10 and 19 years, will be recruited with the support of Endometriosis UK. They will complete an individual semi-structured interview using a narrative ‘story-telling’ approach. Recruitment will end once data saturation is achieved; estimated to be at approximately 30 participants.

Quantitative study: Participants will be adolescent girls aged 15 to 19 years, recruited from local secondary schools, representing a non-randomised single stage cluster sample. Participants will complete a brief survey which addresses their awareness of endometriosis as well as their menstrual patterns and attitudes. A sample size of over 500 participants will be sought in order to achieve the necessary statistical power.

**Results:** Qualitative data will be analysed and reported using thematic narrative analysis. This will be integrated with the results of the quantitative analysis, which will include both descriptive statistics and logistic regression.

**Conclusions:** It is expected that this research will indicate areas for improving public health education around endometriosis and provide a better understanding of the implications of living with a condition which has limited public awareness and understanding.

**Implementation research**

**The perceived barriers to social prescribing in general practise**

*Amie Randhawa, Birmingham City University*

The NHS named social prescribing as one of the 10 high impact actions to release capacity in general practice, however the prescription option is not always utilised. This research aimed to develop a novel understanding of general practitioner’s (GP) perspectives of social prescribing, with a particular focus on the barriers which affect its implementation.

Face-to-face interviews were carried out with 15 general practitioners on the topic of social prescribing to: ascertain GP understanding of the concept and explore their attitudes towards it, identify barriers to social prescribing, and determine the factors which influence GP’s decision to prescribe socially. Preliminary results indicate that GPs have a positive attitude towards social prescribing, although understanding of what the concept encompasses varied between participants. The key barriers to social prescribing identified were education, capacity, and access to resources.
Finally, results indicate that patient’s frequency of attendance and the presence of wider social issues are key factors influencing GP’s decision to prescribe socially. The preliminary results from this research indicate that although GPs have a positive attitude towards social prescriptions, there are clear barriers which affect its use in general practice. The results suggest that an increase in education around social prescribing could provide GPs with a better understanding of what the treatment option offers and the ways in which is can be utilised. Finally, the barriers identified suggest that investment into increasing resources available to GPs is necessary to decrease capacity issues surrounding social prescribing.

Health behaviour change

H.E.A.R.T Study – Health and wellbeing events after gynaecological-related cancers and their treatment

Anuska Randolph-Stephens, The Royal Marsden NHS Foundation Trust/ University of Surrey,
Mark Cropley, University of Surrey, Andreia Fernandes & Susana Banerjee, The Royal Marsden NHS Foundation Trust

Background: Gynaecological cancers account for approximately 6% of all new cancer diagnoses in the UK, involving invasive treatments and significant impacts on wellbeing. Various interventions have been evaluated to improve aspects of these women’s wellbeing and quality of life, though data are inconclusive. Health and wellbeing event interventions were proposed by Macmillan which ‘aim to enhance supported self-management and improve information and support’.

Aims: To design and deliver a health and wellbeing event intervention that provides appropriate information and support for women after a gynaecological cancer in order to address unmet needs and improve overall quality of life.

Method: This a quasi-experimental design study using a theoretical framework of Self-determination Theory and Self-Efficacy. Eligible women were on follow up for either ovarian, cervical or endometrial cancer at The Royal Marsden Hospitals. Patients QoL will be assessed at baseline (pre-intervention) and at 1, 3 and 6 months post intervention. Patients unable to attend the intervention but wanted to take part serve as the control group. We predicted a total sample of 300 women.

Results: 1603 women were identified. Of these, 828 women were eligible and invited to take part. 241 women responded (29.1%) and we expected 124 (15%) women to attend. In total, 95 (11.5%) women attend, with 91 (11%) women in the control group.

Implications: This study will highlight (1) the QoL of women after gynaecological cancers; (2) the support and information needs of women, and (3) whether this intervention has an impact on quality of life.

General

Intersectional identities and dilemmas within interactions with health care professionals: An interpretative phenomenological analysis of gay Muslim identities

Joanna Semlyen, UEA

Individual interviews with six self-identified Muslim gay men living in London, UK focused on their experience of health service use. Transcripts were analysed using Interpretative Phenomenological Analysis. Analysis identified two major themes: The close(d) community
and self-management with HCPs, detailing participants’ concerns regarding the risks of disclosing sexuality; The authentic identity: ‘... you’re either a Muslim or you’re gay, you can’t be both’, which delineated ideas of incommensurate identities. Analysis highlights the need for health practitioners to be trained to have insight into the complexity of intersectional identities, identities disclosure dynamics, and the negative consequences of assumptions; heteronormative or faith-related.

Long-term conditions
8928
Healthcare professionals’ perceptions of pulmonary rehabilitation as a management strategy for patients with chronic obstructive pulmonary disease
Emma Swift, Carol Kelly & Mary O’Brien, Edge Hill University, Sarah Peters, University of Manchester

Objectives:
1. To explore the perceptions of healthcare professionals, in primary and secondary care about referring COPD patients to Pulmonary Rehabilitation (PR).
2. To establish healthcare professionals’ understanding of PR.
3. To explore barriers and facilitators to PR referral.

Research Question: What are the perceptions of healthcare professionals in primary and secondary care regarding PR as a management strategy for patients with COPD?

Design: Phenomenology has been implemented as the research aims to establish healthcare professionals’ perceptions and experiences of PR in COPD. This design has been adopted to understand the lived experiences of a group of individuals, based upon a particular phenomenon. The experience of referring to PR, or lack of, will enhance understanding of why particular healthcare professionals refer to the programme and others do not.

Methods: In-depth semi-structured interviews via purposeful recruitment of general practitioners and practice nurses; consultants, nurses and registrars working on general medical wards. It is anticipated that between 24 and 40 participants will be recruited. Although this may be considered as a large sample size, this is in consideration of the narrow focus of the research topic and the desire to explore perceptions from different professional backgrounds.

Results: Interpretive phenomenological analysis is currently being carried out to determine superordinate and subordinate themes regarding participants’ experiences and perceptions.

Discussion: No research has solely focused upon healthcare professionals’ perceptions of PR. The current study will provide insight into this, including perceived barriers and facilitators to referral, enabling suggestions to be made to inform practice.

General
8935
BME individuals and mental health: reasons for non-engagement and disengagement with mainstream mental health services: A systematic review of the literature
Meredith Wilkinson & Kathleen Nthakomwa-Cassidy, De Montfort University

Purpose: This systematic review examines why BME individuals do not engage or become disengaged from mainstream mental health services within the United Kingdom.
**Background:** According to the Mental Health Foundation, individuals from BME backgrounds are the group who are more likely to be diagnosed with a mental illness yet are the group who are more likely to disengage from mainstream mental health services. It is therefore important to explore why this is the case and the implications of this for people working with BME individuals.

**Methods:** A systematic review was conducted examining the barriers that BME individuals face to accessing mainstream mental health services. In order for papers to be included in the systematic review they needed to conduct a piece of primary research, whether qualitative or quantitative, we did not include meta-analyses, systematic reviews or literature reviews; it needed to be published within the past 10 years to afford a more up to date perspective on the issue and only research that was conducted within the United Kingdom was included due to differing health systems between countries. Fifteen papers were included in the final analysis with the CASP framework adopted.

**Conclusions:** There are four key barriers for BME individuals accessing mental health services: (1) cultural beliefs, (2) knowledge of mental health and mental health services, (3) cultural awareness of mental health professionals and (4) stigma and discrimination. Implications for this analysis are offered to engage BME individuals more with mainstream mental health services.

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**General**

9010

**The role of social media in how midlife women construct identities in relation to alcohol consumption, a thematic analysis**

*Catherine Wyatt, University of Derby, Sophie Williams, University of Derby*

**Objectives:** Trends indicate there is a need to focus on female midlife drinkers. This study aims to explore the role of Social Networking Sites (SNS) in how midlife women construct their identities in relation to alcohol consumption.

**Design:** This research uses a qualitative approach which focuses on how socially produced imagery (bloggers’ posts, advertisements or memes) on SNS such as Facebook, Twitter or Instagram are utilised by midlife women when discussing their identities and the related role of alcohol. A meme is a general term for virally-transmitted social or cultural ideas. They are usually captioned photos or videos that are intended to be humorous.

**Method:** Twelve women aged 30-50 captured alcohol related images as they engaged with their SNS over 2 weeks. One-to-one interviews were then carried out to explore why participants’ selected the images and how they related to them. Interview data was analysed using inductive Thematic Analysis.

**Results:** Two main themes were found: Stress Relief and Relaxation (subthemes: drinking parameters, freedom and rewards, midlife transition and motherhood and drinking) and The Role of Friendship (subthemes: friendship experiences and SNS mediating friendships).

**Conclusion:** Midlife women articulated reasons for drinking that were associated with their identities. Some reasons were mirrored in the meanings that were construed from SNS images. The prevalence of these images through either direct marketing by alcohol companies or through user generated content normalises and reinforces the acceptability of alcohol consumption. Implications for health practitioners could include tighter marketing regulations for alcohol companies.
Emotion Matters e-learning module: Improving communication with patients who have long term conditions

Mairi Albiston, NES Glasgow

Recent government initiatives have underlined the need for mental health to be considered in parity with physical health needs. The ‘Emotion Matters’ e-learning training resource was developed by NHS Education for Scotland in conjunction with Health and Social Care Alliance Scotland, following consultation with staff and service users that patients want psychological support as an integrative part of their care, and not an optional ‘add-on’.

The Emotion Matters e-learning module was developed to increase staff ability to support patients with the emotional aspects of their long term condition. The module was divided into 7 sections, in order to provide a paced style of learning, and included downloadable materials for use in clinical practice, as well as DVD clips to demonstrate good practice. An assessment after the end of the module tested user engagement and learning with the training materials. The project is an excellent example of a high quality training product in person centred collaborative skills. The e-learning format is easily accessible for staff to access in a paced manner, and the richness of the content and patient stories allows for staff to reflect and improve upon their own practice. The e-learning module has been very well received and between 2014-2016, 2991 staff accessed the module for at least 10 minutes and 1635 staff passed the assessment associated with the module. A wide range of healthcare staff accessed the module, and Nursing and midwifery staff were most likely to access the module.

Three adults’ experiential descriptions of life with Niemann-Pick Disease type C: A phenomenological analysis

Lydia Aston, Rachel Shaw & Rebecca Knibb, Aston University

Objectives: The aim of this study was to explore the experiential accounts of adults diagnosed with Niemann Pick Disease Type C (NPC) in order to understand how they experience living with a life limiting illness.

Design: An exploratory study, which utilised a phenomenological approach to data generation and analysis, was adopted. This enabled a holistic exploration of the phenomenon of adults’ lived experiences.

Methods: Three adults diagnosed with NPC took part in an interview. Data were analysed using Interpretative Phenomenological Analysis (IPA). Themes generated were examined against an existential-phenomenological theory of wellbeing, thus adopting an abductive reasoning approach.

Results: Four themes were generated from the data that demonstrated the impact of living with NPC: Variegated experiences of loss: Loss was described in many facets including: loss of hope and engagement with the future; self-esteem; and independence. The experience of diminishing control: Learning to cope with the unfamiliarity of a ‘new body’ and feeling disconnected from society. Longing for social meaning: participants explained how they struggled to develop and maintain friendships, with extended periods
of time between meaningful social interactions characterising their experiences of non-
familial relationships. Hiddenness, perception and identity: Experiences of self-doubt and emotional distress were communicated in terms of living with a rare disease, sometimes with imperceptible yet significant symptoms.

**Conclusions:** The experiential accounts analysed illustrated the importance of close relationships for adults living with NPC. The dimensions of well being combined with a phenomenological analysis allowed for a subjective, data focused approach.

**Psychobiological aspects of health and illness**

**Can pole fitness increase psychological wellbeing?**

**Nicole Brand, University Centre at Blackburn College**

The positive impact of exercise on mental wellbeing is well documented in literature, and the aim of this study was to find if pole fitness, like other forms of exercise, could increase levels of mental wellbeing.

The study employed mixed methods to establish the impact of pole fitness on mental wellbeing and to examine the processes involved. Mental wellbeing was defined as levels of depression, anxiety, mood, general health, self-esteem and self-efficacy.

Participants were acquired through opportunity sample via social media. In the quantitative, 11 participants, new to pole fitness classes, took eight weeks of pole fitness classes, recording states of their mental wellbeing on a range of validated measures. The first and eighth week were compared for differences using T-Tests.

In the qualitative, 9 different participants taking regular pole fitness classes took part in a semi-structured interview about their experience of pole fitness. They were transcribed and analysed using Interpretative Phenomenological Analysis.

In the quantitative, pole fitness was found to significantly increase levels of general health, mood and self-esteem. It was also found to significantly decrease depression and anxiety. Qualitative research explained this due to pole fitness providing strong social support from peers.

The study supports previous research that exercise increases mental wellbeing. The researcher implies that pole fitness may not be taken seriously by health professionals due to the origins of the sport, but suggests that it should be encouraged to individuals suffering from low mental wellbeing who may need to exercise. Key limitations include a female-only sample.

**General**

**Study exploring the experience of being diagnosed with dementia: An Interpretative Phenomenological Analysis (IPA)**

**Malcolm Bray & Triece Turnbull, City University London**

**Purpose:** To explore the lived experience of being diagnosed with dementia. This study examines the participants’ journey leading up to receiving a formal diagnosis. Barriers and enablers to securing a timely diagnosis are considered.

**Background:** More than half of people in the United Kingdom living with dementia are still not diagnosed and many people continue to be diagnosed late in the illness often at time of crises. The diagnosis and disclosure of Dementia is problematic and there are many barriers to seeking a timely diagnosis. The accounts of the participants within this study
reveal unique insights into the experience of dementia diagnosis from the perspectives of people living with dementia.

**Methods:** Eight people living with dementia were recruited and participated in the study. IPA was used to focus on the uniqueness of the participants’ experience.

**Results:** Three themes and twelve sub-themes emerged from the analysis:
- Slowly becoming a person with dementia (Gradually recognising something is not quite right, Is it a normal part of ageing? Shock of receiving the diagnosis, Importance of acceptance, Thinking about the future – hope and uncertainty).
- Importance of family, friends and communities (Feeling that I am not alone, concern for the family, Family taking over, community support).
- Desire to maintain or improve health and wellbeing (Continue doing what I enjoy, keeping fit and well, helping others).

**Conclusions:** The findings offer a rich insight in to the experience of being diagnosed with dementia and demonstrate that people with dementia can effectively participate in qualitative research projects.

**Long-term conditions**

9054

**Young people’s perspectives on their long term condition: The role of health professionals in supporting school connectedness and psychological wellbeing**

*Rosanna Fennessy, University of Cambridge*

**Objective:** For around 15 to 20% of adolescents, participating fully and feeling connected to school can be particularly challenging due to the physical, psychological and social ‘disruptions’ of a long term condition. The aim of this study was to explore the ways young people perceive their school experience, with a particular focus on how interactions with health professionals are interpreted in terms of education and the future.

**Design:** An interpretive research design was adopted to gather exploratory data with young people exhibiting a range of long term physical conditions.

**Methods:** Six students age 14 to 18, recruited via their secondary school, took part in individual semi-structured interviews and the Construct Repertory Test (Kelly, 1968). Qualitative data was analysed utilising Interpretative Phenomenological Analysis (Smith, Flowers & Larkin, 2009).

**Results:** Three main themes were identified.

1. Young people want to ‘fit in’ with school despite the obstacles imposed by their condition. However, support networks can both facilitate and impede this process.
2. Health professionals should adopt a more holistic approach, including adolescent issues outside the condition.
3. Further integration of health and wellbeing into school systems would additionally support those with long term conditions.

**Conclusion:** This study highlighted that young people with long term conditions adopt both detrimental and adaptive strategies as they negotiate secondary school. Furthermore these strategies are influenced by external networks. A collaborative approach between health and education professionals focused on school connectedness and wellbeing, could result in increased higher education and employment participation for this at risk group.
Implementation research

The behaviour change techniques used in continuing professional development: Developing a coding tool for educators

Jo Hart, University of Manchester, Emma Pearson, University of Edge Hill, Eleanor Bull, University of Manchester, Lucie Byrne-Davis, University of Manchester

Objectives: Continuing professional development (CPD) of healthcare professionals is often aimed at behaviour change. The 93-item Behaviour Change Technique Taxonomy (BCTT) (Michie et al, 2013) can be used to code behaviour change techniques. We aimed to develop a coding tool, based on the BCTT, and explore if it can be used to understand and code techniques used by educators to change healthcare practice. Design This was an observational study.

Methods: Two behavioural scientists (trained in coding the BCTT), observed three one-two day postgraduate medical CPD courses delivered by seven sets of medical educators. Observations occurred over three months. Firstly, the entire 93-item BCTT was used to code three days of observations; the number of BCTs found and inter-rater reliability was recorded. Secondly, a scaled down version, converted to an e-tool, was used to observe a further four days across the three courses. Field notes and feedback were used to create a final version.

Results: Inter-rater agreement remained high throughout (e.g Cohen’s Kappa ranged from 0.86 to 0.89 and PABAK ranged from 0.90 to 0.92). A total of 38 BCTs were identified. Conclusions Developing an accessible tool to understand BCTs and their uses may empower educators and training providers to be able to include BCTs with proven efficacy and discard those that have been shown to be less useful. Coding reliability between the two researchers was high; however, it is important to note that both are behavioural scientists trained to code BCTs. Further testing of the final e-tool is necessary in order to explore its effectiveness and ease of use by medical educators.

Long-term conditions

Patients experiences of achalasia: A qualitative interview study

Amelia Hollywood, University of Reading, Melika Kalantari, University of Reading

Objectives: Achalasia is a rare motility disorder affecting the oesophagus which prevents people swallowing effectively. Research has explored the mechanisms of this chronic condition but there is a lack of understanding in regard to how patients cope and manage long-term. The aim of this study is to explore patients’ experiences of achalasia.

Design: This qualitative study used open-ended questions to explore the experiences of people with achalasia in the UK and to gain understanding of the condition from the patients’ perspective.

Methods: Participants were recruited through a patient support group and interviewed over the telephone. The interviews were recorded, transcribed verbatim and analysed using thematic analysis.

Results: Fifteen participants took part (mean age 60 years, SD 14.7), including 6 males and 9 females. The interviews highlighted the significance of obtaining a diagnosis, which gave them a new identity and enabled them to adopt an approach coping style. The coping strategies employed included seeking information about their condition, dietary behaviour change and gaining social support from others. The overarching theme throughout all interviews reflected an emotional response to their condition, from the stresses of
managing the condition day to day, to diagnosis, treatment, understanding and support.

Conclusions: The main themes that emerged from the data are reflected in Leventhal’s self-regulatory model of illness behaviour, through illness cognitions and their emotional response to achalasia. The findings identify a need for more information for healthcare professionals and support for patients to facilitate adaptive coping strategies to manage this chronic condition.

Long-term conditions

Making meaning of the complex nature of interpersonal relationships in adolescent chronic pain: A qualitative synthesis

Abbie Jordan & Hannah Family, University of Bath, Paula Forgeron, University of Ottawa

Objective: To undertake the first study to adopt an integrative synthesis approach to understand the current state of the evidence regarding how adolescents with chronic pain and significant others perceive and make meaning of how their pain experience impacts their interpersonal relationships.

Design: This study used a qualitative synthesis approach to collate, interpret and (re) present existing evidence concerning interpersonal relationships experienced by adolescents and significant others.

Methods: A systematic search strategy was developed to identify and retrieve all primary studies focused on exploring social relationships of adolescents with chronic pain using qualitative methodology published by 31/12/16. Searches identified 1309 papers, with 8 papers meeting inclusion criteria. Papers were reviewed for eligibility, quality, and thematic content. Overall, papers studied N=127 participants, comprising adolescents with pain, parents, siblings and peers.

Results: Data was characterised by two themes; restriction and tensions. Findings highlighted the complex, and typically deleterious impact of chronic pain on adolescents’ relationships with peers and family members. Data illustrated tensions between adolescents’ and others’ perceptions of pain on everyday life in addition to a sense of pain restricting adolescents’ relationships through processes of isolation and difference. Findings also identified the strengthening of key adolescent relationships due to the challenges associated with living with pain.

Conclusions: Study results highlight the importance of assessing the impact of pain on an adolescent’s interpersonal relationships in addition to the need to develop and test treatment approaches to enable adolescents to maintain and strengthen positive interpersonal relationships and to develop more adaptive social functioning.

Long-term conditions

The impact of bariatric surgery on psychosocial health

Mark Maxwell, Northumbria University

Objectives: There is considerable literature exploring psychosocial adjustment at least one year following bariatric surgery, however there is very little know about short-term adjustment within the first six months. The aim of this research therefore was to explore participant experiences within this time-scale to offer a novel, short-term perspective on adjustment.

Design: The study employed a qualitative research design consisting of semi-structured interviews. This allowed a detailed idiographic exploration of each participants ‘weight loss journey’ with particular attention paid to psychosocial adjustment.
**Methods:** A purposive sample of female participants were selected on the basis that they granted a short-term perspective of post-operative functioning. Interpretative Phenomenological Analysis (IPA) was selected as the unit of analysis as it was consistent with the research aims and was committed to understanding how individuals make sense of their personal and social experiences.

**Results:** Following analysis of each of the interview transcripts, four super-ordinate themes emerged: 1) ‘It was me but it wasn’t me’; pre surgery identity 2) ‘I don’t see myself as this fat blob of a person anymore’; transforming identity 3) ‘No easy road to weight loss’; the challenges of living with stomach restriction 4) ‘I’m letting people in more now’; re-engaging with others and the world.

**Conclusion:** Results point to a need to (1) explore identity change more thoroughly, particularly the disparity between participants obese and ‘true’ identities, and (2) make psychosocial support more available as part of Tier 3 and Tier 4 aftercare pathways to address identified challenges.

**Long-term conditions**

9096

**Providing better information and support for the diagnosis and treatment of patients living with age-related macular degeneration (AMD)**

Tawanda Pendeka, Aston University

Provision of accessible information and support is key to patients living with Age related Macular Degeneration (AMD) understanding their diagnosis and treatment and subsequently managing the condition over time. Conversely, information provided to this demographic does not always meet their status. In the current study a purposive sample of 21 men and women recruited through a Local Eye Clinic, with established AMD, aged 60 to 93 years and from a predominantly white ethnic background, participated in individual semi-structured interviews (n=6 male, n=3 female) and focus groups (n=6 male, n=6 female). Data were recorded, transcribed and analysed using thematic analysis. We draw on theorising around ‘perceptions of information accessibility’. The study sought to evaluate existing information materials availed to AMD patients to determine their preferences. The findings suggest that content of the information materials was comprehensible, but several constraints were identified and preferences for better accessibility were highlighted. Participants also expressed tentative views of clinicians’ abilities to provide information across multiple dimensions of their AMD journey, including accessing support. We argue that Information providers need to produce accessible information materials that meet the expectations of AMD patients that are underpinned by evidence based research. Clinicians on the other hand need to be more sensitive towards AMD patients’ information needs and exercise compassion in their communication. We argue that clinicians may benefit from training to enhance their communication and interpersonal skills. These improvements will help AMD patients understand their diagnosis and treatment, seek appropriate support and subsequently manage their condition better over time.
Long-term conditions

Information and support needs of women with autoimmune rheumatic diseases during family planning, pregnancy and early parenting.

Rhiannon Phillips, Bethan Pell, Aimee Grant, Adrian Edwards, Ernest Choy, Ann Taylor, Daniel Bowen, Julia Sanders, Helen Stanton & Denitza Williams, Cardiff University

Objectives: To identify the information and support needs of women with Autoimmune Rheumatic Diseases (ARDs) to optimise their wellbeing during family planning, pregnancy and early parenting.

Design: Cross-sectional survey.

Methods: 128 women aged 18 to 49 in the UK who had an ARD and were thinking of getting pregnant in the next 5 years, pregnant, or have children under the age of 5 years completed an online survey. The survey was advertised via social media, the study website, and patient facing organisations. It included measures of disease-related quality of life (AIMS 2 SF), information needs (Educational Needs Assessment Tool – ENAT), and support received. Open questions were asked about challenges, things that women found helpful, and support women would have liked in relation to starting a family. Open text data were analysed thematically.

Results: Results indicated a high need for information (ENAT score 104.85). Women who had young children reported a higher need for information on pain (t=2.47, p<0.05) and movement (t=2.88, p<0.01) than those without children. Women who did not have children had a higher need for information on sex and relationships, preparing for pregnancy, fertility treatments, options for giving birth, and managing pain during childbirth (all p<0.001). Women would have liked better access to care co-ordination, peer-support, talking therapies, alternative and complementary therapies, and practical help with daily activities.

Conclusions: Targeted interventions to provide consistent, high quality, timely information and support to women with ARDs need to developed and evaluated to improve health and quality of life outcomes.

Implementation research

Improving body image after cancer treatments: assessing the effectiveness of an online mindfulness-based therapy

Rachel Povey & Szilvia Vas, Staffordshire University, Andrea Ryder, Douglas MacMillan Hospice, Maria Chi, CancerCare US

Background: Cancer and its treatment can cause serious physical changes. Originally a face-to-face intervention was designed and implemented successfully in a local hospice, to improve body image among people who have undergone cancer treatments. To make the programme widely accessible, an online version was developed using mindfulness-based exercises and videos, called ‘Me-therapy’.

Methods: Cancer patients from the UK and USA were invited to take part in the online programme. Weekly email support was provided and each participant was asked to complete the Body Image Scale (BIS; Hopwood, Fletcher, Lee & Al Ghazal, 2001) pre- and post-intervention.

Results: 131 participants diagnosed with cancer signed up to complete the programme. The pre-test Body Image Scale scores revealed that among the registered participants 47%
of them experienced severe, 26% moderate, and 27% mild body image disturbance. Among participants the average length of time spent on each session was low (5.57 minutes) compared to the average time needed to complete a session (1.5 hours). Participants reported that ‘the interface is aesthetically pleasing’ and ‘the sessions are easy to navigate and complete’. However, the completion rates were exceptionally low (1.5%), with only two participants completing the full programme and one providing post-intervention data.

**Discussion:** Although Me-therapy was designed with the purpose of making an intervention more accessible, the lack of engagement and the high level of attrition raises questions about feasibility. However, body image disturbance appears to be considerable for those who receive cancer treatments, and alternative ways of delivering interventions should be explored.

**Long-term conditions**

**9029**

**Group psychological intervention for long-term physical health conditions (LTCs)**

_Helen Sinclair & Natasha Baird, CNWL Talking Therapies Service Westminster, Alex Lomas, Take Time To Talk (Primary Care Psychological Health)_

**Objectives:** Living with a long-term physical health condition (LTC) is associated with an increased likelihood of developing anxiety or depression. This comorbidity can result in reduced quality of life and poorer physical health outcomes. An innovative heterogeneous LTC group was developed within an Improving Access to Psychological Therapies (IAPT) service; enabling effective care to be delivered to patients within two weeks of a referral.

**Design:** An eight-week ‘rolling’ group consisting of four modules which integrates cognitive-behavioural therapy (CBT), acceptance and commitment therapy (ACT) and compassion focused therapy (CFT) was designed to achieve a balance between acceptance (of the LTC) and change (of behaviour and mood) for patients seeking mental health support in the context of their LTC.

**Methods:** PHQ-9 and GAD-7 questionnaires were collected from patients to assess low mood and anxiety respectively. Additional qualitative feedback regarding the content and format of the group was also requested.

**Results:** To date, over fifty patients affected by a range of physical health presentations, including diabetes and heart disease, have participated in the group. Quantitative and qualitative data will be presented, including positive feedback on the usefulness of the topics covered and the importance of the group discussions.

**Conclusions:** This novel approach to delivering adapted NICE recommended treatments to patients experiencing distress related to an LTC has resulted in encouraging patient feedback. This model of service delivery will be reviewed in the context of IAPT LTC service expansion.

**Long-term conditions**

**9052**

**An interpretative phenomenological analysis of experiences of women living with premenstrual dysphoric disorder**

_Brigita Skopaite, De Montfort University_

**Objectives:** Premenstrual Dysphoric Disorder (PMDD) affects 3 to 8% of women of reproductive age. Common debilitating symptoms include mood swings, depressed mood, irritability, anger and anxiety, which are often accompanied by lethargy, hypersomnia/
insomnia and pain. Individuals and professionals are often unaware of the impact of the disorder on women’s life. This study aimed to gain an insight into the experiences of women living with PMDD and to deepen the understanding of the changes women encounter during their premenstrual phase.

**Design:** Semi-structured interviews were conducted and data were analysed using interpretative phenomenological analysis (IPA) to explore how women experience and interpret their PMDD.

**Methods:** Eight UK based, women with a self-reported history of PMDD for longer than six months, were recruited through Facebook PMDD support groups and were interviewed via Skype.

**Results:** Three themes were identified: ‘the overwhelming nature of the condition’ illustrated how PMDD brought monthly debilitating changes to the women’s lives; ‘the effortful diagnostic journey of PMDD’ illuminated the journey, from the mystical onset of the disorder to the relief when they could ‘put a name on it’; ‘dealing with the monthly hurricane’ revealed the individual coping approaches in dealing with the disorder.

**Conclusions:** Participants illustrated the effect of PMDD on their lives: the struggle to understand the symptoms, the difficulty of getting a medical diagnosis, and strategies to cope with this cyclical condition. This research highlights the importance of raising public awareness and increasing Health Care Professionals’ knowledge about the disorder in to improve women’s quality of life.

Long-term conditions
9050

**Self-management experiences of Type 1 Diabetes Mellitus: A qualitative study of young adults’ perspectives**

Michael Swift & Anatoli Karypidou, Newman University

**Objective:** To explore self-management experiences and perspectives of young adults with Type 1 diabetes.

**Design:** An inductive qualitative approach was conducted.

**Background:** Type 1 Diabetes Mellitus is increasing in prevalence within younger generations and is associated with severe complications within later life. Current research suggests young adults with Type 1 diabetes consistently report poor self-management controls than older or younger diabetics. Therefore, further research to understand the lack of self-management adherence in this group.

**Methods:** Seven participants aged between 18-25 were recruited via purposive snowball sampling. Self-constructed semi-structured interviews were conducted and thematic analysis of the data was applied following BPS and institutional ethical guidelines.

**Results:** 5 themes were identified. Daily Restriction: the restrictive nature of self-management on daily life. Coping Strategies: emotion-focused (denial) and problem focused-coping (organisation and time management) were used as a protective mechanism. Psycho-Emotional Well-Being: Anxiety, fear and frustration were collectively expressed by participants. Support: Multi-dimensional support networks such as social and health-care professional support were perceived necessary for self-management. Self-Development: Physical self-awareness and personal growth were identified as a positive outcome of self-managing Type 1 diabetes.

**Conclusion:** This research provided understanding of individuals’ self-management experiences, exploring management controls such as medication adherence and coping mechanisms; but further highlighted self-management upon the individuals’ social and psycho-emotional wellbeing. Suggesting necessity amendments for health-models regarding
self-management of Type 1 diabetes; advocating further work to establish participants perceived restriction and psychosomatic health to provide a suited and informed client-centred interventions.

Long-term conditions

9087
Cultural influences on lifestyle changes: gender and age assigned roles for adults living with diabetes in Pakistan

Omama Tariq, University of Brighton/PhD student

Objective: To better understand the lived experiences of adults selfcaring for their diabetes in Pakistan where gender and age intersect in complex ways and shape social behaviour.

Design: Semi-structured interviews were carried out, audio-recorded, transcribed, and analysed using framework analysis which is well suited to capture experiences of living with a long-term condition.

Method: 30 adults with diabetes were recruited and interviewed, mostly in large public hospitals in Lahore (Pakistan), including men and women, and younger and older adults. Codes and categories were created by considering each line and paragraph in an attempt to fully reflect what the participants were described in the interviews.

Result: Participants talked about themselves as patients and their experience of illness (rather than a condition). Experiences fall into the following themes: a) the body as a tool, e.g., Subjective judgement to guide selfcaring based on bodily symptoms b) family practices related to eating and sharing food and c) cultural etiquettes. The experiences described by participants varied considerably, and the roles of gender and age will be described in the presentation.

Conclusion: This study highlights culturally embedded behaviours within the family of the person with diabetes, in Pakistan; the family is seen as an enabler and barrier to medically recommended lifestyle changes. The experiences described differ fundamentally from people living in the UK, not surprisingly, but emphasising the need for research and also treatment interventions to be sensitive to the strong gender and age roles in this middle-income country, with Islam as state religion.

Long-term conditions

9081
What are the effects of premenstrual syndrome and premenstrual dysphoric disorder symptoms on workplace outcomes – A systematic review

Eleanor Thorne, Claire Hardy & Lyndsay Hughes, Institute of Psychiatry, Psychology and Neuroscience, King’s College London, London

Purpose: Synthesise evidence examining the impact of PMS and PMDD on occupational outcomes.

Background: Premenstrual syndrome (PMS) affects &lt;50% of women of reproductive age. Premenstrual Dysphoric Disorder (PMDD) is a more severe form of PMS and has a prevalence rate of between 5% – 8%. Daily activities are impaired for between 5-7 days in each menstrual cycle, including reduced social and occupational functioning. The latter, however, is still not fully understood.

Methods: Several electronic databases were searched for relevant published and grey literature. Eligibility criteria included: written in English, samples of reproductive age (15-49) women experiencing regular menstrual cycles with no psychiatric co-morbidities, a comparison between severity of PMS symptoms or presence/absence of symptoms
Programme and abstracts on occupational outcomes of interest (work productivity, performance, presenteeism, absenteeism). 3267 results were found and screened. 11 studies were retained for review. Quality assessments of studies were also performed.

**Conclusions:** Associations were found between higher PMS/PMDD symptom severity and work productivity impairment, reduced performance, and greater absenteeism. Specifically, taking half a day or a few hours work absence was more likely than a full day due to PMS/PMDD. No studies examined presenteeism. Methodological quality of the studies were moderate to poor suggesting caution with interpretations. However, the findings illustrate that PMS/PMDD is a potentially important occupational health issue with relevance for employers, policy makers, and practitioners. More high quality research is still needed in this area.

**Long-term conditions**

8982

**Exploring the personal experience of transitioning from employment to unemployment following spinal cord injury: An interpretative phenomenological analysis**

Wafa Turkistani, Birkbeck, University of London

**Objectives:** The study aimed at investigating the personal meaning of becoming unemployed as a result of acquiring spinal cord injury (SCI). The study asked:

1. What is it like to experience work absence following SCI?
2. How do SCI individuals describe the impact of leaving work on their quality of life?
3. What are SCI individuals’ perspectives on return to work (RTW)?

**Design:** The literature on SCI unemployment is replete with quantitative studies that identified RTW factors, predictors, facilitators and barriers. However, exploring experiential accounts on this phenomenon from the perspective of SCI individuals is still an area that receives little attention. Therefore, the study had a qualitative design to help achieve this.

**Method:** The study recruited a homogeneous sample of nine SCI male participants, aged 30 to 55, who left their jobs due to SCI. Participants were recruited through Stoke Mandeville Hospital after the study has gained NHS ethical approval. Data was collected using semi-structured interviews and analysed using Interpretative Phenomenological Analysis.

**Results:** Four themes were identified: In the haze of SCI, Reflecting on dynamics of social interaction following SCI, The bittersweet feelings about work, and Achieving inner peace and moving forward.

**Conclusion:** Through giving voice to participants, the study illustrated the different adjustment stages that participants have gone through since their injuries as well as the different physical, social, emotional and vocational challenges. The study has implications in the area of vocational rehabilitation and support services for SCI.

**Long-term conditions**

9062

**Setting up and initiating patient and public involvement as a collaborative process benefits research in its early stages**

Judit Varkonyi-Sepp, NIHR Southampton BRC, Ainslea Cross, University of Derby, Peter Howarth, University of Southampton

**Purpose:** This poster describes the set up, initiation and initial benefits of the patient and public involvement (PPI) process in a research project.
Background: The value of involving patients and members of the general public in health research is recognised, but it is often done in a tokenistic manner, without real partnership between researchers and PPI, at later stages of the research trajectory. This leaves little chance to design research informed by the perspectives of patients and members of the public.

Methods: Our project applied recommendations from recent systematic reviews on PPI practices, to collaborate early in the research process. Six members of our PPI group including patients and carers volunteered to discuss the aims and methods of the proposed study exploring emotional processing related to asthma. A lay summary of the study and patient-directed materials were supplied to PPI members preceding a face-to-face PPI meeting with the research team. The meeting confirmed that the study was relevant and useful to patients and the public. The PPI group proposed changes for improved clarity and utility of some instruments, alongside strategies for participant recruitment and retention. Key recommendations were followed-up and decisions reported back to the PPI group. We mapped the PPI process on a framework for scientific rigour and scrutiny.

Conclusions: Early collaboration with the PPI group validated our research proposal, and helped improve our study design and methods. Collaboration will continue throughout the project including dissemination of results. PPI process mapping enables process monitoring, pro-active planning and reproducibility.

Long-term conditions
8960
From existing to living and thriving: A qualitative exploration of palliative patients’ affected sense of self and terminal illness adjustment
Szilvia Vas, Rachel Povey & David Clark-Carter, Staffordshire University

Objectives: Illness adjustment is a widely studied area in the palliative care context. However research focusing on how changes in body image and self affect men and women in palliative care is limited and unclear. Thus, the aim of this study was to explore the links between palliative care patients’ affected sense of self and terminal illness adjustment.

Design: Semi-structured interviews were conducted and the Interpretative Phenomenological Analysis approach was used to allow an in-depth examination of patients’ experiences.

Methods: A total of 13 palliative care outpatients were interviewed in a local hospice. The mean age was 55 years (ranging from 35 to 65; people with advanced cancer N = 11, motor neurone disease N = 1, heart failure N = 1).

Results: Analysis of accounts indicated three superordinate themes: (I.) ‘Not being me’: self-discrepancy, (II.) Existing in the landscape of loss, (III.) Living and thriving in the landscape of loss. Based on the themes, we formulated a dynamic spiral model, which reflects on the processes that foster inflexible or flexible adjusting to a self-identity crisis resulting from a terminal diagnosis.

Conclusions: Discrepancy-based processing can trigger negative self-evaluations, whilst ineffective coping mechanisms, such as rigid attachment to former self, can have harmful consequences on palliative patients’ behaviours. On the other hand, when patients utilise effective strategies, they can expand their own capacities to live and thrive in the midst of adversity. When devising a psychological intervention for palliative patients, clinicians may consider including aspects of psychological flexibility to increase quality of life outcomes.
General poster presentations

Health behaviour change

8708
Using behavioural science to improve the contents of packed lunches

Objectives: To test whether a behaviourally-insight-informed, low-cost, low-intensity intervention is effective in helping parents pack healthier lunchboxes.

Design: A cluster randomised controlled trial was implemented in 17 primary schools in Derby City.

Method: The intervention comprised of three bundles of materials delivered to parents of children in years 3-6 via the children's book bags. Materials were designed using behavioural insights to raise awareness of hidden sugars in common lunchbox items, identify easy acceptable alternatives and provide tools to help parents continue packing healthier lunchboxes. Each bundle was inserted into the book bags over a 4-week period in 8 schools. Photographs of packed lunch contents were taken at three time points; pre-intervention, post-intervention and 3 month follow-up. The visible items in each photograph were coded using a bespoke database built using nutritional data from the Brandbank database.

Results: 17 schools took part in the study (8 intervention, 9 control). 1719 photographs were taken of packed lunches at baseline and 1745 post intervention. The primary outcomes to be reported are the proportion of packed lunches, post-intervention, that contain i) a sugary snack or ii) a chilled sugary dessert.

Conclusion: Final data collection is due to take place in July with preliminary results expected August 2017. If this low cost, low intensity intervention is shown to be effective in helping parents pack healthier lunchboxes there is the potential to roll this out nationally to improve the diet of primary school aged children.

Health behaviour change

9076
Barriers and levers to hand hygiene practice and the influence of dual-processing: An ongoing study of medical students and hand hygiene behaviour
Michelle Clark, Catherine Murray, Vivien Swanson, NHS Education for Scotland

Objectives: Evidence that hand hygiene (HH) reduces healthcare-associated infections is widely available. However, variability in HH practice between health professions exists. Most research supporting HH concentrates on intentional/conscious decision-making. The Dual-Processing Model (DPM) suggests non-conscious or impulsive processes also need consideration. A mixed-methods pilot study with final-year medical students suggested an ‘intention-behaviour gap’, and evidence of dual-processing particularly during stressful procedures. Within ‘routine’ situations HH appeared automatic, whereas during more complex situations where cues were unavailable, HH was often forgotten. The current study aims to explore this further utilising the Theoretical Domains Framework (TDF) and DPM to address HH guideline adherence.

Design: 659 first, third and fifth year medical students completed TDF informed self-report questionnaires assessing intentional (reflective), post-intentional (planning), and
non-intentional (automatic) processes, and environmental factors, as determinants of HH performance.

Methods: Principal Component Analysis was used to explore the structure of predictor variables, resulting in seven components. Regression analysis highlighted individual predictors of HH guideline adherence.

Results: Predictors of greater frequency in adhering to HH guidelines were: lower year of study, guideline adherence perceived as habitual, greater perceived negative outcomes of HH non-adherence, lower perceived mental workload, and a higher perceived HH facilitative culture.

Conclusions: A DPM is supported, where reflective and automatic processes work in parallel, influencing adherence to HH guidelines. Findings suggest interventions target perceived outcomes of HH performance, perceived HH culture, promoting HH as habitual behaviour, and supporting students to overcome barriers to HH performance posed by increased mental workload.

Health behaviour change
8267
Benefits of social non-drinking identified by British university students: a mixed methods study

Dominic Conroy, Birkbeck University of London, Richard de Visser, University of Sussex

Objectives: Promoting the benefits and achievability of not drinking alcohol during social occasions where other peers may be drinking (‘social non-drinking’) may support more moderate drinking among young people. This mixed methods paper addresses two research questions: (1) ‘what benefits of social non-drinking are identified among young people?’ and (2) ‘is endorsing a particular category of benefit of social non-drinking associated with drinking behaviour or drinking beliefs?’.

Design: Analyses were conducted on an existing dataset drawn from an intervention study intended to encourage moderate drinking among students.

Methods: Free text responses from 534 young people aged 18 to 25 years old who routinely drink alcohol concerning benefits of social non-drinking were acquired alongside measures of recent drinking behaviour and psychological predictors of harmful drinking. Data were subjected to template analysis to identify potential benefits of social non-drinking. Links between endorsed overarching categories of benefit of social non-drinking and psychological predictors of harmful drinking were assessed quantitatively.

Results: Template analysis revealed four overarching thematic categories of endorsed benefits of social non-drinking: (a) gaining improved physical and psychological health; (b) feeling more positive about who you are; (c) having stronger friendships and peer relationships; and (d) having enhanced ability to invest in future goals. Quantitative analysis suggested that, among men only, endorsing having stronger friendships as a benefit of social non-drinking was associated with increased intention to heed government drinking recommendations in the next month ($\beta = 0.21, p = .006$).

Conclusions: Study implications are considered in relation to health promotion work on university campuses and in broader settings.
General

8122
‘Who cares for the carer?’ A qualitative exploration into the wellbeing and support needs of younger carers
Zoe Cooke & Ceri Phelps, University of Wales Trinity Saint David

Objectives: For younger individuals caring for a loved one with Dementia, the impact of this diagnosis and care-giving role may present specific challenges. The objective of this study was to explore the wellbeing and support needs of people under 65 who care for someone with Dementia.

Design: A qualitative approach was adopted in order to gain an in-depth understanding of the experience of being a younger carer of a loved one with Dementia.

Methods: 7 participants (3 males and 4 females) between the ages of 25 and 54 years were recruited from the South West Wales area using purposive sampling, and either were caring for or had previously cared for a family member with Dementia. One focus group discussion and four in-depth telephone interviews were conducted. Data was analysed using interpretative phenomenological analysis (Smith & Osborn, 2003).

Results: The analysis suggested the value of informal support was crucial for younger carers who regularly faced unique challenges, particularly when faced with accessing services. Participants also struggled to reflect on the importance of their own wellbeing and the consequences of neglecting their own self-care. Overall the data provided suggest that sharing advice and experiences between each other is currently perceived as more valuable than professional support.

Conclusions: This study demonstrated that each journey through dementia is very different and the support needs of younger individuals need to be tailored to their situation. A more personalised approach to support would be useful for future interventions targeted at offering support for the growing number of younger cares in the UK.

Health behaviour change

8890
Behaviour change techniques that can be effective in changing unhealthy and addictive behaviours in pregnancy
Elizabeth Fergie, University of Nottingham

Purpose: To identify behaviour change techniques (BCTs), used with pregnant women, which have been effective in changing their alcohol consumption, illicit drug use or excessive weight gain.

Background: Pregnancy in itself is a powerful motivator to change behaviour in favour of more health enhancing behaviours. However, some women continue to engage in harmful behaviours which can increase the risk of preterm birth complications and congenital abnormalities. In the UK, as the prevalence of such complications remains high, we systematically reviewed the literature to identify BCTs that could successfully be used to help pregnant women change unhealthy and addictive behaviours.

Methods: Systematic searches of MEDLINE, CINAHL, PsycINFO, Cochrane Library (CENTRAL) and EMBASE databases till January 2016 identified RCTs of behavioural support interventions for the three behaviours. The interventions used in each trial were analysed to identify all BCTs contained within them. BCT effectiveness was indicated through comparing the frequency they appeared in effective trials against non-effective trials.
**Results:** We identified ten RCTs which tested interventions against drinking alcohol, seven against illicit drug use and forty against excessive weight gain. Four interventions were effective in reducing alcohol consumption, none were effective in achieving illicit drug abstinence and thirteen were effective in preventing excessive weight gain. In total, seven BCTs were found to show effectiveness; these fall into the categories of goal setting, planning, self-monitoring, self-belief, practice of changed behaviour, prompts and cues.

**Conclusions:** Such findings could help inform future intervention designs for these, and other harmful behaviours, for use with pregnant women.

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**Health behaviour change**

8936

**Are digital interventions for smoking cessation in pregnancy effective? A systematic review and meta-analysis**

Sarah Ellen Griffiths, Katherine Brown & Emily Anne Fulton, *Coventry University*, Ildiko Tombor, *UCL*, Felix Naughton, *UEA*, Joanne Parsons, *Coventry University*

**Purpose:** This review and meta-analysis aimed to assess: (1) whether digital interventions are effective for smoking cessation in pregnancy; (2) which behaviour change techniques (BCTs) or BCT combinations are associated with the effectiveness of such interventions; and (3) whether the number of BCTs used is associated with intervention effectiveness.

**Background:** Risks of foetal harm and maternal complications are higher in women who smoke during pregnancy, but many pregnant women encounter barriers to stopping smoking. Digital interventions may help as they can be flexible and tailored to the individual. To date, limited research synthesis exists in this area.

**Methods:** Nine electronic databases were systematically searched for randomised and quasi-randomised controlled trials of digital interventions aimed at pregnant women, reporting smoking cessation outcomes. This resulted in the inclusion of twelve published trials (*N* = 2970).

**Results:** A primary meta-analysis illustrated that digital interventions significantly increased the odds of quitting smoking during pregnancy over comparison groups (odds ratio (OR): 1.37, 95% confidence interval 1.06 to 1.79, *p* = 0.02). Further analyses revealed that text message interventions were the most effective digital platform (OR = 1.60), and that eight BCTs were associated with intervention effectiveness, including information about antecedents, action planning and social support. Interventions using 7 or more BCTs appeared to lead to higher rates of smoking abstinence across included trials (OR = 1.66).

**Conclusions:** This paper highlights the potential for digital interventions to increase rates of smoking cessation in pregnancy, and provides a benchmark for future trials in this area.

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**Health behaviour change**

8894

**It was hard to avoid the trend: A qualitative exploration of the influences in young adults & recreational e-cigarette use**

Rhiannon Hawkes & Elizabeth Jenkinson, *University of the West of England*

**Objective:** Electronic cigarette (e-cigarette) use by the British population has soared in recent years. Although e-cigarettes may provide a healthier alternative to smoking tobacco and be used as an effective cessation tool, e-cigarette use may still provide a means to nicotine addiction and result in health implications. Growing evidence suggests that young adults may be increasingly drawn to e-cigarettes use for recreational purposes. However there is a dearth of research which seeks to understand these practices. This study aimed to
investigate why and how young non-smoking adults may be influenced to use e-cigarettes recreationally.

**Design:** An online qualitative survey method was utilised in order to allow for rich data to be collected from across the UK. The survey was distributed via social media.

**Method:** Fifty-two 18 to 25 year olds (mean age 20.4 years, 62% female), who did not identify as regular cigarette/tobacco smokers and used e-cigarettes recreationally were asked open-ended questions about their e-cigarette use. Data were analysed using inductive thematic analysis.

**Results:** Participants discussed e-cigarettes as a new trend, a social tool, a healthier alternative and a gadget to use as a ‘fashion’ device, entertainment device and relaxation device; akin to smartphone technology.

**Conclusions:** Findings echo those documented in the adult populations. However, trend factors and the perceived benefits that e-cigarettes offered as a technology device were particularly valued by this younger group of users. Whilst these features of e-cigarettes make them effective in encouraging smoking cessation, they may hamper prevention efforts targeted at young adults.

**General**

9072

**Assessing coping and adjustment in young to elderly caregivers: A systematic review**

*Tamsyn Hawken, University of Bath, Julie Turner-Cobb, Bournemouth University, Julie Barnett, University of Bath*

**Objective:** To synthesise literature surrounding coping and adjustment in caregivers across different age groups, from those providing care during childhood, early adulthood, middle age and older age by conducting a systematic review of caregivers of all ages, in the context of methodological approaches taken and underlying theory.

**Design:** A systematic review following PRISMA guidelines was conducted.

**Method:** Three online databases were searched, in addition to consulting reference lists and experts. Twenty-five empirical studies (13 quantitative; 12 qualitative) met inclusion criteria.

**Results:** Coping factors associated with adjustment were identified. These included use of problem versus emotion-focused coping, cognitive strategies (acceptance, reframing and social comparison) and psychological adjustment (social support and resources). Caregivers predominantly utilised emotion-focused coping yet problem-focused coping was linked positively to adjustment when used. Psychosocial factors associated with physiological adjustment included trait anxiety, coping style and social support. Results raised methodological issues including wide variation in psychosocial measures, lack of physiological assessment, a cross-sectional focus and a sparsity of work on younger carers.

**Conclusions:** Future research is called for that measures physiological adjustment, allows for predictive evaluation through longitudinal assessment and more fully explores the impact of providing care during childhood, across the lifespan. Findings inform future caregiver research and interventions.
General
8689
A qualitative investigation into stress in the nurse in charge role on a cardiology ward

Kerstin Hunter, NHS Grampian

Objective: This study investigated the experience of stressors associated with being ‘Nurse in Charge’ on a cardiology ward at Aberdeen Royal Infirmary (ARI). Accepted demands of nursing were explored in relation to this unique role. The study investigated the control the participants had in meeting these demands, and the sources of support (or lack of) that existed. These were investigated to ascertain if the experience of being ‘Nurse in Charge’ differed from that of a traditional nursing role.

Design: A series of semi-structured interviews were conducted and transcribed verbatim, before being analysed using thematic analysis.

Methods: 11 nurses were interviewed during protected working time. Employment on the ward was on average 9.8 years.

Results: Demands discussed by the participants focused on demands inherent to nursing, workload, and conflicts with physicians and other interpersonal demands. Control was discussed in terms of control attempts, inadequate preparation and anticipation, and the effects on identity and emotional reactions. Discussion of support split between support from those internal and external to the cardiology ward, with the addition of participants viewing themselves as support givers.

Conclusion: The demands placed upon the ‘Nurse in Charge’ are unique to those of a traditional nurse, and require separate investigation. Due to the nature of these demands, the control mechanisms and support provided needs to be adequately matched to the uniqueness of the role, in order to reduce the risk of distress.

Health behaviour change
9058
Physical activity promotion: Precise matching of message frames and affect types

Kin-Kit Li & Candy H.-Y. Lee, City University of Hong Kong

Objectives: This study examined whether the matching between message frames and affect types would enhance the effectiveness of physical activity (PA) messages.

Design: A 2 (framing type: gain or loss) x 2 (kernel state: positive or negative outcomes) between-subject design was used.

Methods: The participating college students (N = 150) completed the measures on affect orientations, baseline PA levels, and demographic factors and were then randomly assigned to receive one of the four sets of PA messages. Two weeks later, participants completed a follow-up recording their intentions, attitudes and PA levels for the last seven days. The four affect types (1. approach-positive, 2. approach-negative, 3. avoidance-positive, and 4. avoidance-negative) were considered as matched with the four corresponding message frames (1. gain-positive, 2. gain-negative, 3. loss-positive and 4. loss-negative) based on Regulatory Fit Theory and the matching between the kernel states and the affect valences. Participants were grouped into full-matched, half-matched or unmatched conditions for regression analyses.

Results: PA intentions at the follow-up were greater in the full-matched condition as compared with the unmatched condition (β = .18, p = .04). No significant effects were found for any matching conditions on attitudes or PA levels.
Conclusions: The four affect types indicate a motivational basis to defining affect and characterise an individual’s sensitivity towards corresponding health information. Health message framing effects can be influenced by the affective system. Tailoring message frames with individual differences can maximise the overall effectiveness and enhance future interventions in promoting PA.

Health behaviour change

An assessment of the reliability and validity of self-reported alcohol consumption measures: A systematic review

Hannah McKenna, Michael Donnelly, Charlene Treanor & Dermot O’Reilly, Centre for Public Health, Queen’s University Belfast

Purpose: To review studies of the reliability and validity of self-reported alcohol consumption measures among adults.

Background: Revised reductions in alcohol intake to ≤14 units weekly for adults in the UK indicate alcohol misuse and associated consequences to be a major public health problem. To address misuse it is vital that alcohol consumption measures are valid and reliable in assessing intake linked to alcohol-related problems.

Methods: Six databases (PUBMED, MEDLINE, EMBASE, CINAHL, PsycINFO and SSCI) were searched using an eligibility criteria. Following the COConsensus-based Standards for the selection of health Measurement Instruments (COSMIN) method a quality assessment was conducted of the psychometric properties reported by the measures. Pairs of independent reviewers applied the checklist with high concurrence and third author input to resolve disagreements. Quality appraisal was completed using a checklist for each psychometric property with ratings of poor, fair, good or excellent. A total property score involved taking the lowest quality rating for any checklist item.

Conclusions: Twenty-eight studies met the inclusion criteria. Quantity-frequency measures reported good criterion and hypothesis validity. Short term recall measures reported good convergent validity and graduated frequency measures reported good divergent validity. Both quantity-frequency and short term recall measures reported good predictive validity. Methodological quality varied within and between studies. Poor methodological design, unclear study aims and diverse study populations made synthesising results difficult. Of the studies reviewed good psychometric properties were reported most frequently for the short-term recall measure over the quantity-frequency and graduated frequency types supported by COSMIN quality assessment scores.

General

‘Getting on with life’: Experiences of posttraumatic growth following a myocardial infarction

Sara Morgan, Caswell Clinic, Glanrhyd Hospital, Bridgend. Jenny Moses, South Wales Doctorate of Psychology, Cardiff University, Linda Speck, Health Psychology Service ABMU Health Board

Survivors of myocardial infarctions (MI) have frequently reported their experience of this health event to be traumatic. However, research into the experience of Posttraumatic Growth (PTG) with survivors of a MI is limited. The aim of this research was to explore the experience and process of PTG in people who have had a MI within the UK. Six participants were recruited from the South Wales Cardiac Rehabilitation Service database. Using a semi-structured interview, participants were asked about their experiences of
recovery, relationships, view of the world, values and the future following their MI. Interpretative Phenomenological Analysis was used to analyse the participants’ responses. Four super-ordinate themes of experiences of PTG following a MI emerged from the interviews: ‘Processes Involved in Growth’, ‘What is Important and Valued’, ‘Changes in Self’, and ‘Getting on with Life’. The clinical implications of these findings are discussed and areas of future research highlighted.

Please note poster has previously been presented at the British Association for Cardiovascular Prevention and Rehabilitation conference 2016.

**General**

**8688**

**The impact of stress on the eating behaviours of primary school aged children and undergraduate students**

**Rachael Moss, University of Leeds**

**Purpose:** This study explored the impact of stress on snacking behaviours in primary school children and undergraduate students.

**Background:** Stress is reported within both the media and the scientific literature to be linked to negative health patterns and behaviours. For example, stress has been associated with overeating and undereating in adult samples. However, there is a paucity of research that explores stress and eating in children. The current study aimed to investigate whether stress initiates similar changes in eating behaviours in children compared to adults.

**Methods:** A repeated measures design was utilised. Participants comprised of 53 9 to 10 year olds and 72 undergraduate students (mean age: 19.63 years). Participants completed a Snacking and Emotions questionnaire and an adapted version of the Dutch Eating Behaviour Questionnaire.

**Results:** Repeated measures ANOVAs found that children reported eating more snacks in response to positive emotion. Amongst these snacking responses, children reported eating more unhealthy snacks in response to positive emotion. In contrast, undergraduate students reported eating more unhealthy snacks in response to negative emotion.

**Conclusion:** This study has demonstrated that children and young adults respond to stress in opposing ways. Further research is needed to explore why children’s eating behaviours are different to the patterns observed previously in adults.

**Health behaviour change**

**8937**

**Exploring beliefs underlying pregnant women’s appraisals of the risk of influenza and the influenza vaccine during pregnancy: A qualitative study**

**Joanne Parsons, Katie Newby & Elizabeth Bailey, Coventry University, David P French, University of Manchester, Nadia Ingles, Warwickshire County Council/Coventry City Council**

**Objectives:** Flu vaccination is recommended in pregnancy due to potential serious health consequences of infection for mother and baby. Uptake nationally remains low. Objectives were to (a) explore pregnant women’s beliefs about the risk of flu and flu vaccination and (b) to examine how effectively the Illness Risk Representation (IRR) framework fits these beliefs.

**Design:** Qualitative methods were employed for in-depth exploration.

**Method:** Participants (N= 24) were pregnant and recruited from social media, community antenatal groups and antenatal clinics. Interviews were conducted face-to-face or via telephone using a semi-structured interview schedule based on the components of the IRR framework. Data was analysed using deductive thematic analysis.
Results: Broadly, beliefs underlying flu risk appraisals were based on the attributes of the IRR framework. A number of unhelpful beliefs influenced vaccination decisions (e.g. pregnant women did not perceive themselves to be more vulnerable to flu, and that unborn babies would not be affected by flu).

Conclusions: Pregnant women’s perceptions of the risk of flu was largely in accordance with the IRR framework, providing further support for the utility of this framework in understanding and targeting beliefs underlying risk. Some attributes of the IRR framework were absent from the data, reflecting the nature of acute illnesses, such as flu. Results will inform an intervention aiming to increase vaccination uptake aiming to target unhelpful beliefs about flu held by pregnant women, which may be leading pregnant women to underestimate the risk of flu during pregnancy to themselves and their baby.

Health behaviour change

9038

Psychosocial interventions in gynaecological cancers – A systematic review

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Background: Gynaecological cancers can have a significant effect on wellbeing. Detriments to physical health, psychological wellbeing, functional aspects, social and family issues are well documented. A previous systematic review conducted in 2008 reviewed papers from 1980-2008. This provided a clear review of the literature and determined inconclusive results.

Aim: Conduct a systematic review on psychosocial interventions in gynaecological cancers between 2005–2015. Studies were included if they reported at least one quantitative measure that related to aspects of wellbeing or quality of life.

Method: Electronic databases were search from 2005–2015 including Medline, CINAHL, PsycINFO, PsycARTICLES, and Psychology and Behavioural Sciences Collection. The titles and abstracts of the identified papers were screening for relevance. The two authors independently rated the quality of each paper using the Critical Appraisal Skills Programme. The two reviewers then discussed their results and any discrepancies resolved.

Results: The electronic databases created 2748 titles and abstracts to be reviewed. 21 studies met the inclusion criteria. We can extract that psychoeducational interventions show improvements if appropriately designed, telephone interventions are a suitable format and allows for a person-centered approach with structure and flexibility/adaptability. Brief interventions can be as effective as longer interventions, and appropriate screening may improve effectiveness. (Results at final write up stage and will be available by Sept.)

Conclusion: This review has clearly evaluated psychosocial interventions that aim to improve at least one aspect of quality of life. Due to many limitations conclusive results are challenging. However, interventions need to be person-centered, time-appropriate, and accessible.
Health behaviour change

Risk Avert: A strengths based approach to raising awareness and empowering young people to make healthier and safer decisions, whilst promoting mental wellbeing and resilience in relation to risk taking
Claire Russell, University of Bath, Jenny McWhirter, University of Sussex, Andrew McWhirter, Independent Researcher, Mark Bowles, Aaron Bowes & Tania Gauder, The Training Effect, Richard Joiner, University of Bath, Megan Evison, Junior Research Assistant

The Risk Avert programme is a secondary school initiative to address unhealthy risk taking and promote healthier safer decisions, mental wellbeing and resilience. An online screening tool identifies risk levels across individuals, school, family and community contexts. Six sessions are delivered by trained school staff. Pupils learn about brain development, social norms, antecedents and consequences of healthy and unhealthy risk taking and decision-making processes in real-life situations. In the pilot, sixty-eight pupils engaged with focus groups about risk-taking awareness and behaviours alongside reliable, valid mental wellbeing, resilience and self-efficacy outcome measure completion. A pre, post single sample was utilised. A larger study is underway. This serves as a platform for exploring processes and factors about health behaviour change patterns as they relate to risk taking. With thematic analyses and non-parametric analyses of the data, results show that young people could change their perceptions about risk, develop greater risk awareness and increase confidence in managing positive and negative risks. There were significant improvements in self-efficacy, problem solving, mental wellbeing and resilience, where these scores were low at the programme start. Young people showed stability or increase in behavioural and developmental outcomes. The Risk Avert programme appears to be a useful approach for addressing negative risk taking and for supporting pupils to change their behaviour to shift from unhealthy risk towards positive risk taking. The processes and factors involved in this are currently being explored in relation to facilitating the personal, social, health and economic education curriculum in secondary schools.

General

An evaluation of strategies to recruit a socially and ethnically diverse sample onto a weight management RCT
Charlotte Smith, Sarrah Peerbux & Peter Hajek, Wolfson Institute of Environmental and Preventive Medicine, Queen Mary University of London

Objective: Obesity poses serious health problems and constitutes a major cause of health inequality; prevalence rates are significantly higher in areas of social deprivation, and in minority ethnic groups. However, the majority of weight loss research to date consists predominantly of white, middle class samples. One potential reason for this is that individuals from more deprived/minority ethnic backgrounds are harder to engage in weight loss research. This work aimed to identify effective methods in engaging a socially and ethnically diverse sample in weight loss research.

Design: A range of typical and atypical recruitment strategies were employed in the recruitment of a sample to a weight loss RCT, and the relative effectiveness of each was assessed.

Method: To date 233 patients have been recruited. The sample is characterised by high diversity; around half (45.69%) of the sample identified as being from a minority ethnic group and two thirds of the sample resided in an area within 30% of the UKs deprivation.
Results: The most effective strategy in the recruitment of this highly diverse sample was the involvement of GP surgeries situated within a multi-ethnic, socially diverse borough of London (72.96% of current sample). Disseminating the study to patients who have attended a stop smoking service in these locations also emerged as effective (5.58%). Traditional (e.g. leaflet dropping) and online (e.g. Facebook) methods proved ineffective.

Conclusions: Recruitment via referrals from healthcare services located in areas of high diversity provides an opportunity to recruit a more diverse and thus more representative sample to weight loss research.

Health behaviour change

Attitudes and readiness to quit smoking among patients in mental health inpatient settings: A systematic review of qualitative studies

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Background: Prevalence rates of smoking for people with mental health problems in inpatient settings are high, and premature mortality attributed to tobacco is a major concern. Although smoke free policies in mental health inpatient settings have been introduced to reduce smoking, research into smoking among mental health inpatients themselves remains limited.

Objectives: This systematic review aims to fill a research gap by reviewing qualitative research on smoking related attitudes, quitting motivations and behaviours from patients in mental health inpatient settings.

Method: Pubmed, PsychINFO, PsychARTICLES, Medline and Embase were systematically searched for articles published from inception to 30th April 2016. Studies incorporating qualitative methods evaluating mental health inpatients attitudes towards smoking cessation were included. Additional inclusion criterion included studies published in peer reviewed English language journals, which addressed smoking cessation in mental health inpatient settings only.

Results: After selection and quality assessment, five studies were included. Studies typically highlighted readiness to quit smoking among some mental health inpatients, although most patients showed little knowledge of nicotine dependence and encountered limited support for smoking cessation. Tobacco smoking is also important among some mental health inpatients, despite some smoke free policies.

Conclusion: Despite smoke free policies in some health care settings and a dearth in research exploring smoking attitudes among mental health inpatients, some mental health inpatients exhibited readiness to quit smoking, while other mental health inpatients continued to smoke. More consistent and structured smoking cessation support is needed to ensure that health promotional efforts for mental health inpatients are not being missed.
Health behaviour change

8445

The identification of critical beliefs underlying university recreational sports participation: A theory-based approach

Tom St Quinton, Leeds Trinity University, Julie Brunton, Andrea Utley & Shaunna Burke, University of Leeds

Objectives: Interventions promoting the participation in university recreational sport have demonstrated limited success to date. The study was the second phase of formative research using specifications outlined within the Theory of Planned Behaviour (TPB) aimed at identifying the key beliefs associated with participation. Such beliefs can facilitate the development of interventions promoting the behaviour.

Design: A cross-sectional design was used with a four-week follow-up.

Methods: A purposive sample of 206 participants (88 male, mean 19.04, ± 2.3) responded to a TPB informed questionnaire measuring baseline cognitions. Behaviour at follow up was measured using self-report questionnaires. Correlations were found between TPB variables and beliefs. Beliefs significantly correlating with intention and behaviour were then entered into a multiple regression to identify those that independently predicted the outcome variables.

Results: The model accounted for 56% of the variance in intention, with past behaviour adding an additional 14.9%. Intention and Perceived Behavioural Control (PBC) explained 27% of the variance in behaviour. Attitude, subjective norm and PBC significantly predicted intention. The key beliefs related to intention were; ‘be enjoyable’ (β = .58), ‘be time consuming’ (β = .23), ‘friends’ (injunctive; β = .21), ‘family’ (injunctive; β = .33), and ‘friends’ (descriptive; β = .17). Two beliefs predicted behaviour; ‘be enjoyable’ (β = .28) and ‘be time consuming’ (β = .27).

Conclusions: The study identified the key beliefs associated with university recreational sports participation using a well-established theory of behaviour change. These beliefs should be targeted within intervention to increase participation rates.

Health behaviour change

8904

Babies, eating and lifestyle in adolescence (BELLA) study: A complex intervention to improve nutritional status of pregnant teenagers

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Objectives: Develop an intervention utilising the relationship between pregnant teenagers and their midwives to support better quality of diet and hence pregnancy outcomes for pregnant teenagers.

Design: An innovative person-based approach to intervention development was used, in conjunction with social cognitive theory, to produce form and content of a complex intervention to support the health of pregnant teenagers.

Methods: Interviews were conducted with pregnant teenagers and their midwives regarding diet and lifestyle, and what form of support they might find helpful. Insights on implementation were also sought from stakeholder groups responsible for the provision and commissioning of maternity care. Content analysis was used to identify guiding
principles, which were mapped onto appropriate behaviour change techniques to produce an intervention design.

**Results:** A total of 113 young women and 49 practitioners were interviewed. Pregnant teenagers and their midwives lack a reliable resource for immediate support with eating healthily. The proposed intervention therefore comprises training in skills to support behaviour change for midwives and a digital support tool relevant to improving dietary quality and appropriate for the needs of the pregnant teenagers. The digital support resource will incorporate support for healthy diet choices, peer-modelling of real-life solutions to diet problems, goal-setting, and feedback.

**Conclusions:** An effective intervention to improve pregnant teenagers’ dietary quality must empower and motivate teenage mothers and their midwives. Teenagers and stakeholders suggested the proposed intervention was feasible and acceptable.

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**Health behaviour change**

8903

**Psychological interventions to improve adherence to oral hygiene instructions in adults**

*Tara Taheri, Devonshire Place Dental Practice*

Gum Disease (Periodontitis) is a major public health problem affecting quality of life. More than 45% of UK adults are affected and there are known links to other serious conditions. Gum disease is preventable and treatable if caught early.

Adherence to oral hygiene is an important aspect of the treatment of periodontal disease. The aim of this study was to evaluate an individually tailored Oral Health Psychological Programme (ITOHPP) on periodontal health compared with a Standard Oral Health Educational Programme (SOHP).

**Methods:** This study was conducted in two private dental practices in central London. Twenty five participants aged 18-65 years were randomly selected and allocated to an ITOHPP (Experimental Group). A further twenty five participants (aged 18-65 years) were randomly selected and allocated to a SOHP (Control Group).

The Health Belief Model (HBM) and Motivational interviewing (MI) were used for the Experimental Group which was suitable for addressing problem behaviours that evoke health concerns – in this case high risk of gingivitis and periodontal disease.

**Results:** An ITOHPP approach significantly changed the patient’s behaviour to adherence and compliance in maintaining good oral hygiene, resulting in reduced plaque score and gingival bleeding for patients in the experimental group.

**Conclusion:** This study showed evidence that psychological approaches to behaviour management can improve oral hygiene related behaviours. The limitation of the study was the short duration of the trial: the effect of the behavioural change was only assessed during a period of 3-4 months. Ideally, a period of 12 months is required to further investigate the effectiveness of an ITOHPP approach in improving long term oral hygiene behaviours.
A qualitative investigation using thematic analysis to study the health concerns of people testing their illicit drugs at a testing service in the Netherlands

Keith Watkins, University of Derby

Objectives: This study sought to elucidate the health concerns of people testing the quality of their illicit drugs at a comprehensive testing service.

Design: A qualitative, opportunity sample interview design.

Methods: Semi-structured interviews conducted with users of a drop-in drugs testing service provided to test all illicit drugs. Fifteen interviews were recorded and analysed using thematic analysis.

Results: Qualitative analysis revealed three overall themes ‘the bad stuff’, ‘dosage’ and ‘social network’. Service users describe their fears of encountering the ‘bad stuff’ in the drugs they had bought and using the test service to avoid poisoning. The theme of ‘dosage’ was associated to tested drugs, sometimes referred to as ‘the good stuff’. The risks for the good stuff were described as being lower but there were concerns around dosing. Participants reported using the test information to regulate dosing. ‘Social networks’ and social interactions played an important role in the transactions required to obtain a reliable source of drugs and for the dissemination of risk related information. These networks could be influenced by the test results.

Conclusions: Health issues were of concern to the interviewees and there is evidence of intention to change health behaviour. The data indicate objectives relevant to service users which differ to those of the service provider. 1. Avoiding contaminated product. 2. Adjusting dosage. 3. Informing network about test results. 4. Changing suppliers in response to bad test results. The results contribute to an under researched area and are useful in informing evidence-based policy.

The use and effectiveness of technology to support the management of severe mental illness: A systematic review

Sadie Wickwar, Hayley McBain & Kathleen Mulligan, City, University of London

Purpose: This systematic review aimed to identify the use and effectiveness of technology to support the management of people with severe mental illness (SMI).

Background: SMI is associated with frequent non-attendance and non-adherence to medical appointments and regimens. It is important that people with SMI receive early interventions to prevent health deterioration or relapse. A range of technologies have been found to improve the management of long-term health conditions and are acceptable to users, hence a need to establish effectiveness in people with SMI.

Methods: We systematically searched electronic databases (MEDLINE, EMBASE, PsycINFO, Cochrane Central Register of Controlled Trials, AMED, Health Technology Assessment, CINAHL plus and NHS EED) to identify randomised controlled trials (RCTs) evaluating technology for adults with SMI. Additional literature was identified through reference lists of key articles. Articles meeting the inclusion criteria were assessed for quality and risk of bias.

Conclusions: The search identified 29 trials, which evaluated the use of computers, virtual
reality equipment, hand held devices (tablets and laptops), telephones and remote sensors for supporting people with SMI. Studies showed promise in the use of technology for improving medication adherence, healthcare attendance and neurocognitive function. Further research is needed to establish the full potential benefits of novel technologies including hand-held devices and telemonitoring in SMI. Results of the review should be taken in the context of varied quality. Future research into the benefits of using technology to support SMI should formally evaluate acceptability and cost-effectiveness of technology compared to traditional methods of healthcare delivery.
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