

Midlands Health Psychology Network

18th Annual Conference

Health and Well-being in Health Psychology

Thursday, 25th May 2023

9:30 - 16:35

Virtual Event



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The Midlands Health Psychology Network (MHPN) is run by a group of volunteers with a passion for Health Psychology. **We welcome members from ALL STAGES of their career within the field of Health Psychology.** We count representatives from BSc, MSc, PhD studies, DPsych Trainees, and Chartered Health Psychologists as part of our network.

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Become a member of the MHPN (for a very small price - £5 for students/ £10 non-students). In return we will share with you information about health psychology jobs, current research, blogs, networking opportunities and events as well as keeping you up to date about what the committee are up to.

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Welcome to the Midlands Health Psychology Network Conference 2023

Firstly, thank you to everyone who will be part of our annual conference.

It is the third one we have conducted online. For the last two years we conducted online conferences due to the Covid-19 pandemic, and the year prior to that we had to cancel the conference for safety purposes. We are so happy that we are able to hold one this year in a format that we have now become accustomed to.

Health psychology is such a wide and diverse topic area, and that is represented in the presentations we have chosen for this conference. This year we have included presentations which represent the multitude of experiences of those working and studying in the field of health psychology, and we welcome the contributions from health practitioners and trainee health practitioners.

We are proud to welcome Prof Richard Cooke. It is a privilege to have Prof Cooke deliver this year's keynote, which will focus on psychological factors predicting young adult's alcohol consumption.

We also welcome Dr Michelle Hajiconstantinou as our guest speaker. We are thoroughly looking forward to hearing Dr Hajiconstantinou examples of health psychology in academic research and the importance of this discipline when developing interventions.

For some it will be their first time presenting and others will have had a bit more experience. We ask you all to be supportive and kind with your comments and feedback.

We look forward to meeting and speaking with you all online as the day proceeds.

The MHPN Committee

Conference schedule

Time	Event
9:30 – 09:50	**Online poster viewing**
09:50 - 10:00	**Welcome**
10:00 - 10:20	**Oral Presentation:** Quality of life in patients with Niemann-Pick disease type C and their carers during the COVID-19 pandemic
10:20-10:40	**Oral Presentation:** Developing a Shared Decision-making Tools for Sodium Valproate Prescribing for Individuals of Childbearing Potential
10:40 – 10:50	**10-minute break**
10:50-11:10	**Oral Presentation:** Using the COM-B model to explore the barriers and facilitators to physical activity and exercise in adults from ethnic minorities in the UK living with Chronic Pain
11:10 – 11:30	**Oral Presentation:** "It's been years and it still hurts" – Paediatric Critical care (PCC) staff experiences of being involved in serious investigations – What helps, hinders and suggestions for change
11:30-11:50	**Oral Presentation:** What do young people with a repaired cleft lip and/or palate think about their appearance?
11:50 - 12:50	**Keynote speaker: Prof Richard Cooke – "What psychological factors predict young adult's alcohol consumption? Lessons learned from (nearly) 20 years of research and suggestions for the future."**
12:50 – 13:20	**30-minute lunch break**
13:20 – 13:50	**Poster Presentations**
13:50 - 14:00	**Benefits of joining the MHPN**
14:00 – 14:20	**Oral Presentation:** Modelling of unhealthy snack food intake among female teammates
14:20-14:40	**Oral Presentation:** Mobilising knowledge of theory and evidence in the co-production of The Digital-My Arm Pain Programme (D-MAPP)

14:40 – 14:50	**10-minute break**
14:50-15:10	**Oral Presentation:** Premenstrual Dysphoric Disorder: the launch of the UK research agenda
15:10-15:30	**Oral Presentation:** How did U.S. male Marines perceive the impact of COVID-19?
15:30– 15:40	**10-minute break**
15:40-16:25	**Guest speaker: Dr Michelle Hajiconstantinou - "The role of health psychology in the development of self-management education programmes for type 2 diabetes."**
16:25-16:35	**Closing remarks**

Keynote speaker



Prof Richard Cooke

Professor of Health Psychology,
Staffordshire University.

Richard Cooke *completed his PhD at the University of Sheffield in 2002. He worked at the University of Leeds, Sheffield Hallam University, Aston University, and the University of Liverpool before joining Staffordshire University in January 2022 as Professor of Health Psychology.*

Keynote Title:

"What psychological factors predict young adult's alcohol consumption? Lessons learned from (nearly) 20 years of research and suggestions for the future."

Richard's research interests focus on alcohol consumption and include testing the ability of psychological theories of alcohol consumption to predict consumption and how people interpret drinking guidelines, messages, and policies.

Guest Speaker



Dr Michelle Hajiconstantinou

Research Fellow in Behavioural Sciences,
Leicester Diabetes Centre.

Dr Michelle Hadjiconstantinou is a Research Fellow in Behavioural Science at the Leicester Diabetes Centre, University of Leicester and holds a Chartered Psychology membership with the British Psychological Society. Michelle holds over ten years of research experience in diabetes prevention, self-management and the psychosocial aspects of diabetes, and holds a well-established portfolio in qualitative research methods. Her main research interests are in self-management, intervention development, digital health, behaviour change and the psychosocial aspects of living with diabetes. Recently, Michelle has taken on the role as a Workpackage Lead for three NIHR-funded projects. In addition to her research capacity, Michelle is a co-Lead of the Self-Management module for the University of Leicester MSc Diabetes course, and acts as a supervisor for MSc and PhD students.

Guest Title:

“The role of health psychology in the development of self-management education programmes for type 2 diabetes.”

The talk will cover examples of health psychology in academic research and the importance of this discipline when developing interventions. This includes the application of theoretical frameworks and behavioural theories in intervention development and evaluation.

Abstracts

Oral Presentations

Quality of life in patients with Niemann-Pick disease type C and their carers during the COVID-19 pandemic

Jackson Pountney, ***Aston University.***

R. Knibb[1], G. Mansell[1]

[1] Aston University

Background

Niemann-Pick disease type C (NPC) is a rare genetic neurovisceral lysosomal storage disorder typified by accumulation of lipids within cells, leading to widespread cell damage and death. NPC has a wide clinical spectrum affecting both adults and children. The progressive and life-limiting nature of NPC as well as the absence of curative treatment significantly impacts on the health-related quality of life (HRQoL) of both patients with NPC and their caregivers. However, there is a paucity of qualitative research examining the lived experience of patients with NPC and the impact of the condition on the HRQoL of both patients and caregivers. Additionally, research has suggested the COVID-19 pandemic placed further strains on rare disease populations, thus the pandemic may have also impacted on patients with NPC and their caregivers.

Aim

To elucidate various aspects of lived experience of NPC: diagnosis, symptoms and treatment and how these affect the HRQoL of both patients and their caregivers. To explore the impact of the COVID-19 pandemic on the HRQoL of patients with NPC and caregivers.

Methods

A total of 17 individuals from the United Kingdom, United States and Republic of Ireland participated in semi-structured interviews, 12 of which were parents of patients with NPC, the remaining 5 participants were adult patients with NPC. Interviews were transcribed verbatim and will be analysed using thematic analysis.

Findings

Data analysis has not yet been completed; it is anticipated that analysis will be completed by the conference date.

Discussion

Findings from this study will highlight the impact of NPC and the COVID-19 pandemic on HRQoL and wider QoL from both a patient and caregiver perspective. Unmet needs within the NPC community may also be identified.

Developing a Shared Decision-making Tools for Sodium Valproate Prescribing for Individuals of Childbearing Potential

Sarah Griffiths, ***Cardiff Metropolitan University.***

Background

Sodium valproate (valproate) is a highly teratogenic, superiorly effective anti-convulsant drug used in epilepsy seizure management. Valproate must not be used by individuals capable of pregnancy unless a pregnancy prevention programme incorporating highly effective contraception is in place. Exposure in-utero presents a 10% risk of congenital malformation to the fetus or embryo and an estimated 40% risk of later persistent neurological deficit or neurodevelopmental disorders. Women with epilepsy (WWE) of reproductive age prescribed valproate frequently express inadequate reproductive healthcare information and support.

Aim

This study aimed to explore the reproductive healthcare journeys of WWE prescribed valproate to gain insight into lived experiences and understand how shared decision-making (SDM) could optimise support.

Methods

Eight WWE previously prescribed valproate (aged 18-50 years) were recruited from pharmacy services, and epilepsy social media group advertising using purposive-opportunistic sampling. Individual timeline-facilitated semi-structured online interviews were conducted. Verbatim interview transcripts were analysed using thematic analysis.

Findings

All participants experienced a lack of reproductive healthcare support whilst prescribed valproate. Initial prescription consistently occurred during seizure crisis, with seizure control being the prescriber's primary concern; reproductive healthcare goals, values, and preferences were not adequately explored or considered. All participants experienced inadequate pregnancy-risk information and unanimously welcome the suggestion of a SDM approach to valproate prescription.

Discussion

Individuals with pregnancy potential must be supported to make evidence-based, high-quality decisions concerning valproate. Health psychology-theory informed interventions to facilitate SDM are needed at patient and clinician and service levels to ensure WWE are supported in capability, opportunity, and motivation to access patient-centric reproductive healthcare to prevent valproate-exposed pregnancies. This work highlights the need to develop theory-informed SDM tools and procedures that consider women's reproductive goals, values and preferences when valproate is an essential treatment.

Using the COM-B model to explore the barriers and facilitators to physical activity and exercise in adults from ethnic minorities in the UK living with Chronic Pain.

Mehrad Tafreshi, ***University of West London.***

C. Lafarge[1]

[1] University of West London.

Introduction

Chronic pain affects up to 50% of the UK population. Ethnic minorities are reported to have higher levels of chronic pain and lower levels of physical activity and exercise (PA&E) in comparison to White ethnic groups.

Aim

This study aims to fill a gap in the literature by using the COM-B model to explore the barriers and facilitators of PA&E in adults from ethnic minorities in the UK living with chronic pain.

Methods

A qualitative approach using semi-structured interviews was utilised with the data analysed using deductive thematic analysis. Participants included a purposive sample of 8 adults (20-41 years old, 2 males, 6 females) from the UK, who identified as an ethnic minority and have chronic pain (pain > 3 months in duration).

Results

The analysis identified 48 codes (24 barriers and 24 facilitators) to PA&E with the themes and sub themes directly mapped to the COM-B constructs. Reflective motivation (PA&E for mental health, physical fitness, quality of life) and social opportunity (collective support) were found to be the most significant facilitators of PA&E. Physical capability (the onset of pain), physical opportunity (lack of time and financial cost) and social opportunity (lack of family support, discrimination, and ableism) were found to be the most significant barriers to PA&E. Interactions between COM-B constructs were also identified.

Implications

Despite the perceived motivations and benefits of PA&E, participants were hindered by barriers concerning their capability and opportunity to PA&E. The study findings have implications for future research, such as targeting interventions for minority groups most impacted by chronic pain and low levels of PA&E, addressing the limitations found in the current study, and exploring the provision of healthcare services facilitated by integrated care systems in the NHS that aim to increase PA&E in adults from ethnic minority backgrounds living with chronic pain.

"It's been years and it still hurts" – Paediatric Critical care (PCC) staff experiences of being involved in serious investigations – What helps, hinders and suggestions for change

Esra Yeter, ***Aston University.***

H. Duncan[2], R. Morrison[2], R. Shaw[1], S. Webb[2]

[1] Inst of Health & Neurodevelopment, Aston University

[2] PICU Birmingham Children's Hospital

Background

Making a mistake is associated with shame, guilt and can lead to moral injury. We explored staff experiences of being the subject of an investigation to develop a package of staff support.

Aim

To qualitatively explore how taking part in an investigation impacts the wellbeing of Paediatric Critical Care staff members.

Methods

Following ethical approval, multi-disciplinary (MD) PCC staff who had been involved in an investigation (now closed) (included clinical incidents/local disciplinary review and professional body review) were invited to participate in an interview with an independent researcher. Following informed consent questions focused on helpful / hindering factors surrounding the investigation process, alongside ideas for the future Transcripts were independently analysed using thematic analysis by two researchers (psychologist and clinician).

Findings

14 interviews were conducted with MD staff, including serious incident investigations, local disciplinary and professional conduct reviews. Four main themes were identified. 'Feelings' encapsulated the devastation and anxiety staff experienced and the challenge to their self-identity: "Questioned my ability to be a nurse". 'Process' captured the unfamiliarity many had with the process and concerns about safety and fairness. 'Communication' encompassed challenges about how they were told about the investigation, communication during the process and the outcome and 'support' reflected the guidance and psychological support staff wished they had received.

Discussion

MD staff experienced extreme distress when going through the process of being investigated for conduct/performance issues. Participants identified hindering factors relating to their unfamiliarity with the process, how long it would take and what was involved, as well as communication throughout the process. Future support needs to address guidance and psychological support for staff.

What do young people with a repaired cleft lip and/or palate think about their appearance?

Julie Davies, ***Staffordshire University.***
A. Burton[1]

[1] Staffordshire University

Findings from a cleft focus group with young people aged 16-20 years highlighted dissatisfaction with their appearance when taking photographs of themselves, Wren et al (2022). Alongside this, they reported a heightened anxiety when considering posting on social media for fear of negative comments from their peers. Whilst several studies have investigated satisfaction with appearance within the cleft population none have examined appearance using a photo-elicitation approach.

Virtual, one-to-one, semi-structured qualitative interviews with 13 young people aged 16-to-20-years with a repaired cleft lip +/- palate have been conducted by an interviewer, experienced in working within the cleft population. Recruitment and consent was via the Cleft Lip and Palate Association (CLAPA).

Photo-elicitation was used to stimulate feelings and emotions. The young people shared six photographs, three that they liked of themselves and three that they did not. Their reasons for liking and disliking were discussed and explored in detail during the one-to-one interview.

The interviews were recorded, and data was analysed using Reflexive Thematic Analysis (RTA) (Braun & Clarke, 2021). Themes will be reported at conference.

The findings highlight the concerns that the young people have about their appearance. Conclusions will be disseminated to all Regional Cleft Units within the United Kingdom to inform their service provision.

‘Food is linked to emotions’: A qualitative exploration of the role family has in the development of extreme healthy eating practices

Panagiota Trangantzopoulou, ***Department of Psychology, University of Westminster.***

A. Cheshire[1], A. Fixsen[1]

[1] Department of Psychology, University of Westminster

Background

Orthorexia nervosa is a pathological obsession with the consumption of biologically pure and healthy food. Family is commonly proposed as being key in the pathogenesis of disordered eating. Since Orthorexia nervosa and extreme healthy eating practices are a rising concept which relatively recently began to occupy the scientific community, research on parental associations with extreme healthy eating is limited.

Aim

The present study aims to explore the lived experience and the perspectives of individuals who identify themselves as being overly concerned with healthy eating, with particular attention paid to the role of family, in the development and shape of extreme healthy eating.

Methods

Sixteen individuals participated in semi-structured interviews. Data were analysed using Reflexive Thematic Analysis.

Results

Analysis resulted in three themes: meanings attributed to food, emphasis on body and achievement, and navigating in a restrained environment. Most of the participants perceived eating as a shared, family activity, with some attributing an educational side to this activity. Participants discussed the emphasis placed on appearance and achievements by parents, which was perceived as “excessive and unfair”. Most participants described their relationship with their parents as “distant”, attributing this to the way their parents had been brought up and a social environment of workload. The relationship with their siblings was not viewed as linear either, with feelings of envy being voiced.

Discussion

Our findings highlight that peoples’ experiences of healthy eating practices may be influenced not only by their parents’ eating practices, but the relationships developed within family members, and the family environment they have been raised in. We suggest that the role of the family in the development of extreme healthy eating practices should be further investigated and clinicians should acknowledge the impact such factors can have on eating behaviours.

Modelling of unhealthy snack food intake among female teammates

Dr Charlotte Scott, ***University of Derby.***

E. Haycraft, H. Lees, C. Plateau

Background

The nature of the social setting when eating is known to have an important impact on individuals' attitudes towards food and food choice/intake. Evidence suggests individuals modify their food intake depending on who they are eating with, and the eating patterns of these companions. While modelling of disordered eating attitudes/behaviours has been demonstrated among female athlete teammates via self-report, less is known about the imitation of *actual* food intake in this group.

Aim

This study explored dyadic similarity of food intake, psychological variables and BMI among female teammates. An additional aim was to explore whether psychological variables and BMI would moderate the degree of food intake similarity.

Methods

Fifty-four female athlete teammate dyads (N=108; 70% lean sports) attended a testing session. Individually, athletes completed surveys exploring sporting involvement, relationship with their teammate, self-esteem, anxiety, depression and disordered eating. Dyads also completed a discussion-based distractor task whilst having access to unhealthy snack food (minstrels). BMI measurements were taken after the task was complete.

Findings

Intraclass correlation analysis demonstrated a moderate level of teammate matching for food intake. Dyads reported having significantly similar levels of self-esteem and depression, but not anxiety, BMI or disordered eating. Food intake matching was significantly *higher* in (1) dyads with high restrictive eating vs dyads with low restrictive eating, (2) dyads with low bulimic tendencies vs dyads with high bulimic tendencies and (3) dyads with just one athlete high in self-esteem vs dyads with both athletes high in self-esteem. No further differences were found.

Discussion

Overall, this pilot study suggests teammates may influence athletes' unhealthy snack food intake, with disordered eating and self-esteem playing a moderating role. Further research is required with stranger-athlete dyads and non-athlete samples to explore the extent to which these findings are specific to familiar athletes.

Mobilising knowledge of theory and evidence in the co-production of The Digital-My Arm Pain Programme (D-MAPP)

Lucy Brading, ***University of Leeds.***

P. Conaghan[1], K. Kane[1], I. Kellar[1], S. Kingsbury[1]

[1] University of Leeds

Background

Distal upper limb (DUL) musculoskeletal disorders (MSDs) are common conditions that affect the hand, wrist and elbow, impacting quality of life. Despite this, DUL-MSDs lack effective self-management tools. The Digital-My Arm Pain Programme (D-MAPP) aims to develop and test a digital self-management intervention for DUL-MSDs.

Aim

The study aimed to mobilise knowledge of Mechanisms of Actions (MoAs) and Behaviour Change Techniques (BCTs) to support co-production of the D-MAPP intervention ahead of evaluation in a multi-centred RCT.

Methods

A hybrid online/face to face (F2F) co-production process utilised evidence synthesis to generate the starting point for a Delphi with 19 people living with DUL-MSDs (pwDUL-MSDs) and 23 healthcare professionals (HPs) to obtain consensus on intervention components to include. Focus groups with 15 pwDUL-MSDs and up to 13 HPs were analysed using framework analysis to identify Mechanisms of Actions (MoAs) associated with self-management of DUL-MSDs. Identified MoAs were mapped to BCTs. An Experience-Based Co-Design (EBCD) approach was employed at stakeholder-led workshops, using the MoAs and exemplar quotes to develop a trigger film, and linked candidate BCTs as the starting point for subsequent co-production workshops.

Findings

13 pwDUL-MSDs and 8 HPs were invited to 4 online and 2 F2F workshops. However, it was challenging to mobilise knowledge of MoAs/BCTs explicitly in online workshops. Instead, use was intuitive and experiential. Six core intervention elements were co-produced, broadly aligned to~~d~~ *Information about health consequences, Information about social and environmental consequences, self-monitoring of behaviour, Feedback on behaviour, Graded tasks, and Social support (emotional).*

Discussion

Co-producing a digital self-management intervention for pwDUL-MSDs was feasible using EBCD in a hybrid workshop approach, but mobilising knowledge of MoAs/BCTs was challenging. Methods for mobilising theory and evidence in participatory approaches to intervention development will require creativity.

Premenstrual Dysphoric Disorder: the launch of the UK research agenda

Lynsay Matthews, ***University of West Scotland.***

J. Riddell[1]

[1] University of Glasgow

Background

Premenstrual Dysphoric Disorder (PMDD) is a severe hormone-based mood disorder. It impacts the mental health of 1 in 20 women (and AFAB* individuals). In the UK, this is more than 870,000 women, of which 609,000 will experience suicidal ideation, 435,000 will self-harm, and 290,000 will attempt suicide. PMDD is growing in awareness and research opportunities. It is vital that future research reflects the interests of all stakeholders.

Aim

To co-design the UK's first PMDD research agenda with the goal of securing funding to explore future behavioural interventions.

Methods

We undertook a multi-step co-design process. Step 1: focus groups with five different groups of stakeholders (people with lived experience, health professionals, mental health crisis services, support organisations, and researchers, n=25 in total). Step 2: an open online consultation gathering insight from numerous stakeholders (n=208). Step 3: an online consensus workshop (n=6). Step 4: launch of the final research agenda.

Results

Five key research priorities were identified: (1) suicide and/or self-harm prevention; (2) best approaches for psychological support; (3) impact of PMDD on education, employment and relationships; (4) treatment and management of PMDD; and (5) impact and support for hormonal life events. Other important areas were identified by stakeholders, including: the health economics of PMDD, barriers to support, causes and mechanisms, associated co-morbidities, and possible links with neurodivergence.

Discussion and implications

Women (and AFAB) typically present with symptoms which have potential to be managed with behavioural interventions. Understanding the mechanisms of PMDD and its associated health behaviours is key to preventing suicide and self-harm behaviour. This pioneering research agenda will bring exciting opportunities for funding, networking and collaboration in women's' mental health.

*assigned female at birth

How did U.S. male Marines perceive the impact of COVID-19?

Ivet Pritomanova, ***University of Brighton.***

S. Sadhwani[1]

[1] University of Brighton

Background

In the US, COVID-19 took the highest death toll and case numbers (Mathieu et al., 2020). Research on foreign military, like the Canadian armed forces, reported worse stress, depression and anxiety due to COVID-19 (Sudom & Lee, 2022).

Aim

There is a lack of research on how the military worldwide has been affected by the pandemic and how they have coped, especially with partisan US COVID-19 policy. This research study explores the lived experience of US male Marines during the COVID-19 pandemic.

Methods

A national US-wide qualitative interview study of active-duty US Male Marines was conducted. Four semi-structured interviews were conducted face-to-face online, via MS Teams. All interviews were transcribed verbatim and analysed using Interpretative Phenomenological Analysis.

Results

Four superordinate themes emerged from the data: (1) Being a machine; (2) Coping; (3) Minimisation of COVID-19, and (4) Loss.

Marines intertwined their military identity with their mostly positive coping mechanisms when presented with COVID-19 stressors. The minimisation of COVID-19 revealed an increasingly casual attitude towards the COVID-19 virus and public health measures. Consequently, participants hyperfocused on the negative consequences of mandatory vaccination, reporting vaccine hesitancy and feelings characteristic of a moral injury. In addition, the perceived ineffectiveness of the implementation of health regulations by the USMC led to a negative attitude towards the USMC, lack of motivation, and stress. Marines also reported multiple physical disruptions that the COVID-19 restrictions resulted in, such as the sub-theme of less training.

Discussion

This study provides new insights on the negative emotional and mental health impact of COVID-19 restrictions on US Marines. Consistent adherence to health measures within the Corps could guarantee a better mental and physical condition of the force. The findings raise awareness on how to better prepare policies for key workers like military personnel in future global-wide health crises.

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Abstracts

Poster Presentations

1. Development of a Set of Image Stimuli for Attentional Bias Research in Adults with Food Neophobia

Charlotte Elson, ***University of Derby.***

F. Maratos[1], E. Sharpe[1]

[1] University of Derby

Background

There is limited research conducted into attention biases in adults with food neophobia. This is the avoidance of, or unwillingness to, try novel foods. One reason for such is the lack of standardised novel and familiar food stimuli for use in experimental paradigms with adults.

Aim

The present research aims to address the lack of stimuli and establish a standardised set of novel and familiar food stimuli for attentional bias research. It also aims to investigate the familiarity/novelty of 30 fruit and vegetable stimuli to ascertain patterns of responding.

Methods

100 healthy control participants and 100 participants with a history of eating disorder experience were recruited to establish norms. Participants were asked to view the fruit and vegetable images and were questioned as to whether they could correctly identify the item, whether they were willing to try the item, how often they consumed the item, and how much they liked the item. Data as to gender and ethnicity were also collected.

Findings

Preliminary results (N=100) for the healthy control individuals revealed that responding was similar to that previously found with children. That is, fruits and vegetables such as tomatoes and apples were found to be familiar to the majority of participants and fruits and vegetables such as cherimoya and feijoa were found to be generally novel to the majority of participants.

Discussion

These initial results suggest that as with children there exists fruits and vegetable stimuli that can, generally, be categorised as familiar or unfamiliar for UK adult populations. Therefore, enabling the use of a consistent and validated stimulus set for experimental paradigms, such as eye tracking, for food neophobia research with adult populations.

2. The co-development of a nature connectedness intervention for disordered eating

Mia Morgan, ***School of Psychology, University of Derby.***

F. Holland[1], M. Richardson[1], C. Scott

[1] School of Psychology, University of Derby

Background

Disordered eating behaviors (e.g., restrictive eating) are damaging for an individual's health, quality of life, and a prominent risk factor for developing Eating Disorders. Interventions designed to improve DE symptoms are crucial and scarce. As healthcare services are becoming increasingly stretched, there is an escalating need to upscale cost-effective, accessible interventions via social prescribing to tackle DE symptoms. Evidence shows that Nature Connectedness (NC) improves DE symptoms and risk factors. NC interventions improve mental health in many clinical groups, but one is yet to be developed for DE.

Aim

The present study is the first of three studies that comprise a PhD project with the overall aim to develop and evaluate a NC intervention for DE. Study one aims to explore the views of people with lived experience of DE, and other key stakeholders, to inform the intervention's first protype development.

Methods

A qualitative study will be conducted, including interviews with individuals with lived experience of DE (target N= 15). Focus groups will also be held with professionals who support individuals with DE, nature-based practitioners, and social prescribers (target N= 30). These will explore participants' experiences/views on using nature to support DE and consider how best to optimise the intervention's format and delivery. A phenomenological epistemological approach and critical-realist ontological position will be used. Data will be analysed using reflexive thematic analysis (Braun & Clarke, 2006).

Findings

This is a 'work in progress' abstract. Recruitment will be underway when the conference takes place.

Discussion

Findings will inform the development of a protype for a NC intervention that is targeted, effective and accessible for the DE population. A following study will share the prototype with stakeholders and refine it accordingly following feedback, before running a pilot randomised control trial.

References:

Braun, V., & Clarke, V. (2006). Using thematic analysis in psychology. *Qualitative research in psychology*, *3*(2), 77-101.

3. Applying the Behaviour Change Wheel to assess the theoretical underpinning of a novel smartphone application to increase physical activity in adults with spinal cord injuries.

James Alexander Haley, ***Loughborough University.***

D. Maidment[1], D. Rhind[1]

[1] Loughborough University

Background

People with spinal cord injuries are physically inactive. Smartphone applications (or apps) may prove as one strategy to overcome this.

Aim

This study examines the theoretical underpinning of a novel mHealth intervention that aims to improve physical activity in people with spinal cord injuries, namely, the Accessercise smartphone application (or app), using the Behaviour Change Wheel.

Methods

Accessercise was evaluated using the Behaviour Change Wheel in eight steps across the following three stages: (1) understanding the behaviour, (2) identifying intervention options, and (3) identifying content and implementation options.

Findings

Thirteen target behaviours were identified to improve physical activity and reduce sedentary behaviours in adults with spinal cord injury, including goal setting and monitoring, increasing self-confident, interest and motivation for undertaking physical activity, improving the knowledge/awareness of available physical activity opportunities and resources, and reducing stigma and negative attitudes associated with physical activity. Accessercise incorporates the necessary components for adults with spinal cord injury to be physically and psychologically capable of undertaking physical activity, offering social and physical opportunities to reduce sedentary behaviours, and support automatic and reflective motivation.

Discussion

This systematic approach of assessing the theoretical underpinning of Accessercise in the context of the Behaviour Change Wheel has revealed potential mechanisms of action for improving physical activity in adults with spinal cord injuries. This serves as a blueprint to inform further intervention development, as well as high-quality effectiveness studies, namely, randomised controlled trials, assessing whether fitness apps can improve physical and psychological health outcomes in individuals with spinal cord injury.

4. Are there differences in loneliness and social isolation in adults with hearing aids?

Hannah Tran, ***Loughborough University.***

Background

Existing evidence has demonstrated that individuals with hearing loss experience greater loneliness and social isolation. Loneliness and social isolation are associated with additional negative health implications (e.g., stroke, cardiovascular disease, weakened immune response) and increased mortality risk. Currently, there is limited evidence on whether treating hearing loss (e.g., provision of hearing aids) can reduce levels of loneliness and social isolation. Therefore, further investigation is necessary.

Aim

This study aimed to investigate whether hearing aid use was associated with lower levels of social isolation and loneliness.

Methods

Cross-sectional data from 240 participants with self-reported hearing difficulties were analysed. Independent analysis of covariance were used to identify whether there were differences in loneliness and social isolation scores in hearing aid-users versus non-users, whilst controlling for age and hearing impairment severity. Linear regression analyses were employed to investigate predictors of loneliness and social isolation in adults ≥18 years with hearing loss.

Findings

There were no significant differences in loneliness ($F = .41$, $p = .521$, $\eta p2 = .002$) or social isolation ($F = .69$, $p = .406$, $\eta p2 = .003$) in those who used hearing aids and those who did not. Hearing impairment severity predicted loneliness (p<.001) and social isolation scores (p<.001). Age also predicted loneliness scores (p<.001), with all other predictors for loneliness and social isolation being non-significant.

Discussion

These results suggest that hearing aid-users do not have significantly different levels of loneliness or social isolation to non-users. Further long-term investigation is warranted to assess whether hearing aid provision can reduce loneliness and social isolation over time.

5. Disordered eating in women with Premenstrual Dysphoric Disorder (PMDD)

Lynsay Matthews, ***University of West Scotland***

M. Miranda[1], R. Nkeng[1]

[1] University of Glasgow

Background

PMDD is a severe hormone-based mood disorder resulting in debilitating psychological symptoms in the luteal phase of the menstrual cycle. It is characterised by emotional dysregulation, high rates of suicidal ideation and self-harm. 1 in 3 people with PMDD attempt suicide.

Aim

To explore eating behaviours of women (and AFAB*) with Premenstrual Dysphoric Disorder (PMDD).

Methods

Two studies were undertaken: (i) a narrative systematic review of n=17 studies; and (ii) a qualitative interview study of 12 people with PMDD in the UK.

Results

The systematic review demonstrated that PMDD is associated with disordered eating and a higher prevalence of the eating disorders bulimia nervosa and binge eating disorder. Patterns of eating in women with PMDD, when compared to controls, showed marked increases in appetite, overall energy intake, consumption of foods rich in carbohydrates and fat and specific food cravings during the luteal phase of the menstrual cycle. Studies exploring physiological mechanisms stated women with PMDD had decreased levels of leptin during the luteal phase compared to control women. Negative eating behaviours were associated with negative mood states, impulsivity and emotional responses to food. These findings were supported by our qualitative study, where women with PMDD described disordered eating behaviours consistent with binge eating disorder, bulimia nervosa and in some cases anorexia nervosa. They engaged in purging via laxatives or self-induced vomiting. The cyclical nature of their symptoms confused and exhausted them, leaving them uncertain how/where to seek support.

Discussion

Women with eating disorders should be screened for PMDD, and cross-discipline management strategies explored to optimise clinical care. Given that the majority of people with eating disorders are women, and that 1 in 20 women live with PMDD, understanding this relationship is critical for appropriate interventions and clinical practice.

*AFAB: individuals assigned female at birth

6. How does the Health Belief Model predict reported healthy eating behaviours and what is the association with mood and cardiovascular health?

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Background

Comorbid cardiovascular disease (CVD) and depression can result in poorer prognosis (Wang et al., 2021). Diet is a modifiable factor for CVD and depression and research shows that diet can mediate the link between mood and heart rate variability (Young et al., 2017). Depression can negatively impact heart-healthy behaviours, but use of the Health Belief Model (HBM) has demonstrated improvement in diet quality (Moitra et al., 2021).

Aim

This study aimed to investigate associations between the Health Belief Model, healthy eating behaviour, mood, and cardiovascular health.

Methods

A cross-sectional design using an online survey was employed. An opportunity sample of 104 adults was recruited via social media and online forums. The Hospital Anxiety and Depression Scale, Rapid Eating Assessment and Health Belief Model Scale were used to measure anxiety and depression, diet quality and eating behaviours, and constructs of the HBM, in a CVD vs. non-CVD population. Hierarchical multiple regression ascertained predictive ability of mood, HBM constructs and cardiovascular diagnosis on healthy eating.

Findings

The final regression model was significant, explaining 18% of the variance, although no individual variables reached significance. Self-efficacy explained the most variance in healthy eating score. CVD and mood did not reach significance. At step one, marital status was a significant predictor, despite no overall model significance.

Discussion

These results suggest that interventions to improve diet quality should aim to increase self-efficacy for healthy eating behaviours such as cooking healthy meals, particularly in individuals with anxiety or depression. This provides modifiable concepts for health psychologists to target. Future research could recruit a larger CVD population and focus only on depression. The possible moderating influence of partner support on diet quality could also be investigated.

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7. Patient Perspectives of medicine use, adherence and doctor-patient communication: A Service Evaluation of the "Open Up About Medicines" Campaign.

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Objectives

It is estimated that annually, £300m are wasted on unused medicines; 50% of which are entirely preventable (Trueman *et al*., 2010) and can be influenced by education and healthcare interventions (WHO, 2011, Golay, 2011, Toh & Chew, 2017). The present study is a service evaluation of the "Open Up About Medicines" campaign, which aimed to increase patients' understanding of returning unnecessary medicines before leaving the pharmacy environment, therefore, this study explored: *What do patients think about their medicines, and what is the role of doctor-patient communication in medicines optimisation?*

Design

Promotional materials; including a campaign video, patient education leaflet and GP practice digital screen images were developed and distributed at 80 practices throughout Oxfordshire to convey the campaign's message. Ethical approved was granted by the University of Buckingham.

Methods

A questionnaire was developed with key stakeholders to explore patients' perceptions around the campaign, including an open text box to explore qualitative perspectives. 392 responses were gathered via paper and online formats. Categorical data were collected and analysed in SPSS and qualitative data were analysed in Excel using Thematic Analysis.

Results

Participants were largely female (64.3%), over the age of 55 (50%) and employed full-time (15%). 80% of participants had a long-term condition and declared they had open communication with their physician (94.4%). Medication adherence was reported in the present sample (86%), while 'worrying about side effects' was cited as the most frequent reason for intentional non-adherence (7.9%). Open Communication was a significant predictor of medication adherence [Wald=8.74, p=.003] and over half participants reported they would check their medicines bags after seeing the campaign messages (54.3%). However, the strongest indicator of behaviour change was being asked to do so by a healthcare professional (70%).

Conclusion

The current service evaluation highlights the pivotal role of open communication in supporting medication adherence, which in turn encourages better health outcomes and reduces waste. Trust was important in this study, which can also be bolstered by encouraging patients to 'Open Up', while supporting healthcare professionals in rapport building and shared decision-making.



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