

Abstracts – DHP Postgraduate Poster Competition

Monday 3rd June 2013

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Julie Turner-Cobb, Senior Lecturer, University of Bath

Investigating the impact of a social stress test on cortisol levels and coping in children

Background: The impact of acute stress on psychological and physiological functioning is central to the biopsychosocial model of illness. Theories such as Social Evaluative Threat (Dickerson & Kemeny, 2004) provide a framework for understanding social stress testing within both the field and in the laboratory. The rationale for this study originates from the lack of conclusive evidence surrounding the impact of laboratory based social stress tests, examined extensively in adults, on stress responses and coping in children. Much of the stress testing in children has relied on adult protocols which are not meaningful to children (Yim, Quas, Cahill & Hayakawa, 2010).

Aim: The purpose of this study is to assess an innovative laboratory based video stress test on children aged 7 to 11 to investigate their salivary cortisol responses and patterns of coping. The stress test is based on the established adult Trier Social Stress Test, as modified for children (Buske-Kirschbaum et al., 1997; Yim et al., 2010). It introduces two new elements relating to the stress panel observers: i) two of the panel are children of the same age group as those being tested and ii) the child panel is presented as a live video link.

Method: The study aims to recruit 25 child participants. This study will utilise a mixed methods approach, combining quantitative biomarker (salivary cortisol) and questionnaire measures, with qualitative (interview) measures, to assess participant's biological and psychological responses to the social stress test. Data collection is currently underway.

Christine McKnight, Sexual Health Outreach Worker, Aneurin Bevan Health Board

Bev John, Reader & Head of Research, University of Glamorgan

Deborah Lancaster, Lecturer, University of Glamorgan

Sue Faulkner, Senior Lecturer, University of Glamorgan

Why aren't more women LARcing around? Testing the predictive validity of the Theory of Planned Behaviour and the Health Belief Model in women's intentions to use Long Acting Reversible Contraception

Background: Between 30% and 50% of all conceptions in the UK are unintended (Bury & Ngo, 2009; NICE, 2005), this has been attributed to inconsistent and incorrect use of contraception. However, there are contraceptives available that require very low user involvement; these contraceptives are termed long acting reversible contraception. Although these contraceptive devices have been shown to be highly effective (Trussell, 2007), uptake in the UK has remained low (NICE, 2005).

Objectives: The present study sought to investigate women's intention to use long acting reversible contraception mediated through the theory of planned behaviour and the health belief model.

Methods: A cross-sectional questionnaire design was utilised to investigate women's intentions to use long acting reversible contraception, whilst attending a Community Contraception and Sexual Health Clinic. The questionnaire was based on constructs of the theory of planned behaviour and the health belief model.

Results: This study found that the theory of planned behaviour accounted for 50% of the variance in intention ($R^2 = .501$, adjusted $R^2 = .484$), $F(4,121) = 30.339$, $p < .001$. With the addition of the health belief model a further 25% of the variance could be explained. In total 75% of the variance in intention could be explained ($R^2 = .757$, adjusted $R^2 = .736$), $F(10,115) = 35.820$, $p < .001$.

Conclusion: Constructs of the theory of planned behaviour and the health belief model were able to predict intention to use long acting reversible contraception. With the main predictor variables been perceived benefits, cues to action and health motivation from the health belief model and subjective norm from the theory of planned behaviour. Interventions to increase intention to use

long acting reversible contraception should be based around these predictor variables.

Gogem Topcu, PhD Student, University of Nottingham

Heather Buchanan, Lecturer in Health Psychology, University of Nottingham

Aimee Aubeeluck, Lecturer in Health Psychology, University of Nottingham

Development of a scale for measuring the quality of life in informal carers of Multiple Sclerosis patients

There is consistent evidence that overall quality of life (QoL) is low among informal carers of Multiple Sclerosis (MS) patients. However, there is a lack of adequate conceptualisation and operationalisation of QoL, and there are no adequate scales available to measure MS carers' QoL. This limits the ability to have a coherent body of evidence to guide further MS carer QoL research and practice. Therefore, this research aims to systematically investigate the factors that may affect the health and well-being of MS carers by utilising the theoretical construct of QoL. In so doing, the research seeks to develop and validate a disease-specific QoL measure for MS informal carers. There are a series of studies designed to inform the development of this scale. A meta-synthesis of qualitative studies exploring the caregiving experiences of MS informal carers will be conducted to identify factors that may affect the health and well-being of MS carers. Two exploratory qualitative studies (i.e. photovoice and focus group studies) will be conducted to identify factors perceived by MS informal carers as relevant to their QoL. The findings of these three studies will prepare the way for the development of the scale. A final survey study will be conducted to test the psychometric qualities of the newly-developed MS carer QoL Scale. It is hoped that this scale will provide an understanding of the factors that impact upon MS carers' QoL, and will be useful to implement and evaluate therapeutic interventions.

Helen Brunger, PhD Student/Stage 2 Trainee, University of Surrey

Jane Ogden, Professor of Health Psychology, University of Surrey

Kit Malia, Project Officer, Defence Medical Rehabilitation Centre

Physiological and psychological stress during a public speaking exercise: Evaluating stress management ability in those UK Military Personnel with mild traumatic brain injury who receive 12 weeks of post-injury rehabilitation intervention

Background: Stress management is the term used to describe a range of techniques aimed at controlling an individual's level of stress; most often in relation to improvements in everyday functioning. The Phase 2 intervention offered as part of the mild traumatic brain injury programme at Defence Medical Rehabilitation Centre Headley Court incorporates elements of stress management in an attempt to help patients effectively manage any residual post-concussive symptoms. In this context, stress can result in a number of negative health consequences, including maintenance of existing symptoms (delaying recovery) and subsequent symptom onset. This study looks for evidence of improved stress management as a result of the Phase 2 intervention in a sample of UK military personnel with mTBI.

Participants: Two groups of male military personnel with diagnosed mTBI; patients (N=10) and controls (N=10).

Methods: Participants were tested once at baseline (pre-intervention) and again 12 weeks later (post-intervention). At each time point participants were asked to perform a variation on a public speech task. Respiratory, cardiovascular, electrodermal and subjective variables were all measured. The majority of physiological responses were collected using the Biopac Systems Model MP30.

Results/Conclusions: It is expected that those military personnel with mTBI who are enrolled on the rehabilitation programme will show evidence of an improved ability to stress-manage following 12 weeks of psycho-educational intervention. Such findings would suggest that this is an element of the programme which may need to be further developed within a therapeutic context, with the aim of promoting recovery and preventing persistent symptomatology.

Katrin Hulme, MSc Health Psychology Student, Northumbria University

IBS sufferers' perspectives on coping with the consequences of the disorder: A Q-methodological study

Irritable Bowel Syndrome (IBS) is a widespread, gastrointestinal disorder characterised by symptoms such as abdominal pain and altered bowel habits which often have a debilitating effect on sufferers' wellbeing, both physically and emotionally. As well as the disruptive nature on an individual level, repercussions are also felt within the economic environment, through lost work hours and repeated healthcare visits. Considering the highly prevalent nature of IBS there is a distinct lack of research into the disorder, particularly concerning the coping and management aspects post-onset, an area arguably of huge importance when the lack of a cure is considered. This study aims to innovatively investigate IBS sufferers' perspectives on the consequences of living with IBS by utilising Q-methodology, thereby attempting to address the research gap and provide ideas on how to lessen the negative, chronic impact IBS has. Q-sorts were obtained from 23 participants, recruited by means of an internet support organisation. The data was analysed using the PCQ computer package and two very distinct factors - 'accepting and unconfined' and 'restricted by interfering symptoms,' were identified. Although the impact of IBS-subtype (diarrhoea, constipation or both) should not be overlooked, the findings suggest an important link between illness cognitions and coping strategy success, something of significant value as it appears successful coping and increased quality of life are strongly associated with acceptance. This provides much needed hope for sufferers that the disruptive consequences of IBS can be minimised and coped with through supported, symptom self-management paired with an accepting outlook.

Naomi Klepacz, PhD Student, University of Surrey

Robert Nash, Lecturer in Society, Law and Crime, University of Surrey

Decorative images on health-product packaging as sources of misinformation

Background: Legislation seeks to protect consumers from misleading or false claims made by the manufacturers of food and health products. The use of pictorial representations on packaging is commonplace, yet evidence is lacking as to their impact on people's beliefs about the products that carry them. This study aimed to investigate whether the presentation of decorative pictorial representations on labels of fictitious health products would produce false recognition of health claims.

Method: In a laboratory experiment, 36 participants viewed fictitious plant food supplement labels, on some of which decorative images—that might imply the products' supposed functions—were added. These labels were viewed alongside a variety of health claims, and subsequently participants took a recognition memory test comprising old and new health claims.

Findings: When decorative images were present on product labels, participants were significantly more likely to falsely recognize novel health claims that were implied by the image. These recognition errors were not driven purely by guessing; rather, participants were confident that they had seen these claims and, in some cases, claimed to actually remember seeing them.

Discussion: Decorative images on food and health product labels can implicitly prime the formation of expectations regarding the products' functions. These images can thus act as a source of misinformation, making consumers less aware of the real health benefits that the products offer. We propose that memory-based measures such as ours can offer a helpful way of assessing the extent to which a product label is misleading, without depending on explicit self-reports.

Rebecca Band, PhD Student, University of Manchester

Christine Barrowclough, Professor of Clinical Psychology, University of Manchester

Alison Wearden, Professor of Health Psychology, University of Manchester

Significant other expressed emotion and patient outcomes in Chronic Fatigue Syndrome

Background: Significant others' beliefs about and responses to illness have been identified as important for patient illness outcomes and psychological adjustment in CFS/ME. The current study used the Expressed Emotion (EE) framework to examine the associations between criticism and emotional over-involvement (EOI) and patient outcomes cross-sectionally and in relation to patient outcomes at six-month follow-up.

Methods: Fifty-five CFS/ME patients and their primary significant others were recruited from specialist CFS/ME services. Significant other EE status was coded from a modified Camberwell Family Interview; patient outcomes (symptom severity, disability and psychological distress) were assessed at study baseline and follow up (n = 44).

Findings: Contrary to predictions, there were no significant cross-sectional associations between continuous or categorical EE subscales and patient outcome measures. At follow-up patients in low EE dyads showed improvement, whilst high criticism was associated with an increase in depression (U = 46, p = .007) and fatigue (U = 63, p = .038). Patients with a high EOI significant other also reported increased fatigue severity (U = 62, p = .002) and reduced physical functioning (U = 190.5, p = .019) compared to patients in low EE dyads. High criticism significantly predicted change in patient depression at follow up, whilst overall high EE (criticism and EOI) significantly predicted change in fatigue severity.

Discussion: High EE as measured by both critical comments and EOI appears to be associated with poorer patient improvement over a six-month period following engagement with specialist CFS/ME services. The relevance of the EE methodology in CFS/ME will be discussed.

Sara Tookey, PhD Student, University of Birmingham

Self-perception of body image amongst overweight and obese women: A systematic review

BACKGROUND: Obesity is a multi-cultural issue. Recognising how women perceive and experience their bodies is essential in understanding women's issues with obesity, and the influence that body image has on weight-related health-risks and psychological well-being.

PURPOSE: The systematic review aim was to identify main factors associated with positive body image, identify possible differences across three ethnic groups of overweight/obese women, and to examine the appropriateness of body image measures used in the literature.

METHODS: A comprehensive literature search was performed with 5 databases, followed by manual searches and quality assessments to identify relevant articles. Studies met inclusion criteria of employing qualitative or quantitative methodologies to report self-perceptions of body image for overweight/obese women of White, Black or South Asian ethnic groups.

RESULTS: Twenty-one studies met the inclusion criteria for this review. Primary body image measures used figural-rating scales or weight-related questionnaires to address self-perceived body size and body satisfaction. Main findings suggest both Black and White women desire to be a smaller size, with Black women underestimating their current size more than White women of similar size. Black ethnicity was positively associated with body satisfaction as was lower BMI regardless of ethnicity. Weak evidence was reported for South Asian ethnicity.

CONCLUSIONS: Differences in the self-perception of body image, between overweight/obese Black women and overweight/obese White women are suggested. However, limitations of the current literature does not allow for the development of factors associated with ethnic-specific views on self-perception of body image.

Alison Killen, Research Assistant, Newcastle University

Using a gratitude intervention to enhance well-being in older adults

Well-being within positive psychology is an outcome of positive emotions, positive traits (which enable positive experiences), and positive institutions (which enable positive traits), (Seligman 2002). Within the increasingly ageing population resides a proportion of generally well older adults that may benefit from low level psychological support to help maintain their well-being. A factor consistently regarded as integral to well-being is gratitude, variously conceptualized as a moral virtue, an attitude, an emotion, a habit, a personality trait, and a coping response. The effect of a 'three good things in life' gratitude diary on subjective well-being in non-clinically depressed older adults was examined in the context of five hedonic and eudemonic well-being measures. Participants were 88 community living adults aged 60 years or over. Beneficial outcomes following the 14 day intervention were evidenced by improved scores on hedonistic well-being measures including life satisfaction and positive and negative experience. Improvements were sustained at 30 days post-test. In contrast, improvements in eudemonic well-being as measured by flourishing and perceived stress were only maintained for the duration of the exercise. Participants participated either online or on paper and reported no difficulties responding online compared with the traditional paper route. Outcomes varied with completion route, health status, baseline gratitude and perceived stress, although age related differences were not significant. Implications of these findings are that gratitude diaries are a cost effective method of producing beneficial improvements in well-being for older adults. Health psychologists are well positioned to deliver such psycho-educational interventions to this vulnerable group.

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Amanda Thomas, Lead Physiotherapist, Royal National Hospital for Rheumatic Diseases

Julie Turner-Cobb, Senior Lecturer, University of Bath

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Evaluating the impact of a specialist Ankylosing Spondylitis rehabilitation programme on patient's quality of life

Objectives: To evaluate the RNHRD in-patient programme by testing the hypothesis that individual's would demonstrate improvements in quality of life (QoL) following the programme. The secondary objective is concerned with predicting which patients would derive the most benefit from the programme, in terms of QoL.

Method: The evaluation utilized existing data gathered from the 2011 cohort of patients enrolled on the programme ($N = 153$). QoL was measured using the ankylosing spondylitis quality of life index (ASQoL; Doward et al., 2003). To test the primary hypothesis a one sample t-test was conducted. Subsequently, to assess whether certain variables including: age, gender, anti-TNF, employment status, speed of course, number of previous courses, disease duration, delay in diagnosis could predict changes in patients QoL, a standard multiple regression analysis was conducted.

Results: The primary hypothesis was supported: Statistically significant improvements in QoL scores were observed following the two-week programme; $p = .001$ (one-tailed), $d = .57$ (Cohen, 1988); 95% CI [2.79, -1.57]. The results of the exploratory analysis indicated that individual's baseline measure of QoL and speed of the course significantly predict change in ASQoL scores following the programme; (B) = $-.417$, $p = .001$, 95% CI [-.559 – -.275]; (B) = 2.107 , $p = .043$, 95% CI [.069 – 4.145] respectively.

Conclusions: The results of current evaluation build upon previous research (Band, Jones, & Kennedy, 1997; Dale, 2011). In combination these studies provide increasing evidence for the effectiveness of the RNHRD in-patient programme in terms of improved physical functioning, patient satisfaction and QoL.

Tuesday 4th June 2013

Briony Hudson, PhD Student, University of Surrey

Jane Ogden, Professor of Health Psychology, University of Surrey

Psychological aspects of outpatient venous surgery

Background: Despite the benefits associated with outpatient surgery, many patients report anxiety before and during their procedures. Such anxiety is both unpleasant and consistently linked to a range of poorer post-treatment outcomes. This research will explore the impact of different distraction techniques when used during minimally invasive venous surgery, on immediate and longer term outcomes.

Method: A randomised controlled trial utilising consecutive attendees at an office-based surgery clinic (n=500) specialising in the treatment of varicose veins using keyhole surgery. Participants will undergo either endovenous laser ablation or phlebectomies, under local anaesthetic. Each procedure lasts around 45 minutes and can be tender and unpleasant. Participants will be randomly allocated to one of the following intra-operative conditions: listening to music, watching a DVD, interacting with nurses, self-administered tactile stimulation (stress balls) or usual standard care. Differences in patient reported anxiety, pain and satisfaction immediately after treatment and patient health outcomes at 3 months post-treatment will be explored. The role of mediating factors including treatment history, social support and coping on patient health outcomes will also be examined using multiple regression analyses. Additionally, 5 participants from each condition will be interviewed to generate richer descriptions of patient experience. Template analysis will be used to investigate which aspects of each intervention were beneficial and to uncover themes in experiences.

Discussion: Identifying baseline and treatment factors related to suboptimal treatment outcomes may enable steps to be taken early in the treatment pathway to promote positive treatment results and patient experiences.

Elise Crayton, MSc Health Psychology Student, University of Surrey

Creating and testing a Teachable Moments Intervention: A study utilising orthopaedic surgery as a tipping point for behaviour change II

Background: Significant life events can offer an opportunity for reinvention and behaviour change. Research has indicated that weight loss and maintenance is one such behaviour change. An intervention was developed to turn orthopaedic surgery into a teachable moment. The intervention intended to facilitate sustained behaviour change and weight loss through focusing on hope, salience, investment and a behavioural model of weight loss and identity.

Method: A pilot study was conducted online inviting post orthopaedic surgery patients to complete a questionnaire who were randomly allocated to either the intervention or control conditions. Follow up was conducted immediately and 6 months later. For the main study, patients post orthopaedic surgery were recruited from a hospital clinic. Follow up data will be collected immediately, 3 and 6 months post baseline.

Results: Pilot results have indicated that immediately post intervention participants showed a decrease in mood, perceived health status and mobility. By the 6 month follow up mood, health status and participant mobility had improved and weight loss was greatest in the intervention group. Similar results are predicted for the main study.

Discussion: It is thought that the main study will further confirm the results from the pilot study indicating that a significant life event can be utilised as an opportunity for a teachable moment intervention. Pilot results highlight that an initial reduction in mood and quality of life might be conducive before a positive behaviour change can occur.

Elaine Walklet, Psychological Well-Being Practitioner, University of Coventry

Carol Percy, Health Psychology MSc Course Director, University of Coventry

Stress and coping in IAPT staff: A mixed methods study

Objectives: Research indicates that NHS mental health workers have particularly high levels of stress. Improving Access to Psychological Therapies (IAPT) is a new NHS mental health service with new ways of working. The current exploratory study sought to investigate whether IAPT staff also experience high levels of stress and, moreover, identify sources of stress and ways of coping in this new workforce.

Design: A mixed methods design was used comprising a quantitative survey and qualitative interviews.

Methods: Forty four IAPT workers completed a survey in which prevalence of stress was measured using the GHQ-12. Engagement in moderate exercise was measured as a potential coping behaviour and dispositional coping styles were measured using the COPE. Qualitative interviews were conducted with six staff and a focused thematic analysis on sources of stress was performed.

Results: Almost 30% of IAPT staff reached criteria for minor psychiatric morbidity. Identified stressors included high volume and target orientated work, constant change, resource issues, team dynamics, demands of high stakes in-service training, managing and holding distress and risk, and home-work conflict. Greater duration of weekly moderate exercise and acceptance and active coping styles related to lower stress. In contrast, focusing on and venting emotions related to higher stress.

Conclusions: Stress is a significant issue for IAPT staff, with newly reported stressors including emphasis on targets and high stakes in-service training. Interventions aimed at promoting exercise, acceptance and active coping may be beneficial. Replication of findings on a larger scale is required.

Helen Brunger, PhD Student/Stage 2 Trainee, University of Surrey

Jane Ogden, Professor of Health Psychology, University of Surrey

Kit Malia, Project Officer, Defence Medical Rehabilitation Centre

Evaluating the effectiveness of a mild traumatic brain injury treatment programme for military personnel reporting persistent post-concussive symptoms: A matched case control study

Background: Since June 2008, Defence Medical Rehabilitation Centre Headley Court has been responsible for designing and implementing a mild traumatic brain injury treatment programme; one that ensures that all UK military personnel who have potentially sustained mTBI are identified and offered treatment as appropriate. The effectiveness of this programme however, remains unknown. Within the context of a larger scale evaluation project, this study aimed to provide preliminary empirical evidence regarding the effectiveness of treating mTBI within the first three months, and also to determine whether there are any differences between those receiving early and delayed treatment for mTBI.

Design: Retrospective, matched case control.

Participants: Patients who had previously been enrolled on the programme, for whom there was complete baseline and follow-up symptom-checklist data (collected as part of routine treatment intervention, N=130).

Methods: Patients who delayed in receiving treatment for their brain injury (4 months+) were matched case by case to those who received treatment within the first three months post-injury, using a number of demographic variables (age, gender). Other clinical variables (rank, injury mechanism) were controlled for in the analysis. The two groups were compared on several outcome measures, including: cognitions, emotions and physical symptoms. Baseline variables from the delayed control group were compared to end of treatment variables from the early intervention group.

Conclusions: Results will likely reinforce current policy and provide supportive evidence for the requirement for intervention. Certain elements may need to be modified accordingly in order to provide a more efficient and effectual treatment programme for military personnel.

Kerry Wood, Stage 2 Trainee, University of Surrey

Jane Ogden, Professor of Health Psychology, University of Surrey

The role of binge eating behaviour in weight loss post bariatric surgery

Binge eating (BE) is highly prevalent in individuals undergoing bariatric surgery for weight loss, however its association with weight loss is unclear. Some studies suggest a poorer outcome in individuals with preoperative BE, others suggest a better outcome, while others disagree and suggest that postoperative BE behaviour is more influential. Studies examining the effect of surgery on BE generally report a decrease following surgery, however, no studies to date have investigated the association between a change in BE and weight loss. The current study aimed to examine the role of BE in explaining weight loss in patients undergoing laparoscopic adjustable gastric banding for severe obesity. Participants were 49 patients (13 males and 36 females) who completed questionnaires two weeks prior and three and six months after their operation. Predictor measures of weight loss included pre and postoperative BE and changes in BE following surgery. A decrease in BE as a consequence of having surgery was able to significantly predict postoperative weight loss. Many surgical services currently screen patients for BE at baseline to identify those most suitable for surgery. However, this study suggests that this process may be redundant as our results indicate that it is not the presence of BE pre- or postoperatively which are predictive of treatment-induced weight loss, but whether patients' BE behaviours decrease or persist in response to surgery. Future research therefore should seek to identify predictors of decreased BE following surgery in order to enhance candidate selection and improve the efficacy of this form of obesity management.

Nadine Wood, MSc Health Psychology Graduate, De Montfort University

Iain Williamson, Programme Leader - MSc Health Psychology, De Montfort University

Kerry Quincey, Psychology Technician, De Montfort University

How individuals with Muscular Dystrophy construct and cope with the condition: A Q-Methodological investigation

Research into illness representations and lived experiences of individuals with Muscular Dystrophy is limited and existing literature has typically looked at elements such as coping styles, social support and interactions with the 'biomedical world' independently. Q-methodology is a qualitative approach which provides a tool for examining these issues in a more integrated manner. The study investigated how people with a variety of forms of Muscular Dystrophy represent their subjective experience of the condition and explored the nature of shared perspectives. Participants were recruited from several community-based charities and voluntary organisations. A set of sixty-eight items was developed through a cultural analysis, focus group and subsequent piloting. Twenty participants took part in a Q-methodology task where they sorted these items into a grid formatted to a quasi-normal distribution. Four factors with an eigenvalue greater than one emerged from the Varimax rotated solution. Total explained variance was 72.44%. These four factors represent shared, transdiagnostic perspectives. These were interpreted qualitatively and labelled as "Balancing Realism and Optimism while Living with Muscular Dystrophy"; "Managing Muscular Dystrophy with Flexibility, Creativity and Social Support", "Living for the Moment with a Strong and Multi-faceted Support Network", and "Feeling Alienated, Isolated and Overwhelmed By Muscular Dystrophy". The findings have several implications. Participants across factors and disease sub-types disliked being compartmentalised by health professionals and advocated more genuinely biopsychosocial models of care. Engagement with support groups was variable and not always perceived as beneficial. Future research would benefit from looking in greater depth at less heterogeneous diagnostic groups.

Shahreen Bashir, PhD Student, Aston University

Young people living with liver disease: A qualitative study of experiences of transitions

There is very little research exploring the lives of young people living with liver disease. Previous research on young people's experiences of other chronic illnesses have shown that this can be a difficult period. Adolescence is a period of change and young people have more responsibility for their condition as they gain independence. The transition from child to adult health services could have potentially adverse health outcomes if not managed properly.

This study aims to explore the lives of 20 young people (13 – 17 years), 20 young adults (18 – 25 years) and 20 parents' experiences of living with liver disease through in-depth, semi-structured qualitative interviews.

Discourse analysis will be used to identify patterns of experiences, attitudes and behaviours and also analyse the accounts in terms of their construction and function. Coding and analysis will be undertaken throughout the period of data collection so that analysis of early interviews informs the development of the interview schedule for later interviews.

The interviews will broadly cover the following topics; illness journey (background of diagnosis and treatment), managing (coping with the condition, adherence to treatment), living with the illness (impact on wider social life), transitions (growing into adulthood), health services (relationships with health professionals, transitions and changes in health services provision) and difficulties (unmet needs).

The findings will highlight the issues most pertinent to each participant group during the transition process. The outcomes of this study may inform health professionals and information services in providing tailored, age-appropriate support and care

Dominika Kwasnicka, PhD Student, Newcastle University

Looking into behaviour change maintenance from the theoretical perspective: A structured theory review

Background: Behaviour change interventions have usually short term effects and the science of behaviour change maintenance is in its infancy. The aim of this theory review was to identify theoretical explanations for behaviour change maintenance.

Methods: The review is based on an existing database of behaviour theories; systematic electronic database searches and expert advice. Each theory was reviewed to identify the relevant theoretical variables and hypotheses about behaviour change maintenance.

Findings: Over 100 behaviour theories were identified and critically examined. Seven main themes emerged from the relevant theories: (1) Positivity: People tend to maintain their behaviour if they are satisfied with behavioural outcomes and if they enjoy engaging in the behaviour; (2) Coping: Relapse prevention and overcoming barriers in behaviour change process facilitates behaviour maintenance; (3) Self-regulation: Ability to successfully regulate behaviour underlines behaviour maintenance; (4) Resources: People tend to be less successful in self-regulating and maintaining behaviour if their cognitive resources are limited; (5) Habit: Even when cognitive resources are limited, people are still quite effective with maintaining behaviours which are habitual; (6) Identity: People maintain behaviours which are in congruence with their beliefs and values; (7) Environment, social influences and social change: Supportive environment and social support are more important for behaviour maintenance than for behaviour initiation. People easily maintain behaviour which is in line with relevant social changes.

Discussion: There are testable and comprehensive theoretical assumptions of behaviour change maintenance which can explain sustained health behaviour following behaviour change. A comprehensive current theory of behaviour maintenance is needed.

Christopher Keyworth, PhD Student, University of Manchester

Cues for lifestyle behaviour change: What do patients see? An observation study of healthcare settings

Background: People with psoriasis are more likely to engage in unhealthy lifestyle behaviours including being overweight, excess alcohol use, and smoking. These are linked to poorer psoriasis outcomes, cardiovascular disease and diabetes. How much lifestyle behaviour change (LBC) is conducted with patients with psoriasis is unknown. Exposure to LBC information and support in health centre patient waiting areas may indicate the likelihood of this being part of patient management approaches.

Objectives: An observation study aimed to examine the type and frequency of LBC materials available to patients with psoriasis in primary and secondary care.

Methods: An observation schedule was used to record the prevalence of patient leaflets and posters signposting LBC on display in health centres across Greater Manchester. A content analysis approach was used.

Results: Nine health centres were observed (6 primary care; 3 secondary care). Forty-six occurrences of LBC materials were recorded (Median = 3 per site, range = 0-15): (1) materials available in waiting areas ($n = 23$; 50%), (2) materials for use by practitioners to give directly to patients ($n = 7$; 15%), and (3) posters/displays of LBC support ($n = 16$; 35%). No psoriasis-specific materials were found.

Conclusions: No LBC signposting for people with psoriasis specifically and variation between practices in number and type of materials suggests a lack of consistency of patient exposure to LBC information. Health centre waiting areas are a prime location for promoting LBC, and further research should aim to use health psychology evidence in materials designed to promote LBC.

Melissa Noke, PhD Student, University of Manchester

Fiona Ulph, Senior Lecturer, University of Manchester

Sarah Peters, Senior Lecturer, University of Manchester

Alison Wearden, Professor of Health Psychology, University of Manchester

Childhood carrier counselling for sickle cell diseases (SCD) in the UK

Universal newborn screening was implemented in the UK in 2007 to identify newborns affected by Cystic Fibrosis (CF) and Sickle Cell Diseases (SCD). Carrier results for certain CF and SCD mutations are also reported. Despite the routine identification of newborn carriers, requests for carrier identification in childhood may be rejected in light of discouragement from international guidelines that carrier information is irrelevant until reproduction and may negatively affect a child. CF carrier testing is deferred until adulthood by genetics services in line with guidance yet it is believed that children can access carrier testing for SCD within sickle cell services, although the process of how this occurs is widely unreported. To explore professionals' roles and experiences of counselling children for SCD carrier testing, semi structured face to face or telephone interviews were conducted with professionals working in or with sickle cell services across the UK. Thematic analysis revealed disparities in professionals' roles across services. There was little agreement about whether children should have access to carrier testing which was reflected in disparate counselling practice. Whilst testing was provided by some professionals following parental requests, others rejected testing and expressed concerns about the lack of relevant counselling training. Professionals were unaware of guidelines and some were unclear who would be responsible for counselling children following newborn screening results. Results suggest the need to clarify professionals' roles within services to ensure SCD carrier testing is standardised for children across the country and counselling is accessible by children following newborn screening results.