Empowering Staff – Empowering Patients. A Service Evaluation of a specialist nurse training programme using an Adapted Health Behaviour Change Model

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Objectives: This service evaluation study examined the feasibility and acceptability of using an adapted Health Behaviour Change Model in a brief training programme for diabetes specialist nurses (DSNs) and explored whether training increased their understanding of psychology in behaviour change and use of open questioning techniques with patients.

Design: A concurrent transformative mixed methods approach utilising standardised measures alongside semi-structured interviews with DSNs working in the local Diabetes Centre.

Methods: Eighteen DSNs attended 2 days training, with a follow-up reflective practice session. Participants’ acceptability of training, and barriers to utilising the interventions covered were assessed using the Training Acceptability Ratings Scale (TARS) and the Barriers to Change Questionnaire (BARQ). Qualitative data was in the form of verbal feedback at the end of training, case study pre and post-training, with five 1-1 semi-structured interviews following completion of training. Quantitative data was analysed using thematic analysis.

Results: Of 18 participants, 14 granted permission to use their data in this evaluation. Those included rated training favourable (median overall TARS scores = 47/63; median ‘acceptability’ score = 26/36; and median ‘perceived impact’ score = 21/27). Qualitative data highlighted 5 themes: support, confidence, strategies, communication and staff satisfaction.

Discussion: The training was identified as being acceptable by participants. Following training participants identified the importance of feeling validated and supported in their work. They also reported that there was a need for continued support to be able to effectively implement the strategies covered. There may be a need to address the institutional barriers to implementing training identified within the training to allow full implementation.

Radiology reporting of obesity: a cross-sectional survey of patient and clinician attitudes

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Objectives: To determine whether obesity information obtained via imaging techniques is desirable for clinicians and patients, and to investigate whether it impacts clinical decision-making.

Design: Cross-sectional surveys.

Materials and Methods: Parallel surveys were designed to assess patient and clinician attitudes to the medical utility and social stigma of reporting obesity on radiology reports performed for other reasons.

Results: Where obesity was noted at medical imaging performed for any reason, clinicians and patients strongly agreed that it should be included in the radiology report (5.9 and 5.8, respectively, on a seven-point preference score ranging from strongly disagree [1] to strongly agree [7]). Clinicians and patients indicated a preference for a quantitative report. Clinicians somewhat disagreed and patients disagreed that a radiology report describing obesity would be considered insulting (3 and 2.1, respectively). Clinicians and patients agreed that they would be more likely to discuss overweight/obesity if it was described in a radiology report (5.3 and 6.1 respectively). Clinicians and patients agreed that radiology reports describing obesity would influence future management/behaviour (4.5 and 6.2, respectively). Clinicians strongly disagreed that they would avoid sending patients for scans if obesity was reported (1.3). Patients also disagreed that including such information on a report would result in imaging avoidance (1.9).
Conclusion: Both clinicians and patients indicate a clear preference for obesity-related information on radiology reports for examinations performed for any reason. Surveyed attitudes suggest including such information is not considered insulting, and is unlikely to result in avoidance of imaging.

Health professionals’ experiences of discussing HPV with head and neck cancer patients in Ireland: a qualitative interview study

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Objectives: The prevalence of human papillomavirus (HPV) associated head and neck cancer (HNC) is increasing worldwide. We explored health professionals’ experiences of discussing HPV with HNC patients in Ireland.

Design: A qualitative interview study.

Methods: Interviews were conducted with 20 health professionals working with HNC patients. Thematic analysis using the Framework Approach was used to analyse verbatim transcripts.

Results: Surgeons and oncologists felt it was beneficial to talk to patients about HPV when initially discussing their cancer diagnosis (particularly in the context of better prognosis). HCPs seeing patients further into their cancer management (e.g. dental surgeons) were less likely to see a need to discuss HPV; issues like side-effects of treatment took precedence. Levels of comfort around discussing HPV varied, with some saying they were uncomfortable due to the sexual nature of HPV transmission; others did not distinguish between talking about HPV and other causal factors like smoking and drinking. Perceived barriers to discussing HPV included: lack of privacy in busy clinics, lack of confidence in one’s HPV knowledge and a partner/family member being present with the patient. Many HPCs perceived public awareness of HPV and head and neck cancer as inadequate, making it difficult to discuss with patients. Patients rarely initiated discussions or asked questions about HPV.

Conclusions: As far as we are aware, this is the first study of its kind to be conducted in Ireland. The findings may be useful in developing information resources around HPV and head and neck cancer for both patients and health professionals.

Sexual Consent: A Communication Problem. The Impact of Gender Role Beliefs and Sexism on Attitudes towards Sexual Consent

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The current study aimed to explore participant’s beliefs about sexual consent. Participant’s perceptions of sexual consent were assessed in relation to their sexist and gender role beliefs and the implications this may have on their sexual consent attitudes. One hundred and fifty university participants, 44 males and 106 females, aged between 18-40 years completed four self-report measures; The BASCS which measures participant’s beliefs regarding sexual consent and what they thought the opposite gender believes regarding sexual consent, the New Modern Sexism which measures sexist attitudes and attitudes towards gender-specific challenges faced by men, the Gender Role Beliefs, measured participant’s gender-role beliefs and the Sexual Consent Scale Revised measured participants beliefs regarding sexual consent behaviours. The research presented positive insights of the sample which demonstrated that minimal sexist attitudes towards women and decreasing gender role beliefs influence awareness of sexual consent and more positive attitude towards establishing consent. Conversely, results reflected negative aspects of participant’s understanding of sexual consent. This included sexist attitudes towards women and traditional gender role beliefs relating to minimal engagement in sexual consent norms, less positive attitudes towards consent, and low perceived behavioural control. While men’s perceptions regarding alcohol consumption and female’s promiscuousness in rape case situations portrayed the need for intervention. These results contribute to the requirement of introducing an educational programme into Irish universities in order to improve understanding of sexual consent and its related issues.
A dose of nature will do you good - A cross-disciplinary review of pathways linking green spaces to health and well-being

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Objectives: For the last three decades a growing multidisciplinary base of research has established consensus that exposure to green spaces can benefit health and wellbeing. Different pathways linking nature to health have emerged in the literature, including psychophysiological, behavioural, cognitive, and neuroendocrinological mechanisms that confer the experience of green space to both the body and the mind and their interconnectivity. However, despite this evidence, the synergistic and relative role of these mechanisms remains unclear.

Design: The more we begin to understand about how green space promotes, influences, or otherwise relates to good health, the more complex the conceptual model necessarily becomes. To address this complexity a synthesis of the wealth of information available in the literature is being undertaken to provide a comprehensive cross-disciplinary account on how person-environment interactions in nature contribute to health and wellbeing.

Methods: By combining interdisciplinary knowledge from environmental psychology, neurophysiology, psychobiology, cognitive sciences and public health, the present review focuses on describing a downward pathway from neurological and cognitive findings, to psychobiological pathways, and finally research into specific measures of health.

Results: Initial analyses of these synthesised data provide the need to compartmentalise this downward pathway to understand the differences between research documenting the types of interaction people have with green spaces: the “being”, “doing”, and “living”. We aim to advance the understanding of the ecology of health by providing a biopsychosocial framework concerning the linkages between green space and individuals from their neurological, cognitive and psychosocial responses to green space.

Conclusions: We outline how these linkages are further affected by the way that green space is encountered and engaged with, and provide key recommendations for future research to support, and advance this framework.

What are the minimal sample size requirements for Mokken scaling? An empirical example with the Warwick-Edinburgh Mental Well-being Scale

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Objectives: Mokken scaling is an increasingly popular non-parametric item-response theory method used in health research. However, sample size recommendations for Mokken scales are mostly studied on simulated data, and it is unknown if these translate to real-world data. We therefore investigated sample size requirements using secondary analysis of the Warwick-Edinburgh Mental Well-Being Scale (WEMBS) with population-level data.

Design: Secondary data analysis of publically-available data.

Methods: 8463 participants completed the WEMBS as part of The National Child Development Study (1958 cohort) followed up in 2008-2009 at 50 years of age. We used per element accuracy to evaluate the impact of sample size (random samples of n = 500, 600, 750 and 1000; with 1000 replications of each in a bootstrapping procedure), with scaling coefficients and confidence intervals around scale, item and item-pair scalability coefficients.

Results: Per element accuracy, scalability coefficients, and confidence intervals around scalability coefficients were sensitive to sample size. The results from simulation studies were not replicated; depending on the main goal of the research, sample sizes ranging from &gt;250 (for overall scale H-coefficients) to &gt;1000 (to eliminate lower-bound violations of item-H co-efficients) are needed.

Conclusions: We provide pragmatic sample size guides for researchers interested in different elements of Mokken scaling, suggesting that sample sizes of &gt;250 to &gt;1000 are needed in unidimensional scales with real-world data.

Stress and well-being in the farming community

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Objectives: The present study investigated experiences of stress, loneliness, mental health and wellbeing, help seeking, coping and support in the farming community.

Design: A survey using questionnaire data collection was used.
Methods: In an ongoing survey members of the farming community completed questionnaire measures of stress, loneliness, mental health and wellbeing, help seeking, coping and support.

Results: Analysis if the 274 responses (199 males and 75 females) received currently showed that compared to normative data participants scored significantly higher on measures of loneliness, depressed and anxious affect, and lower on wellbeing, and sense of community. Loneliness correlated inversely with sense of community and wellbeing and directly with depressed and anxious affect. Males exhibited higher levels of stress, depressed affect, and loneliness, and used more avoidance coping. Females reported more support from family, more emotion-focused coping and higher levels of wellbeing. Overall 46% indicated that they would not seek help for emotional problems but with a significant sex difference. For males this was 73% while only 27% of females said they would not seek help.

Conclusion: This is an ongoing survey but this preliminary data suggest that the farming community are experiencing high levels of stress and distress. This seems to be related to loneliness and reduced sense of community. Of significant practical concern is the high level who would not seek help, particularly among males.

The psychosocial impact of 22q11 deletion syndrome on patients and families – a systematic review

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Objectives: The 22q11 deletion syndrome (22q11DS) is one of the most common genomic disorders in humans, affecting around 1:2000 – 1: 4000 people. 22q11DS affects multiple body systems and is associated with multiple physical problems. Given the high rate of physical morbidity associated with the 22q11DS, it was hypothesised that it would exert a high psychosocial impact on patients and their relatives.

Design/Methods: To investigate this, a systematic review of the literature and narrative synthesis was performed. Five electronic databases were searched: PubMed, Scopus, Web of Science, PsychInfo and CiNahl.

Results: Three major themes emerged. Firstly, the complex and conflicting emotions experienced by family members resulting from the diagnosis. Secondly, the pervasive educational and healthcare challenges associated with the diagnosis and thirdly that people affected by 22q11DS strived for individualism.

Conclusions: Rational acceptance may not be representative for all families. Families of patients with 22q11DS are at higher risk of mental health illness and clinical burnout. Family members recognise the distress as an opportunity to embrace their experiences and grow psychologically. Implied education of the general public and healthcare professionals in order to help diminish stigmatisation is therefore much needed. More research and subsequent understanding of the critical transition from childhood to adulthood from the patients’ perspective is required. More efforts are required to gain better perspectives from patients and fathers. This review will be a source for clinical applications and help facilitate better services for families and patients affected by 22q11DS.

Screening history, partner notification and knowledge of Sexually Transmitted Infections/HIV: A preliminary investigation in Irish adults

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Objectives: Sexually Transmitted Infections (STIs) remain as one of the major public health problems in Europe and worldwide. Partner Notification (PN), that is notifying and, if necessary treating the sexual partner(s), is a widely applied public health strategy to control STI spread. Yet, there is limited evidence on the factors associated with PN intentions. This preliminary investigation aims to examine the pattern of relationships between screening history, PN intentions and STI knowledge in general public.

Design: A cross-sectional quantitative design was applied and data were collected via an online questionnaire.

Methods: Participants (n = 196, 140 females) were adults (M = 29 years, SD = 9.34) asked to report their sexual health history, PN intentions, knowledge of STIs and other socio-demographic variables, such as religion status.

Results: Findings showed that 47% of the respondents have never been tested for an STI. Of those being diagnosed with an STI, Human papillomavirus was the most frequently reported diagnosis. Participants being in a committed relationship were more likely to inform their sexual partners for STIs, F (2, 129) = 3.66, p = .03, n² = .05 and HIV, F(2, 120) = 4.21, p = .02, n² = .07, than those who were not in a committed relationship. STI knowledge and religion were not significantly associated with PN intentions.

Conclusions: Findings of this study suggest that there is a need to gain a more in-depth, evidence-based understanding of PN intentions and of the factors that influence these intentions.
Session B

Smartphone apps for improving medication adherence in hypertension: patients’ perspectives
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Objectives: Digital interventions, such as smartphones apps, are becoming an increasingly common way to support medication adherence and self-management in chronic conditions. It is important to investigate how patients feel about and engage with these technologies. The aim of this study was to explore patients’ perspectives on smartphones apps to improve medication adherence in hypertension.

Design: This was a qualitative study based in the West of Ireland.

Methods: Patients with hypertension were purposively sampled. Twenty four engaged in focus groups and three participated in semi-structured interviews. Thematic analysis was carried out on the data.

Results: Three major themes were identified: development of digital competence, rules of engagement and sustainability.

Conclusions: Overall patients were divided in their views on using a smartphone app to self-manage their hypertension. Many could see the benefit of a medication reminder and felt that self-monitoring their BP would be empowering in terms of their understanding of the condition and in interactions with their GPs. However there were concerns around increasing health-related anxiety and doubts about the sustainability of this technology over time.

Content, format and delivery of primary care infant-feeding interventions to prevent childhood obesity
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Objectives: Childhood obesity is a global health challenge. Infant feeding is implicated in the aetiology of childhood obesity. Increased points of contact between parents and healthcare professionals in the first two years provide unique opportunities for interventions to improve infant feeding. The aim of this study is to examine parent preferences for the content, format and delivery of primary care infant-feeding interventions to prevent childhood obesity.

Design: Qualitative focus groups, using semi-structured topic guides, were conducted.

Methods: Six focus groups were conducted in Cork (n=3) and Galway (n=3) with 30 parents (M=4; F=26). Data were analysed using an inductive thematic approach.

Results: Healthcare professional delivered infant-feeding interventions are acceptable to parents. Emergent themes included: need for clear consistent information; intervention timing; practical guidance; how, what and when to feed; evidence-based resources; individual preferences; parent and healthcare professional relationship.

Conclusions: Parents want clear, consistent infant feeding messages including practical guidance and instruction on how, what and when to feed their infant. Individual differences in preferences for intervention delivery formats warrant multi-modal intervention formats. Parents want intervention delivery to be appropriately timed to their infants needs and development. A supportive relationship with a trustworthy healthcare professional is essential for parent engagement with a primary care intervention. These findings are currently being applied in development of the Choosing Health Eating for Infant Health (CHErIsH) intervention.

Predicting burnout among social workers in the United Kingdom
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Objectives: Research has critiqued the psychometric performance of the Maslach Burnout Inventory Human Services Survey (MBI-HSS), a frequently used burnout assessment tool. This study firstly aimed to confirm the latent dimensions of the MBI-HSS among UK social workers, and secondly, to identify predictors of social worker burnout.

Design: Secondary data analysis of a cross-sectional survey of social workers across the UK (N = 1257).

Methods: Twelve alternative factor models were specified within a confirmatory factor analysis framework. Having identified the best fitting measurement model, the latent dimensions were regressed onto a number of demographic and workplace variables using a Multiple Indicators, Multiple Causes (MIMIC) structural model.
Results: As none of the 12 models provided good model fit, further exploratory analyses identified a novel correlated 3-factor model based on 17 items (SB-x2 = 590, df = 116, p < .001, CFI = 0.938, TLI = 0.928, RMSEA = 0.057). Increasing caseload (β = 0.07, p < .001) and less frequent supervision (β = 0.10, p = .01) predicted higher emotional exhaustion (EE) scores. Working in children’s services predicted lower EE (β = -0.16, p = .02) and personal accomplishment (PA) (β = -0.15, p = .002). More than 5 years in practice predicted reduced PA scores (β = -0.12, p = .029).

Conclusion: The MBI-HSS requires revision prior to examining UK social worker burnout. Reducing social worker caseload, and providing more frequent supervision were identified as modifiable risk factors for burnout.

Moderation effects of parental involvement in the association between physical activity, dietary habits and mental health in Ghanaian adolescents

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Objective: This study examine the moderation effect of parental involvement in the association between physical activity, dietary habits and mental health of Ghanaian adolescents.

Design: Data were obtained from the 2012 Ghana Global School-based Student Health Survey.

Methods: The sample consisted of 1,984 students in high schools with a median age of 15 years old consisting of 53.7% males. Bivariate and multivariate logistic regression statistical models using complex samples technique were performed with physical activity and dietary habits as predictors, mental distress (loneliness, worry and suicidal ideation) as outcome measure and parental involvement as a moderator.

Results: The prevalence of mental distress was 18.1%, 16.6% and 23% for loneliness, feeling worried and suicidal ideation respectively. Younger students and students from low socio-economic backgrounds were more likely to experience mental distress. After adjusting for socio-demographic characteristics, some physical activity and eating habits were associated with mental. However, parental involvement decreased the likelihood for some health behaviour factors in both physical activity and dietary habits to be associated with mental distress.

Conclusion: Physical inactivity and poor dietary habits could have a negative effect on mental health, however, parental/guardian involvement could mitigate the impact of lifestyle habits on mental distress. Parents and guardians should be involved in efforts aimed at enhancing positive lifestyle habits in both home and school to ensure good mental health of their children.

Outcomes of cognitive impairment post-stroke: A five-year follow-up of the ASPIRE-S cohort

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Background: Cognitive impairment is common post-stroke, and can increase disability and levels of dependency. This study explored the impact of cognitive impairment six-months post-stroke on outcomes at five years.

Methods: A five-year follow-up of the Action on Secondary Prevention Interventions and Rehabilitation in Stroke (ASPIRE-S) cohort. Cognitive impairment was assessed using the Montreal Cognitive Assessment six months post-stroke. Outcomes at five years included mortality, quality of life, independence in activities of daily living, and anxious and depressive symptoms. Mortality was ascertained from medical records and death notifications. Health-related quality of life was assessed using the Stroke Specific Quality of Life Scale, with higher scores indicating greater quality of life. Activities of daily living were assessed using the Nottingham Extended Activities of Daily Living scale, with higher scores indicating greater levels of independence. Depressive and anxious symptoms were assessed using the Centre for Epidemiologic Studies Depression Scale and Hospital Anxiety and Depression Scale — Anxiety subscale, respectively. Data were analysed using cox, logistic, and linear regression models.

Results: Of 256 patients assessed at six months post-stroke, 63 (24.6%) had died within five years. Cognitive impairment at six months was significantly associated with increased risk of mortality within five years, controlling for age, sex and stroke severity [HR (95% CI): 2.19 (1.42, 3.39)]. Cognitive impairment at six months was also associated with poorer quality of life, lower levels of independence in activities of daily living, and increased likelihood of experiencing depressive symptoms at five years post-stroke.

Conclusion: Cognitive impairment post-stroke continues to be associated with poorer prognoses across a range of outcomes. There is a need for more effective interventions to improve outcomes for this patient group.
Quality of life in prostate cancer: The role of retrospective and prospective appraisals in survivor well-being

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Objectives: Many prostate cancer survivors have poor quality of life (QOL) despite good prognosis. A greater understanding of how psychological appraisals influence QOL is merited given their potentially modifiable nature. In this study we considered how elements of survivors’ retrospective and prospective appraisals related to QOL.

Design: A quantitative-cross sectional design was employed involving 1,229 prostate cancer survivors between 2-5 years post-diagnosis.

Methods: Survivors were asked questions on their socio-demographics, health, treatment received and adverse-effects. QOL was assessed using the EORTC QLQ-C30. Retrospective appraisals were assessed by asking survivors to reflect on their experience of treatment-related adverse-effects compared to prior expectations. A Fear of Recurrence (FOR) scale assessed prospective appraisals of future disease course. A multiple regression model explored the impact of psychological appraisals on QOL, after controlling for socio-demographic, treatment and health-related factors.

Results: The model was significant explaining 37% of variance in QOL. The strongest associate with QOL was FOR (β=-.29; p<.001). Survivors who experienced side-effects that were worse than expected had significantly lower QOL (β=-.10; p=.002). Other significant correlates of lower QOL were: presence of comorbidities, having undergone a less invasive treatment, and having more advanced disease. Working at diagnosis and having a higher level of education were significantly associated with higher QOL.

Conclusions: Results suggest both retrospective and prospective appraisals are independently related to QOL in prostate cancer. Providing survivors with more information about possible adverse-effects of treatment, as well as providing appropriate information regarding future disease progression, may improve QOL.

Developing A Core Outcomes Set For Clinical Trials Of Interventions For Young Adults With Type 1 Diabetes: An International, Multi-Perspective Delphi Consensus Study

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Objectives: To identify a core outcome set (COS) that key stakeholders (young adults with Type 1 diabetes (T1DM), diabetes health professionals, diabetes researchers and diabetes policy makers) consider essential outcomes in intervention research to promote better self-management among young adults with T1DM.

Design: An international, e-Delphi consensus study.

Methods: The study involved three phases: (1) Generation of a list of all possible relevant outcomes; (2) an electronic Delphi survey, which contained two rounds and (3) a consensus meeting to agree a final COS.

Results: Participants in survey 1 (n=127) and survey 2 (n=81) rated the importance of 87 outcomes on a scale of 1-9. Consensus meeting participants (n=12: 3 young adults with T1DM, 4 diabetes health professionals, 4 diabetes researchers and 1 diabetes policy maker) discussed, rerated and voted on outcomes. Eight final core outcomes were agreed for inclusion in the COS: measures of diabetes-related stress; diabetes-related quality of life; number of severe hypoglycaemic events; self-management behaviour; number of instances of diabetic ketoacidosis (DKA); objectively-measured glycated haemoglobin (HbA1C); level of clinic engagement and perceived level of control over diabetes.

Conclusions: This study is the first to identify a core set of outcomes for inclusion in future intervention trials to improve outcomes for young adults with Type 1 diabetes. Psychological and behavioural outcomes emerged as equally important to clinical outcomes. Use of this COS will improve the quality of future research and increase opportunities for evidence synthesis. Future research is necessary to identify the most robust outcome measure instruments.
**A serial interview study of psychological adjustment in post-treatment oesophageal cancer patients and carers**

Dr Lisa Graham-Wisener  
*Marie Curie Northern Ireland*

**Objective:** Oesophageal cancer is an increasingly prevalent disease with a demanding post-curative treatment recovery period and sustained longer term effects. The impact of the diagnosis and curative treatment for oesophageal cancer on outcome measures is well documented for both patient and carer, with significant levels of psychological morbidity and sustained impact on health related quality of life. However, the impact of oesophageal cancer is not usefully captured with a focus on outcome alone, which negates the process of adjusting to the condition. The current study provides the first longitudinal qualitative enquiry for this clinical population, in order to explore the process of adjustment for oesophageal cancer patients and carers post-curative treatment.

**Design:** Serial interview design.

**Methods:** Semi-structured interviews were undertaken with n=6 oesophageal cancer patients who have recently completed curative treatment and n=3 family carers, recruited from a patient association. Interviews were undertaken at baseline and at six month follow-up and analysed using interpretative phenomenological analysis.

**Results:** The findings demonstrate an effortful process of adjustment, with the consequences of living with post-treatment oesophageal cancer most acutely felt in relation to perceived side effects from a changed digestive system, resulting in disruption for the patient and family unit. The process of adjustment included recognising and accepting a changed self, fostering control beliefs over the course of the illness and physical sequelae, searching for meaning, developing illness coherence and moving away from self-blame.

**Conclusions:** This study provides an understanding of post-treatment adjustment for this clinical population, essential to the development of best supportive care.

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**‘It’s an important part, but I am not quite sure that it is working’: a qualitative exploration of educators’ perspectives on the implementation of goal-setting within diabetes self-management education**

Milou Fredrix, Prof Molly Byrne, Dr Jenny McSharry  
*National University of Ireland Galway*

**Objectives:** Diabetes self-management education (DSME) programmes have evolved from information-provision based programmes, to patient-centred and collaborative education programmes, that typically implement behaviour change components such as goal-setting and action-planning. While educators are crucial to the effectiveness of DSME, limited research has explored educators’ views on delivering and operationalising these types of behaviour change components. Therefore, this study aims to explore educators’ perspectives on the implementation of goal-setting strategies within a structured type-1 DSME programme.

**Design:** The study followed a qualitative design and was reported using the consolidated criteria for reporting qualitative research (COREQ) checklist.

**Methods:** Ten semi-structured interviews were conducted with DSME-educators delivering the ‘Dose Adjustment for Normal Eating’ (DAFNE) programme throughout Ireland. A pre-designed topic-guide focused on assessing educator’s experiences of the delivery and practical application of goal-setting strategies within DAFNE and DSME, and exploring their perspectives on the quality and usefulness of goal-setting strategies within DAFNE and DSME. The interviews were recorded and transcribed. The transcripts were analysed using the five stages of thematic-analysis.

**Results:** Five main themes were identified: People need a plan, the power of the group, diversity and individuality, goal-setting’s fit and challenges of delivering behaviour change components.

**Conclusion:** This study offers an in-depth exploration of DSME-educators’ perspectives on the utilisation of goal-setting techniques within DSME. While educators saw benefits in the implementation of goal-setting and planning strategies within DSME, concerns about how well goal-setting currently fits within DSME and follow-up care were evident. Many educators highlighted that the current lack of following up with people after DSME, could hinder goal-achievement. Additionally, many educators experienced the delivery of goal-setting strategies as challenging and would value additional training opportunities.
Poster Presentations

**Poster 1**  
**Exploring environmental volunteers’ perceptions of health**  
Valentine Seymour  
*University College London*

**Background:** Health perception relates to how the concept of ‘health’ is understood and interpreted. It is reasonable to expect that a person’s perception of health might influence how they may interpret concepts and terminology used in health impact measurement tools, with the potential to influence data collected. Understanding such factors is particularly important, having a potential impact on how datasets are then interpreted. This paper explores environmental volunteers’ perceptions of health knowledge, which can be used when designing a health impact measurement tool.

**Method:** The study explores the health perceptions of volunteers within Greater London who engage in environmental activities managed by UK charity, The Conservation Volunteers. Using focus group interviews, content and a general inductive analytical approaches, volunteers’ perceptions were gathered. Volunteers’ perceptions are viewed in comparison to the World Health Organization (WHO) definition, enabling any gaps in knowledge and misconceptions to be easily identified.

**Findings:** Mixed findings were observed in how each of the volunteer groups conceptualised health, related attributes and terminology used. Overall, volunteers’ perceptions closely resembled that of the WHO definition. There were small but appreciable misconceptions in volunteer’s perceptions, yet posed no significant effect on how volunteers perceived health overall. This would therefore not influence how volunteer data is collected and then interpreted.

**Discussion:** Findings from this study provided valuable insight into volunteers’ perceptions of health, exploring those characteristics which helped shaped their perceptions. Such knowledge needs to be taken into consideration when designing a health impact measurement tool in an effort to use more effective communication.

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**Poster 2**  
**Does cognitive impairment impact adherence? A systematic review and meta-analysis of the association between cognitive impairment and medication non-adherence in stroke**  
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**Background:** While medication adherence is essential for the secondary prevention of stroke, it is often sub-optimal, and can be compromised by cognitive impairment. This study aimed to systematically review and meta-analyse the association between cognitive impairment and medication non-adherence in stroke.

**Methods:** Systematic literature search of longitudinal and cross-sectional studies of adults with any stroke type, which reported on the association between any measure of non-adherence and cognitive impairment. Odds ratios and 95% confidence intervals were the primary measure of effect. Risk of bias was assessed using the Cochrane Bias Methods Group’s Tool to Assess Risk of Bias in Cohort Studies. We conducted sensitivity analyses according to measure of cognitive impairment, measure of medication adherence, population, risk of bias and adjustment for covariates.

**Results:** From 1,760 titles and abstracts, we identified 9 studies for inclusion. Measures of cognitive impairment varied from dementia diagnosis to standardised cognitive assessments. Medication adherence was assessed through self-report or administrative databases. The majority of studies were of medium risk of bias (n=6); two studies had low risk of bias. Findings were mixed; when all studies were pooled, there was no evidence of an association between cognitive impairment and medication non-adherence post-stroke [OR (95% CI): 0.85 (0.66, 1.03)]. However, heterogeneity was substantial [I² = 90.9%, p<.001], and the overall evidence quality was low.

**Conclusions:** Few studies have explored associations between cognitive impairment and medication adherence post-stroke, with substantial heterogeneity in study populations, and definitions and assessments of non-adherence and cognitive impairment. Further research using clear, standardised and objective assessments is needed to clarify the association between cognitive impairment and medication non-adherence in stroke.
Poster 3 Cognitive impairment in stroke patients five years post-stroke is associated with anxious and depressive symptoms in family members

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Background and Aims: Cognitive impairment is common post-stroke, and is associated with increased levels of disability and dependency, leading to a greater burden on family members. The aim of this study was to explore associations between cognitive impairment in stroke survivors and anxious or depressive symptoms in family members five years post-stroke.

Method: As part of a five-year follow-up of the Action on Rehabilitation and Secondary Prevention Interventions in Stroke (ASPIRE-S) cohort of stroke patients, family members completed a self-report questionnaire. Symptoms of anxiety and depression were assessed using the Hospital Anxiety and Depression Scale - Anxiety (HADS-A) and Center for Epidemiologic Studies Depression Scale (CES-D). Cognitive impairment in stroke survivors was assessed using the Informant Questionnaire on Cognitive Decline in the Elderly (IQCODE score &gt;3.3).

Results: 77 family members participated, of whom 71 completed the HADS-A, and 51 the CES-D. Family members were spouses/partners of stroke patients (n=49, 63.6%), adult children (n=22, 38.6%) or siblings (n=6, 7.8%). The majority was female (n=62, 80.5%). Depressive symptoms were evident in 25.5% of family members, with 19.7% reporting symptoms of anxiety. Twenty-two stroke patients (29.0%) were identified as having evidence of cognitive impairment. Family members of stroke patients with cognitive impairment were significantly more likely to report depressive [OR (95% CI): 8.00 (1.99, 32.14)] or anxious symptoms [OR (95% CI): 7.00 (2.05, 23.87)].

Conclusion: Cognitive impairment in stroke patients is significantly associated with depressive and anxious symptoms in family members. Family members play a key role in the care and rehabilitation of stroke patients. Enhancing their psychological wellbeing and identifying possible ways to decrease burden is thus essential.

Poster 4 A realist evaluation of a music therapy intervention in an inpatient hospice setting

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Objectives: Music therapy is becoming increasingly common as an adjunct therapy to support symptom management in palliative care settings. There is a small but promising research body identifying the effect of music therapy on patient reported outcomes, including health related quality of life. However, studies to date have paid little attention to the processes which lead to these changes in patient outcomes. The current study aimed to explore the processes involved in the implementation of music therapy as part of a feasibility and pilot randomised controlled trial to an inpatient specialist palliative care setting in the United Kingdom.

Design: A realist evaluation approach was used.

Methods: A mixed-methods qualitative approach involved three focus groups with a range of healthcare professionals (n=19) and a music therapist in addition to an analysis of open-text in a quality of life questionnaire with patients (n=11).

Results: Music therapy contains multiple mechanisms that can provide physical, psychological, emotional, expressive, existential and social support. There is also evidence that the hospice context, typified by a holistic approach to healthcare, is an important facilitator of the effects of music therapy. Examination of patients’ responses helped identify specific benefits for patients with particular characteristics.

Conclusions: There is a synergy between the therapeutic aims of music therapy and those of palliative care, which appealed to a significant proportion of participants, who perceived it as effective.
Poster 5  Medical student Intervention to promote effective nicotine dependence and tobacco Healthcare (MIND-THE-GAP): single-centre feasibility randomised trial results (NCT02601599)

Dr Anusha Kumar1, Prof Ken Ward2, Dr Lisa Mellon1, Miriam Gunning3, Sinead Stynes3, Prof Anne Hickey1, Prof Ronan Conroy1, Dr Liam Cormican1&4, Prof Seamus Sreenan1&4, Dr Frank Doyle1
1Royal College of Surgeons in Ireland, 2University of Memphis, 3Health Service Executive, 4Connolly Hospital

Objectives: Although brief cessation advice from healthcare professionals increases quit rates, smokers typically do not get this advice during hospitalisation, possibly due to resource issues, lack of training and professionals’ attitudes. We aimed to determine if brief student-led counselling could enhance motivation to quit and smoking cessation behaviours among hospitalised patients.

Design: A mixed-methods, 2-arm pilot feasibility randomised controlled trial with qualitative process evaluation

Methods: We enrolled 67 hospitalised adult smokers, who were randomized to receive a brief medical student-delivered cessation intervention (n = 33) or usual care (n = 34); 61 medical students received standardised cessation training and 33 were randomly assigned to provide a brief in-hospital consultation and follow-up support by phone or in-person one week post-discharge. Telephone follow-up at 3- and 6-months assessed scores on the Motivation to Stop Smoking Scale (MTSS; primary outcome) and several other outcomes, including 7-day point prevalent abstinence, quit attempts, use of cessation medication, and ratings of student’s knowledge and efficacy. Focus group interviews were conducted with students post-intervention to elicit their views on the training and intervention process.

Results: Intention-to-treat (ITT) analyses for primary and most secondary outcomes favoured the intervention group, although results were not statistically significant. Patients rated students as being “very” knowledgeable about quitting and “somewhat” helpful. Qualitative results showed students were glad to deliver the intervention; were critical of current cessation care; felt constrained by their inability to prescribe cessation medications and wanted to include cessation and other behaviour counselling in their normal history taking.

Conclusions: It appears feasible for medical students to be smoking cessation interventionists during their training. A definitive trial is needed to determine if medical students are effective cessation counsellors.

Poster 6  Pain management with over-the-counter medication in Irish community pharmacies

Talent Nyamakope
Maynooth University

Literature Review: Community pharmacies provide opportunities for patients with pain to self-medicate without a prescription. Analgesics; paracetamol, ibuprofen and aspirin are sold as first line treatments for pain. For persistent pain, analgesics combined with the opiate codeine can be recommended as a second line treatment for three days maximum use. Though less profound than morphine, codeine has an identified significant dependence and abuse potential; over the counter (OTC) codeine dependence and abuse is a growing problem internationally. The role of community pharmacies in counselling and monitoring medicine use and providing healthcare advice is not always acknowledged by patients/consumers; this role can be further problematized by the mixed retail/healthcare space in community pharmacies

Rationale: The aim of this research is to explore the views and experiences of community pharmacy staff on their interactions and relationships with patients/consumers in the management of pain with OTC medication. The objectives are:
1. To explore the healthcare advice provided in community pharmacies on pain management.
2. To explore the influence of the community pharmacy structure on the services provided.
3. To explore the relationships between pharmacy workers and patients/consumers in pain management.
4. To explore the issues surrounding the sale of OTC medication for pain management with specific focus on codeine based pain medication.

Research Outline: Approximately 25-30 community pharmacy workers (pharmacists, healthcare advisors and pharmacy technicians) will be recruited to participate in semi-structured interviews which will be analysed using thematic analysis.
Poster 7  Prevalence And Predictors Of Adherence To Inhaled Corticosteroids Among Young Adults (15-30 Years) With Asthma: A Systematic Review

Jane Murphy, Dr Gerry Molloy, Dr Jenny McSharry, Luke Van Rhoon, National University of Ireland Galway

**Literature review:** Asthma is the most common chronic disease in Ireland and a leading cause of morbidity globally. It is more prevalent earlier in the lifespan affecting 21% of children and 9.8% of the population overall in Ireland. Approximately 60% of these people have uncontrolled symptoms. Asthma control depends on patient self-management behaviours. These include daily adherence to inhaled corticosteroids (ICS), which are the most effective controller asthma medication. However, ICS adherence is poor.

**Rationale:** The focus of this review is on young adults 15-30 years. Adolescents and younger adults have reported the lowest levels of ICS adherence. Additionally, by age 15, adolescents often take their ICS medication on their own, i.e. independent of their parents. This age range also incorporates the developmental period known as 'Emerging Adulthood' (18-25 years). This is an important period where young adults with chronic conditions are taking on responsibility for the self-management of their health. This has been identified as a critical period to study asthma self-management specifically, which requires attention.

**Proposal:** This is a review of quantitative studies on 15-30 year olds, living with asthma and currently being prescribed ICS. It aims to provide a quantitative synthesis, e.g. a prevalence estimate, and a narrative review, e.g. of predictor(s) of adherence. The prevalence of adherence will be calculated by pooling study estimates using random-effects meta-analysis. Chi-squared tests and the I-squared statistic will assess between-study heterogeneity. Sensitivity analyses will be performed to assess the influence of each study on the overall estimated prevalence of adherence.

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Poster 8  Depression, Anxiety and Apathy in Young-onset and Atypical Dementia: A Systematic Review

Jessica D. Collins, Dr Susie M. D. Henley, Dr Aida Suarez-Gonzalez
University College London

**Objectives:** Depression, anxiety and apathy are the most commonly reported neuropsychiatric symptoms in Alzheimer’s disease. However, their prevalence in atypical and young-onset phenotypes remains elusive due to the low prevalence of these forms, the high rate of missed diagnosis and the heterogeneity of methods across studies. The goal of this systematic review is to examine the body of empirical studies investigating the prevalence of depression, apathy and anxiety in atypical and young-onset dementia.

**Design:** This systematic review includes all peer-reviewed papers to September 2017 related to depression, anxiety and apathy in people diagnosed with atypical and young-onset dementia.

**Methods:** Three electronic databases (Embase, PsycINFO, PubMed) were searched. From the initial 3659 records identified, 38 papers met criteria to be included for data analysis. Quality assessment was conducted considering a set of pre-determined criteria.

**Results:** Apathy was found to be the most prevalent symptom across phenotypes, with highest prevalence in behavioural variant frontotemporal dementia, semantic variant primary progressive aphasia and young-onset Alzheimer’s disease, followed by depression (highest prevalence in semantic dementia) and anxiety (highest prevalence in posterior cortical atrophy).

**Conclusion:** The present study represents the first systematic review examining prevalence of depression, anxiety and apathy in young-onset and atypical dementia, proving high inter-phenotype variability and a strong prevalence of apathy in comparison to depression and anxiety.

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Poster 9  Reducing the patient interval for breast cancer: developing a digital intervention using the Person-Based Approach

Emma Carr
National University of Ireland Galway

**Literature review:** It is now accepted as good practice to elicit end-user/patient views during the design phase of interventions. It is hoped that incorporating these views into the development of interventions will enhance their acceptability and usability, and therefore, effectiveness. Research contributing to this evidence base is important to the field of health psychology.

**Study Rationale:** Participants’ think-aloud interviews will provide data on the usability of the DI. The results of the study will be used to refine the design of the DI thereby improving usability and acceptability of the final intervention to reduce the patient interval for breast cancer.
Proposal: This study aims to examine the usability of a digital intervention (DI) designed to decrease the patient interval for breast cancer. The DI was developed using qualitative data from focus groups as well as current research evidence. The objective is to elicit feedback from users of the DI that will then be used to update the design of the DI to improve usability and acceptability. Eliciting end-user feedback during the design phase is central to the Person-Based Approach (PBA) to DI development. A qualitative design will be used to collect data via think-aloud interviews which will be audio-recorded, transcribed verbatim and thematically analysed. Participants (n=10) will be sampled purposively based on age, sex and occupation. Ethical approval has been granted.

Poster 10 An Investigation of the Relationship Between Health Literacy and Influenza Vaccination: A Mediation and Moderation Analysis
Louise Burke
National University of Ireland Galway

Literature Review: Influenza is a serious public health concern which is preventable by vaccination. Though the vaccine is typically recommended for all adults aged ≥ 65 years, more recent recommendations advise that all adults aged ≥ 50 years are vaccinated. However, only 54% of medical card holders aged ≥ 65 years and 30% of 50-64 years-olds were vaccinated in winter 2016/2017. The current study aims to determine the impact of health literacy (HL) on influenza vaccination decision-making among this population.

Study Rationale: Though the association between HL and vaccination has attracted moderate research attention and a recent review of the literature found that low HL is associated with the failure to vaccinate, additional research is needed. A causal model of HL proposes that the association between HL and vaccine uptake is mediated by beliefs, attitudes, and knowledge. Thus, the primary aims of the current research are to investigate potential relationships, more specifically, between HL and influenza vaccination; mediated by beliefs or knowledge; and moderated by critical thinking disposition.

Outline of the Study Proposal: A non-experimental, cross-sectional design is used. Data are currently being collected from a healthy, community-based sample of people aged ≥ 50 years via questionnaires (identical online and hard-copy versions). HL is measured as a predictor; past receipt and future intentions to receive the influenza vaccination as outcomes; knowledge, beliefs and attitudes as potential mediators; and critical thinking disposition as a potential moderator. Data will be analysed using Pearson’s correlations and logistic regression analyses.

Poster 11 Service Evaluation of Sports 4 U – a 10 week adapted - physical exercise programme and psycho-education group workshop for people with an Acquired Brain Injury in Northern Ireland
Michael Lamont
Trinity College Dublin

Objectives: Resport is a Eurasmus+ funded European partnership whose aim is to develop a network of new rehabilitation sport activities for people with disabilities and to support the implementation of these activities across Europe. As a Resport partner, Brain Injury Matters is implementing and evaluating ‘Sports 4 U’ - a programme combining adapted physical activity with workshops on promoting well-being and an opportunity for peer and social interaction, for people with an Acquired Brain Injury (ABI) in Northern Ireland.

Design: ‘Sports 4 U’ combines a circuits-based exercise programme adapted specifically for people who have experienced an ABI, designed by Neurophysiotherapist Dr. Katy Pedlow, with workshops led by Associate Psychologist Michael Lamont.

Methods: Participant were recruited from Brain Injury Matters existing service user database, self-referrals and referrals from NHS community brain injury teams. 8 participants were recruited (6 males, 2 females aged 21-64) with mild to moderate post-ABI symptoms. Participants complete two full circuits of physiotherapist-led exercise, followed by a 30 min workshop and 30 min socialising in a café, once a week.

Results: Each week the level of exercise, weight used, number of reps and duration of exercise is recorded for each participant. Perceived exertion is recorded using the Borg RPE scale at the end of each circuit. A self-report questionnaire was administered in week 1 and will be re-administered in week 10 along with a feedback questionnaire and individual case studies will also be completed.

Conclusions: The presentation will discuss the quantitative and qualitative outcomes of the first 10 week block of the programme.
Poster 12  
**Parental feeding practices: The role of modelling, restriction and pressure on children’s dietary intake patterns and body image**

Niamh Clarke, Dr Amanda Fitzgerald  
*University College Dublin*

**Objectives:** Using a social cognitive framework, this study aims to investigate the effects of parental modeling of healthy eating, parental restriction of unhealthy foods, parental pressure to eat certain foods, and self-efficacy on child’s dietary intake and body image. This study also examines the potential direct effects of body image on children’s food intake patterns. There is a lack of research into the relationships between body image, parental feeding practices and non-disordered food intake patterns. This study addresses these gaps in the literature.

**Design:** Participants were recruited from 25 primary and secondary schools in Ireland. Self-report measures assessed parental modeling, restriction, pressure, self-efficacy and body image. A food frequency questionnaire was used to assess children’s dietary intake. Objective measures of weight and height were taken for each participant.

**Methods:** Participants (N=691) were 371 boys (53.69%) and 320 (40.31%) girls aged 9-19. Dietary pattern analysis was conducted on the food frequency questionnaire to derive food intake patterns. Structural Equation Modeling will be used to test the hypotheses.

**Results:** It is hypothesized that parental modeling, restriction and pressure will predict children’s dietary intake patterns. The study also hypothesizes that body image will have a direct effect on children’s dietary intake patterns. It is hypothesized that self-efficacy will mediate these relationships.

**Conclusions:** This study will inform interventions targeting children’s weight, dietary intake and body image. Results have the potential to identify and promote parental feeding practices that positively impact children’s dietary outcomes and body image.

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Poster 13  
**A Ketogenic Diet and Mental Health**

Erin Louise Bellamy  
*University of East London*

**Literature Review:** The Ketogenic Diet (KD) was introduced by Wilder in 1921 as a treatment for drug resistant epilepsy. The KD is a high fat, adequate protein, low carbohydrate diet. Due to the low amount of carbohydrates in the diet the body is forced to break down stored fat. This fat is used as energy by most organs in the body apart from the brain and liver which use “ketone bodies” converted from fat stores. This process switches the body from a carbohydrate burning state into a fat burning state called “ketosis”. The ketones that are produced have anti-inflammatory properties.

**Study Rationale:** Research suggests that depression may be linked to inflammation as seen by increased levels of many inflammatory markers in some individuals with depression. A recent study that investigated this found that individuals with high levels of inflammation are less likely to respond to antidepressants. Therefore, if some of the underlying mechanisms of depression are based on inflammation then perhaps the anti-inflammatory effects of the KD may help to alleviate some depressive symptoms.

**Study Proposal:** Eligible participants will be separated into two groups, “Healthy Adults” or “Depressive Symptoms”. Participants (N=900) will be randomised to a LCD, KD or Waiting List (Control Group). Participants in the diet intervention groups will follow the online programs developed by Diabetes.co.uk, with additional measures provided by the researcher. These three studies will use a double blind, randomised controlled trial design to assess the comparative behavioural effects of a Low Carbohydrate Diet (LCD) and KD on mental wellbeing.

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Poster 14  
**Carers Under Pressure: Stress and Quality of Life in Parents of Children with an Intellectual Disability**

Dr Emma Staunton, Dr Louise Sharkey, Dr Claire Kehoe  
1Cherry Orchard Hospital Campus, 2National Children’s Hospital, 3Linn Dara Celbridge

**Objectives:** The aim of this study is to evaluate stress, quality of life and satisfaction with supports in parents of children with intellectual disability (ID) referred to a CAMHS MHID Service.

**Design:** This is a correlational design examining stress, challenging behaviours, quality of life and supports.

**Methods:** Ethical approval was granted from the Ethics Committee. 33 parents consented and completed questionnaires (Aberrant Behaviour Checklist (ABC), Parenting Stress Index (PSI), Family Quality of Life Scale (FQOL), modified Family Support Scale (M-FSS)).
**Poster 15: Psychosocial predictors of HIV rapid testing among men who have sex with men in Ireland**

Rachel McCauley  
National University of Ireland Galway

**Background:** The psychosocial predictors of HIV testing are well documented but the extent to which these findings apply to Rapid HIV testing is unknown. A recent systematic review suggested that the predictors of conventional HIV testing are best represented by the Theory of Planned Behaviour (TPB). However, it also noted that fear of negative results and fear of stigma are the most frequent self-reported barriers to testing. In most TPB research on testing, the emotional process of fear is not examined. This study aims to test the incremental validity of adding fear-related variables to a TPB model of rapid HIV testing.

**Method:** This is a cross-sectional study focused on men who have sex with men, who are over 18 and resident in Ireland. At least 208 participants will be recruited. Participants will complete the HIV-Knowledge Questionnaire, the HIV Antibody Testing Attitude scale, the Sexual Risks scale, the Fear of Positive HIV Result scale, a HIV Perceived Behaviour Change Techniques are most effective in improving body weight and glycaemic measures; and identifying which digital components (e.g., exercise apps, text messaging) constitute a successful digital T2D prevention programme. Second, a qualitative study will examine the perspectives of Irish health care professionals and adults with pre-diabetes on the implementation of, and participation in a national digital T2D prevention programme. Third, informed by findings from studies one and two, and the format of the NHS digital Diabetes Prevention Programme, a new digital T2D prevention programme will be adapted for the Irish population, and subsequently pilot tested.

**Implications:** As 89% of Irish households have internet access, this programme may overcome accessibility and economic limitations of traditional face-to-face programmes; ease the strain on national health care resources; and, reduce the instance of, and prevent the progression to T2D.
Poster 17  Music and mHealth
Orna Murray, Jenny Groarke, Jane Walsh
National University of Ireland Galway

Objectives: The relationship between music listening (ML) and affect regulation (AR), and ML and physical activity (PA) is well documented. However, much of this laboratory-based experimental work lacks ecological validity. This study will use mobile Experience Sampling Methods (mESM) to examine the effect of ML on AR and PA in naturalistic settings and over time.

Design: The mESM application MuPsych will collect data in real-time using pop-up questionnaires on the participant's smartphone during ML and other activities of daily life. 156 participants will be recruited for this research.

Method: MuPsych will collect momentary assessments of emotional experiences during randomly sampled episodes of ML and non-musical episodes. PA data will be measured by the pedometer application Accupedo. Validated questionnaires will be completed by participants via the MuPsych app at baseline and end-point of study. Paired-sample t-tests will determine the efficacy of ML for AR and PA relative to other activities. Hierarchical regression analyses will be used to examine relationships between emotional experiences, level of PA, ML behaviour and wellbeing outcomes.

Results: It is hypothesised that AR and PA will be significantly greater in episodes of ML than non-musical episodes. It is also expected that PA, adaptive emotional experiences, and greater ML will predict improved wellbeing. Data collection is ongoing, and results will be presented in June.

Conclusion: This study builds upon laboratory research highlighting positive effects of music on adaptive outcomes, and examines the impact of ML on AR and PA. It will evaluate ML as a potentially cost-effective mHealth intervention for improving AR and increasing health behaviour.

Poster 18  Psychosocial Support Use and Future Development Potential in a Dublin-Based Medical Oncology Unit
Vicky Lunt1&2, Dr Yasmin Khan3, Anneka Hickey3, Natalia Duda4, Emma Gannon4, Muireann Barry1, Dr Mahgoub Thamir1, Prof Naill Pender1&4, Dr Siobhan McHale1&5, Dr Patrick Morris1&5, Prof Liam Grogan1&5, Prof Oscar Breathnacht1&5
1Beaumont Hospital, 2St Luke's Radiation Oncology Network, 3Health Service Executive, 4Trinity College Dublin, 5Royal College of Surgeons Ireland

Objectives: Screening for distress in patients with cancer is routinely recommended on the assumption that a quick and standardised examination will result in the identification of clients who might require or benefit from additional support. However, there is little evidence that screening programmes significantly improve distress outcomes and several authors have advocated instead for simply asking cancer patients directly about unmet service requirements.

Design and Method: An audit was conducted over a 4-week period in November 2017 to ascertain existing support service utilisation, as well as to seek patient input regarding future psychosocial resource planning. A researcher compiled questionnaire was distributed to consecutive patients attending outpatient medical oncology appointments in a Dublin-based Hospital. Data was obtained from 78 respondents.

Results: Two proxy measures of emotional distress were posed to the participants with results broadly in line with extant literature. Unsurprisingly, distress was higher in those undergoing more than one treatment modality, and those with co-morbid conditions. Patients indicated a desire for variety and breadth in future psycho-social support services.

Conclusions: Cancer care is moving from disease-focused management towards a person-centred approach with an emphasis on the importance of a strong therapeutic alliance. People in this present audit indicated a desire for a range of psychosocial resources. In line with Ireland’s National Cancer Strategy and in order to meet the needs of patients, the availability of a dedicated and collaborative multidisciplinary team and breadth of services should be considered the gold standard.
Factors that influence parents’ intentions to introduce solid food to infants in Ireland: a cross-sectional follow-up study

Nicole Cooke
National University of Ireland Galway

Objectives: The introduction of solid food is essential to provide for the nutritional requirements of infants. The guidelines recommend the introduction of solid foods to infants close to six months of age. The early introduction of solid food is influenced by social, psychological and cultural factors, including parents’ intentions to begin the weaning process. Thus, it is important to understand what factors contribute towards the introduction of solid foods to promote healthier decisions regarding weaning and good infant health. This study will investigate parents’ intentions and behaviours related to introducing solid foods and will distinguish the factors which influence parents through this utilisation of Social Cognitive Theory and Theory of Planned Behaviour. The study objectives include the examination of parents’ infant feeding practices, knowledge of the recommendations of weaning onto solid foods and parents’ intentions to begin the introduction of solid foods.

Design: A quantitative, descriptive and longitudinal study design will be employed.

Methods: Participants will consist of approximately 150 parents with an infant aged between two and four months. Parents will be recruited through online forums and support groups. Logistic regression will be used to identify the predictors of the timing of the introduction of solid foods (i.e. those who follow the guidelines and those who do not).

Results: Data collection will be completed by the end of May 2018. Follow-up data will be collected approximately two to four months after initial data collection.

Conclusions: This study aims to identify the factors which influence parents’ intentions to begin weaning onto solid foods and hopes to contribute towards the improvement of weaning guidelines and practices.
**Poster 21**

**A Systematic Review Of The Barriers And Facilitators To Physical Activity Initiation And Maintenance At Early Midlife**

Sinéad Bracken, Prof Molly Byrne, Dr Gerry Molloy  
National University of Ireland Galway

**Objectives:** Many health initiatives and interventions are targeted at increasing physical activity (PA) levels in older age but early midlife, particularly among non-clinical populations, is an under-targeted population for health research. There is limited understanding of the barriers and facilitators to PA at early midlife. This is a crucial period in the lifespan as it marks the establishment of patterns for later life and paves the way for successful ageing. This study aims to synthesise the findings from the literature on the barriers and facilitators to PA in the general population at early midlife (40 to 54 years).

**Design:** A systematic review of the literature will be conducted, following the PRISMA checklist for systematic review protocol. The review protocol has been registered with PROSPERO.

**Method:** Both quantitative and qualitative research will be included in this review of PA initiation and/or maintenance in adults at early midlife. Because of the wide range of methods employed in these studies, it is proposed to conduct a narrative synthesis of findings. RESULTS: Provisional descriptive results will be presented.

**Conclusions:** An identification and synthesis of the specific barriers and facilitators to the initiation and maintenance of physical activity at early midlife will provide valuable information that may be used to inform potential interventions aimed to increase PA levels amongst the general population at early midlife.

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**Poster 22**

**Exploring the effect of a descriptive social norm message on unhealthy snack food intake in young adults**

Emer Galvin, Dr Caroline Heary  
National University of Ireland Galway

**Objectives:** The primary aim of this study was to examine the effect of a descriptive social norm message to reduce unhealthy snack food intake in young adults, compared to a health education message.

**Design:** The study employed a mixed experimental design.

**Methods:** A sample of undergraduate psychology students were randomised into two experimental conditions; a descriptive social norm condition and a health education message condition. The intervention consisted of an online informational slideshow. Participants were randomised to watch a video outlining the unhealthy snack food intake of other young adults (based on previous research), or to watch a video outlining the recommended intake of unhealthy snack food based on Department of Health guidelines. Participants’ self-report intake of unhealthy snack food was measured before the experimental manipulation, and at one-week follow up. A 2 x 2 mixed ANOVA will be used be used to analyse the data.

**Results:** Data collection is currently in progress.

**Conclusions:** Findings from the study may contribute to a new body of evidence regarding the use of social norm based messages to motivate young people to eat more healthily.

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**Poster 23**

**The Identification of the Active Ingredients of Phase III Cardiac Rehabilitation for Cardiovascular Disease Patients - Research in Development**

Hannah McAuliffe, Dr Jenny McSharry, Dr Oonagh Meade  
National University of Ireland Galway

**Introduction:** Cardiac rehabilitation (CR) is an internationally recommended lifestyle and medical risk factor management programme delivered to patients following a cardiac event. There are 3 phases of CR, with Phase III delivered to patients within 6 weeks of discharge from acute care. There is a wealth of evidence supporting the effectiveness of CR, however, the active ingredients, also referred to as behaviour change techniques (BCTs), that lead to these outcomes remain unclear.

**Objectives:** The objectives of this study are to identify the BCTs used in Phase III CR delivered in a community setting by Croí, the Irish heart and stroke charity, and to explore patient and facilitator experiences of the programme.

**Methods:** Observational and qualitative methods were used to address the research questions.
Design: Intervention manuals and programme sessions were coded using Michie et al. (2013)’s BCT Taxonomy Version 1 to identify which BCTs were included in programme materials and delivered in practice. Interviews and focus groups with programme facilitators and patients are currently being conducted to get a deeper understanding of their experiences of the programme and their perceptions of the active components. They will be audio-recorded, transcribed and analysed using thematic analysis.

Implications: This study addresses a major gap in the literature by defining the active ingredients of a Phase III CR programme. Describing content using an established BCT taxonomy also allows the programme to be replicated in a standardised manner. Exploring patient and facilitator views will inform future refinement of CR for delivery at a national scale.

Poster 24 Psychological factors, somatic concerns and secondary traumatic stress in female domestic violence support specialists
Soraya Matthews, Jonathan Egan
National University of Ireland Galway

Objectives: To identify the workplace and psychological factors which predict the development of somatic concerns (SCs) and secondary traumatic stress (STS) in female domestic violence support specialists (DVSS). To evaluate whether the psychological profile of female DVSS who report experiencing ‘trauma similar to their clients’ differs from those who do not report prior trauma. To assess if compassion satisfaction (CS) and engagement in self-care plans protect against the development of SCs and STS in female DVSS.

Design: A within-subjects cross-sectional design was employed. An online survey included demographic questions and questionnaires to evaluate the predictors of SCs and STS.

Methods: As data collection is until May, participants are being recruited from national DVSS services and will use a sample of at least 43 based on G*Power.

Results: Hypothesized that higher scores on the psychological and organizational factors evaluated will predict higher SCs and STS and that higher scores on CS and self-care engagement will predict lower SCs and STS. Hypothesized that those who identified prior personal trauma will rate higher on the evaluated factors, SCs and STS.

Conclusions: Psychoneuroimmunology (PNI) suggests that exposure to trauma “primes” the inflammatory response system so that it reacts more rapidly to subsequent life stressors. Afari and colleague’s (2014) review found that individuals who reported trauma exposure were 2.7 times more likely to have a functional somatic syndrome. This study will highlight the effects of this work on a professional’s physical and mental health at a national level and help to inform future organizational self-care practices.

Poster 25 Understanding the experience of chronic pain from the perspective of people with an intellectual disability
Dominique Phillips, Prof Brian McGuire, Dr Siobhan O’Higgins
National University of Ireland Galway

People with an intellectual disability (ID) may be more susceptible to chronic pain due to associated or comorbid conditions. Biological, physiological, and social factors all contribute to the experience of chronic pain, however, this approach is rarely applied to an ID population. The aim of the study is to understand the experience of chronic pain from the perspective of people with an ID. Participants will be asked to identify the location, intensity, duration, and sensation of their pain. The impact of chronic pain, current coping strategies, and how people communicate their pain will also be explored. It is expected that these findings will help us understand the psychosocial impact of chronic pain in ID and inform treatment accordingly. One-to-one semi-structured interviews will be used to qualitatively address the research question. Communication will be supported with visual aids such as body maps. Participants will be recruited through local service providers until data saturation is reached. Interviews will be audio recorded, transcribed verbatim and analysed using content analysis. The project has received ethical approval from NUI, Galway. Separate ethics applications have been submitted to two local service providers. The findings of this study may provide new insights and help to refine our approach to chronic pain treatment and self-management in this population.
Poster 26  A qualitative exploration of health and well-being among religious leaders

Peter Kelly
National University of Ireland Galway

**Background:** Religious leaders have been found to report higher levels of positive affect, and life and job satisfaction/fulfilment, in comparison to a lay population. However, religious leaders have also been found to experience significant perceived stress, emotional exhaustion, depersonalisation, spiritual dryness, and burnout, often to a larger extent than their lay counterparts. These experiences have been shown to vary according to a number of factors, including age, gender, type of religious leader, denomination, celibacy vows, and living arrangements.

**Rationale:** Most of the previous quantitative research into religious leaders’ health and well-being summarised above have employed a cross-sectional or correlational design. The few qualitative studies that have been conducted have focused on distinct homogeneous populations within Christianity. This study will allow for a novel and more in-depth exploration into the lived experience of a heterogeneous sample of religious leaders using interpretative phenomenological analysis.

**Design:** A qualitative design was employed in this study

**Participants:** Individuals with recognised authority within a religious body represented this study’s sample.

**Data Collection:** The data sampling method employed was purposeful sampling. Data was collected through one-to-one semi-structured interviews, typically one hour in length. Participants were asked a series of open-ended, flexible questions regarding their health and well-being.

**Data Analysis:** Data was analysed through interpretative phenomenological analysis (IPA).

**Conclusion:** Religious leaders’ health and well-being are complex structures with many unique characteristics offering opportunities for future research and insight.

Poster 27  Examining the moderating effects of conscientiousness on the relationship between prospective memory and medication adherence

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Prospective memory (PM) refers to the formation, retention and execution of future intentions (Sheppard et al, 2016). PM positively correlates with levels of medication adherence with small-medium effect sizes (Zogg et al, 2012). Consequently, age-related declines in PM have been shown reduce adherence levels (Hayes et al, 2009). Higher trait conscientiousness is associated with increased levels of medication adherence (Molloy et al, 2014) and could therefore compensate for the effects of low PM on adherence levels. This study intends to investigate this. This research will use an existing dataset from the Irish Longitudinal Study on Aging (TILDA). The medication possession ratio (MPR) of hypertensive participants will be calculated and categorised as adherent (MPR>80%) or non-adherent (MPR<80%). A logistic regression using the MPR categorisation as an outcome variable will be conducted using PM and other relevant covariates as predictor variables. A linear regression with a continuous MPR as the outcome variable will also be conducted. A moderated multiple regression using a PM x conscientiousness interaction term will also be conducted. It is expected that PM will positively correlate with medication adherence and that conscientiousness will moderate this relationship whereby participants low in PM but high in conscientiousness will exhibit higher adherence rates than participants low in PM and conscientiousness. This research has the potential to highlight the effects of PM on medication adherence and the role personality could play in regulating these effects.

Poster 28  Supporting Medication Adherence in Multimorbidity- a teaching and e-learning resource for general practice

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**Objectives:** Multimorbidity (MM), defined as the coexistence of two or more chronic conditions in an individual, is now considered the norm rather than exception in primary care patients. Adhering to the often complex drug regimens associated with MM has been found to be a major challenge and many patients do not take their medications as prescribed.

**Design:** Using principles of knowledge translation, we will develop, deliver and evaluate a 10-minute e-learning resource that will use evidence-based approaches to help GPs and practice nurses to support long-term medication taking in MM. Informed by the principles of patient and public involvement, the resource will be developed with the input of key expert groups in medication adherence-namely patients, healthcare professionals and psychologists.
Methods: A Collective Intelligence Session will be conducted with our expert groups. This collaborative method will enable us to combine knowledge, share insights and generate possible solutions. The output will have an integral role in the content and design of the resource—a mixture of text, videos, scenarios, and quizzes will be used to ensure material is accessible and engaging. Articulate Software, an e-learning tool, will be used to build this interactive content.

Results/Conclusions: The main output will be a flexible and engaging e-learning package that can be integrated into general practice and clinical education programmes as a supportive tool. Supporting self-management of chronic illnesses will help our health services to better cope with increasing care demands, improve patients’ quality of life, and reduce the likelihood of complications, hospitalizations and deaths.

Poster 29 The benefits of pre-surgical exercise for prostate cancer patients’ perception of quality of life
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Aims: The purpose of this study is to gain an insight into the benefits on the participant's Quality of life (QoL) and wellbeing following participation in a pre-surgery exercise programme. For this research it was thought that looking at how exercise could improve the QoL of a widespread cancer such as Prostate cancer could provide great aid to oncology research and could benefit the individual across a range of different QoL domains.

Participants: Participants will be men with prostate cancer who are doing a pre-surgical high intensity interval training (HIIT) exercise programme in the MedEx centre in Dublin City University (DCU). The men will be pre-recruited from one of the MedEx team members in DCU who will have been informed about the study.

Method: Semi structured in depth interviews will be carried out on approx. 13 men with prostate cancer (pending data saturation). The interviews will seek to gain information on the effects of the exercise on the participant's well-being across four domains; physical, psychological, emotional and spiritual. Thematic analysis will be carried out to analyse the interviews.

Conclusions: To conclude the overall aims of this research is to reveal the perceived benefits of a pre-operative HIIT exercise programme for prostate cancer patients’ QoL and well-being, through the use of semi-structured interviewing.

Poster 30 Utilisation of administrative data in health research: the Antidepressant Social Prescribing Project as an example of practice
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Objectives: The Administrative Data Research Network (ADRN) was launched in 2013 to facilitate access to routinely collected administrative data in the United Kingdom. The purpose of the Network is empower researchers to use this under-utilised resource to produce research which benefits society. The objective of this case study is to illustrate the utilisation of administrative data in health research using an ADRN project, the Antidepressant Social Prescribing Project, as an example of practice.

Design: ADSoPP has used data-linkage techniques to develop a set of indicators detailing the socio-economic context of antidepressant prescribing in Northern Ireland (NI). The purpose of these indicators is to aid Aware NI to develop and implement effective and coordinated intervention programs by (i) generating 'risk' profiles using personal, health and household socio-demographic and socio-economic data and (ii) identifying 'vulnerability' using longitudinal modelling.

Methods: The ADSoPP sample was derived from the 2011 NI Census (N = 1.58 million). Demographic, socioeconomic and health data from the 2011 NI Census was linked to data from the 2001 NI Census and antidepressant prescribing data (2011-2015) from the Enhanced Prescribing Database. Statistical analyses including logistic regression and ANOVA were conducted using Statistical Package for the Social Sciences 22.

Results: Several interesting findings have been generated. These include, but are not limited to, statistically significant long-term condition based variations, urban-rural variations and age-related variations in antidepressant prescribing across the NI population.

Conclusions: Administrative data is invaluable in health research. ADSoPP demonstrates how administrative data can further our knowledge of the context of antidepressant prescribing, and also be applied to the development of targeted ‘social prescribing’ efforts to maximise community benefit.
Poster 31  
**Designing Digital Health interventions for self-management of chronic conditions: Using interactive management to identify the facilitators and barriers from a patient perspective**

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The last twenty years has seen significant advances and increased levels of adoption of digital health technologies in many areas of healthcare research, for example the self-management of chronic pain. Digital health technologies, the use of technologies such as mobile phones, tablet computers and desktop computer in the provision of health services and health information to process, transmit and store data related to health-related matters, have been efficacious for the self-management of chronic pain in adolescent and adult populations. However, there is little evidence for the efficacy of these types of interventions among older adults, a population who often live with painful long-term conditions which can lead to increased levels of disability, impaired quality of life and depression, and whose needs are not considered in the design stage of these types of technology. This study is concerned with identifying the barriers and facilitators to digital health technology use for older adults with chronic pain. The aim of the research is to create guidelines for the design and implementation of future digital health technology for older adults with chronic pain based on the identified facilitators and barriers to digital health technology use for this population. Qualitative methods will be utilised to gather data, with a focus group running a Collective Intelligence workshop with older adults with chronic pain. Our findings will enable the creators of digital health technology to design more suitable and useable technology for older adults by using the identified facilitators and barriers and creating digital health technology specifically with those elements in mind. It is hoped that this study will change, if not advance, the literature in terms of how digital health technology and interventions are designed.

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Poster 32  
**An investigation of the relationship between pain catastrophizing, interpretation bias and the experience of pain in those with either high or low levels of anxiety sensitivity in a student population**

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**Background:** Negative interpretation bias (NIB) is the tendency to appraise ambiguous information as being threatening. NIB is an important factor in development of chronic pain. Anxiety sensitivity (AS) is the tendency to fear anxiety-related bodily sensations. Research shows that participants who have chronic or acute pain and high AS, often report more pain and exhibit lower pain tolerance during experimental pain tasks.

**Rationale:** However, research assessing the role of NIB on acute experimental pain is extremely sparse. This is one of the few studies examining the association of NIB with acute experimental pain, as opposed to retrospective pain reports. The current study examines the effect of AS (high or low) on participants’ pain tolerance, and self-reported sensory and affective pain on cold pressor task (CPT). It also explores if NIB, in relation to body sensations, mediates the relationship between AS and pain outcomes.

**Design:** This study has a quasi-experimental between-subjects design.

**Participants:** Female students who met the pre-screening criteria make up the participant pool.

**Data Collection:** The study has two parts: online questionnaires and the laboratory session. Participants are required to complete baseline measures for dispositional pain catastrophizing, AS, depression and stress. Pain tolerance, and sensory and affective pain are assessed on CPT. NIB is measured with a computerized task designed to assess participants’ tendency to endorse interpretations as being negative across social and bodily threat scenarios.

**Data Analysis:** A series of ANOVAs examine the relationship between AS and pain outcomes and the PROCESS tool examines possible mediational relationships.

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Poster 33  
**Coping Styles and Psychological distress in Motor Neuron Disease (MND) Caregivers**

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**Objectives:** This study aimed to examine the relationship between coping styles and psychological distress in MND informal caregivers.

**Design:** Caregiver data was collected during semi-structured interviews at a home visit, patient data was obtained through the Irish MND register. The study was granted ethical approval from Beaumont Hospital Medical Ethics Committee.
Methods: Coping styles was assessed in 40 MND informal caregiver by means of the Coping Inventory for Stressful Situations. Psychological distress was measured using standardised measures of caregiver burden, depression, and anxiety.

Results: The relationship between coping styles and caregiver psychological distress was investigated using Pearson correlation coefficient. There was a strong, positive correlation between emotion-orientated coping and caregiver burden (r = .463, n= 40, p < 0.001), depression (r = .466, n= 40, p < 0.001), and anxiety (r = .603, n= 40, p < 0.001). No statistical significant correlation was present between task-orientated and avoidance-orientated coping styles and caregiver psychological distress.

Conclusions: The present study observed caregivers that adopt the emotion-oriented coping strategy experience significantly higher levels of burden, depressive symptoms and anxiety, which in line with previous studies, suggesting emotion-orientated coping may be a maladaptive coping strategy. The understanding of maladaptive coping strategies is essential in order to develop appropriate caregiver interventions that aim to improve their well being and, possibly, their ability to manage the care and symptoms of MND patients. However, further investigation into the impact of cognitive and behavioural impairment on caregiver coping strategies is necessary to comprehend all aspects of the role of a caregiver.

Poster 34  Barriers and facilitators to discussing healthy lifestyles with overweight and obese pregnant women: A comparison between qualified and student midwives

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Objective: Healthy lifestyle discussions about nutrition and physical activity are important during pregnancy to minimise maternal complications. Due to its sensitive nature, healthy lifestyle discussions are avoided with overweight and obese pregnant women. This study will a) assess how often midwives have healthy lifestyle discussions with overweight and obese pregnant women, b) identify the predictors of engaging in healthy lifestyle discussions and c) differences between qualified and student midwives’ barriers and facilitators. It will draw on and measure behaviour change constructs from the Theoretical Domain Framework (TDF).

Design: The study is a survey of midwives’ knowledge, values and beliefs about healthy lifestyle discussions with overweight and obese pregnant women, distributed to qualified and student midwives.

Methods: Participants will be recruited from Irish midwifery associations. A cross-sectional questionnaire (online/paper-based) will be developed and distributed. Data will be collected on the outcome behaviour, 11 TDF domains and demographic characteristics. An open-ended question will assess the final TDF domain (nature of the behaviour). T-test analyses will compare qualified and student midwives’ barriers and facilitators. A hierarchical regression will examine the predictors and correlation analyses the strength of associations/relationships between factors. The open-ended question will be thematically analysed, coded and categorised to explore any further barriers and facilitators.

Results: We will report the differences in barriers and facilitators found between qualified and student midwives. Findings will support research on the need for behaviour change training and referral support.

Conclusions: The results will inform midwifery practice and guide educational development to initiate behaviour change interventions.

Poster 35  The impact of guided music listening on affect regulation and an exploration of the relationship between positive affect and post-traumatic growth in cancer survivors

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Objectives: While considerable research has been conducted with cancer survivors on the development of post traumatic growth (PTG), continued debate surrounding the influence of coping styles and affect on this positive development is ongoing. Music is frequently employed to induce affective experiences by researchers in the laboratory, and affect regulation (AR) is the most common function of music listening in everyday life. This research aims to further explore the relationship between positive affect (PA), savouring and PTG in cancer survivors, while addressing the impact of guided music listening on AR.

Design: A within-subjects naturalistic observational study, employing surveys and momentary assessments through experience based sampling will be utilised.
**Methods:** The Silver Linings Questionnaire, Savouring Beliefs Inventory, Positive and Negative Affect Schedule, Emotion Regulation Questionnaire and Music Use Questionnaire Index of Music Listening will be employed as baseline/completion surveys. Momentary assessments evaluating affect during music/non-music listening episodes will be presented maximum 5 times daily. Participants will take part for 3 weeks, with guided music listening introduced in week 2. This will encourage participants to listen to self-selected music to induce PA/savouring.

**Results:** Data collection for this research is ongoing. It is hypothesised that PTG, savouring and PA will be associated with increased AR. Higher levels of positive affect should also predict higher PTG.

**Conclusion:** Understanding what predicts PTG would greatly assist those working with cancer patients/survivors and may contribute to development of treatment plans to assist positive psychological growth. Should music listening be deemed a viable mode of AR in cancer patients, future interventions should consider incorporating music into cost-effective eHealth interventions.