

# Good Questions

Issue 22

October 2008

## 'Bath 2008': the largest ever health psychology conference in Europe

Just over 700 health psychologists descended on Bath in the first week of September to participate in what Professor Nicky Rumsey hailed in her opening remarks as "the largest health psychology conference ever held in Europe" - a joint congress of both the British and European societies. This was testament not only to the beauty of the historical city of Bath, but also to the fact that health psychology has come of age. In this special issue of *Good Questions*, we report on some of the highlights of the meeting and ask:

## Are we making a difference? Health psychology contributions to public health policy and practice



While prevailing common-sense theories suggest that people engage in behaviours that they believe will maximise the benefits to themselves and minimise the harms, evidence from health psychology research indicates that health improvements cannot be gained by information-giving and awareness raising alone.

The government has initiated a series of projects at both a national and local level, based on behaviour change techniques, designed to engage people in sustaining healthier lives.

The Department of Health is changing the face of health communication. Initiatives such as 'Netmums' recognise that it is people (not politicians) that lead on health issues.

'NHS Choices' is the official website of the NHS in the UK, which not only offers advice about maintaining health and living with long-term illness, but also provides interactive online tools (e.g. quizzes, symptom checkers) to engage the public in their own health. 'NHS Lifecheck' is based on the commitment made in 'Our Health, Our Care, Our Say'. It takes a developmental view of health, offering an easy-to-use health assessment questionnaire to help people assess and manage their own health through the major life stages and beyond.

Evidence about presentation of risk information shows that numerical information is difficult to understand.

... continued on page 2

### Inside this issue:

Bath 2008: largest ever health psychology conference in Europe	1
Are we making a difference? Health psychology contributions to public health policy and practice	1
What makes a good theory?	2
Can brief interventions increase HBV vaccine acceptance among STD clinic patients?	3
Is health psychology ready for meta-analysis? Using clinical connoisseurship to decide	3
In the Journals	4
In Brief	4
In the News	4
Forthcoming events	4

The first keynote of the conference was an address made jointly by Dr Fiona Adshead (Deputy Chief Medical Officer, Department of Health) and Professor Susan Michie (University College London and BPS Consultant to the Department of Health).

Dr Adshead began by highlighting that behaviour change is key for government health policy and noted several key documents demonstrating the role of behaviour change in achieving health gains. White papers such as 'Choosing Health' and 'Our Health, Our Care, Our Say' set out the UK government's commitment to improving health, recognising that to do this we need to assist people in making healthier choices.

...because good questions outrank easy answers...

## Are we making a difference? Health psychology contributions...

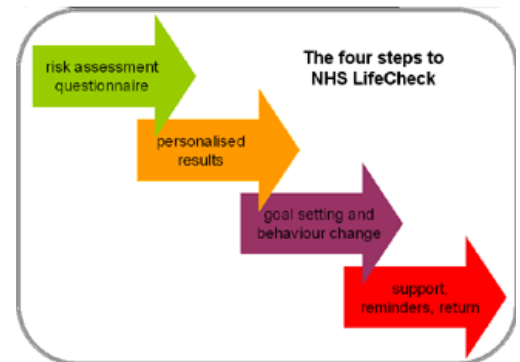
... continued from page 1

People need clear and concrete images. Furthermore, providing risk information in the absence of strategies for reducing that threat obstructs behaviour change. Consequently, 'NHS Lifecheck' combines risk information with strategies for change and support to do so in a 4-step evidence-based approach:

- risk assessment
- personalised results, about risks the individual can change by modifying their everyday behaviour
- behaviour change strategies, including SMART\* goal-setting
- support to meet these goals, with reminders and motivational tools.

'NHS Lifecheck' will soon be available as an online tool for 'Early Years' (to support parents of babies and toddlers), 'Teens' and 'Midlife' and is likely to be adapted for other media, including mobile phones and digital TV.

Consulting to the Department of Health is not a one-way street - Professor Michie outlined some of the scientific research that has been stimulated in recent years. For example, do we know which behaviour change techniques are most effective? Or,



what components of interventions are important? A systematic review (see *In the Journals*) has highlighted the lack of consistency in use of terminology and emphasised the rigour that new studies need to adopt when describing interventions.

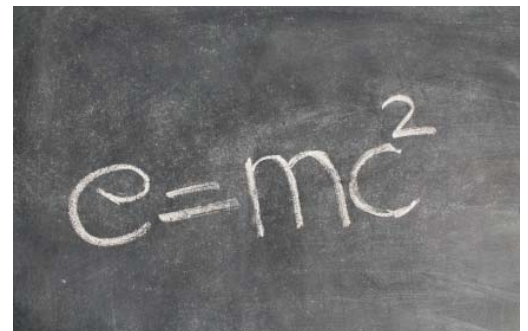
Professor Michie concluded that the competencies of health psychologists are central to the objectives of improving the health of the nation. Our strengths (e.g. being able to explain the theoretical basis for behaviour change and conducting rigorous evaluations) put us in a strong position to influence public health policy and practice in the future.

\* Specific, Measurable, Attainable, Realistic, Timely.

## What makes a good theory?

Many health psychology theories (e.g. Health Belief Model, Theory of Planned Behaviour) exist to explain health-related behaviour and guide interventions designed to promote health-behaviour change (see *In The Journals*). However, these theories do not always stand up to the rigour and accuracy expected of sound scientific theories, due to poor theory development and sustained use of problematic theories. The symposium (led by Professor Susan Michie (University College London)) acted as a forum for key figures in health psychology to discuss rigorous theory development and the methods through which theories should be tested and applied. Although no firm conclusions were reached, the need for a co-operative approach between researchers to agree, and apply, a set of

core principles for theory development was emphasised. In addition, it was proposed that we need to establish a set of criteria against which to evaluate theories (with the potential for discarding existing problematic theories). In this way, future research may become more rigorous, replicable and theory-driven.



## Can brief interventions increase HBV vaccine acceptance among STD clinic patients?

Dr Zimet presented an examination of the effects of theory-based message interventions on HBV vaccine uptake. It was hypothesised that framing theory, (presenting a gain-framed message, e.g. benefits of getting vaccinated) as opposed to a loss-framed message (e.g. disadvantages of not getting vaccinated)



would encourage vaccination uptake. In line with social compliance theory, the effect of *recommending a vaccine* (high social compliance) versus *offering a vaccine* (low social compliance) was also examined.

1,749 participants recruited from STD clinics completed an audio computer-assisted self-interview, within which they were randomised into one of three framing conditions: control, gain-framed, and loss-framed. Following completion, participants were re-randomised to the two compliance conditions and acceptance of the HBV vaccine was measured.

Although no effect of message framing on HBV vaccine acceptance was found, recommending rather than offering vaccine produced significant increases in vaccination rates suggesting that brief interventions can influence discrete health behaviours.

## Is health psychology ready for meta-analysis? Using clinical connoisseurship to decide

Bringing attention to shortcomings within the field of health psychology, Dr Jim Coyne very much threw down the gauntlet to all researchers. Using connoisseurship acquired from years of experience, Coyne and Hagedoorn conducted a systematic re-review of various meta-analyses published in high impact journals. The literature covered included topics such as psychosocial interventions in breast cancer and arthritic pain.

They found that many meta-analyses published in respectable journals include low quality research, e.g. studies with missing data, ambiguous methodology and small samples. Of course, there is a paucity of research in certain areas of health psychology due to the relatively novel nature of the field but, Coyne suggests, this does not justify the inclusion of low quality studies in meta-analyses.

The consequences of such an approach can be especially detrimental when a meta-analysis is used to inform policy and guidelines, as it means recommendations

are then based on faulty and incomplete evidence. In some cases, further research has been vetoed as a result of the inappropriate conclusions of poorly conceived meta-analyses.


Coyne noted that many behaviour intervention studies had been published but a lack of rigour in evaluating what to include in a meta-analysis was evident. He added that it would be beneficial to publish the results of such 'failed' meta-analyses to raise awareness about the need for higher quality research in the field of interest. Subsequently, such publications may lead to improvements in research practices and increase the quality of the available evidence.

This bold challenge from within the field of health psychology to shed light on existing areas of weakness was often referred to throughout the day as other speakers presented their work (including meta-analyses) for scrutiny to those who had been advised to thoroughly assess the transparency of such studies.

### Health Awareness - dates for your diary

- Breast Cancer Awareness Month
- Tuberos Sclerosis Awareness Month
- Back Care Awareness Week (4-10)
- Pernicious Anaemia Awareness Week (6-10)
- World Hospice and Palliative Care Day (11)
- World Arthritis Day (28)



 <b>In the Journals</b>	
<b><i>A taxonomy of behavior change techniques used in interventions</i></b>	
<b>1</b>	Replicating or reviewing the effectiveness of reported behaviour interventions is challenging due to the lack of standardised definitions of the techniques used.
<b>2</b>	This research aimed to develop a testable theory-based taxonomy of behaviour change techniques (BCTs).
<b>3</b>	To evaluate the taxonomy, 26 BCTs were established. Using a 5-page coding manual, two psychologists judged whether a BCT was absent or present in the published intervention descriptions and manuals.
<b>4</b>	195 published descriptions were found in 3 systematic reviews. 78 reliability tests produced an average kappa per technique of 0.79 and an agreement rate of 93% for judgements made.
<b>5</b>	Interventions that targeted the same behaviour among similar participants were found to vary extensively.
<b>6</b>	74% correspondence was found between BCTs in 13 manuals and 13 published articles. Mismatches were mostly due to the identification of a technique in the manual but not in the article.
<b>7</b>	While the findings emphasise the issues of highly varied reporting of intervention content, it is clear that the possibility of developing a standardised definitions of BCTs is feasible.
Abraham C & Michie S (2007) A taxonomy of behavior change techniques used in interventions. <i>Health Psychology</i> , 27, 379-87.	

## In Brief

### ■ [Expressing empathy – are doctors missing opportunities?](#)

Previous studies show that patients are more satisfied with treatment and more likely to follow advice when their doctor is empathic. Highlighting this, a new study by Dr Morse (University of Rochester Medical Center, USA) suggests that doctors are missing "empathic opportunities" with lung cancer patients who express concerns about symptoms, treatment options and death. Of 384 "empathic opportunities" identified in transcribed consultations, doctors responded to only 39 and often offered biomedical questions and statements instead of emotional support. Empathic opportunities included patient comments such as, "This is kind of overwhelming" and "I'm fighting it". Morse believes that these are opportunities that clinicians could learn to recognise.

### ■ [Free NHS prescriptions for some](#)

Under new plans unveiled by the Prime Minister last week, patients with long-term conditions (such as cancer) will receive free prescriptions. The move comes after a [recent survey](#) by Macmillan Cancer Support found 1 in 3 cancer patients did not take their prescribed medicines as they could not afford prescription costs. People with certain forms of diabetes, children, pensioners, pregnant women and those on benefits are already exempt from charges. From 2009, cancer patients will be exempt from prescription charges with other conditions to follow. It is hoped that this initiative will minimise barriers and help to improve adherence in people with long-term conditions.

## Forthcoming events

20-23 October 2008

DIA 2<sup>nd</sup> Annual Clinical Forum

Ljubljana, Slovenia

22-25 October 2008

ISOQoL 15<sup>th</sup> Scientific Meeting

Montevideo, Uruguay

5-8 November 2008

Therapeutic Patient Education (TPE) 2<sup>nd</sup> Congress

Budapest, Hungary

8-11 November 2008

ISPOR 11<sup>th</sup> Annual European Congress

Athens, Greece

## In the news...

- [Drug ads may not increase prescriptions](#)
- [Pharmacy advice 'frequently poor'](#)
- [NICE chief dismisses Tory claims about 'spin doctor' costs](#)
- [Credit crunch affecting public health, charity says](#)
- [More people cleared to give blood](#)
- [75m pledged to tackle childhood obesity](#)
- [Diabetes UK warns on diagnosis gap](#)

### AHP Research

Brunel Science Park  
Kingston Lane  
Uxbridge UB8 3PQ

T: +44 (0)1895 273599

E: [info@ahpresearch.com](mailto:info@ahpresearch.com)

W: [www.ahpresearch.com](http://www.ahpresearch.com)