5th Annual Doctoral Research Conference
8th June 2017
Welcome to the 5th Annual Doctoral Research Conference at the School of Health Sciences

Doctoral research is one of the most taxing and yet rewarding activities anyone undertakes in their academic career. This will be the fifth year of the School of Health Sciences Doctoral Research Conference. It is designed to provide an opportunity for our MPhil and PhD students to learn and practise the art of dissemination. The conference also aims to facilitate the exchange of research ideas between students, staff members and external partners.

Many research studies by our MPhil and PhD students have the potential to make a significant impact on policy and professional practice. This will contribute to our significant achievement in the latest Research Excellence Framework (REF 2014) where 100% of the School’s research impact was judged as world leading or internationally excellent.

It is clear from the range and depth of work presented that our doctoral students play an important role in building a research community within the School and help to strengthen our links with the health professions and sector industries. Our students are therefore key to the School’s research reputation and impact.

Professor Stanton Newman
Dean, School of Health Sciences,
City, University of London
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## Keynote Speaker:

**Professor Wendy Moyle, Griffith University**

Professor Wendy Moyle’s research focus is in the areas of ageing and mental health, specifically neurocognitive disorders such as Alzheimer’s disease. Her research aims to achieve the best evidence possible for care of people with dementia and to reduce the distresses of the disease for the individual and their carers. She is internationally recognised for her research investigating the use of social robots and assistive technologies.

## Oral Presentations – Session 1, Chair: Katherine Curtis-Tyler

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Oral presentation abstracts
Barriers and enablers to midwife-health visitor collaboration using the Theoretical Domains Framework

**Background:** Interprofessional collaboration is widely promoted in health care. UK universal maternal and child health services involve midwifery care from pregnancy to 10 days postnatally, and health visiting care from 10-14 days postnatally until the child is five years old. A recent systematic review found that midwives and health visitors value interprofessional collaboration. We investigated UK midwives’ and health visitors’ perceived barriers/enablers to collaboration.

**Method:** Theoretical Domains Framework (TDF) semi-structured interviews were conducted (17 health visitors, 15 midwives). Data analysis involved a combined content and framework analysis approach; data extracts were coded to corresponding TDF domains, and similar responses grouped to inductively generate themes representing barriers/enablers to interprofessional collaboration. Examining theme prevalence identified their key domains.

**Results** ‘Limited postnatal contact’ (Nature of the Behaviours Domain) reflected current experiences of midwife-health visitor collaboration. Key barriers/enablers related to four domains: ‘need-based contact’ (Memory, Attention, Decision); ‘co-location’ (Environmental context & resources); ‘situational adjustment and management’ (Behavioural regulation); ‘professional conflict’ (Social/professional role & identity).

**Discussion:** Theoretically-grounded barriers/enablers to midwife-health visitor collaboration in the postnatal period were found, setting foundations for developing targeted behaviour change interventions to enhance interprofessional collaboration.

**References:**

Academic achievement in children with typical and atypical motor coordination: the contribution of executive functions

**Background:** Motor coordination is a significant predictor of academic achievement, and children with Developmental Coordination Disorder (DCD) demonstrate difficulties in school functioning. Specific profiles of executive function (EF) in children with atypical motor coordination may explain academic underachievement. The study aims to investigate differences in academic achievement between children with typical and atypical motor coordination taking into account their EF abilities.

**Method:** Participants included 7-11 year-old children (N=51), who were assessed on measures of intellectual ability, language and on verbal and nonverbal measures of five different EF domains. Two years later children completed a standardised assessment of academic achievement. Typically developing children (TD:n=17) were compared to those with a clinical diagnosis of DCD (n=17) and those with motor difficulties (MD:n=17), who were screened for motor impairments but had no diagnosis of DCD. Hierarchical multiple regressions were used to identify group differences in academic achievement once IQ and EF were taken into account in the analyses.

**Results and conclusions:** Children with DCD performed significantly poorer than TD children in measures of numerical operation only, while children with MD demonstrated to be as accurate as TD children on this task. All groups performed similarly on measures of reading, spelling and oral expression. Results suggest that specific difficulties in numerical abilities may impact on mathematical achievement in children with DCD, over and above their EF abilities.
Exploring the relationship of oral language ability, non-verbal ability and socio-economic status with reading comprehension in mainstream secondary school-age students

**Background:** As children move into secondary education, there is an expectation that they can read fluently and understand written material. Early oral language development, including grammatical, vocabulary and narrative skills, has been shown to impact on later reading development (Storch et al, 2002).

**Method:** The study is based in a mainstream secondary school serving an area of high socio-economic deprivation. The sample includes key stage 3 students: 163 Year 7; 158 Year 8; and 124 Year 9 students. The study is a mixed design study comprising: cross sectional and retrospective, prospective and longitudinal analyses across key stage 3, using routinely collected data from Years 7, 8 and 9 at one time point per year. A second data collection point one year later, collecting routine data for two year groups (Y8 & Y9) will provide longitudinal data exploring growth and stability of performance and predictive relationships between variables.

Data from the subtests “Understanding Spoken Paragraphs” and “Recalling Sentences” (CELF-4UK, 2006) provides information on oral language and listening skills. Data from a test of Word Reading Accuracy (TOWRE-2, 2011) alongside a Group Digital Reading Test (NGRT, 2014) provides evidence for reading accuracy and comprehension.

**Current progress:** The study has been approved. Testing for time point one has been completed and results will be presented on the oral language and literacy abilities of the year 7 cohort.

**Conclusion:** The profiles of language and literacy will provide information on the development of language and literacy.

**References**
Emma CHRISTOPHER

Improving Working Memory in Children with Language Difficulties

**Background:** Training interventions have recently produced reliable gains in working memory skills for typically developing children. Those in a trained group showed significantly larger gains than controls in two trained executive loaded working memory tasks (Listening Recall and Odd One Out Span) and two untrained working memory tasks (Word Recall and Counting Recall) with effects still evident at 6 month follow up. Significant gains were also present within the trained group for reading comprehension, evident at 12 month follow up (Henry, Messer & Nash, 2014) An intervention that strengthens ability to divide attention between processing and storage may have a benefit for reading comprehension.

Children with language impairments commonly demonstrate a deficit in working memory ability. With the beneficial effects of working memory training often debated, the current research assesses whether improvements found via interventions with typically developing children can be replicated for those with language difficulties.

**Method:** Up to 60 children, aged 6-11 years, with language difficulty as a primary need, will be randomly allocated to a working memory intervention or an active control group. Working memory training will involve 18, 10-minute training sessions, over a 6-week period focusing on the Listening Span Task and Odd One Out Span Task. Children will be assessed at pre and post-intervention and 12-month follow up.

**Results:** Preliminary pre and post intervention results will be discussed to assess the presence or absence, scope, and maintenance of training gains.

**References**

Laura EDWARDS

Health on the High Street – A Pop-Up Pilot Project

**Purpose:** Retail Pop-Ups in high streets and in shopping centres are commonplace – we propose this concept could be extended to health screening. We investigate the hypothesis that a Pop-Up that combines an eye health check with a general health check, such as blood pressure (BP), is more readily accepted by the general public than one which offers an eye health check only.

**Methods:** The Royal Society for Public Health recently published a league table of ‘healthy’ and ‘unhealthy’ high streets(1). The Pop-Up was sited at four ‘healthy’ and four ‘unhealthy’ locations across England. Each visit comprised of two consecutive testing days. We compared public engagement when an IOP check was offered in conjunction with a BP measurement, compared to when the IOP check was offered alone.

**Results:** 768 participants were screened over a 4-week period; 461 participants attended a BP and IOP check and 307 participants attended an IOP only check. This engagement rate was significantly different (p = 0.02). A total of 354 participants were examined in the ‘unhealthy’ locations; 215 on the BP & IOP day and 139 on the IOP only day. In the ‘healthy’ locations, 414 participants were examined; 246 on the BP & IOP day and 168 on the IOP only day.

**Conclusions:** Public engagement with the Pop-Up was greater on days a BP check was offered alongside an IOP check in all locations visited. These findings highlight the potential usefulness of combining an eye health check with a more familiar health check, particularly in locations classified as having an ‘unhealthy’ status.

Angharad HOBBY

The relationship between number of anti-VEGF injections and retinal function as measured by full-field electroretinogram

**Purpose:** Progression of neovascular Age-related Macular Degeneration (nAMD) can be reduced by repeated injections of anti-

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vascular endothelial growth factor (anti-VEGF). However, the long-term effects of anti-VEGF are unclear. Full-field electroretinograms were used to determine the relationship between the number of injections received and peripheral retinal function.

**Methods:** People undergoing anti-VEGF treatment for nAMD were recruited from the medical retina clinic at St Thomas’ Hospital London. Photopic full field ERGs were recorded, including 41Hz flicker (45cd.m-2, 635nm), transient cone response (white stimulus 3cd.s.m-2, white background 30cd.m-2) and a stimulus to elicit a photopic negative response (PhNR; red stimulus, 635nm, 0.42cd.s.m-2, blue background, 465nm, 158.8 scotopic cd.m-2). Fourier analysis filtered frequency noise, and peaks/troughs were identified objectively as maxima and minima within a specified time window. Spearman’s correlation analysis was performed to evaluate the relationship between number of injections and ERG parameters. Average between eye differences in ERG parameters were assessed for treated and untreated eyes (Wilcoxon signed-rank test). Due to the multiple hypothesis testing, p was considered significant if <0.01.

**Results:** Data were collected from 31 individuals, including n=2 prior to their first injection. Median (interquartile range) number of prior anti-VEGF injections was 9 (3, 14; min 0, max 46). There was no statistically significant difference in any average ERG parameter between treated and untreated eyes (n=16). There was no statistically significant association between number of injections and any ERG parameter, apart from PhNR amplitude which was found to show a correlation between increasing number of injections and decreasing amplitude (rho=0.50; p=0.007).

**Conclusions:** These results provide evidence that repeated anti-VEGF injections might be associated with a decline in some aspects of generalised retinal function, although power was limited. The trend towards reduced PhNR amplitude with increasing number of injections may indicate an effect of treatment on peripheral retinal RGC function. Based on the findings of this exploratory study, we propose to collect additional PhNR data from a larger cohort of individuals undergoing anti-VEGF therapy.

**References**

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**Leanne MCDONALD**

**An investigation of the value placed on the senses by the general population**

**Background/aims:** Many vision and hearing researchers and charity groups have emphasised that there is a particular fear placed on the loss of these senses by the general population, however these claims are largely unsubstantiated. This research aims to investigate these claims.

**Methods:** 250 members of the public over the age of 18 (median age, 50) took part in the study. Participants completed two exercises. First, participants were asked to rank the five senses (vision, hearing, touch, smell and taste) plus secondary senses (balance, temperature and pain) in order of most valuable to least valuable. Second, a simple ‘Time Trade Off’ exercise was used to investigate the fear of losing vision and hearing.

**Results:** Overall, 94% of participants rated vision as their most valuable sense. Hearing was rated the second most valuable sense by 50% of respondents. The Time Trade Off exercise demonstrated that, on average, participants were willing to give up five healthy life years in order to remain sighted and three healthy life years in order to remain hearing. Interestingly, 14% of respondents rated 10 years of complete blindness as worse than death and 6% of respondents rated 10 years of complete deafness worse than death.

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**Stephen MCINTYRE**

**Investigating the use of theory in process evaluations conducted alongside trials aiming to change healthcare professional behaviour: systematic review**

**Background:** Process evaluations (PEs) help explain the effects of interventions aiming to change healthcare professional (HCP)
behaviour by examining their mechanisms of action. Though using theory has been encouraged to better understand these mechanisms, the extent to which theory has been used in this context is unknown. This review aimed to investigate if and how theory has been used in PEs conducted alongside randomized controlled trials (RCTs) of HCP behaviour change interventions.

**Method:** Eligibility criteria: Primary research/protocol articles describing PEs of interventions evaluated in RCTs targeting HCPs’ behaviour. Databases: MEDLINE, Embase, PsycINFO, CENTRAL, CINAHL. Quality appraisal: Mixed Methods Appraisal Tool. Data extraction: Theories cited and the extent to which theories were used (i.e. informed by, applied, tested, or built/created) in PEs.

**Results:** One-hundred-and-five studies were included. Twenty-nine (27.6%) cited theory. Normalisation process theory (n=12), theory of planned behaviour (n=9), diffusion of innovations (n=6) were cited most frequently. Extent of theory use varied: six (5.5%) were informed by theory, 15 (14.5%) applied theory, seven (6.5%) tested theory, and none built/created theory.

**Conclusion:** Theory use has been insubstantial in this context. Studies that tested theory demonstrate the potential to lend predictive, rather than just explanatory, value to PEs. There is scope for greater theory use in PEs to develop a cumulative science of behaviour change as PEs provide an applied setting in which to test and build theories.

**References**

Giordana de Cassia PINHEIRO DA MOTA

**Group care as a strategy to promote women’s empowerment on maternal and child healthcare in socially disadvantaged communities**

**Background:** The group-based model of providing ante- and postnatal care has been proposed as an alternative to one-to-one care that integrates health assessment with information sharing, education and peer support1. By incorporating these components into one whole, emphasis is placed on engaging and encouraging women to take responsibility for themselves, which leads to a shift of power in the provision of care. Group ante- and postnatal care can be a strategy to help women to empower themselves and therefore improve maternal and child health outcomes and wellbeing, with special benefits for vulnerable women and babies.

**Aim:** To explore women’s and midwives’ experiences and views of group ante- and postnatal care (‘Pregnancy Circles’), focusing in this presentation on women’s construction of knowledge and empowerment.

**Methods:** A series of observations, focus groups and one-to-one semi-structured interviews were conducted with women and midwives who participated in four ‘Pregnancy Circles’ test groups in East London. These test groups are part of the feasibility study to explore the model’s acceptability and will feed into the development of a pilot trial and a full trial. Data are being analysed from a transformative viewpoint using thematic analysis approach using NVivo 11.0 software.

**Results:** Preliminary data analysis suggests the theme “Group care as a strategy to empower women” as a key learning from the test groups. Midwives acknowledge that the group model of care gives women a sense of empowerment since they are in control of their own care. Women mention a sense of readiness for pregnancy and birth, and value the knowledge they build and the perceived increased ability to make their own informed choices.
**Conclusions:** Group ante- and postnatal care was perceived by women and midwives as a strategy to empower women regarding their own healthcare. These are preliminary analysis and more detailed findings will be presented.

**References:**

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**Faisal SATTI**

**Investigating Determinants of Adherence to Anti-Psychotic Medication**

**Background:** Health psychology has provided robust models to explore adherence, however scarce research has utilised these models amongst individual's prescribed anti-psychotic medication. We aim to implement the science and evidence base of Health Psychology and Health Behaviour Change into the world of adherence to anti-psychotic medication.

**Method:** Longitudinal questionnaire study. Data was collected at two-time points; baseline \( n = 110 \) and at six-month follow-up \( N = 87 \). Individuals prescribed anti-psychotic medication were eligible to take part. Adherence to antipsychotic medication was measured utilising the Medication Adherence Rating Scale. Correlations were conducted to explore demographic characteristics, the predictive capacity of factors were examined through Hierarchical Regression.

**Results:** Higher levels of Social Support \( (b=0.96 \ [0.55-1.36], \ p=0.01) \) and Illness Perception \( (b=0.38 \ [0.00-0.72], \ p=0.040) \) were demonstrated to be significant determinants of adherence to anti-psychotic medication while higher educational achievement was also associated with adherence \( (r=0.303) \).

**Conclusions:** Levels of social support and illness perception at baseline were significantly associated with adherence to anti-psychotic medication. Illness Perception and Social support are important determinant and can be employed in future interventions designed to increase adherence. The Common sense model can be employed in potential future research. Health Psychology theories, frameworks and principles can scrutinise adherence and to develop behaviour change interventions within mental health settings.

**References**

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**Deanna TAYLOR**

**Seeing it differently: self-reported description of vision loss in dry age related macular degeneration**

**Background:** A realistic description of visual symptoms associated with dry age-related macular degeneration (AMD) is important for raising awareness of the condition and educating patients. We aim to develop a set of descriptors for dry AMD and examine the realism of images currently and frequently used to show visual symptoms of the condition.

**Methods:** Volunteers with dry AMD with a range of disease severity were given an eye examination and asked to describe visual symptoms of their condition in a conversational interview. Participants were also asked to comment on a photograph typically used to portray the visual symptoms of AMD. Interviews were audio recorded, transcribed and subjected to a form of content analysis.

**Results:** Twenty nine participants with a median (interquartile range [IQR]) age of 75 years \( (70, 79) \) were interviewed. Median (IQR) logMAR binocular visual acuity \( 0.2 \ [0.18, 0.36] \). Three, seventeen and nine patients had early, intermediate and late AMD respectively. We chose the most popular image used to portray the visual symptoms of dry AMD based on an internet search. Two participants stated that the image was lifelike. Fifteen participants unequivocally rejected the realism...
of the image. The most frequently reported descriptor of vision was blur (n=15) followed by missing (n = 11) and distortion (n=11).

**Conclusions**: People with dry AMD use a wide range of descriptors for their visual experience. Visual symptoms of dry AMD as portrayed by commonly shown images were not the experience of most people in this study.

Cassandra YUILL

The Birth Decisions Diary: Creating a birthplace decision-making narrative during pregnancy

Why is place of birth choice so important? Providing choice not only empowers women but also increases the rate of straightforward births and satisfaction with birth experiences and outcomes [1]. It is crucial to understand the extent to which providing birth place information through different sources has an impact on decision-making. Research on decision aids in maternity care is inconclusive and indicates that information use is complex, with some forms of information having little influence on informed choice. There continues to be issues around informed choice (how to achieve it, augment it and assess it). Definitions of informed choice rely of theoretical predispositions, and attempts to reconcile these varying definitions result in a concept that does not reflect how individuals make decisions in practice [2]. Assessing informed choice appears to be just as perplexing: a report on informed decision-making found a “paucity” of high-quality research [2].

This paper will explore the methodological issues of measuring informed choice in health care and the subsequent development of an innovative tool to address the complexity of information use. It will present the Birth Decisions Diary, an interactive online data collection tool, that traces a woman’s engagement with place of birth options over the course of her pregnancy, creating a decision-making narrative that she can reflect on after she gives birth. The paper will also consider how to create robust quantitative tools that fit alongside qualitative data collection when conducting a mixed-methods study.

References
Poster presentation abstracts
Kiran Kaur BAINS

Carrying out Social Cognitive Theory-based interviews with adults with mild-moderate learning disabilities and their carers on factors which influence their healthy eating, physical activity and sedentary behaviour

**Background:** Previous research has indicated that adults with learning disabilities (ID) may be at increased risk of obesity and overweight relative to the general population, particularly those with mild-moderate ID. This may be partly attributable to a high prevalence of poor dietary practices, physical inactivity and sedentary behaviour within this population. There exists a relative paucity of qualitative research with adults mild-moderate ID and their carers into their own perspectives on factors contributing to these behaviours, and a complete absence, to this authors’ knowledge, of studies examining this using a theory-based approach.

**Method:** This study aimed to recruit 12-14 adults with mild-moderate ID (with a carer supporting if appropriate) and 12-14 carers and managers of services which aimed to support adults with ID within their homes and day services to interviews underpinned by social cognitive theory into factors influencing their healthy eating, physical activity and sedentary behaviours (using scenario-based questions, particularly to engage adults with mild-moderate ID with abstract constructs in the theory).

**Analysis:** An iterative approach will be used, and content analysis will be carried out.

**Current Progress:** 4 interviews have been carried out with managers and support workers thus far.

**Implications:** The findings will be used to create a theory-based, structured health promotion intervention for adults with mild-moderate ID. It will also indicate feasibility of using a social-cognitive theory based interview with this population.

**References**

Amy DELICATE

A systematic review and meta-synthesis of the impact of becoming parents on the couple relationship

**Background:** The transition to parenthood can bring changes to a couple's relationships and have a significant impact on relationship functioning (Doss et al., 2009). Becoming parents brings new responsibilities and can alter roles, division of household labour and sexual relationships (Bateman and Bharj, 2009). This is an important issue as the quality of a couple’s relationship can impact personal well-being, parenting and child welfare.

**Methods:** A systematic search was conducted of Amed, Cinahl. Maternity and Infant Care, Medline, POPLINE, PsycARTICLES, PsycINFO, Pubmed, and Science Direct. Inclusion criteria was studies reported in English, conducted after 1996 in a western society. Papers were eligible if they presented first order, qualitative data of partner relationships during the transition to parenthood. Analysis was conducted using meta-ethnography techniques.

**Results:** Twelve studies met inclusion criteria and were included in the meta-synthesis. Results showed a perceived impact of the transition to parenthood on a couple’s relationship and six themes were identified; adjustment, focus on baby, communication, intimacy, stain, and strength.

**Conclusions:** This review suggests that the transition to parenthood has a perceived impact of a couple’s relationship which can be a positive or negative effect. The quality of a couple’s relationship is important for the well-being of partners and their children.

**References**

Julie HICKIN

Identifying the active ingredients of sentence processing treatment for aphasia: the results of a literature review

It is estimated that nearly 400,000 people in the UK have aphasia – communication difficulties following brain damage, usually caused by a stroke. There is an increasing evidence base that speech and language therapy for people with aphasia (PWA) is effective (Brady et al., 2016). However, accessing a dose of therapy thought to be effective is very difficult via public services. This means that PWA increasingly rely on other means, including aphasia therapy software (e.g. van de Sandt Koenderman, 2011). Whilst there is a growing evidence base demonstrating effectiveness of software for difficulties with single words (ibid), there is little research investigating effectiveness of software for problems with sentence production, even though these are very common in aphasia.

This poster will present the findings of a literature review of aphasia therapy for sentence production difficulties. The review will include studies of therapy delivered face-to-face (n=40) and the small number of studies of computer delivered therapy (n=9). The review will investigate the influence of a number of factors on the development of sentence production therapy, including learning theory, cognitive and neuroscience. The results of the review will inform the development of a therapy software programme to be evaluated in this doctoral research and will aim to identify the “active ingredients” of therapy, including the optimum dosage. Additional themes to be explored are the support required by PWA to enable completion of a therapy software programme, and the design of the human computer interface to maximize accessibility of the software. The programme will be trialed with 25 PWA to establish efficacy and will then be made available to aphasia therapists and PWA.

References

Anish JINDAL

A systematic review of the accuracy of non-contact methods for the detection of narrow drainage angles in people at risk of angle closure glaucoma

Background: Angle closure glaucoma (ACG) accounts for approximately 50% of glaucoma blindness worldwide. The natural history of the disease consists of a number of distinct premonitory stages before clinical signs appear. These are characterised by varying degrees of narrowing or occlusion of the drainage angle in the anterior chamber of the eye. The availability of prophylactic treatment for angle closure provides an opportunity for screening ‘at risk’ populations to identify those in need of preventative treatment.

Objective: To determine the diagnostic accuracy of non-contact screening methods (index tests) in identifying eyes at risk of angle closure by evaluating anterior chamber configuration (anterior chamber angle and proxy measurements of occludable angles including peripheral and central anterior chamber depth). Gonioscopy (which utilises a special type of contact lens to evaluate angle configuration) will be used as the definitive clinical reference standard (reference test).

Methods: Index tests will include: pen torch (flashlight test), van Herick test, scanning peripheral anterior chamber depth analyser, Pentacam and anterior segment ocular
coherence tomography (OCT). We will include prospective and retrospective cohort and case-control studies that evaluated the diagnostic accuracy of any of the index tests for identifying occludable angles that used gonioscopy as the reference standard. Electronic searches will include the Cochrane Library, MEDLINE and EMBASE. The primary outcome measure will be detection of occludable angles, as defined by the study authors. Summary measures of diagnostic accuracy will be calculated (sensitivity, specificity, summary receiver operating characteristics (ROC) curves). Two authors will independently screen the abstracts of all studies identified by electronic searches and retrieve full text of records potentially relevant studies. Extraction of diagnostic accuracy data from the included studies will also be conducted independently and risk of bias will be assessed using QUADAS 2.

Current Progress: Protocol submitted to the Cochrane Eyes and Vision Group and is currently under review.

Vasiliki KLADOUCHOU

Investigating predictors of the psychosocial well-being in young adults with aphasia and developmental language disorder - A Systematic Review

Background: In health research, there is an increasing interest on the impact of disorders on people’s well-being. Psychosocial difficulties are common sequels of language disorders and understanding of the main predictors of the psychosocial well-being of people with such disorders is crucial before interventions and service provision can be targeted effectively. The purpose of the current project is to explore factors that affect the psychosocial well-being in two vulnerable yet understudied groups: young adults with aphasia and young adults with developmental language disorder. This poster will focus on a systematic review of studies investigated factors affecting psychosocial outcomes in young adults with aphasia and developmental language disorder.

Methods: Electronic databases, covering medical and social sciences (e.g., MEDLINE, CINAHL Plus with Full Text, Communication Source, PsychoARTICLES, PsycINFO), were searched using the EBSCO platform. Cochrane library was also searched. Studies reporting data on the psychosocial well-being of young adults with aphasia and developmental language disorder, using validated outcome measures (quantitative studies) or established ways for analysing data (qualitative studies) were included. After extracting detailed information for each study, methodological quality assessment of the studies took place using critical appraisal tools based on the study design.
Results (in progress): Because of studies’ high heterogeneity in aims and designs, data analysis took the form of a narrative synthesis of the evidence. Thirteen research reports met the eligibility criteria. Aphasia severity, time post-stroke, and fatigue, along with additional contextual factors, were important predictors of the psychosocial well-being for young adults with aphasia. Self-rated health, employment and relationship status, self-efficacy, problems in last six months and support found to predict well-being in young adults with development language disorder.

Additional points: Issues encountered during the systematic literature search and possible reasons and ways to address them are discussed.

References

Abigail Moran
The impact of Developmental Language Disorder on Phonological Encoding

Background and Aims: Phonological encoding (internally generating names for visually presented stimuli such as pictures, and using these names to assist short-term memory) provides a window into the use of inner speech by children. When recalling short lists of nameable pictures, without verbal cues, typically developing children show poorer recall of pictures with rhyming names compared to pictures with non-rhyming names. This indicates use of inner speech to generate names for the pictures. Rhyming names become confused in the ‘sound-based’ short-term memory, giving rise to the ‘phonological similarity effect’ (PSE).

Developmental Language Disorder (DLD) is associated with difficulties with phonological skills and short-term memory yet little research exists looking at PSE in this population.

Research Questions: 1) Do children with DLD recall fewer items on a picture memory span task compared to age and IQ matched peers? If there are group differences in recall levels, are these stable over time, or do they change with development? 2) Do children with DLD demonstrate reduced or absent PSEs on a picture memory span task compared to age and IQ matched peers? 3) Does the developmental progression of inner speech in children with and without DLD between the ages of 6/7 and 9/10 years proceed in the same manner?

Method: Mixed design: one between-subjects factor with two levels (group: DLD and typical development), and one within-subjects factor with three levels (picture type: rhyming pictures, non-rhyming pictures, visually similar pictures). Simple picture recall task, to be completed without verbal cues or responses, by children in the following groups: 6-7 years with DLD (n=30), 9-10 years with DLD (n=30). Age and non-verbal IQ matched typically developing controls (n=30 for each age group). Children will then be asked to report any memory strategies used via a set of simple illustrated pictures. Further data will be collected regarding speech rate, silent reading and automatic naming.

Katie Watts
Exploring the Role of Culture on the Experience and Perception of Healthcare and Daily Life in Patients with Persistent Physical Symptoms

Background: Evidence suggests that poor physical and psychological health is more prevalent amongst black and minority ethnic (BME) compared with White British. BME individuals living with persistent physical symptoms, such as chronic widespread pain, are less likely to access health services. Mental health research suggests that BME patients may have different perceptions of distress, experience language barriers and be less able to use health services. However, further research is required to fully understand BME experiences of living with persistent physical
symptoms, in accessing and receiving healthcare, and the full impact of any cultural factors.

**Method:** 30 semi-structured qualitative interviews are being conducted with BME (15) and White British participants (15). Due to the exploratory and descriptive nature of the interview topics, interviews are being analysed inductively using Thematic Analysis. A framework method will be used to help identify key differences between BME and White British participants.

**Results/Current Progress:** To date, 25 interviews have been completed and all completed interviews are in the process of being analysed. Recruitment and analysis is expected to be completed by June 2017.

**Conclusion:** These findings could influence future behaviour change interventions and written healthcare guidelines on how to effectively treat BME patients living with persistent physical symptoms. This could eventually have positive implications for BME patients in terms of health, as well as positive implications for the National Health Service (NHS).

**References**