6th Annual Doctoral Research Conference
23rd April 2018
Welcome to the 6th 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 sixth 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 Debra Salmon
Dean, School of Health Sciences, City, University of London

Conference programme

10.00 – 10.30 Refreshments and Registration
Northampton Suite C

10.30 – 10.45 Welcome
Northampton Suites A & B
Opening address from Professor Debra Salmon, Dean of the School of Health Sciences

10.45 – 12.00 Keynote Talk
Northampton Suites A & B
Dr Ryc Aquino, University of Cambridge

12.00 – 12.45 Oral Presentations
Northampton Suites A & B
Centre for Applied Vision Research

12.45 – 14.00 Lunch & Poster Presentations
Northampton Suite C

14.00 – 15.15 Oral Presentations
Northampton Suites A & B
Centre for Language Communication Sciences Research & Centre for Maternal and Child Health Research

13.15 – 15.45 Break and Poster Presentations
Northampton Suite C

15.45 – 16.45 Oral Presentations,
Northampton Suites A & B
Professional Doctorate in Health Psychology & Centre for Health Services Research

16.45 – 17.00 Closing
Northampton Suites A & B
Closing remarks by Professor Sir Paul Curran, President of City, University of London
## Schedule for oral presentations

### Keynote Speaker: Dr Maria Raisa Jessica (Ryc) Aquino, University of Cambridge

Ryc is currently working as a Research Associate at The Primary Care Unit, University of Cambridge. Following her undergraduate studies at Western Sydney University (Australia), she pursued an MSc in Clinical and Health Psychology at the University of Manchester. For her PhD, she explored the interprofessional collaborative relationships between midwives and health visitors in UK maternity services. This project is part of an ongoing programme of work entitled ‘Collaborating in Pregnancy and the Early years’ (The COPE Project), based at City, University of London. Ryc’s current research interests focus on the application of psychological principles to the development of strategies for improving the organisation and delivery of healthcare services. She is also interested in the implementation of research evidence in healthcare organisations, and the use of complex interventions for improving health outcomes.

### Oral Presentations – Centre for Applied Vision Research

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### Oral Presentations – Centre for Language Communication Sciences Research & Centre for Maternal and Child Health Research

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Laura A EDWARDS

Healthy shopper? Blood pressure testing in a shopping centre Pop-Up in England (with Peter Campbell, Deanna J Taylor, Rakhee Shah, David F Edgar, David P Crabb)

Background/Aim: Improving detection of elevated blood pressure (BP) remains a public health need. We present results from a Pop-Up health check stationed in shopping centres in England. We hypothesise the rate of case detection is related to measurable ‘unhealthiness’ of the shopping centres.

Methods: Our “Feeling the Pressure” Pop-Up was designed for use in covered areas by Bluedog Productions (www.bluedogproductions.co.uk, Hants, UK) and Wordbird (www.wordybirdy.co.uk, London, UK). This was part of a study investigating public engagement with Pop-Up’s primarily offering eye health checks. Our Pop-Up was sited in four and three shopping centres sampled from the top ten unhealthiest and top 15 healthiest shopping regions respectively, following a report ranking towns/cities based on their unhealthy and healthy retail outlets. On one day in each shopping centre, people were approached and consented to BP testing. Outcome measure was people flagged with BP ≥ 140/90 mmHg (cases).

Results: We detected 45 (22.6%) and 20 (13.1%) cases from testing 199 and 152 adults in the unhealthy and healthy locations respectively (relative risk 1.72; 95% confidence interval: 1.06 to 2.78). A measure of unhealthy retail outlets (e.g. fast-food outlets) within each shopping centre was associated with detection rate (R2=0.61; p=0.04).

Conclusion: An association exists between cases of suspect hypertension found in a health check Pop-Up and measured ‘unhealthiness’ of the shopping centre site. Results hint at strategies for public testing of BP, potentially in the context of reducing health inequalities.

Paul LINTON

How Do We See Distance?

Vergence (the rotation of the eyes as measured by the tension in the extraocular muscles) has long been regarded as a preeminent cue to distance (Descartes, 1637), especially in the context of peripersonal (or reachable) space (Mon-Williams & Tresilian, 1999; Viguier, Clément, & Trotter, 2001). However, studies confirming vergence as a distance cue have not controlled for either (a) initial diplopia in the stimulus, which is also considered a distance cue (Morrison & Whiteside, 1984), nor (b) changes in the retinal image during convergence. To better evaluate the extra-retinal contributions to distance perception we asked subjects to fixate on a luminous surface for 30 seconds in otherwise dark surroundings before pointing at the distance of a subsequently presented dot. Unbeknownst to the subjects we varied their vergence during the fixation period (between 20 and 50cm in Experiment 1 and between 23 and 46cm in Experiment 2). Our current results suggest that this manipulation of vergence had only a minor effect on perceived distance, even when (as in Experiment 2) focus cues were also present. This observation not only questions the contribution of vergence to distance estimation, but also, given vergence’s preeminence as a distance cue, the importance of absolute distance for vision itself.

References
A review of the evidence for treatments of verb and sentence production deficits in aphasia: are sentence treatments really more effective?

Introduction: Aphasia research demonstrates increasing interest in verb production treatment. Currently no review synthesizes studies that treat verbs in isolation (verb treatments) and those that treat verbs in sentences (sentence treatments). This paper reports the results of a systematically conducted scoping review of both treatments.

Method: Cinalh Complete and Medaline Complete databases were searched. Studies published in peer-reviewed journals (1980 - October 2017) were considered for inclusion.

Results: Sixty-eight studies were accepted into the review, comprising mostly lower level evidence: e.g. 39 case series (57%) and 16 (24%) studies assessed production of untrained verbs and sentences, and in improving discourse. However, only 27% of verb treatment studies assessed production of untrained verbs and sentences, and in improving discourse. Only 27% of verb treatment studies assessed production of untrained verbs in sentences compared to 73% of sentence treatment studies. Similarly, only 38% of verb treatment studies assessed discourse compared to 83% of sentence treatment studies. Impact on functional communication was very rarely assessed after either form of treatment (in 10% and 26% of verb and sentence treatment studies respectively).

Conclusion: Appraisal of verb and sentence treatments is hampered by inconsistent outcome measurement. Thus, whilst sentence treatments appear to be more effective in improving sentences and discourse, this conclusion is premature. The quality of the research would be improved by agreement regarding outcome measures to facilitate comparison of studies and ensure positive effects of treatment are detected.

Emma CHRISTOPHER
Improving Working Memory in Children with Language Difficulties

Background: Working memory, a component of the working memory system, is critical for memory tasks (Listening Recall and Odd One Out Span) and two untrained working memory tasks (Word Recall and Counting Recall). The current conclusion is premature. The quality of the evidence: e.g. 39 case series (57%) and 16 (24%) studies respectively).

Conclusion: Working memory, sentence.

Background: Working memory training intervention in typical children. Infants and child development, 23, 84-103.

References

Abigail MORAN
The impact of Developmental Language Disorder on Inner Speech

Background: Inner speech is the private use of language to help regulate and plan actions. Even for individuals with developmental language disorder (DLD), inner speech is used to help think and plan. However, individuals with DLD may, therefore, have a benefit for reading comprehension. Children with language impairments commonly demonstrate a deficit in working memory ability (Montgomery, Magimairaj & Finney, 2010). The current research assesses whether improvements in working memory ability found via interventions with typically developing children can be replicated for those with language difficulties.

Methodology: Up to 100 children, aged 6-11 years, with language difficulty as a primary need, will be randomly allocated to a working memory intervention or active control group. Working memory training involves 18, 10-minute training sessions, over a 6-week period focusing on Listening Span and Odd One Out Span tasks. Outcome measures are assessed at pre-intervention, post-intervention and 6-month follow up in working memory, sentence.

Findings: Pre-intervention and post-intervention assessments for an initial group of 24 children, have shown that those in the trained group have made significantly larger gains compared to the active controls in trained areas of executive loaded working memory (Listening Recall and Odd One Out Span) and two untrained working memory tasks (Word Recall and Counting Recall). Significantly larger gains have been found for those in the trained group compared to controls in sentence comprehension and pattern span at the post-intervention time point.

References

Leanne MCDONALD
Taking the strain? Impact of glaucoma on patient’s informal caregivers

Purpose: An ‘informal caregiver’ (IGC) provides assistance for a person (typically a spouse/relative) with a chronic/disabling condition. IGCs save the UK an estimated £60bn per year in care costs. Little attention has been given to the experience of IGCs in eye disease, particularly those caring for patients with glaucoma and we aimed to investigate this.

Methods: Patients were recruited from one glaucoma clinic and sampled from two main groups. Early stage patients (EP) were people with Humphrey visual field (VF) mean deviation (MD) better than -6dB in both eyes who were on first line medical therapy (drops) only. Other patients were further stratified into moderate (MP) and advanced stage (AP) groups with the latter having MD worse than -12dB in both eyes. Patients were sent a questionnaire pack and asked to identify an ICG who recorded a MCSI > 10. Patient EQ5D scores were recorded a MCSI > 10. Patient EQ5D scores were recorded a MCSI > 10.

Findings: Little attention has been given to the experience of IGCs in eye disease, particularly those caring for patients with glaucoma and we aimed to investigate this.

References
inner speech) even when the response involves pointing (Henry, Messer, Lugger-Klein, & Crane, 2012).

Developmental Language Disorder (DLD) is associated with difficulties around phonological skills and working memory. However, there are few investigations of inner speech in the DLD population.

Method: This study aims to recruit 160 participants: 80 children with DLD (40 aged 6-7 years and 40 aged 9-10 years) and 80 children with typical language development with a similar age and non-verbal IQ. Participants will complete a newly designed computer-based picture recall task with two conditions (rhyming/non-rhyming). Participants will then be asked to repeat part of this task and select which, if any, memory strategy they used by selecting the appropriate illustration. This part of the study is designed to elicit self-reports on inner speech use. In addition, data will be collected concerning each child’s reaction time; speech rate; silent reading ability; and automatic naming as these skills may be related to the development of inner speech.

Results: Data analyses will be presented, based on an anticipated sample size of twenty children. This will include i) the presence or absence of PSE in children with DLD; ii) whether their self-reported strategy is correlated with the observed strategy; and iii) whether their self-reported strategy is associated with difficulties around phonological skills and working memory. However, there are few investigations of inner speech in the DLD population.

References

Rachel Barnard
Researching across two cultures: Shifting positional identity
This methods paper discusses issues of positional identity arising out of an ethnographic study in which I examine a profession I am a member of (speech and language therapy) and another I am outside of (nursing). The research was conducted on three stroke wards in the UK, between 2015 and 2017, with the aim of understanding how speech and language therapists and nurses share information about patients. Researcher clinicians have reported on the challenges involved in conducting research within their own profession; balancing the advantages of familiarity with the need for analytical distance. My interest in the liminal space between two distinct professional cultures meant that my position was in constant flux between inside, outside, familiar and distant. Managing acceptability to each profession resulted in personal dissonance as well as moments of insight, both for the research and for my clinical self. Findings from reflexive practice at all stages of the project, from negotiating access to completion of the fieldwork, will be presented to illustrate how the research was both facilitated and obstructed by my biographical and personal history. I will draw on Pierre Bourdieu’s concept of habitus to argue that as the life world of nurses became more familiar to me, my own habitus underwent a process of change. I will discuss how incorporating this insight into the analysis enhances the rigor of the ethnography and increases its potential to influence clinical practice.

Cassandra Yull
Exploring informed decision-making during pregnancy and birth: a meta-synthesis of women’s experiences
Increasing patients’ informed decision-making has long been on the public health agenda, in virtually every area of care. Despite this positive policy shift, promoting more patient autonomy and care experiences that are aligned with personal values can lead to complex trade-offs, as choices are based on more sophisticated, expanding services with less reliance on clinician’s intuitive judgment (Woolf et al, 2005). The commitment to facilitating informed choice is a fundamental aspect of NHS care provision, but how and if it is actually achieved are less concrete. The issue remains that, while clinicians believe they are offering patients a choice, in reality, women still have a limited role in decision-making and do not feel their care is presented as a choice (Stapleton, Kirkham and Thomas, 2002). The informed choice concept is, therefore, bilateral in nature, and yet, there are few systemic reviews on women’s experiences of decision-making about maternity care, particularly intrapartum care.

In order to address this gap, I conducted a systematic review of studies on women’s experiences of making choices about their care during pregnancy and birth. Because this review focused on published qualitative data, I employed the meta-synthesis approach to explore the relevant literature. A meta-synthesis brings together and deconstructs qualitative findings, examining them, discovering essential attributes and, in some way, synthesising phenomena into a transformed whole.

My presentation will centre on the methodology and results of my review, clarifying how informed choice is researched and conceptualised in the existing literature on pregnancy and birth decision-making. Finally, I will discuss how the findings can be used to re-think informed choice and establish a more women-centric definition that fits the maternal health care context in which it will be employed.

References

Lumka TUTANi
A qualitative analysis of participants’ experience following attendance at both Cognitive Behaviour Therapy and Mindfulness Based Stress Reduction group programmes in IAPT for long-term conditions and medically unexplained symptoms (LTC/MUS)

Background: The IAPT is committed to reducing inequalities and traditional divisions which has reinforced stigma blighting both access to psychological therapies and the benefits that comes along for people with physical health conditions (LTC) including those suffering from medically unexplained symptoms (MUS). The programme for the national initiative for improving access to psychological therapies (IAPT) for people with mild to moderate depression and anxiety has been expanded to include access to people with LTC (Clark et al, 2009). However questions on how to improve the efficacy of CBT for LTC/MUS have been raised. A gap in studies investigating the use and benefits of adapted generic CBT programmes for long-term conditions (LTC) has been identified (Hadert, 2013).

Aims/objectives: This study investigated the experience of people with LTC/MUS who attended an adapted traditional CBT group program using health psychology theories namely Social Cognitive and Self-regulatory theories followed by MBSR.

Method: In-depth semi-structured interviews were carried out with 9 conveniently selected participants. A qualitative approach was seen as more appropriate in producing relevant psychological knowledge from clinical practice in health psychology. Therefore an interpretive phenomenological approach (IPA) was used for analysing the data.

Findings/conclusions: Six themes with subthemes that capture the experience of the participants emerged from the analysis. Relevant clinical implications for Health Psychologists are shared including the use of health psychology theories in adapting and improving the quality of CBT interventions for people with LTC/MUS in IAPT.

References
Interviewing adults with mild-moderate learning disabilities and carers using a theory based approach to understand their health behaviours

**Background:** Adults with mild-moderate learning disabilities tend to have poorer diets, lower levels of physical activity and higher levels of sedentary behaviour than their counterparts in the general population. Yet there are very few studies on the views of this group or their carers about what may be important to address in interventions targeting this group. These have not tended to use theory based approaches to exploring their perspectives.

**Method:** Social cognitive theory-based interviews were carried out with 24 participants with mild-moderate learning disabilities and carers, to explore their views on healthy living and what may be important to address in future interventions in this area, with this group.

**Results:** Social cognitive theory based interviews can be carried out with adults with mild-moderate learning disabilities and their carers, using an iterative approach along with careful preparation and planning.

**Conclusions:** Use of simplified language, Makaton and picture resources can make certain complex constructs accessible to vulnerable adults to an extent but cognitive ability is an important mediator of successful interviewing to gather rich data. Implications for gathering qualitative data with this group and their carers into their perspectives on their health will be discussed, along with those for intervention development with this group.

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**Britannia ABDUL-AZIZ**

**Exploring patients’ and healthcare professionals’ perceptions of blood transfusion in a haematology setting**

**Background:** Blood transfusions are commonly requested for haematology patients with blood disorders and cancers. Treatment perceptions may impact how patients cope with their condition (Leventhal, Nerenz, & Steele, 1986). However, from a systematic review of blood transfusion perceptions, it is unclear how haematology patients perceive blood transfusion (Abdul-Aziz, Lorencatto, Stanworth, & Francis, 2018). It is also unclear whether haematology patients’ perceptions converge with their healthcare professionals’ (HCPs’) perceptions. Such convergence is important to establish a shared view of appropriate treatments.

**Aim:** To investigate adult haematology patients’ and HCPs’ perceptions about blood transfusion.

**Methods:** Semi-structured interviews at two UK haematology units were conducted with 14 adult haematology patients receiving transfusions and 14 treating HCPs (consultants, registrars, specialist nurses). Demographic data were collected and reported descriptively. Patient- and HCP-tailored interview topic guides were developed and informed by the treatment perceptions literature. Transcripts were analysed using inductive thematic and deductive content analysis using a conceptual model of themes of blood transfusion perceptions (Abdul-Aziz et al., 2018). The model comprised of ‘Health benefits’, ‘Safety/ risk’, ‘Negative emotions’, ‘Alternatives’ and ‘Decision making’ themes.

**Results:** Identified themes extended on those in the model with the theme of ‘Necessity’ added as patients and HCPs viewed transfusion as highly necessary and beneficial for patients’ health. Opposing themes emerged (e.g., ‘Absence of negative emotions’, ‘minimal worry about having transfusions’). Many patients reported that the frequency and length of transfusion caused life disruptions and other patients disliked aspects of the procedure. Patients and HCPs reported patient physical and psychological reliance on transfusion, with HCPs indicating that patients may require improved education about transfusion scheduling.

**Implications:** A range of areas where patients could benefit from more support were identified. Further consultation with patients and HCPs would be required to consider key issues and potential recommendations for practice to develop targeted guidance.

**References**


**Paulina KUCZYNSKA**

**Evaluating participant experience in lifestyle change intervention addressing cardiovascular risk (MOVE-IT)**

**Aim:** Evidence for the efficacy of lifestyle interventions targeting cardiovascular disease risk factors such as smoking, poor diet and physical inactivity is growing, however the effects are often short-lived. The Capability, Opportunity and Motivation Model of Behaviour Change (COM-B) provides an evidence-based framework of the most effective behaviour change techniques. Motivational Interviewing has been researched to be an effective method in reducing cardiovascular risk, and by interacting collaboratively with patients and employing a number of COM-B aligned behaviour change techniques, it promotes a sustainable behaviour change. The MOVE-IT study is a big randomised controlled trial (n=1719) conducted by King’s College London, assessing the efficacy of psychological interventions for people at an increased risk of developing heart disease. The aim of this qualitative study is to provide an understanding of participant experience through the process of engagement in the trial.

**Methods:** Focus groups were facilitated to elicit participants’ views, which were then analysed thematically to unveil core themes. Seventy-four participants were invited to attend a focus group. A total of twenty-six participants took part in the study. They formed six focus groups; four groups of completers and two groups of non-completers.

**Results:** Key themes identified a) Perceived benefits of the study; b) Factors enhancing behaviour change; c) Perceived risk of CVD; d) Potential barriers to change and overcoming these barriers.

**Conclusion:** Through the enquiry in participant experience, this qualitative study not only highlights the benefits of the MOVE-IT intervention, but it also identifies areas of improvement to ensure maintenance of behaviour change over time.

**References**


**Daniel ASFAW**

**Do scotomas in glaucoma affect eye movements? A between eye study in people with asymmetric visual field loss**

**Purpose:** To investigate whether glaucoma produces measurable changes in eye movements.

**Methods:** Fifteen glaucoma patients with asymmetric vision loss (difference in Mean Deviation > 6 dB between-eyes), were asked to monocularly view 120 images of natural scenes, presented sequentially on a computer monitor. Each image was viewed twice — once each with the better and worse eye. Patients’ eye movements were recorded using an Eyelink 1000 eye-tracker. Eye-movement parameters were computed and compared within participants (better eye versus worse eye). These parameters included a novel measure: saccadic reversal rate (SRR), as well more traditional metrics such as saccade amplitude, fixation counts, fixation duration, and bivariate contour ellipse areas (BCEA) of fixation locations. In addition, the associations of these parameters with clinical measures of vision were investigated.

**Results:** In the worse eye, saccade amplitude and BCEA were smaller (P<0.05), while SRR was greater (P<0.05). There was a significant correlation between the inter-eye difference in BCEA, and differences in MD values (Spearman’s rho = -0.65; P = 0.01), while differences in SRR were associated with differences in visual acuity (Spearman’s rho = 0.64; P = 0.01). Furthermore, between-eye differences in BCEA were a significant predictor of between-eye differences in MD: for every 1 dB difference in MD, BCEA reduced by 6.2% (CI95%: 1.6 – 10.3%).

**Conclusions:** Eye movements are altered by visual field loss, and these changes are related to changes in clinical measures. Eye movements recorded during passively viewing.

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**Aliyha GHUMMAN and Mandie SCAMELL**

**A Participatory Co-design of Best Maternity Practice Recommendations: Female Genital Mutilation and Experience of Maternity Health Services**

UK Maternity care policy and clinical guidelines both support offering women with Female Genital Mutilation (FGM) - described as procedures that intentionally alter or cause injury to the female genital organs for non-medical reasons (World Health Organisation, 2017) - high risk clinical care pathways, with obstetric antenatal and intrapartum management. Existing evidence on the efficiency of various models of care for women with FGM is currently lacking due to least qualitative evidence available on understanding of how this group of potentially, psychologically vulnerable women feel about childbirth and what their preferences may be. Overall aim of this study will be to produce woman centered practice recommendations for Maternity Health Service (MHS) provision for women with FGM and co-design of maternity services training package. The study will be comprised of 2 phases involving migrant women age above 18 years with history of FGM accessing MHS in the UK to explore their experiences and examine the psychological impacts of current MHS provision for those women adopting participatory, emancipatory epistemological research approach in order to co-design training package and clinical practice recommendations. A sample of migrant women will be recruited through snowball sampling technique and data will be collected through semi-structured interviews and focus group discussions (FGDs). These interviews and FGDs will be digitally recorded and transcribed verbatim. Thematic analysis will be made using qualitative data analysis software NVivo Version-11.3.2. Written and oral information about study will be provided to all participants and their informed written consent will be obtained. Ethical approval will be gained from Research Ethics Committee, City University of London. The outcomes of proposed research will contribute to provide particular and
Diagnostic accuracy of a new thresholding glaucoma screening programme using temporally modulated flicker

**Purpose:** To determine the diagnostic accuracy of the new Accelerator-4 Flicker Test Prototype (A4FTp) for the detection of chronic open angle glaucoma (COAG) and to compare its performance with currently available screening technologies.

**Methods:** This prospective diagnostic accuracy study included one eye of 40 participants with COAG and 38 normal controls. Participants were evaluated using the A4FTp, which determines flicker thresholds at specific regions of the visual fields with high susceptibility to glaucomatous loss, Frequency Doubling Technology (FDT) Perimeter C20-5 programme and the iVue SD-OCT in a random order with test results masked to the reference ophthalmic examination. The diagnostic accuracy of the tests was evaluated by receiver operator characteristic (ROC) analysis and areas under the ROC curves (AUROC) were compared. User acceptability of the tests was compared using a 7-point Likert scale.

**Results:** The mean AUROC for each test was: A4FTp (0.824, 95% CI 0.762-0.921), OCT any RNFL parameter (p<% level (0.898 (0.830-0.966)) and FDT one or more locations missed at <5% level (0.911 (0.826-0.963)). AUROC comparison revealed no statistical difference between A4FTp and OCT (p=0.181) or FDT (p=0.118). The A4FTp time taken averaged just 0.74 (0.01) dB. The A4FTp test time taken averaged just 0.74 (0.01) dB. The A4FTp test time taken averaged just 0.74 (0.01) dB. Furthermore, development the A4FTp could potentially have a role in glaucoma detection.

**Conclusions:** During follow-up the VF of the eye examined second will typically accumulate more measurement error than the one tested first; this might be due to fatigue from perimetric testing. The size of the effect is very small given overall long-term variability in perimetric testing in clinics. Still, consideration should be given to eye order testing in situations where measurement precision is important, as for example in clinical trials or when clinical management of a patient indicates one eye should be monitored more ‘closely’ than a fellow eye.
report looked at wellbeing and psychosocial aspects affecting it; all other studies looked at psychosocial aspects of life and interrelations between them. Moreover, most of the studies used association analyses and did not explore predictors.

My project: This project will explore psychosocial predictors of the wellbeing in young adults with Aphasia and those with DLD using regression analyses. It will be also the first study making a comparison between these two language-impaired groups. Producing a unique dataset, this project will use several measures: wellbeing scales as main outcomes and language, cognitive, social, emotional, psychological, health measures as predictor variables.

Jenny MCLEISH

Evaluation of a third sector volunteer peer support project for perinatal mental health

Background: Mental health problems are common during the perinatal period (pregnancy and the year after birth), affecting around 20% of women. Women’s distress is often compounded by feelings of stigma and shame at ‘failure’ to live up to societal ideals of motherhood, leading to concealment and isolation. These feelings may be ameliorated by peer support. In 2016, parent support charity NCT began ‘Parents in Mind’, a 3 site pilot of volunteer peer support. The volunteers, who had all experienced and recovered from perinatal mental illness, were trained to lead peer support groups and to give 1:1 support to mothers who had all experienced and recovered from perinatal mental health problems. The study is using mixed methods: (1) quantitative data from questionnaires completed by service users and volunteers, and other routinely collected service data; (2) qualitative data from interviews with 8-12 service users at each site, 8-12 volunteers at each site, four project staff, and external stakeholders. Quantitative data will be analysed using descriptive and inferential statistics; qualitative data using thematic analysis. The three sites will be compared to understand how local factors may affect the establishment of a new third sector peer support project.

Conclusion: This evaluation will inform decisions on adaptation and roll out of the piloted model and contribute to the currently limited evidence base about how third sector organisations can offer perinatal peer support that is both effective and safe.

Mamta SAGAR

Using behaviour change techniques to reduce leisure screen time behaviour amongst mothers in London: Protocol for intervention co-design and feasibility study

Background: Growing digitalisation is increasing the use of screens in various forms and is a determinant for various health problems. Behavioural interventions, incorporating appropriate behaviour change techniques (BCTs) are required to reduce the use of screens. The current evidence regarding the effectiveness of BCTs amongst adults is limited to only reducing sitting and not screen time. Evidence indicates that to reduce screen time among children, parental role modelling, especially by mothers, is vital. Hence, co-design of an intervention is planned, in collaboration with mothers as the end users and experts in their situation. Prior to investing in bigger trials, this study aims to develop and assess the feasibility of an intervention to reduce screen time for mothers.

Methods: This is a before-after, uncontrolled, intervention development study involving a co-design process, quantitative data collection and semi-structured interviews. Using convenience and snowball sampling, 25-30 mothers will be recruited from a primary school. Objective quantitative data will be generated from an app for step count and tracking screen time. The co-design process will involve workshops in which participants generate ideas and provide their views on the operationalisation of behaviour change techniques identified from previous research. Feasibility will be assessed using semi-structured interviews, based on the theoretical domains framework, to capture the barriers and enabling factors in engaging with the intervention to reduce screen usage for leisure.

Discussion: The co-design process is likely to enhance feasibility, acceptability, intervention efficiency and understanding of barriers and enables in achieving behaviour change amongst mothers. The study findings will indicate whether a school is an appropriate platform and context for such interventions. The study has the potential for generalizability to other adults in the household with caring responsibility.

References

Eileen SENTHAN

Health-related and vision-related quality of life in adults and children with myopia: a systematic review of quantitative and qualitative studies

Background: There has been a rapid increase in global prevalence of myopia. It is estimated that by the year 2050 of the world population 49.8% will have myopia and 9.8% will have high myopia. The natural progression of myopia is multifactorial, and myopia is often characterised by axial elongation of the eye. Interventions to correct myopia include spectacles, contact lenses, orthokeratology and refractive surgery. There exists a paucity of information about the quality of life in myopia and the relative effects of the interventions to correct myopia. Such information will aid a clinician in the management of a myopic individual.

Objective: To assess the impact of myopia on vision-related and health-related quality of life in adults and children and to determine the relative effects of interventions to correct or slow progression of myopia on quality of life.

Method: Electronic searches will include EMBASE, PubMed, Cinahl, PsycINFO and the Cochrane Library. There will be no restrictions on study design. Studies will be included if they investigate or report health-related or vision-related quality of life in adults or children with myopia or the effect of myopia correction on quality of life. The primary outcome will be any quantitative measure of health-related quality of life, vision-related quality of life; and any quantitative descriptive of the impact of myopia on quality of life. Two review authors will independently screen the title and abstracts of all studies identified by electronic searches and retrieve full articles of studies appearing to meet the inclusion criteria. Relevant data will be extracted independently; and using appropriate clinical appraisal tools (CASP, JBI, MAMAT) risk of bias of will be assessed. Statistical data analysis will then be conducted.

Current progress: Title and abstract screening is ongoing and near completion.

Reference