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Abstract Book
Psychological Care for Cancer Patients: Findings from the National Cancer Survivorship Needs Assessment

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Aims: To determine the current cancer survivorship services available to patients living with and beyond cancer in Ireland from the point of view of healthcare professionals working in the acute services. The research aims to identify priorities to enhance cancer patient care in Ireland.

Methods: This research provides an overview of cancer survivorship care. The research was conducted in three phases: (1) a scoping review of literature; (2) an online survey distributed to hospitals in Ireland (n=184 completed surveys); and (3) focus group interviews with health care professionals (n=49).

Results: Access to psychological services and support for cancer patients was identified as a need by many healthcare professionals in this study. Patients’ needs for psychological and social care occur along a trajectory including; at time of diagnosis, treatment and into the survivorship period and end of life care. Issues identified include gaps in services available, distress screening as standard of care when services not available, referral, levels and intensity of support needed and access to community supports. Cancer patients who come from marginalised groups, have previous mental health conditions or poor prognosis may need specialised or targeted care.

Conclusions: Psychological care is integral to proving quality cancer services. This area has been identified by the Needs Assessment as a priority for development in the National Cancer Strategy 2017-2026. Psycho-Oncology expertise should be available in all cancer centres and the model of care as envisioned in the strategy should be fully implemented.

Addressing Treatment-Related Sexual Side Effects among Cancer Patients: Sub-Optimal Practice in Radiation Therapy

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Aims: Sexual side effects of treatment are common among cancer patients receiving radiation therapy. Little attention has been given to the role of radiation therapists (RTs) in managing sexual
issues. The current study sought to address this by assessing the provision of care for sexual issues by RTs in Ireland.

**Methods:** Cross-sectional data were collected using an online questionnaire. Measures included: participant characteristics; sexuality-related practice, knowledge, awareness, and confidence in dealing with sexual issues; the sexual attitudes and beliefs survey; and opinions as to the ‘ideal’ management of sexual issues.

**Results:** Discussion of sexual issues with patients was rare, and most participants (N = 46) did not feel these issues were addressed effectively in their departments. Barriers to the discussion of sexual issues included: low knowledge, awareness, and confidence, perceptions of professional role boundaries; and concerns about personal and patient discomfort. Nonetheless, participants indicated that RTs should ideally be equipped to discuss sexual side effects of treatment, as they would any other side effect.

**Conclusion:** This study has identified a sub-optimal provision of care for sexual issues by RTs. Training is needed if RTs are to effectively support the work of the multidisciplinary team in this area.

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**Unmet Needs of Cancer Patients are being met in a Volunteer-Led Community Based Cancer Support Centre**

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**Aims:** Understanding cancer patients self-reported needs provides a measure of the gaps between patient’s expectations and experience, their need and desire for help, and it is an important measure of the effectiveness of care. Our aim was to assess the unmet needs of people attending a volunteer-led cancer support service, and the benefits, if any, of this service to them.

**Methods:** A cross-sectional questionnaire was sent to 207 cancer patients who attend a volunteer-led community-based cancer support service. This service provides a range of supports including counselling, nutritional advice and complementary therapies. The questionnaire included the Supportive Care Needs Survey (SCNS-SF34), which assesses cancer patients needs in five domains (psychological, health system, physical and daily living, patient care and support, and sexuality.

**Results:** To date 105 patients completed the questionnaire (response rate=51%). Respondents were predominantly women (69.5%), married (67.6%), with a mean age of 57.9 years. Breast (45%), prostate (13%) or colon cancer (7%) were the most common. The top ranking self-reported needs reported by current attendees of the centre (n=60) were; health service and information (mean score=40), physical and daily living (mean score=38) and psychological needs (mean score=35). Scores were higher among current compared to past attendees in all, except sexual needs. Responders availed of 5.5 services on average. 56% reported enhanced coping, 53% improved psychological wellbeing and 43% increase knowledge as a result of attending the centre.

**Conclusions:** The majority of cancer patients reported improvements in physical, practical and/or psychological needs upon availing of community-based supportive interventions.
Social Identity, Online Social Support and Psychological Wellbeing in Those Living with Breast Cancer

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Aims: Recent research has found that people living with chronic illness who have stronger social identity with their support group have better well-being compared to those who identity less. However, whether this relationship is mediated with social support is not known, i.e. do people living with a chronic illness who identity strongly with their social support group report greater social support and hence report better well-being. The present study tested this notion in a sample of people living with breast cancer.

Methods: One hundred and sixty-nine people living with breast cancer who were members of an online support group completed indices of sociodemographics and health variables as well measures of social identity, perceived social support and well-being.

Results: Social identity with their online support group was not directly related to well-being in those living with breast cancer. However, there was evidence of an indirect mediation effect, effect= .0080, CI [-0.0051, .0280), such that people living with breast cancer who has a stronger social identity with their online support group reported higher levels of social support and better well-being compared to those with lower social identity. These finding withstood adjustment for confounding such as treatment and cancer stage, effect -.0002, CI [-0.0162, .0130).

Conclusion: These results suggest that the social identity is a key factor in understanding how social support groups operate and how ones strength of identity with such groups drives the level of perceived social support available to those involved.

Health Literacy and Head and Neck Cancer Survivors: A Population-Based Cross-Sectional Study

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Aims: The aim of this paper is to explore differences in sociodemographic, clinical and psychosocial characteristics (fear of recurrence, health related quality of life and self-management practices) in head and neck cancer (HNC) survivors with adequate and inadequate health literacy.

Methods: A population-based survey was conducted in Ireland with 734 HNC survivors. Alongside health literacy, demographic, clinical and psychosocial variables (Fear of Relapse/Recurrence Scale (FRRS)), self-management practices (Health education impact questionnaire (heiQ)) and health related quality of life (FACT H&N) were collected.
**Results:** 395 individuals responded (54% response rate). 26% of the sample had inadequate health literacy. There was a significantly higher proportion of people with inadequate health literacy among 60-69 year olds, those with only primary education, medical-card holders, those living in rural areas and those with cancer of the larynx. Fear of recurrence was significantly higher among the inadequate health literacy group (P=0.022). In the inadequate health literacy group self-management practices were significantly lower for “Health Directed Behaviour” (P=0.042), “Positive and Active Engagement in Life” (P=0.019) and “Constructive Attitudes and Approaches” (P=0.005). For health related quality of life, the inadequate health literacy group had significantly lower mean scores for “Personal Wellbeing” (P=0.023) and for “Functional Wellbeing” (P=0.003).

**Conclusions:** Health literacy is an understudied area among head and neck cancer survivors and could provide valuable insight into improving self-management practices and quality of life in this group. Those developing interventions for head and neck cancer survivors should consider how inadequate health literacy might influence outcomes.

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**Unmet Supportive Care Needs of People Living with Lung Cancer and their Caregivers**

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**Aims:** In this study, we sought to examine the context and type of unmet supportive care needs of individuals who had received a lung cancer diagnosis and their informal caregivers.

**Methods:** We conducted in-depth interviews with patients (n = 13) and caregivers (n = 9) living with and after lung cancer about their supportive care needs. Interviews were audio-recorded, transcribed and analysed using thematic analysis.

**Results:** Participants indicated that they needed more support pre- and post-diagnosis to help them manage their fear and uncertainty as well the burden of the side effects of both the disease and treatment. There was a general perception of inconsistent co-ordination of care, and both patients and caregivers emphasised the need for improved supports in the community as the majority of medical care was delivered in the outpatient setting. Patients and caregivers varied in terms of what, and how much, information they wished to have about the condition, presenting a challenge to health care providers to ensure that these individualised needs are met. Both patients and caregivers had considerable psycho-social needs related to managing their own concerns, worries and stresses, as well as those of other members of the family, and would have welcomed some formal or informal peer to peer support.

**Conclusions:** There has been relatively little research conducted on the supportive care needs of individuals living with lung cancer compared to other cancers, particularly regarding their caregivers. The current research offers insights into the needs of people affected by lung cancer in Ireland.
Adolescent Experiences of Assuming Increasing Self-Management Responsibilities for Type 1 Diabetes

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Aims: Management of type 1 diabetes (T1D) is onerous and individuals living with T1D must commit to undertake complex self-management tasks daily. Adolescents often report difficulty engaging with self-management. Furthermore, metabolic control tends to decline during adolescence. This research aims to explore adolescent experiences of assuming self-management responsibilities for T1D.

Methods: Twenty-eight adolescents (aged 11 to 17 years) living with T1D, participated in semi-structured interviews exploring adolescent perspectives on parent-adolescent dialogue in relation to self-management of T1D. Adolescents were recruited via two national diabetes and endocrine units and a national diabetes advocacy organisation. Interview data were transcribed verbatim and analysed thematically.

Results: Themes pertaining to assuming increasing self-management responsibilities were identified including facilitators and challenges experienced by adolescents. Precursors of independent self-management were described. Adolescents reported learning about management of T1D and acquiring a sense of capability to carry out management activities as responsibilities transition from parent-led to adolescent-led care.

Conclusions: The findings of this study contribute to knowledge on what can facilitate or impede the transition to independent self-management of T1D for adolescents. Understanding adolescent perspectives on the shifting of self-management responsibilities from parent-led to adolescent-led may contribute to the provision of informed supports for families living with T1D. This knowledge may enable health care professionals to provide supports that are tailored to adolescents living with T1D and their parents as they contend with changing levels of responsibilities for T1D management.

Integrating Self-Management into Daily Life Following Head and Neck Cancer: Survivors’ Perspectives

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Aims: While self-management strategies are often recommended to help cancer survivors to better deal with challenges to their wellbeing presented by cancer and its treatment, little is known about how people integrate such strategies into their daily lives. The aim of this study was to describe and characterise the processes through which head and neck cancer (HNC) survivors attempt to integrate self-management into daily life following primary treatment.

Methods: Using a purposeful critical case sampling method, 27 HNC survivors were identified through four designated cancer centres in Ireland and participated in face-to-face semi-structured interviews. Interviews were audio-recorded, transcribed and analysed using thematic analysis.

Results: We identified six themes describing HNC survivors’ attempts to integrate self-management into their lives following treatment. Three themes describe a sequential process of self-management integration into daily life: from grappling with having to self-manage, through trying out self-management strategies to becoming an expert self-manager. Two further themes describe specific difficulties with self-management integration: struggling with self-management or avoiding recommended self-management. Finally, interpreting self-management describes two separate overarching perspectives which participants may adopt following recognition of the importance of self-management integration.

Conclusions: This is the first study to describe HNC survivors’ attempts to integrate self-management into daily life following primary treatment. The findings indicate that HNC survivors exhibit highly individualised approaches to self-management integration and abandon self-management strategies that fail to meet their specific needs. Survivors may benefit from skills training and structured support to assist their transition between in-patient care and having to self-manage following treatment.

A Qualitative Interview Study on the Psychosocial and Healthcare Needs of Individuals with Epidermolysis Bullosa

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Aims: Epidermolysis Bullosa is the term used for a group of genetic skin fragility disorders characterised by pain, blistering and open wounds exerting a high psychosocial impact on families and individuals effected. Research from the patient and parent perspective is scarce, therefore this study aims to examine the physical, psychological and social needs and preferences of a broad spectrum of those with EB.

Methods: A qualitative approach was used with a total of ten parents of children with EB and six adults with the condition interviewed using a semi-structured interview schedule adapted from chronic disease research. Thematic analysis used to analyse the data.

Results: Participants highlighted five areas where physical and psychosocial support could be improved or built upon. This included appropriate support managing physical issues relating to the
Conclusions: Research involving individuals with EB is most often biomedical in nature, with a focus on those with more complex forms of the condition. This article represents the psychosocial and healthcare needs and preferences of a broad spectrum of those with clinically mild EB Simplex to more complex presentations of Dystrophic EB, highlighting the need for a comprehensive range of psychosocial supports for this population.

Improving Outcomes for Young Adults with Type 1 Diabetes in Ireland: Refining the D1 Now Intervention

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Aims: Young adults (18-25 years) living with Type 1 Diabetes Mellitus (T1D) have been highlighted as being at risk of poor self-management and sub-optimal glycaemic control. Previous interventions have not been successful and there is a need for theory based interventions that include key stakeholder opinions. The ‘D1 Now’ intervention has been developed under guidance of the Medical Research Council (MRC) framework for the development of complex interventions and the Behaviour Change Wheel (BCW). ‘D1 Now’ has a user centre approach and integral to the research is a young adult panel (YAP). The intervention includes three intervention components namely a 1) key-worker, 2) an online interactive system and 3) an agenda setting tool for use in consultations. The aim of this work is to refine the three intervention components before feasibility testing of the entire package.

Methods: This was a qualitative study focused in the West of Ireland. Focus groups and semi-structured interviews were conducted with Health Care Professionals (HCPs; physicians, nurses and dieticians) and young adults with type 1 diabetes. Thematic analysis was conducted on the data.

Results: Three themes were generated; these included “Working together”, “Individualisation” and “Fitting into the system”. Specific feedback was used to modify intervention components.

Conclusions: Young adults with Type 1 diabetes and HCPs could see the benefit in the proposed intervention components. However, concerns were identified and these have been taken into account in refining the intervention. The D1 Now intervention package is now ready to be testing for feasibility as a whole.
Stigmatization and the Impact of Alopecia in Adults

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Aims: The aims of the current study were to examine the relationship between quality of life and dimensions of stigmatization, and to determine if the dimensions of stigmatization (affected self-esteem, retreat, experienced refusal, concealment and composure) were predictors of quality of life and to examine any gender differences.

Methods: Three questionnaires were administered to all participants; a socio-demographic questionnaire, the Alopecia Areata Symptom Impact Scale (AASIS), and The Short-Form Questionnaire on Experiences with Skin Diseases. Individuals aged 18 and over, diagnosed with AA were recruited from an Alopecia Facebook site (N=75). Inferential statistics were used to assess correlation between stigmatization and impact of AA. Multiple regression analysis was then employed to assess predictive power of these dimensions. Independent t-tests were employed to examine any gender differences between stigmatisation and quality of life.

Results: Results found that higher reports of skin symptoms were associated with lower self-esteem, experienced refusal, and concealment. Females reported lower overall quality of life compared to males, however stigmatisation did not predict quality of life.

Conclusions: This study could inform the design and implementation of interventions targeted to provide education on the effects of alopecia. Results are discussed in terms of study limitations and directions for future research.

Are Conversations About Type 1 Diabetes Self-Management Complex? Parents’ Perspectives

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Aims: Challenges in the sharing of self-management responsibilities between parents and adolescents can result in ineffective communication strategies which can impact negatively on adolescents’ type 1 diabetes (T1D) self-management. This study aimed to describe how parents communicate and negotiate self-management responsibilities with adolescents with T1D; including the particular self-management issues that are challenging for parents to discuss.

Methods: Qualitative interviews were conducted with 32 parents (24 mothers, 8 fathers) of adolescents (11-17 years old) living with T1D to explore how parents communicate about T1D self-management with their children. Parents were recruited through two national child and adolescent diabetes and endocrine clinics and online advertisement through Diabetes Ireland. Interviews were transcribed verbatim and thematically analysed.
Results: While parents stated that day-to-day checking in about T1D self-management is generally not difficult, they also discussed topics which they find challenging to discuss (e.g. future complications) and factors which enable discussion about T1D self-management (e.g. openness, honesty, acceptance). Parents discussed strategies they employ when talking about T1D self-management (e.g. maintaining a positive outlook) and some noted that the way in which they talk about T1D with their child had changed over time.

Conclusions: Understanding the T1D self-management issues that parents find difficult to discuss with their adolescent children may enable healthcare professionals to provide more effective support to families as parent and adolescent roles change over time. Identifying areas for intervention to support effective communication and the transition of responsibilities for T1D self-management between parents and adolescents may subsequently improve long-term outcomes for adolescents.
Examining Total and Domain-Specific Sedentary Behaviour Using the Socio-Ecological Model – A Cross Sectional Study of Irish Adults Using the Healthy Ireland Survey

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Aims: This study aims to identify the individual, social and environmental correlates of total sedentary behaviours as well as across the context that sitting time accumulates in an Irish adult cohort.

Methods: Cross sectional analysis of data (N=7,305) adults of the nationally presentative Healthy Ireland survey. Multivariate regression analyses were used to examine participants’ socio-demographic characteristics, lifestyle factors, workplace activity patterns, physical and mental health status, and environmental factors, and their association with participants’ total daily sitting times and sitting times across multiple domains (work, travel, leisure, and screen time).

Results: Overall median of sitting time per day was 360 minutes (6 hours). Workplace sitting was the strongest predictor of sedentary behaviour. Male gender, higher education attainment, higher socio-economic classification and living in an urban dwelling were all associated with increased total- and occupational- sitting time (p<0.05). Insufficient physical activity levels was also associated with total sitting time (p<0.001). Male gender, lower education attainment, a possible mental health problem, smoking and insufficient physical activity were all associated with increased screen-time sitting (p<0.05). Higher education attainment, physical illness, a possible mental health problem, alcohol consumption and neighbourhood deprivation were all associated with higher transportation/leisure sitting times (p<0.05). Variance of the multivariate model for occupational sitting was 39.0% and 25.8% for total sitting.

Conclusions: Workplace sitting was the strongest predictor of sedentary behaviour in this population. The results of this study provide a starting position for development of targeted interventions aimed at the most sedentary groups, such as males with sedentary occupations.

Exploring the Implementation of a Mobile-Device Based System to Support Type 2 Diabetes Medication Adherence in Primary Care: A Qualitative Study with Healthcare Staff

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Aims: The Support through Mobile Messaging and digital health Technology for Diabetes (SuMMIT-D) project will develop and test a mobile-device based system delivering automated, tailored brief
messages to offer support for medicine use to people with type 2 diabetes in primary care. The current study aims to inform development of the SuMMiT-D system by exploring healthcare staff perceptions of the implementation of messaging support within current and future diabetes care.

**Methods:** Seven focus groups with 44 healthcare professionals (including GPs, nurses, healthcare assistants, pharmacists and receptionists) with a potential role in the implementation of messaging support were conducted. Interviews were audio-recorded, transcribed and analysed following an inductive thematic analysis approach.

**Results:** Participants described adherence as a problem, and saw the benefits of a mobile-device based system to support patients. However, practice staff were concerned about time and resources, and felt a system could only be implemented if the process for patient sign-up was simple and fast. Pharmacists felt GPs were best placed to introduce the system to patients, whereas GPs and nurses thought pharmacists could lead on the introduction of the system. Participants wanted messages to target “more than” just medication adherence to be of most benefit. Participants perceived a need for messages to support self-management more broadly, and for the system to be applicable to conditions other than diabetes.

**Conclusions:** The findings from this study will be combined with parallel work with patients to ensure stakeholder views inform the design of the SuMMiT-D system.

**Developing, Implementing, and Evaluating the Choosing Healthy Eating For Infant Health (CHERIsH) Intervention to Prevent Childhood Obesity: A Feasibility Study**

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**Aims:** How parents feed infants is implicated in the aetiology of childhood obesity. Parents of infants engage frequently with healthcare professionals in primary care, providing unique opportunities for delivery of infant feeding interventions. This feasibility study aims to develop, implement and evaluate an infant-feeding intervention, and supporting implementation strategy, to prevent childhood obesity in primary care.

**Methods:** Development of the intervention and implementation strategy was informed by establishing an evidence-base on existing interventions, and parent and healthcare professional experiences of infant feeding and interventions. Interviews and focus groups were conducted with parents and healthcare professionals on experiences of infant feeding and related interventions. The Behaviour Change Wheel was also used to inform intervention and implementation strategy development.
Results: The Choosing Healthy Eating for Infant Health (CHErIsH) intervention consists of brief verbal infant-feeding messages and additional resources. The intervention is delivered at infant vaccination visits in primary care at 2, 4, 6, 12 and 13 months. The healthcare professional-level implementation strategy includes incentivised training, additional resources, and electronic prompts. Data collection, including measures of infant feeding, biomarkers, intervention fidelity, and economic outcomes is conducted when infants are less than 2 months, 6 months, and 13 months old.

Conclusions: The CHErIsH intervention and implementation strategy represent robust and comprehensive approaches to targeting infant feeding to prevent childhood obesity in primary care. Findings from the feasibility trial will inform future development and refinement of infant feeding intervention development, implementation and evaluation.

Comparing Interventions to Increase Physical Activity to Anti-Hypertensive Monotherapy on Blood Pressure Reduction in People with Hypertension: A Network Meta-Analysis

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Aims: Common methods for controlling hypertension include prescribing anti-hypertensive medication and increasing physical activity. Evidence regarding the comparative effectiveness of these approaches has not been synthesised previously. This analysis aims to estimate the comparative effectiveness of these approaches on blood pressure (BP) reduction.

Methods: A systematic review was conducted focusing on randomised controlled trials of physical activity interventions and first-line anti-hypertensive therapy interventions where BP reduction was the primary outcome. Network meta-analyses was conducted to generate estimates of comparative effectiveness of each intervention class in terms of reduction of BP.

Results: We identified 92 RCTs (32,159 participants) which compared placebo and usual care to first-line antihypertensive interventions including ACE Inhibitors, Calcium Channel Blockers, Angiotensin Receptor Blockers, Thiazide-like Diuretics and physical activity interventions including Aerobic Training and Dynamic Resistance Training. This formed a connected and consistent network of evidence. For Systolic BP, the point estimate of each first-line antihypertensive versus physical activity intervention indicated that the medical intervention reduced SBP to a greater extent than did the physical activity interventions. However, for ACE Inhibitors and Thiazide-like Diuretics, this difference was not significant. Of the first-line treatments, CCBs (58%) and ARBs (57%) had the highest SUCRA scores, while exercise had the second lowest SUCRA score (17%), followed by control (1%).

Conclusion: The results show that there is evidence that some first-line antihypertensives reduce BP more than physical activity interventions, but that these differences are not large, while the difference between ACE Inhibitors and Thiazide-like Diuretics and physical activity is uncertain.
Effects of a Peer-Led Motivational Interviewing Intervention on Physical Activity Levels of Adolescents in Low SES Communities

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**Aims:** Adolescents in low socioeconomic status (SES) communities are characterised by higher rates of health risk behaviours yet limited research exists on the impact of behaviour change interventions in hard-to-reach populations. Regular moderate-to-vigorous physical activity (MVPA) is associated with many positive physical and psychological outcomes however, most adolescents in Ireland are insufficiently active to benefit their health. Innovative strategies are therefore needed to promote health enhancing behaviours. Motivational interviewing (MI) has been widely implemented by health professionals to help people change their behaviour. Peers have an important influence on adolescent health behaviours, thus peer-led interventions might hold promise for increasing activity levels. The aim of this study is to investigate the efficacy of a six-week peer-led MI intervention to increase MVPA levels among adolescents from low SES communities.

**Methods:** Twelve adolescents peer educators (M age=15.67, SD=1.61) recruited from four low SES communities in Dublin, Ireland, participated in a two-day MI workshop and follow-up booster session. Peer educators implemented a MI intervention comprising approximately six individual sessions delivered in person to young people (n=22) in their community. Participants completed a self-report physical activity survey immediately prior to and post intervention.

**Results:** Related-samples Wilcoxon signed rank tests revealed that adolescents’ MVPA levels significantly increased following the MI intervention (p<.005).

**Conclusions:** This study is unique in being the first peer-led community-based MI intervention to effectively increase PA levels among at-risk adolescents in low SES communities. The findings demonstrate support for this novel approach in targeting adolescent health behaviour change.

An International, Delphi Consensus Study to Identify Priorities for Methodological Research in Behavioral Trials

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**Aims:** Effective behavior change interventions are needed. However, uptake and impact of these interventions is limited by methodological challenges. We aimed to identify and achieve consensus on priorities for methodological research in behavioral trials among an international behavioral science community.
**Methods:** An international, Delphi consensus study was conducted. Fifteen core members of the International Behavioral Trials Network (IBTN) were invited to generate methodological items they consider important. From these, the research team agreed a ‘long-list’ of unique items. Two online surveys were administered to IBTN members (N=306). Respondents rated the importance of items on a nine-point scale, and ranked their top five priorities. In the second survey, respondents received feedback on others’ responses, before rerating items and re-selecting their ‘top five’.

**Results:** Nine experts generated 144 items, which were condensed to a long-list of 33 items. The four most highly endorsed items, in both surveys 1 (n=77) and 2 (n=57), came from two thematic categories: ‘Intervention development’ (‘Specifying intervention components’ and ‘Tailoring interventions to specific populations and contexts’) and ‘Implementation’ (‘How to disseminate behavioral trial research findings to increase implementation’ and ‘Methods for ensuring that behavioral interventions are implementable into practice and policy’). ‘Development of novel research designs to test behavioural interventions’ also emerged as a highly ranked research priority.

**Conclusions:** From a wide array of identified methodological issues, intervention development, implementation and novel research designs are key themes to drive the future behavioral trials research agenda. Funding bodies should prioritize these issues in resource allocation.
Afternoon Session 1: Optimising the Delivery of Health Care and Education

How Do We Increase the Understanding of Public Health Research? An Early Years Knowledge Translation Case Study

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Aim: Knowledge translation (KT) is the process of sharing knowledge and includes a range of strategies that aim to make research more accessible and understandable for knowledge users (KUs). This paper details an example of implementing integrated KT strategies as an ongoing part of an early intervention and prevention research programme in Ireland.

Methods: The study was carried out as part of a five-year HRB-funded research programme (ENRICH) and was designed to explore the inhibiting/facilitative factors relating to the utilisation of research evidence. A once-off survey (n=162) was conducted initially, with a wide range of KUs including researchers (n =57), service providers working with children and families (n =67), and those working in policy/other areas (n =38). A series of one-to-one interviews was also undertaken with smaller numbers from each of these subgroups (n =28). A series of KT strategies was implemented and developed on the basis of these findings and their influence on specific KT goals evaluated using the Knowledge Translation Planning Template (Barwick, 2008; 2013; 2016).

Results: The main barriers to translating public health research were identified as: lack of resources; an under-developed understanding of research; insufficient collaboration and communication; and conflicting priorities between KUs and producers. The research programme was found to benefit from a multi-component KT plan.

Conclusions: This ‘real-world’ KT case study illustrates the complexity of translating public health research in an early years context. The use of a framework to guide the KT plan was found to be central to optimising research impact, alongside an assessment of context-specific factors early in the research programme. Recommendations for effective KT strategies will be outlined.

Experience of Bereavement and Grief Support: An Irish Population Study

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Aims: Information about how contemporary grieving is experienced and supported through time in Ireland is scarce. This study set out to bridge some of the knowledge gaps by exploring the bereavement experiences and support profiles of bereaved Irish adults.
**Methods:** This study is a population-based cross-sectional study of bereavement experiences and entailed a telephone survey of a random sample of 908 adults in the Republic of Ireland.

**Results:** Bereaved participants’ (n=767) who reported deterioration in one aspect of wellbeing (i.e. physical health, mental health and financial situation) were more likely to report deterioration in another aspect. A vulnerable group who did not receive sufficient support were identified. They were more likely to report a deterioration in wellbeing, rate support from family/friends negatively and more likely to access community or professional supports. Overall, the ‘helpfulness’ of community (e.g. GP, hospital, nursing home) and professional support (e.g. Psychologist, counsellor, social worker) varied with many more likely to be rated negatively.

**Conclusion:** Developing standards for bereavement care in Ireland which provide a framework for services, providing guidance on level of service provision, associated staff competencies/training needs may be a first step to address these issues. In addition, the development of a public health approach to bereavement care is needed to support ‘everyday assets’ in the community who care for the majority of the bereaved.

‘Fear of the Unknown’: Parents’ Views on Transitioning Young Adults with Congenital Heart Disease from Paediatric to Adult Healthcare

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**Aims:** This study aims to examine parents’ experiences of their children’s transition from paediatric to adult congenital heart disease (CHD) care in Ireland. Topics such as importance of education and preparation, challenges during transition and the need for appropriate communication and co-ordination from all relevant parties will be examined. The crucial role of the parents during transition will be explored in detail.

**Methods:** Participants included parents of children (aged 15-30) with CHD. Thirteen parents took part in semi-structured interviews regarding their experiences of the transition to adult care and their recommendations. Data was analysed using Thematic Analysis.

**Results:** Parents’ interviews indicated that the current transition process needs improvement. Parents discussed the impact of the initial diagnosis of CHD on their desire to protect or ‘over-protect’ their child. They explored the tension between their wish to offer them as normal a childhood as possible and the need to inform them of their condition to prepare them to assume responsibility for their own care. Parents identified barriers such as lack of information about how to prepare their child for transition, insufficient support from adult health care services, and uncertainty for both parent and adolescent about care post-transfer. They highlighted the need for improved communication between health care professionals, parents and adolescent CHD patients.

**Conclusion:** It is essential that the views of parents are included in developing and implementing formal transition programmes for CHD adolescents and their parents to optimise the transition process.
Standardising STI and HIV Behavioural Surveillance in Ireland: Developing a National Second Generation Surveillance System

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Aims: Ireland does not have a functional second generation (combining biological and behavioural intelligence) surveillance system (SGSS). Ireland’s first national sexual health strategy (2015), specifically recommends the establishment of such a system. This project used a collaborative approach with key stakeholders to agree core and population-specific behavioural indicators across several at-risk populations to enhance current, and inform future surveillance activities of STIs and HIV in statutory and non-statutory agencies.

Methods: Using the Joint United Nations and World Health Organisation’s framework for initiating second generation HIV surveillance system, this project: assessed current STI and HIV surveillance systems (desk review); engaged key stakeholders in a national consensus building workshop (modified E-Delphi); and conducted a small feasibility study assessing acceptability of agreed STI and HIV behavioural indicators (cognitive interviewing) in young people (N=20).

Results: Key deliverables included: a report, using a strengths, weaknesses, opportunities and threats (SWOT) framework on the current HIV/STI surveillance systems in Ireland; a list of consensus-agreed core and population-specific behavioural indicators across several at risk-populations (e.g. general population, young people, men who have sex with men, sex workers); and evidence on the acceptability of these indicators in a survey with young people.

Conclusions: This is the first project in Ireland to provide comprehensive data on the national surveillance of STIs and HIV in Ireland. It successfully engaged key stakeholders in consensus-building for STI and HIV behavioural indicators which will directly inform the future surveillance activities in Ireland with the aim of establishing a SGSS.
The Educational and Psychosocial Impact of Assistive Technology Use in Higher Education: A Systematic Review

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Aims: This systematic review examines the impact of assistive technology (AT) on educational and psychosocial outcomes for students with disabilities (SWD) in higher education.

Methods: Qualitative, quantitative and mixed method studies were identified through systematic searches of five databases: PsycINFO, PubMed, CINAHL, ERIC and Web of Science (Social Science Citation Index). Thematic synthesis was carried out to collate findings across papers and the methodological quality of included papers was assessed using a mixed methods appraisal tool.

Results: Twenty six papers were included for analysis. Four analytic themes were identified; ‘AT as an enabler of academic engagement’; ‘barriers to effective AT use can hinder academic engagement’; ‘the transformative possibilities of AT from a psychological perspective’; ‘AT as an enabler of participation’.

Conclusions: This systematic review demonstrates that AT can promote educational, psychological and social benefits for SWD. However, AT users and AT officers must be aware of certain factors that can hinder effective AT use and thus restrict engagement in the higher education environment. Future AT practices should focus on harnessing the potential of mainstream devices as AT for all students, thus facilitating inclusion and reducing stigma.

Rehabilitation Engagement and Cognitive Functioning in People with Lower Limb Amputation

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Aims: Engagement in the rehabilitation process has been linked to more favourable physical and psychosocial outcomes. However, little is known about the factors associated with rehabilitation engagement and it has yet to be examined in people with lower limb amputation (PwLLA). Evidenced high incidence of impaired cognitive functioning in LLA may negatively impact on rehabilitation engagement but has yet to be investigated. Thus, this paper examines relationships between sociodemographic and clinical factors, cognitive functions and rehabilitation engagement.
Methods: As part of a quantitative, prospective cohort study, 87 adult participants with LLA were recruited during a LLA rehabilitation programme at a national rehabilitation hospital. Cognitive functioning was assessed with a battery of neuropsychological assessments during rehabilitation. Clinician-rated rehabilitation engagement was obtained at discharge with the Hopkins Rehabilitation Engagement Rating Scale.

Results: Higher rehabilitation engagement was related to younger age (rs=-.32, p=.01), longer formal education (rs=.445, p<.001), and fewer comorbidities (t68.763=3.316, p=.001). Higher rehabilitation engagement was significantly correlated with higher overall cognitive functioning, combined processing speed and attention, delayed memory, and visuospatial construction (all rs>.3, p<.05), but not significantly correlated with either measure of executive functioning (cognitive flexibility or planning) (both rs<.2, p>.05).

Conclusions: Better cognitive functioning in PwLLA is associated with better rehabilitation engagement. Understanding relationships between cognitive functioning and rehabilitation engagement, both of which are potentially modifiable, presents opportunities for improvement of engagement and, by extension, outcomes.

Loneliness and Cardiovascular Activity in Older Adults

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Aims: Loneliness has been associated with an increased risk of cardiovascular disease in older adults. The disruption of cardiovascular activity particularly in response to stress has been proposed as a potential mechanism by which loneliness influences cardiovascular health. This study examined the relationship between loneliness and cardiovascular responses to acute psychological stressors in older adults.

Methods: Eighty older adults, aged 55 or older, completed a psychometric measure of loneliness and participated in a lab-based stress-testing protocol involving a speech task and a mental arithmetic challenge. Cardiovascular activity was measured continuously throughout.

Results: Loneliness was significantly associated with cardiovascular activity at baseline and during the psychological stress tasks.

Conclusions: This suggests that loneliness is related to cardiovascular functioning in older adults. These findings further contribute to our understanding of how loneliness impacts upon cardiovascular health.
Using the Cumulative Model of Patient Complexity to Understand Supported Self-Management in Older People Living with Multi-Morbidity and Cancer: A Theory-Led Qualitative Systematic Review

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**Aims:** We sought to explore how individuals balance the consequences of living with and beyond cancer against the wider demands of living with complex conditions and to identify the capacity of older cancer survivors with multimorbid conditions to handle the workload of disease management.

**Methods:** We conducted a systematic review of qualitative studies that reported on the experience of older adults self-managing multimorbidity and any cancer (PROSPERO Registration: CRD42018107272). A theory-driven coding framework was developed to analyse the qualitative data, based on the constructs outlined in Shippee’s Cumulative Complexity Model: a patient-centred framework that emphasizes the workload-capacity balance of supported self-management, and incorporates treatment and illness burdens.

**Results:** Twenty-seven papers were included. Older adults prioritise managing those conditions with (potential for) greatest functional impairment. It is often difficult to make sense of symptoms in the context of ageing, multimorbidity and cancer. The acceptance and normalisation of cancer may be facilitated by pre-existing chronic conditions and expectations of ageing. Patients’ capacity to self-manage is influenced by personal beliefs, self-efficacy, and access to information and support.

**Conclusions:** This review offers an important insight into how co-existing comorbidities influence older cancer survivors’ capacity to self-manage. The findings will inform the development of a targeted self-management intervention with older people after cancer treatment that focuses on those aspects that are amenable to change.
Puberty Influences Cortisol Responses to Lab and Ecological Stressors in Adolescence

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Aims: Cortisol reactivity and diurnal cortisol are related to stress reactivity and pubertal development. Few studies examine the association of cortisol and puberty concurrently in lab-based and ecological settings. This study examined how cortisol reactivity to lab- and ecological-stressors was associated with pubertal development.

Methods: Participants were 120 adolescents (64 girls), aged between 10 and 15 years. Girls were ages 10 (n = 21), 12 (n = 20) or 14 (n = 23) years and boys were ages 11 (n = 19), 13 (n = 21) or 15 (n = 14) years. Pubertal timing was calculated by regression of pubertal stage (determined by physical examination) on chronological age. Participants completed a standardised stress task, and cortisol reactivity was calculated using 5 sampling time-points in a pre-post design. Participants also reported daily stress and collected 5 salivary cortisol samples daily, across four consecutive days. Regression models were used to examine the contribution of pubertal stage and pubertal timing to self-reported stress experiences and cortisol levels in both lab-based and ecological settings. Sex differences were examined.

Results: Pubertal stage, but not pubertal timing, was related to magnitude of cortisol response to the lab stressor; both pubertal stage and timing were related to perceptions of daily stress and diurnal cortisol. Girls with early timing, and boys with late timing, of puberty reported more stressors in ecological settings.

Conclusions: The perception of stress and the biological correlates of stress are likely influenced through social contextual as well as biological pathways.

A Cross-Sectional Analysis of Cardiovascular Reactivity and Hemodynamic Profile in Smokers, Non-Smokers and Social Smokers

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Aims: The cardiovascular reactivity hypothesis stipulates that exaggerated responses to mental stress are associated with poorer health outcomes. However, blunted cardiovascular reactivity to acute mental stress has also been found to promote cardiovascular morbidity and is associated with addictions, such as alcohol and smoking. This study examined if smoking was associated with blunted
reactivity on a psychological stress task and if the hemodynamic profile was underpinned by blunted reactivity.

**Methods:** This study employed a 3 × 3 mixed factorial design. Participants were exposed to a time pressured mental arithmetic task and a speech task. Participants identified as current, social or non-smokers.

**Results:** The findings indicated that there were no significant between-group differences in the magnitude of blood pressure response for current smokers, non-smokers and social smokers (all ps > .05). Both current smokers and social smokers displayed a mixed response hemodynamic profile that veered towards a vascular response (all ps > .05). However, non-smokers demonstrated a near significant myocardial response to the stress task (p = .054).

**Conclusions:** The present results highlight the complexities of cardiovascular reactivity and suggest that underlying changes in hemodynamics can occur in the absence of significant changes in cardiovascular parameters.

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**Perceived Weight Discrimination Mediates the Prospective Association between Obesity and Physiological Dysregulation: Evidence from a Population-Based Cohort**

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**Aims:** Obesity is thought to cause ill health due to the biological strain that excess fat has on physiological function. We tested an alternative explanation: that the pervasive discrimination experienced by individuals with excess weight may in part explain why obesity is associated with physiological dysregulation.

**Methods:** This study drew on a population-based sample of 3,609 older adults from the English Longitudinal Study of Ageing (ELSA). Physiological dysregulation was assessed as part of waves four (2008-2009) and six (2012-2013) of ELSA using a composite index of clinical indicators of cardiovascular, metabolic, and immune function. Experiences of weight discrimination were assessed as part of the wave five (2010-2011) interview. We estimated the association between obesity and latent change in physiological dysregulation over time. We also tested whether perceived weight discrimination forecasted changes in dysregulation and may partially explain the link between obesity and subsequent dysregulation levels. All models were adjusted for demographic factors, chronic health conditions, and depressive symptoms.

**Results:** Obesity predicted an increase in physiological dysregulation from baseline to follow-up four years later (d =.09, 95% CI = [.02, .16], p <.01). Discrimination because of body weight experienced by individuals with obesity also forecasted increased dysregulation levels (d =.23, 95% CI = [.07, .40], p
<.01) and explained 27% of the prospective association between obesity and a deterioration in biomarkers of health status.

**Conclusions:** These findings highlight the possibility that the stigma experienced by individuals with obesity may play an important role in explaining the obesity-related disease burden.

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**An Investigation into Classroom Management Self-Efficacy as a Predictor of Student-Related Stress and Burnout: A Mediation Analysis**

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**Aims:** Classroom management self-efficacy (CMSE) is an important coping resource which has been suggested to be a useful coping mechanism against burnout in teachers. While it has been well established that there is a relationship between the two constructs (Aloe et al., 2014), little is known about the potential mediating role that stress plays in this relationship. The current study aimed to examine whether stress due to student misbehaviour serves as a mediating variable in the relationship between CMSE and student-related burnout (CMSE → Stress due to Pupil Misbehaviour → Student-related burnout) in Irish secondary school teachers.

**Methods:** Two-hundred and ninety-two Irish secondary school teachers completed an anonymous online questionnaire containing measures of CMSE, stress and burnout. Mediation was tested for using a method proposed by Hayes (2013) and the PROCESS tool for SPSS.

**Results:** There was a significant indirect effect of CMSE on Student-related burnout through stress due to pupil misbehaviour, (b=-.49, 95% BCa CI [-.66, -.34]), indicating that stress does play a mediating role in the relationship between CMSE and burnout.

**Conclusions:** The findings add further strength to the idea that CMSE is a crucial personal resource for those in the teaching profession. The mediating role that stress plays lends further insight into the mechanisms by which student-specific burnout develops in teaching populations. These findings may inform the provision of interventions targeting teachers’ CMSE by focusing on their self-confidence in classroom management.
**Theme 1: Weight Management and Physical Activity**

**Poster 1. Qualitative Audit of a Six Week In-Patient Low-Calorie Liquid Diet Intervention in a Weight Management Service**

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**Aims:** To evaluate the individual experience and effectiveness of an in-patient weight management intervention for the purpose of improving patient care and outcomes in this population across a variety of health-related domains. Results were then compared to current research standards in this area.

**Methods:** The programme consisted of a six-week in-patient stay in a general hospital, eleven hundred calorie liquid diet and supervised physical activity. Additionally, there was daily input from a range of healthcare professionals including doctors, dieticians, psychologists and physiotherapists. Subsequently, semi-structured interviews were conducted with ten individuals (nine females, all patient BMI’s > 50) who completed the in-patient programme about their general experiences.

**Results:** Patients were primarily positive about their overall experience of the programme as providing numerous benefits beyond weight loss including better awareness of their relationship with food, improved self-image, improved sleep quality and enhanced mobility. Some patients acknowledged a boredom aspect to the six weeks yet still highly recommend the programme in order to enhance one’s psychological and physiological functioning, improve long-term eating habits and increase mobility. Eight of the patients were then referred for bariatric surgery within the following months.

**Conclusions:** This multi-disciplinary in-patient programme compares favourably to an out-patient variation of a low-calorie liquid diet as compliance is the patient’s choice and aligns with recent research about the benefits of low-calorie diet prior to bariatric surgery. The findings of this clinical audit describe the effects of such a restrictive diet intervention plan beyond weight outcomes, when combined with comprehensive multidisciplinary team support.

**Poster 2. A Core Outcome Set for Infant Feeding Interventions to Prevent Childhood Obesity**

Aims: Parent’s infant feeding behaviours are implicated in the aetiology of childhood obesity. Lack of outcome standardisation in trials of infant feeding interventions limits examination of intervention effects and mechanisms of change. Core outcome sets represent an agreed-upon minimum outcomes to be measured in trials of a specific health condition. The aim of this research is to develop a core outcome set for infant feeding interventions to prevent childhood obesity.

Methods: Core outcome set development was conducted in four stages: (1) systematic review of 126 papers to identify all infant feeding outcomes in the extant literature, (2) group meeting with 12 stakeholders to clarify and discuss outcomes identified, (3) prioritisation of outcomes using the e-Delphi technique with an international panel of 179 stakeholders, (4) consensus meeting with 7 stakeholders to reach consensus on the final core outcome set. Stakeholders were: Researchers, Healthcare Professionals, Parents, and Childcare Professionals.

Results: Twenty-six outcomes were identified for inclusion in the core outcome set. These were categorised into the following 9 outcome domains: ‘breast and formula feeding’, ‘introduction of solids’, ‘parent feeding practices and styles’, ‘parent knowledge and beliefs’, ‘practical feeding’, ‘food environment’, ‘dietary intake’, ‘perceptions of infant behaviour and preferences’, and ‘child weight outcomes’.

Conclusions: This core outcome set represents the minimum outcomes that should be measured and reported in all future trials of infant feeding interventions to prevent childhood obesity.

Poster 3. A Series of N-of-1 Studies Testing the Predictive Validity of the Theory of Planned Behaviour in Explaining Sedentary Behaviour in University Students*

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Aims: This study aims to test the predictive validity of the theory of planned behaviour (TPB) in explaining sedentary behaviour in university students at the individual unit of analysis using a series of n-of-1 studies.

Rationale: Sedentarism is defined as any waking activity which involves the expenditure of <1.5 metabolic equivalents while in a sitting, reclining or lying position. Prolonged sedentary behaviour has been linked to numerous negative health outcomes such as colon and rectal cancer, depression, metabolic syndrome, and cardiovascular disease. University students have been identified as a group who are at risk of prolonged sedentary behaviour. Emphasis has been put on the need for improving the prediction of sedentarism. One method is the use of health behaviour theory to predict such
behaviours. The TPB has previously shown promise in predicting sedentarism with reasonable accuracy in between-subjects designs. However, the results of such designs cannot generalise to individual behaviour.

**Methods:** Six participants will be recruited for this study and asked to complete daily questionnaires while wearing a biosensor which will objectively measure sedentary behaviour. The study will last for 1 month, with data being collected from the participants 4 times per day. Time-varying autoregressive models will be estimated during the analysis stage of this study.

**Implications:** This project contributes to this area in two crucial ways. Firstly, it will examine intra-individual variations in sedentary behaviour using the TBP. Secondly, it will contribute to the body of research which looks to uncover the predictors of sedentary behaviour in university students.

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**Poster 4. Obesity, Emotion Regulation and Externalising Behaviours in Children and Adolescents**

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**Aims:** Externalising behaviour problems refer to behavioural problems, including aggression and conduct disorder. These behaviours often have detrimental effects on positive development and relationships for adolescents (Bradshaw, 2010). Childhood and adolescence are also critical periods for development of behaviour-regulation and emotion regulation skills. Both regulation of behaviour and emotions, as well as externalising behaviours, have been linked to health status, including weight status. The current study is examining associations between obesity, externalising behaviours and emotion regulation skills in children and adolescents.

**Methods:** Participants are children and adolescents aged between 10 and 14 years and a parent. Both child/adolescent and their parent complete standardised measures of externalising behaviours, including the Child Behaviour Checklist (child and parent version respectively) and the Regulation of Emotion Questionnaire. Height, weight and abdominal adiposity will also be recorded. BMI will be calculated according to sex and age using the CDC percentiles for children and adolescents.

**Results:** The associations of BMI percentile and measures of externalising behaviour and emotional regulation will be examined using correlation and regression analyses. Sex differences in measures of behaviour will be examined, controlling for age and other demographic variables.

**Conclusions:** The results will contribute to an emerging body of data on the relationships of obesity in childhood and adolescence and externalising behaviour.

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**Poster 5. Is the Relationship between Obesity and Anxiety Mediated by Systemic Inflammation?**

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Aims: Obesity and anxiety have been reported to be related in both adult and child cohorts. Further to this, recent evidence has shown an association between obesity and systemic inflammation, and also between anxiety and systemic inflammation. However, little research has examined whether systemic inflammation is a causal factor in the relationship between obesity and anxiety. With adolescence presenting a high-risk period for the emergence and intensification of anxiety disorders, understanding the potential contribution of obesity to anxiety during this developmental stage has theoretical and applied value. This study will test the hypothesis that the relationship between obesity and anxiety is mediated by systemic inflammation in an Irish adolescent population.

Methods: Fifty adolescents (aged 10 – 14 years) will be recruited. Half (n=25) will be overweight/obese and 25 will be normal weight. Measures will include: weight status: anxiety (State-Trait Anxiety Inventory, and the Revised Children’s Anxiety and Depression Scale): and systemic inflammation (interleukin-6, tumor necrosis factor-alpha, and c-reactive protein). A mediation model, utilizing a series of regression analyses will examine the relationship between weight status, anxiety, and systemic inflammation.

Results: Results will include regression analyses to examine the relationship between obesity, anxiety, and systemic inflammation. The analyses will test a mediation model wherein systemic inflammation mediates any association of obesity and anxiety.

Conclusions: The findings of the study will contribute to the existing body of research examining the relationship between obesity, mental health, and systemic inflammation.
Theme 2: Health and Psychological Wellbeing

Poster 6. Mental Health Attitudes, Support Preferences, and Prevalence of Self-Harm among Young People in Ireland

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Aims: Mental health problems and self-harm are most prevalent during adolescence and emerging adulthood. There is a lack of research investigating young people’s reasons for engaging in self-harm and support preferences they would seek. This study is intended to identify young people’s support preferences for mental health and self-harm, their willingness to seek help and the prevalence of self-harm.

Method: This study was a cross sectional in between subject’s design. In the current study eighty-nine participants mainly between 15-25 years old completed online anonymous questionnaires on self-esteem, willingness to seek help inventory, and modified version of deliberate self-harm. Participants also viewed a vignette depicting a target with depression. A total of 10 adolescents took part from 2 schools in the research. Snowball sampling was used to recruit individuals over the age of 18 to 25 years.

Results: Majority of adolescents recognised the symptoms of depression from the vignette. 17% of respondents had engaged in self-harm. The most common reasons for self-harm were negative life events. Most common support preference was one to one therapy within mental health services. Low self-esteem predicted greater self-harm. High self-esteem predicted willingness to seek help. No gender differences on their willingness to seek support.

Conclusion: Self-harm is widespread but can be often a hidden phenomenon in youth. A vast number of young people delay in seeking any mental health and/or self-harm support and help.

Poster 7. Pubertal Timing and Symptoms of Anxiety and Depression in Irish Adolescents*

J. O’Rourke, S. Dockray

School of Applied Psychology, University College Cork

Aims: This research project will examine the relationship of pubertal timing with symptoms of depression and anxiety in Irish adolescents.

Methods: Participants are aged 13 – 16 years and efforts will be made to recruit equal numbers of males and females, with a minimum of 200 participants. Convenience and snowball sampling strategies will be used to seek consent from parents before asking adolescents to participate and provide assent. The recruitment will be via email and social media sites and data will be collected online using secure software. Adolescent participants will be asked their age, sex and to report on their perceived general life stress. The pubertal development measure is 5-item self-report
questionnaire adapted from the Petersen Puberty Scale. Participants will also be asked an additional question on pubertal tempo. The Revised Children Anxiety and Depression Scale (RCADS) will be used to measure symptoms of anxiety and depression. The survey is estimated to take less than 10 minutes to complete, and the procedures have been approved by the University Psychology Ethics Committee. Regression analyses will be used to calculate pubertal timing using pubertal stage and chronological age.

**Results:** Differences between groups based on pubertal timing (earlier, on-time, later) and tempo (faster, slower, average) on measures of depression and anxiety will be examined using analyses of variance procedures.

**Conclusions:** The findings of this research may contribute to the knowledge about how pubertal timing may relate to symptoms of depression and anxiety in a contemporary sample of Irish adolescents.

**Poster 8. A Qualitative Study Exploring Grief in Adults Bereaved by Oncological Loss in Ireland**

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**Aims:** Grief and bereavement are issues of high complexity, as is the experience of cancer. Grief and bereavement as a result of losing someone after going through the experience of cancer has specific characteristics that can affect the process of bereavement. In this study I am drawing from several fields, both within and external to psychology to bring together a broad range of elements that can affect those bereaved generally, and specifically in relation to cancer. This study aims to bring all of these elements together to create a broad and cohesive examination of those bereaved by cancer in an Irish context to include; diagnosis disclosure, truth telling, interactions with the medical system and professionals, anticipated grief, the role of funerals and cremations, the role of social media in bereavement, social support, death anxiety, religion and spirituality, and risk perception and decision making in those with increased risk to developing cancer.

**Methods:** A qualitative design will be used, and the primary method of data collection will be one-to-one semi-structured interviews. Interview data will be analysed using the method of interpretative phenomenological analysis (IPA).

**Results and conclusion:** Research in development

**Poster 9. Type D Personality, Social Relationships and Perceived Life Events Stress**

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**Aims:** Life events stress has recently been suggested to be one mechanism facilitating the relationship between Type D personality and adverse health. Social support and negative social relationships are
well established psychosocial factors influencing perceptions of stressful life events. As Type D individuals have been noted to report lower levels of social support and greater perceptions of negativity in social interactions, the current study examined if the relationship between Type D personality and life events stress is mediated by social support and perceptions of negative social relationships.

**Methods:** The present study employed a within-subjects correlational design in order to investigate if the relationship between Type D personality and life events stress was mediated by social support and perceptions of negative social relationships. The sample consisted of 97 undergraduate students, who completed self-reported questionnaires assessing Type D personality, social support, perceptions of negative social relationships (hostility and rejection) and number of/perceptions of stressful life events.

**Results:** Type D personality was associated with a greater number and perception of stressful life events. Further, Type D personality was associated with greater perceptions of hostility and rejection from others, as well as lower levels of social support. Finally, the relationship between Type D personality and life events stress was significantly mediated by perceptions of hostile relationships.

**Conclusion:** Type D individuals have a greater perception of hostile social relationships, which appear to engender a greater perception of stressful life events, indicating a potential mechanism putting Type Ds at increased risk of adverse health outcomes.

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**Poster 10. Network Meta-Analysis of Randomised Trials of Pharmacological, Psychotherapeutic, Exercise and Collaborative Care Interventions for Depressive Symptoms in Patients with Coronary Artery Disease: Hybrid Systematic Review of Systematic Reviews Protocol*\)**

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**Aims:** Depression is a common in patients with coronary artery disease (CAD) and is associated with poorer outcomes. Although randomized controlled trials (RCTs) targeting depression, of various modalities, have been conducted and summarized in pairwise meta-analyses, no study has considered the cumulative evidence within a network, which provides information about the relative efficacy of interventions. We will conduct a network meta-analysis (NMA) of depression interventions post-CAD.

**Methods:** Databases will be searched for systematic reviews of RCTs of depression treatments for people with CAD, supplemented with comprehensive searches for recent or ongoing studies. We will extract data from individual RCTs, including participants, study characteristics, outcome measures, adverse events. RCTs that compare depression treatments (grouped as: pharmacological, psychotherapeutic, combined pharmacological/psychotherapeutic, exercise, collaborative care) to placebo, usual care, waitlist control or attention controls, or directly in head-to-head comparisons, will be included. Primary outcomes will be change in depressive symptoms at 8-weeks and treatment acceptability (treatment discontinuation). Secondary outcomes will include change in 6-month
depression outcomes, health-related quality of life, mortality, cardiovascular morbidity, health services use, adverse events. Secondary analyses will form further networks with individual antidepressants and psychotherapies. Frequentist random effects multivariate network meta-analysis will be used.

**Conclusion:** The present review will address uncertainties about evidence for depression management in CAD, and may allow for a ranking of treatments. Systematic review registration: PROSPERO CRD42018108293

**Poster 11. ‘Buddies for Life’: Helping Primary School Children Develop and Build Emotional Resilience, Kindness and Empathy**

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**Aims:** The aim of this mixed methods pilot study was to ascertain the perceived effectiveness of a new school-based early intervention called the Buddy Bench Aware Programme (BBAP). This programme comprises four universal, age-appropriate interventions, seeking to promote a culture of tolerance, resilience, kindness and self-expression in primary schools and is used in conjunction with a ‘Buddy Bench’.

**Method:** A cross-sectional survey was administered to participating children (n=117) and their teachers (n=5) in three schools in three different locations in the Republic of Ireland. A small group interview was also conducted with a sub-sample of parents (n=2) whose children had received the intervention.

**Results:** The quantitative findings highlighted children’s and teacher’s positive views of, and attitudes toward, the BBAP with 96% (n=112) of children responding positively to having a Buddy Bench in their school. Four teachers (80%) reported that they would ‘very likely’ recommend the programme to other schools. The qualitative findings indicated parental acknowledgment of positive programme (long and short term) effects, and the desire to embed the BBAP as a central part of school culture.

**Conclusion:** These preliminary results suggest, albeit tentatively, that the BBAP was positively received by all stakeholders. This is the first study of its kind to focus on a school based mental health promotion /intervention (BBAP) supported by a visual aid/reminder in the form of a ‘Buddy Bench’. A larger evaluation of the BBAP is currently underway to more fully inform the development and implementation of the programme and to assess its overall effectiveness.
Poster 12. Using a Smartphone Application (App) to Self-Manage and Improve Medication Adherence in Hypertension: A Usability and Feasibility Study*

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Literature review: Hypertension represents a largely modifiable risk factor for both cardiovascular and cerebrovascular events. The benefits of antihypertensive drug treatment for increased control of blood pressure among hypertensive patients has been well reported. These benefits are often not realised due to an important problem of non-adherence to treatment regimes. A recent review highlighted that blood pressure goals are reached by as little as 25 - 40% of patients taking antihypertensive treatments, a situation that has remained unchanged for the past 40 years.

Rationale: Digital health interventions such as those delivered via smartphone applications provide a potentially feasible, scalable and cost-effective method to deliver self-management support to individuals with hypertension. However, a recent qualitative study on patient perspectives of these technologies highlighted some concerns, such as their potential to increase health anxiety among patients and doubts about their sustainability over time. The clinical implications of even small increases in adherence to these treatments have been emphasised.

Proposal: Adults taking antihypertensive medications will be given a smartphone application for four consecutive weeks. The application consists of two aspects including a reminder to take medication and a blood pressure monitor that connects to the app via Bluetooth. Semi-structured interviews will be conducted focused on usability and feasibility of the application, to allow participants discuss experiences of using the app. The data will be thematically analysed.

Poster 13. Developing a Digital Intervention to Support Adherence to Inhaled Corticosteroids for Asthma: Focus Groups with Young Adults (15-30 Years)*

J. Murphy, G.J. Molloy, J. McSharry

School of Psychology, NUI Galway, Galway

Literature review: There has been a recent exponential growth in the development of digital technology to support self-management of health. A recent review found that mobile technology interventions can effectively support asthma self-management by increasing treatment adherence in children and adults. However, the development of many mobile applications to support treatment adherence have not benefited from recent developments in behavioural science.

Rationale: ‘Emerging Adulthood’ is an important developmental period, i.e., 18-24 years, where young people with chronic illnesses are taking on responsibility for the self-management of their health. Asthma in ‘Emerging Adulthood’ is a neglected and critical period to study self-management of this
condition, with consistent reports of low adherence to inhaled corticosteroids (ICS); <30%. Given the almost universal use of smartphones among this population, designing evidence-based treatment adherence supports into and around this technology has the potential to enhance self-care of asthma.

**Proposal:** A focus group with 6-8 young adults with asthma will be conducted, to identify appropriate content for a digital intervention to increase adherence to ICS. This data will be thematically analysed. Following analysis, paper representations of the proposed content will be created. A minimum of one additional focus group(s) will be conducted, with a different group of participants. Participants will be presented with the paper representations of the proposed content and asked to identify and discuss any potential issues with the content and to suggest modifications.

**Poster 14. “It Helps Me Stay Healthy!” Exploring the Role of mHealth (Mobile Technologies) in Facilitating Healthy Lifestyle Choices in Women with a Mild Intellectual Disability**

A O’Brien¹,²

¹RehabGroup, ²University of the West of England

**Aims:** The aims of this research were to explore if women with a mild intellectual disability use mobile technologies, how they use them, and if these mobile technologies play a role in facilitating healthy lifestyle choices among these women.

**Methods:** Twenty-six female students of a specialist training and support service agreed to participate in this study. Students participated in interviews and in focus group discussions. Following on from findings in these focus group discussions indicating that parents play a significant role in daughters’ lives, parents of participants were invited to participate. Five parents agreed to participate in interviews. Parents of non-participants were also invited to participate and two parents agreed but only one was able to attend for interview.

**Results:** Findings from thematic analysis of the data based on the COM-B model of behaviour indicated that students are knowledgeable about mobile technology and are aware of and sometimes use apps and sites that are useful in making healthy lifestyle choices. The role of parents as protectors/advisors was also highlighted as significant in influencing students’ opportunities and choice.

**Conclusions:** Recommendations based on these findings were made with respect to further exploring the role of mobile technologies in areas such as health promotion, in education and training, and of parents as protectors/advisors in the lives of daughters’ with an intellectual disability. What is unique about this study is that it adds participants’ experiences and opinions on how useful mobile technologies are, or can be, in facilitating healthy lifestyle choices among females with an intellectual disability.
Poster 15. Personality, mHealth and Influenza Vaccination Uptake in Adults with Asthma: A Cross-Sectional Study*

R. O’Malley, J. Murphy, G.J. Molloy

School of Psychology, NUI Galway

Aims: Asthma is an increasingly prevalent chronic condition, affecting 470,000 people in Ireland with 60% presenting with uncontrolled asthma. Severe symptoms may be fatal, however, taking the correct medication regularly, managing the condition effectively, and vaccinating against viral infections significantly improves health outcomes. Mobile health (mHealth) is a potentially effective and novel method in managing asthma. Personality is consistently associated with various health outcomes, such as asthma medication adherence, however, how it might influence intentions to engage in asthma-relevant health behaviours is largely unknown. The aim of this research is to examine the associations between personality and intention to engage in health behaviours.

Methods: This study will employ a cross-sectional design. Approximately 103 adult participants diagnosed with asthma will complete the questionnaire online. This survey will address demographics, personality, past vaccinations, intention, and other potential confounders. The dimensions of Neuroticism and Conscientiousness will be assessed using the International Personality Item Pool. Past vaccination behaviours, intention to use an mHealth application and to receive the influenza vaccination will be assessed using inventories employed in previous research or by tailoring suitable items to examine these constructs.

Results: Correlations and regression analyses will be conducted on data generated to assess potential links between the predictors and intention to engage in these health behaviours.

Conclusions: The findings aim to identify associations between personality and self-care processes. This research has potential clinical implications, identifying those who may benefit significantly from electronic asthma management and those least likely to receive the influenza vaccination.

Poster 16. An Exploration of the Barriers to Engagement with an Internet-Based Psychological Intervention in Adults with Chronic Pain and Multimorbidity*

G. Cullina, B. McGuire

Centre for Pain Research, School of Psychology, NUIG

Aims: The study aims to identify the main barriers to adherence to an online Acceptance and Commitment Therapy (ACT) adapted for individuals with chronic pain and multimorbidity.

Methods: Participants will be selected from a randomised control trial (RCT) (Slattery et al., submitted). Participants will be contacted if they have completed less than or equal to four sessions (less than or equal to 50% of the intended therapy), thereby meeting the current study’s definition of non-completer. Face-to-face and telephone semi-structured interviews will be utilised. Data will be analysed using a thematic analysis approach.
**Results:** It is expected that a number of themes will be constructed from the data. The barriers identified by this research may be useful in informing how treatment adherence in online psychological interventions can be improved.

**Conclusions:** This research study may illuminate some of the reasons why patients with chronic pain and multimorbidity default from an online pain management programme. Identifying reasons for low adherence may be utilised in improving the design and implementation of future eHealth technology.
Theme 4: Health Behaviours

Poster 17. A Qualitative Comparison of High and Low Adherers with Apparent Treatment-Resistant Hypertension

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Aims: This study aimed to investigate factors that may elucidate medication adherence among patients with apparent treatment-resistant hypertension (aTRH) using qualitative methods.

Methods: Fourteen semi-structured interviews were conducted with patients undergoing treatment for aTRH in primary care in the West of Ireland. Patients who self-reported both high and low adherence in a previous quantitative study were purposively sampled. Data were analysed using thematic analysis. A public and patient involvement research group were active partners in developing the study protocol and interview topic guide.

Results: Three major themes were identified: beliefs about treatment, habits and routine, and health and health systems. High adherers reported favourable beliefs about antihypertensive treatment that had been validated by experience with taking the treatment over time, described strong medication-taking habits and stable routines, and positive relations with their GP. Low adherers expressed less coherence in their beliefs and used less effective strategies to support their medication-taking in daily life.

Conclusions: The current findings are consistent with qualitative studies of adherence in other chronic conditions. Results reflect the difficulty for healthcare practitioners in identifying adherent versus non-adherent patients via conversation, and highlight the importance of accurate adherence assessment. Inception studies may provide an opportunity to better understand adherence behaviour across the illness trajectory.

Poster 18. Prevalence and Predictors of Medication Non-Adherence among Patients with Multimorbidity: A Systematic Review and Meta-Analysis*

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Aims: Multimorbidity can be defined as the presence of two or more chronic conditions in an individual. Patients with multimorbidity may experience treatment burden, which can result in non-adherence to prescribed medications. However, much medical research, education and practice to date has been dominated by a single-disease model. The systematic review proposed here aims to
clarify the prevalence of medication non-adherence among patients taking multiple medications, and to understand the clinical and psychosocial determinants of non-adherence in this population.

Methods: PsycINFO, PubMed, Web of Science, EMBASE and CINAHL will be searched for relevant articles using a predefined search strategy. Articles considered for inclusion will be available in English full-text up to February 2019. Participants will be adults diagnosed with two or more chronic conditions, i.e. multimorbidity. The primary outcome variable is medication non-adherence. Relevant exposures will include clinical and psychosocial determinants of non-adherence. Two independent reviewers will screen databases in order of title, abstract and full-text. Quality and risk of bias assessment will be conducted for all included studies.

Results: A qualitative synthesis will be carried out, as well as meta-analysis where data support quantitative synthesis. Subgroup analysis will be conducted using the method of medication adherence measurement as a moderator.

Conclusions: Understanding prevalence and predictors of medication non-adherence among multimorbid patients will contribute to existing knowledge, which to date is dominated by a single-disease model. By approaching medication adherence through a multimorbidity lens, the review aims to facilitate the development of an intervention to improve adherence among patients taking multiple medications.

Poster 19. Timing of Puberty and Substance Use in Young Adults

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Aims: Pubertal timing and tempo has been associated with substance use in adolescence and adulthood, although this association is not always found. This study examined current and past substance use in young adults, testing for differences in pubertal timing and pubertal tempo groups.

Methods: A retrospective measure of pubertal timing was used and participants reported their current use, if any, including frequency and type, and age of first use of alcohol, tobacco, marijuana, cocaine, ecstasy and other substances. Data were collected from 187 participants in 2018.

Results: The average age of first use of alcohol was 14 years, no sex differences were observed. Many participants (62%) reported using marijuana before the age of 17, and 42% recent (≤ 6 months) use of other substances including ecstasy, ketamine and synthetic drugs. There was no significant difference between early, on-time and late pubertal maturation groups for age of first use of alcohol or other substances. Females who reported early timing of puberty were younger (P<.03) at first age of intoxication. There was a significant interaction of pubertal tempo and timing predicting polydrug use before 18 years of age in females only.

Conclusions: Associations of pubertal timing and substance use are not consistently found. Greater consistency is observed in studies completed 10 or more years ago, and in studies sharing a data collection context, for example by country or cultural group. The results are considered in relation to cultural context, cohort effects and changes in access to substances.
Poster 20. Identification of the Contexts and Motivations Associated with Illicit Substance Use among Third-Level Students using the COM-B Model

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Aims: Illicit substance use among third-level students is a growing public health concern. A range of behavior change interventions have been developed to reduce substance use among third-level students. However, modestly successful results have been observed. Interventions to reduce the harm associated with substance use can be enhanced by understanding the contexts and motives of use. There is a need for a better understanding of the motivations, experiences, and patterns of behaviors among third-level students that influence substance use behaviors. This study aims to understand factors associated with illicit substance use, using the Capability, Opportunity, and Motivation (COM-B) model.

Methods: In October 2018, an online survey was distributed via email to a representative, randomly selected, sample of 3770 students from an Irish University. A total of 736 students completed the full survey (mean age 22 years, 56% female). The survey explored socio-demographics, student life, patterns of substances use, and potential targets for substance use behavior change, including the perceived capability of decision making, the motivation for using and changing, and opportunities for reducing use.

Results: The contexts in which third-level students use substances are informed by their mental and physical health, peer influences, and perceived societal pressures. Motivations for substance use include perceived short-term (enjoyment, experimentation) and longer-term (coping strategies) effects.

Conclusions: This cross-sectional study highlights that the contexts and motivations to change are intrinsically linked with motivations for use. Findings will help inform the design and development of a prototype for a digitally delivered substance use intervention in third-level populations.

Poster 21. How Alcohol, Promiscuity and Self-Reflection Affect Life Satisfaction

R. Finnegan

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Aims: Binge drinking and promiscuity are common risk behaviours associated within the emerging adulthood population (ages 18-25). The present study (N = 300) investigated the relationship between hazardous drinking, permissive behaviour and life satisfaction in emerging adults. This study also explored if self-reflection served as a protective barrier against these risk behaviours.

Method: This study used an exploratory cross-sectional survey to examine how hazardous drinking, promiscuity and self-reflection impact life satisfaction. The Life Satisfaction Scale (SWLS) was used to
assess the subjective wellbeing of participants. Alcohol Use Disorder Identification Test (AUDIT) was used to measure the alcohol consumption of participants. Self-Reflection and Insight Scale (SRLS) was used to assess how self-reflective participants are. The Sociosexual Orientation Inventory (SOI) measured participants’ sexual behaviour and promiscuity.

**Results:** Initial correlational analyses indicated a significant (negative) association between both harmful drinking and permissive sexual behaviour with life satisfaction. It also indicated that life satisfaction correlated (positively) with self-reflection. A regression analysis found that once excessive drinking is taken into account, the other predictor variables cannot be said to add predictive capacity to the regression model.

**Conclusions:** These findings highlight that hazardous drinking may decrease life satisfaction in the emerging adulthood population. The role of self-reflection is limited when risky alcohol behaviour is taken into account. Implications of these findings for future studies of self-regulation and risk behaviours in emerging adults are discussed as are the limitations of this study are discussed.

**Poster 22. Predictors of Substance Misuse in a University Sample***

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**Literature Review:** Results from recent national surveys suggest that young adults in Ireland engage in hazardous levels of alcohol and drug use. Alcohol and drug use has been associated with impaired performance, anxiety, suicidal ideation/tendencies and psychotic tendencies, as well as negative sequelae including heart disease, serious dependence liability and high rates of suicidal behaviours. These hazardous behaviours have been found to be prevalent among university students. Poor emotional regulation and high levels of negative urgency have been associated with substance misuse in addiction research. Therefore, this study will assess the relationship between substance misuse and emotional regulation in a university population.

**Rationale:** There is a gap in the literature for research in the area of substance misuse in an Irish university population. Therefore, the primary implication of this study will be its contribution to research on substance misuse in an Irish context. This research also aims to enhance the theoretical understanding of the factors affecting substance misuse, with particular reference to a university population. Through identifying the impact of various emotional processes on substance misuse, it may be possible to accurately identify risk factors for substance misuse.

**Proposal:** Validated measures of the predictor variables will be uploaded to Lime Survey for participants to complete. Data from these questionnaires will be exported to the IBM Statistical Package SPSS for analysis. A multivariate multiple linear regression will be conducted. Predictor variables with $r > 0.3$ will be entered into the regression model. Finally, a mediation and moderation analysis will be conducted.
Poster 23. Stigma and Outcome Beliefs of Partner Notification for Sexually Transmitted Infections: A Preliminary Study in Ireland

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Aims: Sexually transmitted infections (STIs) are acute conditions and are a major public health concern. Stigma has been found to negatively influence a person's decision to engage in help-seeking behaviour for STIs. Partner notification, that is notifying and if necessary, treating the sexual partner(s) is a public health intervention for controlling STI spread. There is very little empirical evidence on the relationship between STI related stigma and partner notification. This preliminary investigation aims to explore the relationship between STI related stigma and partner notification, as well as screening intentions.

Methods: Participants (n = 177, 128 females), 18 years old or older (M = 28 years, SD = 9.04) were recruited using simple random sampling, completed an online questionnaire measuring STI related stigma, shame, fear of disclosure, outcome beliefs of partner notification, screening and socio-demographic variables.

Results: Findings showed that 49% of adults have never been screened for an STI. There was a moderate negative significant association between STI related stigma (r (177) = - .277, p < .001), shame (r (177) = -.333, p < .001) and outcome beliefs of partner notification. There was a weak association with fear of disclosure (r (177) = -.194, p = .009).

Conclusions: Findings suggest that STI related stigma and shame may be an important barrier to an individual's beliefs about the outcomes of notifying their partner for a potential STI diagnosis and treatment. Efforts must be made to publicly reduce the effects that stigma and shame has for STIs, through increasing sexual health campaigns and education.

Poster 24. Can a Motivational (MI) Based Coaching Intervention Enhance the Recovery of Those Self Reporting Dissatisfaction in Recovery from Problematic Health Behaviours*

A. Duggan, S. Dockray

School of Applied Psychology University College Cork

Aims: To deliver and test the efficiency of a brief MI based coaching intervention with 12 participants that report low satisfaction rates in recovery from health behaviors i.e binge eating, cigarette smoking, self-harm, substance misuse and chronic dieting. The MI sessions should support the participant in enhancing their recovery process and result in an increase in recovery satisfaction supporting relapse prevention.

Methods: Participants are selected based on a strict inclusion criteria through an open call for those wishing to enhance their recovery from a relevant health behaviour. Following selection participants must complete pre and post intervention questionnaires on the LimeSurvey platform. The intervention is a short course of up to 4 semi structured MI based coaching sessions. This study aims
to integrate structured MI techniques while working within the relapse prevention model (Marlatt & Gordan 1985). Upon completion the data will then be exported to SPSS for quantitative analysis. A control group will also be utilised.

**Results:** Pending May 2019 completion and analysis.

**Conclusion:** MI is a motivational enhancement tool used in healthcare and other settings. This study hopes to conclude in highlighting a significant difference in self-reported recovery satisfaction and recovery capital in pre and post intervention data, while also measuring for differences between participants and the control group.

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**Poster 25. INTeRACT For Health: Building Integrated Knowledge Translation Capacity Nationally and Within the Health Behaviour Change Research Group and HSE Health and Wellbeing**

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**Aims:** The INTeRACT for Health project aimed to enhance integrated Knowledge Translation (iKT) capacity and resources both nationally and specifically for the Health Behaviour Change Research Group (HBCRG) and partners working within Health and Wellbeing in the Health Service Executive (HSE).

**Methods:** Two INTeRACT workshops were facilitated by an experienced knowledge broker. Workshop 1 consisted of presentations from national and international speakers on successful iKT projects. Facilitated discussions were used to inform the development of an Irish iKT resource kit. Workshop 2 aimed to develop a shared HBCRG and HSE Health and Wellbeing research agenda. The workshop involved presentations, panel discussions, and small group work on the development of Health Research Board Applied Partnership Award (HRB APA) projects, a funding scheme highly suited to iKT research. A further workshop consisted of training from the HRB and successful APA recipients on how to develop successful APA applications.

**Results:** A collaborative briefing document summarising barriers and facilitators to iKT and co-developed actions for the enhancement of iKT in health research in Ireland was produced. Based on agreed priority topics from the workshops, one APA application was submitted in January 2019 and two further applications are under preparation for submission in September 2019. An iKT toolkit has been developed tailored to the Irish context.

**Conclusions:** The INTeRACT project has been successful in building iKT capacity nationally and between the HBCRG and HSE Health and Wellbeing. Further capacity-building and infrastructural support is required to fully realise opportunities for iKT within health research in Ireland.
Theme 5: User Experiences of Healthcare

Poster 26. Users’ Perceptions of Cultural Sensitivity, Empathy and Compassion in Irish Healthcare Settings

L. Levy

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Aims: The quality of communication between healthcare providers and users directly affects the quality of their care. Moreover, users’ perception of providers’ cultural competence impacts their health outcomes. The present qualitative study investigated users’ perceptions of cultural sensitivity, empathy and compassion of healthcare providers, aiming to identify areas of improvement at training, accreditation and policy levels, in the context Ireland’s multicultural demographics, and the diversity of its healthcare services.

Method: Design: Qualitative study. Data Analysis: Thematic analysis. Sample: patient advocacy service representatives (N=3), Irish healthcare users (N=2), and non-Irish healthcare users (N=3).

Results: Most users expressed satisfaction with the healthcare services, despite the difficult experiences they shared. Poor communication skills and deficient cultural competence of providers and managers were found, resulting in lack of empathetic and compassionate care. Indistinct boundaries between religious practices and healthcare resulted in further trauma for vulnerable patients, and in one instance of neglect and death. Staffing shortages, long waiting times, absent medical investigations and follow-up, and restricted access to healthcare for the Traveller community, were among the structural issues found. GPs’ role was perceived as administrative rather than caring, and patients needed advocate for themselves to use healthcare services. The need for investment, regulations, support structures for professionals, and training, emerged.

Conclusion: The multiple barriers to access and use the healthcare services call for swift action from governmental agencies, healthcare managers and professionals, to ensure a better, more accessible, and fairer healthcare in Ireland.

Poster 27. Exploring Reflections of Health-Related Decision Making Following Cancer Treatment*

A. Szproch, R. Maguire

Department of Psychology, Maynooth University

Aims: Following a diagnosis of cancer, patients are often faced with important medical decisions regarding their treatment. This decision-making process can be difficult as patients may not receive sufficient information about their options, or may struggle to interpret the information they do receive. An unsatisfactory decision may lead to later decisional regret, which has been linked to a lower quality of life in survivors. While some research has begun to explore the factors that influence decisional regret, few studies have comprehensively examined the role that psychological and social
Factors may play in this process (Diefenbach, & Mohamed, 2007; Clark, Wray, & Ashton, 2001; Gahm, Wickam, & Brandberg, 2010). The current research aims to investigate cancer survivors’ experience of treatment decision-making and to examine the extent of decisional regret experienced.

**Methods:** Participants will be a range of different cancer survivors who are at least one year post-treatment. They will be recruited via cancer support groups and, following informed consent, will be asked to complete an online questionnaire. This will ask survivors questions about their socio-demographic background, their diagnosis and treatment, their decision making process, regrets associated with the treatment chosen, supports received, as well as their current well-being and quality of life.

**Results and Conclusions:** It is hoped that the findings of this project will expand current knowledge and that this information may be used to inform interventions aimed at improving the decision making process for cancer patients, decreasing the possibility for the emergence of decisional regret and increasing quality of life post-treatment.

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**Poster 28. Exploring the Perceived Role of Pharmacists in the Guidance of Self-Management Behaviours of Individuals with Diabetes Mellitus: A Qualitative Study**

E. Cooney, J. McSharry

*National University of Ireland, Galway*

**Literature Review:** Intensive glycaemic control, achieved through diabetes self-management, is crucial in preventing health complications and improving the quality of life for individuals with diabetes. Despite the proven effectiveness of diabetes structured education programmes, attendance has been low and individuals with diabetes frequently exhibit inadequate knowledge of their condition. The role of pharmacists has shifted from a singular focus on medication dispensing toward more patient-focused care. Due to the ongoing contact between people with diabetes and their pharmacists, there may be the potential for pharmacists to assume a greater role in supporting self-management of diabetes. Several diabetes specific programmes for pharmacists have been developed internationally (e.g. Diabetes Medication Assistance Service, Australia), but limited research has explored the Irish context.

**Study Rationale:** Pharmacists are a readily accessible, yet underutilised, healthcare resource. The aim of this study is to generate a greater understanding regarding the role pharmacists play in the self-management behaviours of individuals with diabetes in Ireland. More specifically, this study will explore pharmacists perceived role in promoting diabetes medication adherence and attendance at diabetes structured education programmes.

**Study Proposal:** Approximately 20 Irish pharmacists will take part in semi-structured interviews or focus groups. It is intended that this sample will include pharmacists from independent pharmacies and pharmacy chains, from urban and rural settings and with a range of experience. These interviews will be transcribed verbatim and analysed using inductive thematic analysis.
Poster 29. An Evaluation of Access to Psychological Services Ireland: Year One to Three Outcomes
A. Corbett, R. Finnegan, A. Walsh, P. Collins

Access to Psychological Services Ireland, HSE West

Aims: An overview of a new, stepped care model (Access to Psychological Services Ireland – APSI) of psychological therapy delivered by Assistant Psychologists, in a rural Irish setting throughout its first, second and third operational years.

Method: A repeated measures design was used to evaluate clinical outcomes of service users who completed one or more brief CBT oriented interventions within a three-year period. Psychometric measures of psychological distress (K-10), low mood (PHQ-9), anxiety (GAD-7), everyday functioning (WSAS) along with health and economic outcomes (Eco-Psy, EQ-5D-3L), were administered to service users at assessment, post-intervention and three-month follow up. On discharge, all clients were sent a Service User Satisfaction Questionnaire (SUSQ), to collect both quantitative and qualitative data on their experience. Referrers were also surveyed for their feedback.

Results: Statistically and clinically significant reductions were observed in 765 service users who completed brief cognitive behaviour therapy (bCBT) and guided self-help (GSH), on measures of clinical distress, adaptive functioning and economic outcomes, between assessment and follow-up. The Service users reported high levels of satisfaction with the service— as did referrers— especially in areas such as service accessibility, staff understanding and commitment to providing individualised interventions.

Conclusions: Similar clinical outcomes as reported by equivalent services in primarily urban, international settings were achieved. The results provide additional evidence that a stepped-care model in Ireland can (a) increase access to Psychological help (b) reliably reduce clinical distress for those with mild-to-moderate presentations, and (c) result in high levels of satisfaction from referrers and service users.

Poster 30. Transgender Individuals’ Expectations and Experiences of Transition-Related Healthcare in Ireland*
J. Howell, R. Maguire

Department of Psychology, Maynooth University, Co. Kildare

Aims: Transition-related healthcare refers to procedures (e.g. hormone therapy, surgery) which enable transgender individuals to create an appearance more similar to the gender they identify as (Wagner & Asbury, 2016). Little research has investigated individuals’ experiences of these procedures in an Irish context.

Methods: Participants will be transgender adults who are either (i) currently transitioning, (ii) planning on transitioning, or (iii) have already medically transitioned. They will be recruited by advertising the study in hospitals and transgender support groups. Influenced by the methodology of similar studies in the area (Carroll-Beight & Larson, 2018), a grounded theory approach will be employed. Semi-
structured interviews will be conducted and transcribed. Interviews will include open-ended questions asking participants about positive and negative interactions with healthcare professionals, knowledge about treatment and side-effects, and overall expectations (either current expectations, or retrospective reflections of expectations in the case of those who have already transitioned). MAXQDA will be used to uncover themes from the interviews. Sample size will depend on when data saturation is reached, but is expected to be around 15 individuals.

**Results and Conclusions:** Healthcare professionals may benefit from findings by gaining a greater understanding of ways in which transgender individuals may be supported throughout treatment.

**Poster 31. Predictive Factors for Psychological Distress during BRCA 1/2 Testing: A Systematic Review**

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**Literature Review:** Breast cancer (BC) genes 1 and 2 (BRCA 1/2) act primarily as tumour suppressors. However, with a BRCA 1 mutation lifetime BC risk rises to 60-90%, and ovarian to 40-60%. Similarly, BRCA 2 mutations increase this risk of BC to 45-85%, and ovarian to 10-30%. Contrastingly, the general populations’ risk for breast and ovarian cancer are 12.5% and 2%, respectively. Cancer-specific psychological issues arise in over half of patients, and up to a third report long-term distress. Distress does not naturally decrease following BRCA testing, and carriers are frequently advised to undergo often stressful preventative surgeries (e.g. bilateral mastectomy/prophylactic salpingo-oopherectomy). Mediating factors of this distress are age, baseline distress, carrier status, past cancer experience and time since testing.

**Study Rationale:** This review will be the first step toward designing an online intervention for the BRCA 1/2 population. This will aim to provide an evidence based, cost-effective method to alleviate distress during, and after, genetic testing.

**Study Proposal:** The protocol for this review will be published on PROSPERO. The protocol will adhere to the PRISMA statement. Databases which to be searched are Ovid MEDLINE, PsycINFO, PubMed, EMBASE, Web of Science and CINAHL. BRCA 1/2, and related terms will be combined with search terms associated with coping and distress. Forward and backward searches will be conducted on all included articles. A restriction will be applied of papers published in English after 1990 (BRCA gene relevancy in hereditary cancers discovery). Appropriate data extraction/risk of bias assessment forms utilised, and results published.
**Poster 32. An Experienced Sense of Community on the Care Opinion Patient Feedback Platform**

*A. O’Brien*

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**Aims:** This research seeks to identify the dimensions of successful online patient engagement by analysing users’ experience of interaction enabled by the Care Opinion platform, and the extent to which a perception of Sense of Community (SoC) influences users’ perceptions of public value on the platform. It is conceptualised that SoC in this setting is created through interaction consisting of a sense of shared values arising from a sense of belonging, a shared emotional connection and a two-way experience of influence. Public value is used as a more public sector centric measure of needs fulfilment referring to a non-monetary measure of that which is valued by society.

**Methods:** Building on the findings of an earlier qualitative analysis of interactions on the Care Opinion platform, an online quantitative survey was circulated to users of Care Opinion in Scotland, 368 questionnaires were returned. The data was analysed for consistency and convergent validity before proceeding to regression analysis.

**Results:** SoC was found to be a statistically significant predictor construct of the public value categories of efficiency and effectiveness and social value for both staff and patient users, especially social public values, namely trustworthiness, efficacy and well-informedness.

**Conclusions:** The study demonstrates the utility of SoC as a measurement of public value creation in patient engagement, through users’ perceptions of the type of responsiveness that defines the Care Opinion platform, highlighting the social value of internet communication technology in this domain.

**Poster 33. Incidence of Post-Vasectomy Pain: A Systematic Review and Meta-Analysis**

*F. Almutoutah, A. Almejally, F. Doyle*

*Royal College of Surgeons in Ireland*

**Aims:** Vasectomy is a routinely-recommended contraceptive procedure. Chronic pain is a potential complication, but is reported to be rare. As the incidence of complications could vary between studies and procedures, we aimed to systematically review and meta-analyse the incidence of post-vasectomy pain.

**Methods:** A systematic literature search of electronic databases (PubMed, Embase, PsycINFO) was conducted to identify original articles that measured pain in men who underwent traditional incisional (scalpel) or non-scalpel vasectomy (NSV). Observational studies assessing the incidence of chronic scrotal post-vasectomy pain in men aged 18 years or older were included. Independent double-screening of abstract was conducted. Overall meta-analytic prevalence was estimated with random effects, with Egger’s test used to determine the potential effects of small study bias.

**Results:** Following screening of 546 records, 23 full-text articles were obtained with estimates for the various techniques (9 scalpel, 12 NSV, 2 other). Incidence of post-vasectomy pain was 25% (95% CI
16% to 34%) for traditional scalpel vasectomy and 12% (95% CI 8% to 15%) for NSV. Heterogeneity was very substantial, >95% for overall estimates and for each subgroup, and there was evidence of small study bias (Egger’s test: $\beta=0.196$, 95% CI .01 to 0.294, $p<.001$).

**Conclusion:** The incidence of post-vasectomy pain appears to be several times higher than commonly reported and possibly twice as high for traditional scalpel approach compared to NSV. However, high heterogeneity among studies and evidence of small study bias suggests that conclusions should be tempered. Systematic review registration: PROSPERO (CRD42018087244)
**Theme 6: Psychophysiology**

**Poster 34. Attachment, Social Support and Cardiovascular Reactivity**

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**Aims:** Social relationships are important for our physiological health, particularly for buffering against the negative effects of stress. Research suggests that one determinant of social relationships, social support, operates through biobehavioural pathways such as cardiovascular reactivity. However, despite inconsistent findings in the social support literature, to date, attachment as an alternative framework in examining the association between social relationships and health, is yet to be explored.

**Methods:** Seventy healthy students from the University of Limerick completed psychometrically-validated measures of social support and attachment, administered in terms of anxious and avoidant attachment styles, within a laboratory-based setting. Measures of cardiovascular reactivity were continuously monitored throughout a standardised stress testing protocol which included a baseline, an acute stress session and recovery period.

**Results:** Correlational analyses demonstrated that there was no significant association between social support and cardiovascular reactivity. However, significant associations between attachment and cardiovascular reactivity are evident, specifically in terms of avoidant attachment styles. Results show that there is a negative association between avoidant attachment and total periphery resistance (TPR) (p = .03) and positive association between avoidant attachment and heart rate (HR) (p = .049).

**Conclusions:** As a result, attachment can be seen as an important factor in addressing the health implications (e.g. cardiovascular disease, hypertension) attached to cardiovascular reactivity. Importantly, it suggests that attachment may act as an alternative framework in understanding the link between social relationships and physiological health.

**Poster 35. Emotional Intelligence, Dysfunctional Emotion Regulation and Cardiovascular Recovery from Stress**

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**Aims:** Laboratory research has predominantly focused on physiological activation that occurs during stress. However, physiological activation beyond the presence of the stressor, for example in anticipation of, or following stressful events may be more relevant as a potential risk factor in the development of cardiovascular disease. The role of emotional intelligence and emotion regulation in attenuating and/or exacerbating this risk is under-researched. The current study addresses this by
examining if dysfunctional emotion regulation (ER) as a function of trait emotional intelligence (EI) influences cardiovascular recovery from stress.

**Methods:** Eighty-four students completed emotional intelligence and emotion regulation measures within a laboratory setting. Participants were exposed to a mental arithmetic stress task while having their systolic (SBP), diastolic blood pressure (DBP) and heart rate (HR) measured from baseline, during a task and throughout a recovery period.

**Results:** Hierarchical regression analysis revealed that EI negatively predicted HR recovery. The use of non-coping emotion regulation strategies predicted prolonged HR recovery, whereas dampening emotion regulation strategies did not significantly predict HR recovery. Importantly, mediation analysis revealed that dysfunctional emotion regulation in the form of non-coping strategies fully mediated the relationship between EI and HR recovery.

**Conclusion:** This study concluded that people with low levels of EI use non-coping strategies more frequently, i.e., they demonstrate an inability to successfully regulate negative emotions resulting in prolonged HR recovery from stress. These findings highlight the need for developing interventions aimed at improving emotion regulation and coping strategies as a means of health protection and promotion.

**Poster 36. The Influence of Perceived Social Support on Personality Type D and Cardiovascular Reactivity to Acute Psychological Stress**

A. Walsh, G. Gallagher

*University of Limerick*

**Aims:** Personality Type D (identified as the interaction between high negative affectivity and high social inhibition) has been associated with increased cardiovascular reactivity in response to stressors. Social support has been found to attenuate the relationship between stress and cardiovascular reactivity. In the present study, Type D was examined in terms of cardiovascular reactivity to an acute social laboratory stressor, with specific focus on the relationship between perceived social support and both Type D and cardiovascular reactivity.

**Methods:** Fifty-one undergraduate students (thirty-seven female) completed a social stress task. Blood pressure was monitored during a baseline section and during the stress task. The fourteen-item DS14 was used to assess personality Type D. The MOS was used to measure levels of perceived social support.

**Results:** Results indicated that personality Type D did not predict cardiovascular reactivity in response to an acute social stressor. However, Type D was found to be associated with lower levels of perceived social support. Social support was found to predict both HR reactivity and DBP reactivity.

**Conclusion:** This study found interesting results in terms of social support and heart rate reactivity, urging future research to examine this link. This study also provided interesting findings in relation to Type D personality and social support.
Poster 37. Depersonalization: An Exploration of the Psychological and Physiological Stress Response of a Healthy Population*

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Literature Review: Depersonalization (DP) is a type of dissociation involving a disrupted integration of self-perceptions with the sense of self. Individuals who experience DP report feelings of unreality, and detachment from emotions, sensation, and behaviours. Brief experiences of DP are common among the general population, with prevalence rates ranging from 26% to 74%. An altered stress response has been demonstrated as an outcome of DP. However, to date, only three relatively small studies have examined physiological stress response in relation to DP, with contradictory results reporting a heightened response in two studies and a decreased response in one.

Study Rationale: This study provides an in-depth exploration of the stress response experienced by individuals who experience DP. Due to the high prevalence of DP episodes among the general population this study has the potential to elucidate the nature of self-reported and physiological stress in individuals who experience different degrees of DP, adding significantly the existing scant literature.

Study Proposal: An adapted version of the Trier Social Stress Test, involving a six minute computerised mental arithmetic task, will be conducted in order to induce a stress response among participants. To assess physiological stress responses, measures of blood pressure, heart rate, and cortisol will be gathered at baseline, post-test, and thirty minutes post-test. Participants will also complete the PHQ-9, Perceived Stress Scale, and The Cambridge Depersonalization Scale.

Poster 38. Eye Contact as a Means of Stress Recovery in Romantic Dating Couples*

D. Cullinane, S. Dockray

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Aims: Direct eye gaze in humans may influence emotional states including feelings of stress, and thus psychobiological stress responses. This study will examine the effect of an eye-gaze intervention on stress reactivity and recovery from a lab-based stressor, and will compare the stress response-recovery in romantic relationship and casual acquaintance dyads.

Methods: Healthy adult participants (N=28) aged 18-30 will be recruited for this study. Participants will complete two table-based stress challenge tasks - a variant of the Mirror Tracing Task (MT) and an Arithmetic Task (AT) – followed by a seated Intimate Eye-gaze Intervention Task (IEGIT). Galvanic Skin Responses (GSRs) will be recorded as a measure of physiological reactivity and recovery. Mood states will be measured using the State Stress Scale (SSS) and the Positive and Negative Affect Scale (PANAS) immediately before MT, immediately before IEGIT, and immediately after IEGIT. Personality traits will be assessed using the Big Five Inventory-10 (BFI-10). Romantic relationship strength was measured using the Relationship Assessment Scale (RAS). Relationship length was also recorded. Eye-gaze was assessed using Russo’s (1975) glance duration measure.
Results: Stress reactions and recovery, using reported and GSR data, will be examined using a pre-post design. The effect of relationship status, relationship strength and duration, and personality factors on psychobiological reactivity and recovery will also be examined using a repeated measures design.

Conclusions: This study will examine the effect of intimate eye gaze on psychobiological stress reactivity and recovery. The results may contribute to a developing literature on eye-gaze interventions.
Poster 39. The Effects of Training Adolescents in a Proven Method for Behaviour Change- A Pilot Study

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Aims: Health risk behaviours (smoking, alcohol consumption and sedentary behaviour) initiated in adolescence often persist into adulthood. A pilot study was conducted in a low SES community youth group to assess the feasibility and acceptability of training young people in Motivational Interviewing (MI) and to assess its delivery to their peers for health behaviour change. Findings informed the implementation of a feasibility trial for low SES community youth groups.

Methods: Stakeholder interviews were conducted to assess the acceptability and practicality of implementing an adolescent peer-to-peer MI intervention. Peer educators provided feedback in focus groups on their experiences in participating in training and delivery of the intervention. Interviews and focus groups were recorded and transcribed verbatim. Thematic analysis was conducted on data.

Results: Interviews informed training techniques, considered relevance of the study for young people and the complexity of the intervention specific to recruitment, retention, consent and engagement in the process. The capacity of the young people to acquire MI skills and deliver it to their peers effectively emerged as a concern. Peer educators reflected on knowledge acquired and their perceived proficiency in delivery of MI following training and provided their experience of engaging in the process of the intervention.

Conclusions: Stakeholders acknowledged that a focus of training should observe differing learning styles. Peer educator suggested improvements to training placing a greater emphasis on their development of MI techniques. Reflections on the intervention process supported the development of materials to assist future peer educators with delivery of MI sessions.

Poster 40. Improving Outcomes for Young Adults with Type 1 Diabetes in Ireland: The D1 Now Randomised Pilot Study Protocol*

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Aims: Young adults (18-25 years) living with Type 1 Diabetes Mellitus (T1D) have been highlighted as being at risk of poor self-management and sub-optimal glycaemic control. Previous interventions have not been successful and there is a need for theory based interventions that include key stakeholder
opinions. The ‘D1 Now’ intervention has been developed under guidance of the Medical Research Council (MRC) framework for the development of complex interventions and the Behaviour Change Wheel (BCW). ‘D1 Now’ has a user centre approach and integral to the research is a young adult panel (YAP). The intervention includes three intervention components namely a 1) key-worker, 2) an online interactive system and 3) an agenda setting tool for use in consultations. The aim of this paper is to outline the protocol for a Pilot Randomised Control Trial of D1 Now.

**Methods:** We will recruit young adults with T1D from existing hospital diabetes clinics on the island of Ireland. For a participant to be eligible s/he should have T1D for at least 12 months and be between the ages of 18 and 25 years. Recruited diabetes clinics will be randomised to the ‘D1 Now’ intervention arm or a usual care control for a 6 month period. Outcomes will be measured at baseline, 6 months and 12 months. These include measures of, HbA1C, diabetes distress, clinic engagement, self-management, quality of life, perceived level of control over diabetes, number of severe hypos and episodes of diabetes ketoacidosis.

**Results:** Pilot trial will begin in Summer 2019.

**Conclusions:** Findings will inform a protocol for a definitive intervention.

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**Poster 41. Establishing the Feasibility of a Type 1 Diabetes (T1D) Agenda Setting Tool among Young Adults with T1D in Ireland**

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**Aims:** To establish the feasibility of an Agenda Setting Tool for use in young adult Type 1 Diabetes (T1D) consultations, namely, the Type 1 Diabetes Consultation (T1C) tool.

**Methods:** Young adults (18-25 years) with a diagnosis of T1D and attending the Diabetes outpatient clinic at the University Hospital Galway will be recruited. The T1C tool will be used during their consultation. Debriefing interviews and a focus group will be conducted to establish feedback from both the young adults with T1D and Health Care Practitioners (HCPs), respectively. Data analysis in this study will use a mixed methods design. Thematic analysis will be conducted to assist in transcribing, coding and identifying themes in the data, relevant to the project aims. Statistical tests will be used to evaluate the young adult’s scores on the Agenda Setting Tool, which includes a measure of Diabetes Distress through the Diabetes Distress Scale 17 (DDS-17).

**Results:** Results in progress and expected in Spring/Summer 2019.

**Conclusion:** The T1C tool is one component of a complex intervention, the D1 Now intervention. D1 Now aims to improve outcomes among young adults with T1D in Ireland. The feedback collected from the HCPs and young adults surrounding the Agenda Setting Tool will provide informed feedback on the feasibility and usability of the tool. These findings will assist in refining one component of the D1 Now intervention, which will be piloted in Ireland in Autumn 2019.
Poster 42. Self-Management in Children and Young People with Epilepsy: A Systematic Review and Qualitative Meta-Synthesis

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**Aims:** The aim of this paper is to present a meta-synthesis of qualitative studies exploring the self-management experiences, attitudes and perspectives of children and young people (CYP) living with epilepsy.

**Methods:** Five electronic databases (PubMed, Medline, PsycINFO, CINAHL and Web of Science) were systematically searched. Papers using qualitative methods to explore self-management in CYP up to 18 years of age living with epilepsy were included. A thematic synthesis approach was used to synthesise the findings.

**Results:** Twelve papers met the inclusion criteria. One analytical theme was identified: self-management strategies. Four descriptive themes informed this analytical theme including; concealment; medicine adherence; self-monitoring of activities; and seeking social support.

**Conclusions:** CYP with epilepsy take action and engage in specific self-management strategies when managing their epilepsy across their daily lives. No papers specifically examined the experience of self-management in CYP with epilepsy as a primary aim. Overall, there is a lack of evidence in understanding self-management in CYP with epilepsy and the processes that support the use of it. Given the developmental life stage and the unique challenges of living with epilepsy, future research specifically examining self-management processes in CYP with epilepsy is required.

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Poster 43. The Experience of Young Irish Adults Acting as Peer Mentors to Adolescents with Juvenile Idiopathic Arthritis*

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**Aims:** This project will explore the subjective experience of young Irish adults acting as mentors to adolescents with Juvenile Idiopathic Arthritis (JIA) in the iPeer2Peer programme. It aims to 1) identify any potential benefits and challenges encountered during the mentoring process 2) explore how the programme impacts on the mentors’ own personal development and 3) explore any emotional and social/relational challenges that may arise as the mentor and mentee assume these new roles.

**Methods:** There will be a minimum of five participants in this study. All participants are aged 18-25 years with a JIA diagnosis. Participants have already been recruited through arthritis support groups. The mentoring programme will consist of a maximum of 12 Skype calls across 15 weeks, aiming to improve the mentees’ self-management among other outcomes. Qualitative interviews will be conducted before and after the mentoring programme. Ecological Momentary Assessment (EMA) will also be used throughout the programme.
Results: The first interview will obtain data relating to the mentors’ expectations of the programme. The EMA will obtain the mentors' real-time experiences, immediately after each mentoring session e.g. emotions. The final interview will be data-prompted, providing an opportunity for reflection/feedback on the overall mentoring experience. Data from the first interview and EMA will be incorporated to stimulate in-depth discussions.

Conclusions: Research findings from this study will outline the experience of young adults acting as peer mentors in the iPeer2peer programme and outline potential benefits of the programme, or similar programmes, to future young adult mentors.
Poster 44. Evaluating the Longitudinal Impact of a Disability Education Intervention on Medical Students’ Attitudes towards Persons with a Disability

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Aims: The attitudes and empathy levels of healthcare providers towards persons with a disability have been highlighted as important factors contributing to the quality of healthcare provided to this patient population. Education and training for medical students in particular are considered important vehicles for change to improve the quality of healthcare received by persons with a disability. This study aimed to investigate whether changes in medical students’ attitudes and empathy towards persons with a disability following an educational intervention were maintained when measured again one year post intervention.

Method: An online survey was distributed to medical students who had completed a disability module one year previously during their second year of medical training. The survey comprised measures of attitude, empathy and level of social contact with persons with a disability.

Results: Though there was a statistically significant increase in both attitude and empathy measures immediately post intervention, these gains were not sustained when measured one year later. In the case of empathy, levels measured one year later had decreased significantly from baseline measures at pretest. No significant relationship was observed between level of social contact and measures of attitudes and empathy.

Conclusions: While previous research suggests that the educational intervention has been successful in ameliorating both attitudes and empathy levels in the short term, this study highlights the difficulty in sustaining such improvements. Changes to the design and delivery of educational interventions may be necessary for the benefits to persist into the long term.

Poster 45. Testing and Expanding the LGBT Development of Clinical Skills Scale*

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Aim: Recent studies suggest that LGBT individuals face physical, psychological, and sexual health outcome disparities, and hence have unique health care needs best addressed by culturally competent practitioners and well-informed services (Mayer et al. 2008). Therefore, it is imperative to promote and enhance LGBT health care by being able to measure the extent to which healthcare practitioners feel competent in providing care for LGBT individuals. Bidell (2017) created the Lesbian, Gay, Bisexual, and Transgender Development of Clinical Skills Scale (LGBT-DOCSS), to address this need. However, the utility of the scale is somewhat limited as some of the items group lesbians, gays, and bisexuals
together. The aim of this project is to test and expand the LGBT-DOCSS among a sample of nursing and medical students.

**Method:** An exploratory factor analysis (EFA) will be employed to examine the factor structure of the new expanded scale items in a sample of 300 participants. In an independent sample of 300 participants, a confirmatory factor analysis (CFA) will be used to test factor suitability. Convergent and divergent validity will be established by examining correlations between the new LGBT-DOCSS scores and other established measures.

**Conclusion:** The expanded LGBT-DOCSS can help optimise healthcare provision to each individual sexual and gender minority by assessing whether healthcare practitioners are aware of the unique health concerns of LBGT populations and are able to assess partnership status and sexual behaviour without judgement or assumptions.

**Poster 46. Developing a Predictive Model of Physicians’ Likelihood to Provide Smoking Cessation Interventions to Patients**

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**Literature Review:** The current rate of decline in smokers in Ireland is not adequate to achieve a smoke-free Ireland (<5% smokers) by 2025. Recent research has found that even brief interventions from physicians can have a significant impact on patients’ quitting success. However, many physicians are not enthusiastic about providing such interventions. Lack of time, knowledge and confidence as well as beliefs about smoking cessation interventions, age, smoking status of the physician and years of experience have all been identified as factors which contribute to this lack of consensus.

**Rationale:** Research indicates that there are many factors which can influence how likely a physician would be to provide smoking cessation interventions to their patients. To date, there has not been a study which examines and ranks all of these contributors in order of significance. Given the need to reduce the amount of smokers in Ireland and the impact that physicians can have in achieving this, identifying the most important contributors has the potential to inform future training and policy in healthcare.

**Proposal:** A national survey is proposed, targeting physicians of all specialties registered with the Royal College of Physicians of Ireland. This survey will examine the factors already identified as contributing to provision of smoking cessation interventions (age, years of experience, smoking status, beliefs about smoking cessation interventions, confidence, knowledge and time) and the likelihood of each physician to provide smoking cessation advice to their patients. This data will then be analysed using a hierarchical multiple regression to determine the most important contributors.
Poster 47. An Investigation into the Barriers and Facilitators to Seasonal Influenza Vaccination among Healthcare Workers in Long-Term Care Facilities Using the Theoretical Domains Framework and the COM-B Model*

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Aims: The vaccination of healthcare workers (HCW) for seasonal influenza has been recommended by numerous public health authorities, yet the rate of uptake remains well below national targets. The uptake rate is particularly low among HCWs in long-term care facilities (LTCFs). Behaviour change frameworks have been effectively employed to explain and predict HCW vaccination. However, no psychologically-informed intervention aimed at increasing the uptake of the influenza vaccine among HCWs has been developed. The proposed study aims to investigate the factors influencing the low rate of uptake by using the theoretical domains framework and the COM-B to identify the barriers and facilitators to the influenza vaccination among HCWs in LTCFs.

Methods: A sample of HCWs in LTCFs in the west of Ireland will be surveyed about their knowledge, beliefs and attitudes towards the seasonal influenza vaccination. The survey will be conducted using a questionnaire which will assess the predictive ability of demographical factors and the 14 domains of the theoretical domains framework on HCW vaccination.

Results: The findings from the study will indicate the factors which influence a HCW’s decision to receive the influenza vaccination. By conceptualising HCW vaccination through the lens provided by these frameworks, a more comprehensive understanding of the barriers and facilitators to influenza vaccination will be attained.

Conclusions: It is expected that the findings from the study will substantially contribute to the literature concerning HCW vaccination and will assist in the identification and development of future interventions to increase vaccination uptake among HCWs in LTCFs.

Poster 48. A Qualitative Exploration of the Nature of Resilience among Paramedics and its Relationship to Their Health and Wellbeing*

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Literature review: Studies have found that many healthcare professionals will experience burnout and stress due to workload and physical and psychological demands. According to the literature, ‘Paramedics’ are among the highest at risk for stress and burnout. Aspects that attract people to the profession include rescuing, saving, interest, variety, and a love of the job. The paramedic group experience a range of challenges that are dynamic and unpredictable. Research found that resilience was significantly associated with wellbeing in paramedics. Studies found that management support; detachment; informal peer support and humour were forms of coping and resilience strategies.
Rationale: A key issue in the literature is that much of the quantitative research to date on paramedics has focused on the stressful nature of paramedics’ jobs and the impact of this on their physical and mental health. There has been little focus on the more satisfying aspects of a paramedics’ role or indeed which inter-individual differences identify those who adapt well to the challenges of their work role. Thus, there is a need for qualitative research in this domain exploring the above aspects in a paramedic population.

Proposal: The aim is to gain an understanding of resilience strategies among paramedics from a positive Psychological perspective. An exploration of the lived experience of paramedics will hopefully reveal how their role as a paramedic affects wellbeing. Participants will be recruited using purposeful sampling. One-to-one semi-structured interviews will be examined using interpretative phenomenological analysis (IPA). The interview schedule will include open-ended questions that relate to their work experience and its implications to their health and wellbeing. This includes social, emotional and psychological support.

Poster 49. Pain Management with Over-The-Counter Medication in Irish Community Pharmacies

T. Nyamakope

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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.

Proposal: Semi-structured in-depth interviews were conducted with community pharmacy staff involved in the recommendation and sale of over-the-counter (OTC) pain medication (n=25). Data are currently being analysed using thematic analysis.
**Poster 50. Patient Experience and Perspective of Erectile Dysfunction: A Qualitative Study***

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**Literature review:** Sexual dysfunction has long been linked to cardiovascular disease (CVD). A third of male cardiac patients experience erectile dysfunction (ED). Recent research in Ireland has indicated that two thirds of cardiac rehabilitation patients have had no discussion of sexual functioning with medical professionals and report a low level of satisfaction with this aspect of their care. Appropriate treatments for ED in a cardiac rehabilitation setting have not been developed.

**Rationale:** There are currently no studies investigating patient perspectives on their treatment of erectile dysfunction during cardiac rehab. Consultation with staff at Croi cardiac rehabilitation centre staff and a Patient and Public Involvement (PPI) meeting with current cardiac rehabilitation patients indicated that patients want to discuss their condition with a healthcare professional. Given the lack of sexual satisfaction reported by cardiac patients, investigating the treatment they receive for ED has the potential to inform treatment in cardiac rehabilitation programmes.

**Proposal:** Male cardiac rehab patients suffering from moderate-severe ED will undergo semi-structured one-to-one interviews to discuss their satisfaction with the treatment they received for ED whilst undergoing their rehabilitation and how they feel the treatment could be improved. The data will be analysed using inductive thematic analysis.

**Poster 51. Psychological After-Effects of Limb Loss: A Systematic Review***

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**Aims:** The loss of a limb presents individuals with pervasive and evolving threats and challenges to their physical, psychological, and social functioning. In the past decade a growing body of research has investigated psychological adjustment to limb loss. The aim of the present review is to summarise the literature on the psychological after-effects experienced by people with upper and/or lower limb loss, whether they differ according to sociodemographic and clinical factors, and their trajectory over time.

**Methods:** MEDLINE, PsycINFO, Web of Science, CINAHL and EMBASE databases were searched for articles published between 1 January 2004 and 24 October 2018 using National Library of Medicine Medical Subject Headings (MeSH) terms and keywords relating to amputation and psychological sequelae. Following the removal of duplicates, titles and abstracts were screened independently by two reviewers based on eligibility criteria regarding the type of study, population, and outcome(s) assessed. Full texts of the remaining abstracts are currently being located and will be screened.
independently by two reviewers. Articles meeting the inclusion criteria will be hand-searched for relevant citations. Data will be extracted using a customised data extraction table. Included articles will be assessed for methodological quality and risk of bias using an appropriate tool. Given the anticipated heterogeneity of the literature, findings will be reported as a narrative without meta-analysis.

**Results:** Not applicable.

**Conclusions:** The findings of this review can be used to inform stakeholders about the psychological after-effects experienced by people with limb loss and help guide appropriate use of resources.

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**Poster 52. Community Participation after Lower Limb Rehabilitation: A Descriptive and Longitudinal Perspective**

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**Aims:** People with a physical disability often face barriers to participation, but there has been little investigation of community participation in people with lower limb amputations (PwLLA). In particular, participation enfranchisement (importance and meaning of participation, and control over participation) and participation engagement (activity frequency, activity importance and whether it is felt that enough of that activity is being undertaken) have yet to be assessed. Knowledge of variation in these variables over time is also lacking. This paper examines community participation (enfranchisement and engagement) in PwLLA for the first time.

**Methods:** As part of a prospective cohort study, a subset of participants with LLA completed the importance and meaning of participation, control over participation, and engagement sections of the Community Participation Indicators at six (n=40) and twelve (n=30) months post-discharge from rehabilitation.

**Results:** Regarding participation engagement, activities both important to people and that were most frequently ‘performed enough’ included: family/friend interaction and communication, household activities, and religious or spiritual activities. Activities that were both important to people and least frequently performed enough were often those that required participation outside the home and/or with persons other than close relatives, and active/sports recreation. Neither importance and meaning nor control over participation changed significantly between six and twelve months.

**Conclusions:** Community participation is an important and multifaceted outcome for PwLLA. Weighting frequency of activity participation by whether the person wants to participate in certain activities at each time point provides valuable information in assessing rehabilitation outcomes.
Poster 53. Does Alcohol Consumption Mediate the Relationship between Social Factors and Cognitive Outcomes in Older Adults? Results from the Irish Longitudinal Study of Ageing*

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Aims: Social isolation, loneliness and high levels of stress have been shown to be associated with worse cognitive outcomes in older adults. However, the mechanisms underlying these relationships are not completely understood. Previous studies have indicated a high prevalence of alcohol consumption among Irish older adults and have suggested that a J-shaped relationship exists between the levels of alcohol consumption and cognitive function. Moreover, a relationship between social factors and levels of alcohol consumption in this age group has been previously hypothesized. Our aim is to explore alcohol consumption as a potential mediator of the relationship between social factors and cognitive function in older adults.

Methods: Data from individuals over 50 years old who participated in the Irish Longitudinal Study of Ageing will be analysed utilizing a structural equation model. The mediation model will consider social factors at wave 1 as predictors, alcohol consumption at wave 2 as a potential mediator and a latent cognition factor, constructed from six cognitive tests results at wave 3, as the outcome variable. To ease interpretation of results all social factors, alcohol and cognitive variables will be converted to z-scores. Moreover, socio-demographic and health characteristics will be controlled for.

Future Implications: We expect our results will provide insight about the mechanisms through which social factors impact cognitive functioning in Irish older adults. Such understanding may have implications for the development of interventions seeking to promote cognitive health, as well as informing alcohol guidelines and policy for older adults.

Poster 54. Qualitative Exploration of the Subjective Experiences of Phantom Limb Pain in Amputees*

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Aims: The central aim of this study is to explore the subjective experiences of phantom limb pain in amputees. Phantom limb pain is a debilitating chronic pain condition that is prevalent across 50 to 80% of amputees (Flor, 2002). Currently qualitative research exploring the experiences of phantom limb pain in amputees is extremely sparse and little is known of the subjective experiences of phantom limb pain. The objective of this study it to explore the subjective experiences of phantom limb pain in amputees following phantom motor execution (PME) treatment or depending upon treatment time the subjective experience of phantom limb pain in amputees. The research questions are (1) what is the subjective experience of people who experience phantom limb pain? (2) what is the experience of a treatment programme for phantom limb pain in which a ‘virtual’ limb is present?
Methods: Qualitative methods will be used in this study. Participants will be recruited in either of two ways: (1) following phantom motor execution (PME) treatment, participants will be invited to take part in the study or (2) participants will be recruited from support groups such as the Irish Amputee Football Association and the Amputee Disability Federation of Ireland (Amputee Ireland) who are experiencing phantom limb pain for at least three months. Semi-structured interviews will be conducted, recorded, transcribed and analysed using IPA.

Results and Conclusions: N/A