



Health Services Research Unit

Newsletter

Summer 2015

How should weight management services for men be designed?

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More men than women are overweight or obese in the UK, but men are less likely to perceive their weight as a problem and less likely to engage with weight-loss services, particularly those from the commercial sector.

The NIHR Health Technology Assessment programme funded Professor Alison Avenell and researchers from the Universities of Aberdeen, Stirling and Bournemouth to systematically review evidence-based engagement and management strategies for treating obesity in men (the ROMEO project). This was a mixed-method systematic review integrating the quantitative, qualitative and health economic evidence base.

The study showed that the impact of weight loss on health problems and the desire to improve appearance, without looking too thin, are motivators for weight loss amongst men. Interventions delivered in social settings are preferred to health-care settings. Programmes set in a sporting context, where participants have a strong sense of affiliation, show low dropout rates and high satisfaction. Group-based programmes show benefits

by facilitating support for men with similar health problems, and some individual tailoring of advice assists weight loss. Preferences for men-only versus mixed-sex weight-loss group programmes are divided.

Men are more likely than women to benefit if physical activity is part of a weight-loss programme, but reducing diets produce more favourable weight loss than physical activity alone. Low-fat reducing diets, some with meal replacements, combined with physical activity and behaviour change training give the most effective long-term weight change in men, and can prevent type 2 diabetes and improve erectile dysfunction. Although fewer men join weight-loss programmes, once recruited they are less likely to drop out than women. A summary of this report has informed guidance from Public Health England and the Men's Health Forum, which can be downloaded from: https://www.menshealthforum.org.uk/sites/default/files/pdf/how_to_weight_final_lr_1.pdf

For further information, please contact Alison Avenell, ✉ a.avenell@abdn.ac.uk, ☎ 01224 438164.



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The role of incentives for breastfeeding and smoking cessation in pregnancy: The BIBS study

The NIHR HTA programme-funded 'Benefits of Incentives for Breastfeeding and Smoking cessation in pregnancy (BIBS)' project was a multi-disciplinary, mixed methods study which reviewed the evidence for incentives to help women stop smoking in pregnancy or to breastfeed. Eighty-eight women/partners, 53 health professionals, 24 experts/service managers and 63 conference attendees were also interviewed and views of how incentives might work, and features of incentive services were discussed. 1144 members of the general public, 497 health professionals and 320 women who smoke or have smoked were also surveyed.



low income women. Of seven potential incentives, a free breast pump worth £40 was most acceptable. People supported giving shopping vouchers for: stopping smoking in pregnancy more than after birth; a smoke-free home or breastfeeding. Additional funding to local health services who meet targets had similar support, but doctors disagreed. Health benefits were a priority, but concerns included cheating, stigma and wasting money.

Personal difficulties, emotions, socialising and attitudes of family and friends are all challenges towards stopping smoking and breastfeeding. Any new incentive service would need to address challenges by providing help including: regular telephone, SMS or face-to-face support;

Voucher incentives of more than £20 per month, with regular check-ups to prove that smoking has stopped, were felt to increase the likelihood that women would stop smoking in pregnancy. Opinion on the acceptability of incentives was mixed. Agreement with incentives was more likely in adults aged under 45, minority ethnic groups and in South East England. Disagreement was more likely amongst women and those with lower education qualifications. Incentives for all were preferred, rather than just for

setting goals; check-ups; including a buddy; and non-judgemental, continuous care from someone with expertise.

Web: <http://www.abdn.ac.uk/hsru/research/delivery/users/bibs/>

For further information, please contact Heather Morgan,
✉ h.morgan@abdn.ac.uk, ☎ 01224 438192.

Professor Holger Pfaff visits HSRU

During August 2014, the Health Services Research Unit hosted a research visit from Professor Holger Pfaff from the University of Cologne, Germany. Professor Pfaff is Professor of Quality Development and Evaluation in Rehabilitation, and Professor of Medical Sociology.

Professor Pfaff's research focuses on three interconnected areas: health services research, social epidemiology (sociology of health), and healthcare system design. His research visit was led and coordinated by Professor Lorna McKee, Director of the Delivery of Care Programme and supported by an RSE/ Caledonia visiting fellowship. During his initial 4 week stay, he worked closely with Professor McKee, co-authoring a publication on social capital and developing other linkages with colleagues within HSRU.

In December 2014, Professor McKee was the guest of Professor Pfaff, having won a competitive award from the University of Cologne and was involved in delivering an intensive teaching programme to Masters students on two themes, 'Undertaking Interdisciplinary Research' and 'Conducting Mixed Methods' research in the context of health services and health care research.

Professor Pfaff returned to the University of Aberdeen in March 2015 for a further 5 weeks. Reflecting on his time in Aberdeen, he said: "The experiences I have had here are extraordinary. I enjoyed the great hospitality and help of Lorna McKee and the whole staff of HSRU. I have been very impressed by the research excellence of HSRU. This is a role model for us in Germany concerning how to do health services research in a professional and successful way. In my mind there is great potential for further future collaborations between Aberdeen and Cologne."

Professor McKee commented that: "Holger has brought immense energy, experience and vision to HSRU, and we have uncovered significant potential for future collaboration and inter-institutional working. We are honoured to have Professor Pfaff working as an Honorary Senior Research Fellow within our Unit."

For further information, please contact Lorna McKee,
✉ l.mckee@abdn.ac.uk, ☎ 01224 438143.



The Osteoporosis Care Gap: Evaluation of Solutions for Remote and Rural Communities

A significant care gap exists between evidence based management of osteoporosis and clinical practice. In Scotland, a significant proportion of the population live in remote and rural communities, posing challenges to the delivery of healthcare. The ageing population is increasing faster in rural communities, who are also disadvantaged by geographical access to services with an associated cost premium. Dual x-ray absorptiometry (DXA) has a central role in the diagnosis and management of osteoporosis. Local experience suggests significant unmet need in access to DXA in rural areas where populations are older. Mobile DXA services have been proposed to address inequalities in access to care for those living rurally but previous evaluations have been limited.

We are undertaking an implementation and outcome evaluation of a new mobile service to explain 'how and why' innovations are translated into practice. Specifically, we are performing an implementation process evaluation with comparison of local service implementation to similar successful/unsuccessful mobile services in England, using a participatory action research (PAR) framework. The implementation process and outcome evaluation involves three local case studies; two island

communities and one rural mainland community, using a real-time, before and after approach. We are using mixed methods with both quantitative (surveys, fracture risk assessment tool) and qualitative (in-depth interviews, ethnography) data.

Pre-implementation, referrals from islands are younger than those from the mainland with significantly more people under 65 referred for DXA in the islands. Survey data shows that age, frailty and travel distance are significant barriers to referral. Journey length/complexity and accessibility to public transport also influenced access to DXA. Data six months post implementation reveals a 53% increase in referrals, with a 4 fold increase in referrals of people over 75. Early data indicates that multiple interactions of political, sociocultural, educational and contextual factors influence service implementation. Use of a participatory action research framework aims to advance theoretical knowledge as well as generating insight and practical knowledge to facilitate development and implementation of sustainable services that bridge the gap between research and clinical practice.

For further information, please contact Rosemary Hollick,
✉ rhollick@abdn.ac.uk, ☎ 01224 438063.

Surgery, laser or foam sclerotherapy for the treatment of varicose veins: Results from the CLASS trial



The CLASS trial was designed to compare alternative treatments for patients with varicose veins and was funded by the NIHR HTA Programme (reference 06/45/02). Ultrasound-guided foam sclerotherapy, endovenous laser ablation (with subsequent foam to varicosities when required) and surgery were compared in terms of both clinical and cost effectiveness. Primary outcomes at six months were disease-specific quality of life (measured by the Aberdeen Varicose Vein Questionnaire) and generic quality of life (measured by EQ-5D and SF-36). Secondary outcomes

included complications and clinical success. Six month follow-up has been completed and the results published.

Seven hundred and ninety-eight adults with varicose veins were recruited through 11 UK vascular units. At six months, disease-specific quality of life was significantly worse after treatment with foam than after surgery, but was similar in the laser and surgery groups. There were no significant differences between the surgery group and the foam or the laser groups in generic quality of life. Procedural complications were less common in the laser group than in the foam or surgery groups. Measures of clinical success were similar among the groups, but successful ablation of the vein was less common in the foam group than in the surgery group.

Foam was the cheapest option followed by laser and surgery. Laser was found to produce a small increase in quality-adjusted life years (QALYs) over both surgery and foam. Using modelling to extrapolate cost-effectiveness to 5 years, laser was associated with increased costs but also increased QALYs when compared with foam (£3640 per QALY gained), and generated a cost saving and QALY gain when compared to surgery. These results suggest that laser has the highest probability of being cost-effective.

Data on recurrence of varicose veins beyond 24 months is sparse; recurrence is likely to be a key factor in determining both quality of life and cost effectiveness in the longer-term. To address this gap in the evidence, participants in the CLASS trial are now being followed up to 5 years. We anticipate reporting these results in 2018.

For further information, please contact Seonaidh Cotton,
✉ s.c.cotton@abdn.ac.uk, ☎ 01224 438178.



Staff profile: Margaret (Mags) Watson

Mags Watson joined HSRU in July 2014 having spent the previous 15 years in the Centre of Academic Primary

Care, University of Aberdeen. She graduated in Pharmacy from the then Robert Gordon's Institute of Technology (now RGU) in 1986, followed by an MSc Clinical Pharmacy (Strathclyde) in 1989. She worked as a clinical pharmacist in a variety of hospitals for eight years with a specific interest in rheumatology. In 1998, she was awarded her PhD from the University of Bristol. Mags moved to the University of Aberdeen in 1999, to work on a study led by Professors Christine Bond and Jeremy Grimshaw. This formed the start of her involvement with HSRU. In 2001, Mags was awarded a 4-year MRC Specialist Training Fellowship in HSR during which she completed an MSc Epidemiology (London School of Hygiene and Tropical Medicine).

For over 10 years, Mags has led her research programme into behaviour change in terms of effective (pharmacy) professional practice and patient behaviour in the context of medicines use and lifestyle behaviour. More recently, Mags led the highly publicised MINA Study which explored the demand for healthcare for minor ailments from high cost settings, as well as comparing the health and cost outcomes of health-seeking from emergency departments, general practices and community pharmacies.

Mags has received a variety of awards for her research including the Pharmacy Practice Research Trust Conference Medal (2008), which recognises "individuals who have made a significant contribution to the field of pharmacy practice research and who have the potential to become a leader in the field." In 2010, she was a member of the prestigious Scottish Crucible, which led to her 2-year appointment as the College of Life Sciences and Medicine Public Engagement Co-ordinator. In 2013, Mags was awarded a Leverhulme International Academic Fellowship and then successfully applied for a prestigious Health Foundation Improvement Science Fellowship which commenced in April 2015. The main function of this fellowship is to develop leaders in Improvement Science and the research component will focus upon patient- and public-involvement in improving the quality of community pharmacy practice.

For further information, please contact Mags Watson,

✉ m.c.watson@abdn.ac.uk, ☎ 01224 437258.

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Recent publications

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Staff News

We welcome the following new staff members to the Unit: Rebecca Whiting (data coordinator), Utkalika Kuanar (programmer), Caroline Peet (trial manager), Micheal de Barra (Research Fellow), Claire Peden (Research Fellow) and Margery Heath (data coordinator). The following staff have been internally promoted to trial manager: Jess Wood, Dawn McRae, Karen Innes and Elaine Adam. New students in the Unit are Alex Duthie (BSc), Shakila Gnani (MSc), William Milligan and Aleksandra Stanisewska (both BMedSci).

Kirsty Shearer, Sazid Mohammed and Fiona Cherry have left the Unit and we wish them well.



Editorial team: Moira Cruickshank and Caroline Burnett. The Health Services Research Unit is funded by the Chief Scientist Office of the Scottish Government Health and Social Care Directorates. However, the views expressed in this publication are those of the authors alone. The projects undertaken within the Health Services Research Unit receive funding from a number of different funding bodies.



This newsletter is produced twice yearly by the Health Services Research Unit, University of Aberdeen, Health Sciences Building, Foresterhill, Aberdeen, AB25 2ZD. Telephone: 01224 438412. Fax: 01224 438165. Email: mcrucikshank@abdn.ac.uk. WWW: <http://www.abdn.ac.uk/hsru/>