

Health Scotland Library

E-Bulletin

No. 348 August 2006



NEWS

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Annual report

Enclosed within this issue of the Bulletin is Health Scotland Library's Annual Report for 2005-2006. If you would like to receive more information about any of the Library's activities mentioned in the report, please contact Sharon Jamieson by email: sharon.jamieson@health.scot.nhs.uk.

Borrowing privileges

In response to customer requests, we are now offering an increase to book borrowing rights. From Monday 17 July, library members will be able to borrow up to 6 books from the library – the borrowing period remains the same at 4 weeks.

Enquiry service

Did you know? As well as keeping you up-to-date with the Bulletin, the library can help you find all sorts of information. So if you're struggling to get hold of a report, find statistics, or whatever(!) please contact us. To give you a better idea of the type of help we can provide, here are a few examples of recent enquiries successfully handled by the library:

"...would like to know when the 'expert patient programme' will be implemented in Scotland."

"...looking for advice on good sources - such as databases, journals – for finding information on the health of neglected children."

"...looking for guidelines or policies in relation to physical activity and children (3-5 years)."

New library equipment

The library has recently installed a scanner that will allow us to provide a faster, more efficient document supply service to customers. We also hope that it will provide greater flexibility for providing documents in different formats for example, increasing the font size on documents for users with a visual impairment.

Stock weeding

The library will be closed for one week in mid-August – week commencing 14 August 2006 - to allow staff to clear old stock from the book collection. We apologise for any inconvenience this may cause.

Sharon Jamieson
Library Services Manager

IF YOU WISH TO OBTAIN A COPY OF ANY OF THE JOURNAL ARTICLES.....

Please try your local libraries first. They may stock the relevant journal or staff may be able to obtain a copy on your behalf from the British Library.

However, if you wish the Library to obtain the article for you, please note that there is a charge of 50p for each article photocopied except for NHSScotland employees. To comply with photocopy regulations, only one article from any one issue of a journal can be supplied. NHSScotland employees may request two articles from any one issue of a journal.

Please make cheques/postal orders payable to NHS Health Scotland.

If you order photocopied material from this library please note that the *Copyright, Designs and Patents Act* requires libraries to obtain signed and completed declaration forms for each item requested before the order can be fulfilled. If you are unable to photocopy the declaration form on the inside of the back cover of this bulletin, the library staff will be happy to send you copies of this form.

ADOLESCENTS

FROBISHER, Clare and JEPSON, Margaret and others. The nutritional knowledge and attitudes of 11-12 year olds from four different European countries: a pilot project. *International Journal of Health Promotion and Education* Vol 44, No 2 - 2006: 65-70

Abstract: Introduction: The incidence of nutrition related diseases features to varying extents in different countries (WHO 1998). Individuals need to be provided with nutritional knowledge and skills to enable them to consume a healthy diet. Potentially, the main arena for providing children and adolescents with nutritional knowledge and skills is school. The aim of this study was to compare the knowledge and attitudes of adolescents in England [Merseyside] (E), Northern Ireland (NI), Sweden (S) and Lithuania (L). Methods: A questionnaire was designed, which examined attitudes to aspects of healthy eating and tested the subject's knowledge, both practical and theoretical, of nutrition and healthy eating. Subjects aged 11-12 years were recruited (E 541, NI 128, S 87, L 50). Results: Although significant differences were found between countries for nearly all, the majority from all countries 'liked the taste of healthy food', 'understood what to eat to have a healthy diet', considered that 'there were healthy foods at home', that 'healthy eating was important' and that 'their health in the future may be affected by what they eat today'. Poor knowledge concerning fat carbohydrates and dietary fibre, and good knowledge of fruit and vegetables, breakfast cereals and salt were recorded. The mean percentage total and theoretical knowledge scores (correct answers) from England and the practical score from Lithuania were significantly higher than those from other countries ($p < 0.05$). Conclusions: Adolescents from all countries have a positive attitude to healthy eating, however, their knowledge appears not always to provide them with the means of making healthy eating choices. [Abstract taken from journal head-note]

SIEVING, Renee E and EISENBERG, Maria E and others. Friend's influence on adolescents' first sexual intercourse. *Perspectives on Sexual and Reproductive Health* Vol 38 No 1 March 2006: 13-19

Abstract: CONTEXT: Social-psychological theories of health behavior suggest that adolescents' sexual behaviors are influenced by the sexual attitudes and behaviors of their friends. METHODS: Data on 2,436 participants in the National Longitudinal Study of Adolescent Health (Add Health) who were sexually inexperienced at Wave 1 (1994--1995) were analyzed to examine whether friend-related variables predicted initiation of vaginal intercourse by Wave 2 (1996). Analyses also assessed whether predictive relationships varied by level of involvement with friends. Odds ratios were generated by logistic regression analysis. RESULTS: In the 9--18 months between Waves 1 and 2, 18% of participants initiated intercourse. In analyses controlling for gender, family structure and romantic relationships, the higher the proportion of a youth's friends who were sexually experienced,

the greater the odds of sexual debut (odds ratio, 1.01); the odds also were elevated among youth who believed that they would gain their friends' respect by having sex (1.2). Relationships between friend variables and sexual initiation did not vary by level of involvement with friends. **CONCLUSIONS:** To maximize the likelihood of success, programs focused on delaying teenage sexual intercourse should address norms for sexual behavior among adolescents' close friends as well as the perceptions, skills and behaviors of individual youth. [Abstract taken from journal head-note]

YOUNG, Robert and SWEETING, Helen and others. Prevalence of deliberate self harm and attempted suicide within contemporary Goth youth subculture: longitudinal cohort study. *British Medical Journal* 6 May 2006: 1058-1061

Abstract: *Objective:* To investigate whether deliberate self harm is associated with contemporary Goth youth subculture. *Design:* Longitudinal cohort study. *Setting:* School and community based study of young people living in the Central Clydeside Conurbation, Scotland. *Participants:* 1258 people aged 19, surveyed in 2002-4 and followed-up since age 11 (1994). *Main outcome measures:* Lifetime prevalence of self harm and attempted suicide and their association with Goth youth subculture, before and after adjusting for confounders. *Results:* Identification as belonging to the Goth subculture was strongly associated with lifetime self harm and attempted suicide, with a prevalence of 53% and 47%, respectively among the most highly identified group, and evidence for a dose-response relation. Adjusting for potential confounders did not significantly attenuate this association. Analysis of other youth subcultures showed that this effect was primarily associated with Goth subculture. *Conclusions:* Identification as belonging to the Goth subculture was the best predictor of self harm and attempted suicide. Although based on small numbers, additional longitudinal analysis suggests both selection and modelling mechanisms are involved, selection mechanisms possibly being more likely. [Abstract taken from journal head-note]

New books on adolescents

ALCOHOL

ANONYMOUS. Alcoholism: on the inside looking out. *Community Practitioner* Vol 79, No 5 - May 2006: 145-146

Abstract: Many stereotypes exist about what it means to be an alcoholic. 'Clare' has decided to share the story of her struggle with alcohol in order to change preconceptions and confront prejudices. [Abstract taken from journal head-note]

ANONYMOUS. Developmental issues in underage drinking research. *Alcohol Research and Health* Volume 28, Issue 3 - 2004/2005: 121-123

Abstract: To better understand underage drinking and how it can be prevented, research is being conducted in a wide variety of disciplines-focusing on aspects such as risk and protective factors, biological processes underlying human development, and the impact of socioenvironmental and pharmacologic influences on these mechanisms. This article examines underage drinking from a developmental perspective, which seeks to identify critical developmental periods during which interventions may be especially useful. These critical periods can provide key opportunities to redirect the course of development and alter the life course trajectory of the individual. [Abstract taken from journal head-note]

ANONYMOUS. Interventions for alcohol use and alcohol use disorders in youth. *Alcohol Research and Health* Volume 28, Issue 3 - 2004/2005: 163-174

Abstract: Designing effective interventions for adolescents with alcohol use disorders (AUDs) presents several challenges, not the least of which is the accurate diagnosis of these disorders. Diagnostic criteria for AUDs have been derived largely from clinical and research experience with adults. When these criteria were tested among adolescents, numerous developmental differences were found that may affect the applicability of AUD criteria to this age group. Despite the absence of clear diagnostic criteria for use with adolescents, research has identified interventions that show promise for use with youth. This article examines both environmental- and individual-level approaches to underage drinking prevention, including

school- and family-based programs, and macroenvironmental and multicomponent comprehensive interventions. Finally, it describes brief and complex treatment interventions. [Abstract taken from journal head-note]

CAMERON, Doug. Drinking for fun. Doug Cameron looks into how people take alcohol consumption lightly not taking into consideration its overall impact. *Straight Talk* Volume 21, Issue 2 - Summer 2006: 14-15

FACY, Françoise and RABAUD, Myriam. Towards the prevention of alcohol abuse. *Drugs : Education Prevention and Policy* Volume 13, Issue 2 - April 2006: 139-149

Abstract: Mortality resulting from alcohol abuse in young French people is too high in spite of prevention campaigns for road safety in particular. There are problems in identifying alcohol abuse in young people in preventive medicine or alcohol care services. This study was carried out in alcohol centres; data from patients under 25 are analysed and compared to a same-age group of young adults who are consulting in preventive medicine centres. In comparison with older people, these two groups of young adults presented similar characteristics, a lower educational grade, a precocity of psychotropic substance consumption, a preference for beers and spirits consumed episodically or during weekends, more frequent use of tobacco and cannabis, and, finally, greater frequency of drunkenness. The consequent risks of accidents are higher, on road use particularly. Therefore, early identification of alcohol abuse and training for professionals who work in socioeducational settings should be developed to improve the response to these new behaviours. The preventive medicine centres are appropriate for the detection of risk behaviours associated with alcohol or with polysubstance use. Local programs should be set up not only to delay the age of the first intake but to decrease the consumption peak. [Abstract taken from journal headnote]

FILLMORE, Kaye Middleton and KERR, William C and others. Moderate alcohol use and reduced mortality risk: systematic error in prospective studies. *Addiction Research and Theory* Volume 14, Issue 2 - April 2006: 101-132

Abstract: The majority of prospective studies on alcohol use and mortality risk indicates that abstainers are at increased risk of mortality from both all causes and coronary heart disease (CHD). This meta-analysis of 54 published studies tested the extent to which a systematic misclassification error was committed by including as 'abstainers' many people who had reduced or stopped drinking, a phenomenon associated with ageing and ill health. The studies judged to be error free found no significant all-cause or cardiac protection, suggesting that the cardiac protection afforded by alcohol may have been over-estimated. Estimates of mortality from heavier drinking may also be higher than previously estimated. [Abstract taken from journal head-note]

LOCK, Catherine A and KANER, Eileen and others. Effectiveness of nurse-led brief alcohol intervention: a cluster randomized controlled trial. *Journal of Advanced Nursing* Vol 54, No 4 - May 2006: 426-439

Abstract: Aim: This paper reports an evaluation of the effectiveness and cost-effectiveness of nurse-led screening and brief intervention in reducing excessive alcohol consumption among patients in primary health care. Background: Excessive alcohol consumption is a major source of social, economic and health problems. However, such consumption is responsive to brief alcohol intervention. To date, brief intervention research in primary health care has focused on general practitioner-led interventions, and there is only circumstantial evidence of effectiveness in nurse-led interventions. However, nurses are increasingly taking a lead in health promotion work in primary care. Methods: A pragmatic cluster-randomized controlled trial was carried out between August 2000 and June 2003 to evaluate the effects of a brief intervention compared with standard advice (control condition). A total of 40 general practice clusters (intervention = 21 and control = 19) recruited 127 patients (intervention = 67 and control = 60) to the trial. Excessive consumption was identified opportunistically via the Alcohol Use Disorders Identification Test. After baseline assessment, patients received either a 5-10 minutes brief intervention using the 'Drink-Less' protocol or standard advice (control

condition). Follow-up occurred at 6 and 12 months postintervention. Results: Analysis of variance weighted for cluster size revealed no statistically significant differences between intervention and control patients at follow up. A majority of patients in both conditions reduced their alcohol consumption between assessment and subsequent measurement. Economic analysis suggested that the brief intervention led to no statistically significant changes in subsequent health service resource use relative to standard treatment. Conclusion: The brief intervention evaluated in this trial had no effect over standard advice delivered by nurses in primary health care. However, there was a reduction in excessive drinking across both arms of the trial over time. Due to nurse drop-out, this trial was significantly underpowered. Future research should explore barriers to nurses' involvement in research trials, particularly with an alcohol focus. A larger trial is required to evaluate the effectiveness of nurse-led screening and brief alcohol intervention in primary care. [Abstract taken from journal head-note]

NIEMELA, Solja and SOURANDER, Andre and others. Childhood predictors of drunkenness in late adolescence among males: a 10-year population-based follow-up study. *Addiction* Vol 101, No 4 - April 2006: 512-521

Abstract: . *Aims:* To study childhood precursors of drunkenness frequency among 18-year-old boys in a representative, nation-wide 10-year follow-up study. *Design:* In 1989, a general population sample of 2946 8-year-old boys was collected. Three different informant sources were used: parents, teachers and the boys themselves. The follow-up was 10 years later in 1999, when the boys were called up for their obligatory military service at age 18. Information about drunkenness frequency was obtained from 78.3% (n = 2306) of the original sample. *Setting:* Finland, nation-wide; in 1989 at schools, in 1999 at the obligatory military call-up. *Participants:* General population sample of Finnish boys born in 1981. *Measurements:* At age 8, the Rutter A2 scale, Rutter B2 scale and Child Depression Inventory (CDI) were used. At age 18, self-reported drunkenness frequency during the previous 6 months was determined. *Findings:* Of the subjects, 15.0% reported never being drunk from alcohol, 74.6% reported being occasionally drunk and 10.4% reported being drunk at least once a week during the previous 6 months. After adjusting for other variables, teacher's estimate of the child's problem behaviour at age 8 predicted frequent drunkenness in late adolescence. Hyperactive problems predicted both occasional and frequent drunkenness. Conduct problems at age 8 predicted only frequent drunkenness. High teacher-reported scores of emotional problems predicted lower occurrence of drunkenness-orientated alcohol use. *Conclusions:* The educational system has a potential role in detecting boys at risk of later risk-taking behaviours, such as frequent drunkenness. Early interventions in children with conduct problems and hyperactivity are called for. [Abstract taken from journal head-note]

RUBIN, Amy and MIGNEAULT, Jeffrey P and others. Automated telephone screening for problem drinking. *Journal of Studies on Alcohol* Vol 67, No 3 - May 2006: 454-457

Abstract: *Objective:* This study assessed test-retest reliability and criterion validity for an automated version of the Alcohol Use Disorders Identification Test (AUDIT), a screening tool for alcohol-related problems. Participants' willingness to use such a system to learn about and change their drinking behavior was also assessed. *Method:* Participants were 202 callers recruited through newspaper ads and flyers asking for volunteers concerned about their drinking and willing to help test a new method of screening and referral for alcohol problems. Participants were divided into two groups. The first group of subjects recruited received the Telephone-Linked Communications (TLC)-AUDIT twice, administered a week apart. The second group received the TLC-AUDIT once and a human-administered AUDIT once, also a week apart. *Results:* Test-retest reliability was assessed in 102 participants; the intraclass correlation of AUDIT scores between both administrations was .87; kappa for nonproblem versus problem drinking (AUDIT score of 8 or above) was .89. The validity study compared the TLC-AUDIT scores of the next 100 participants to AUDIT questions administered by a human interviewer. The intraclass correlation was .94; kappa was .75. Seventy-five percent of all participants who screened positive for problem drinking agreed they would "talk to a computer again to learn more about your drinking pattern and how to deal with it". *Conclusions:* Automated telephone technology can be used to administer the AUDIT instrument with high levels of reliability and validity. This technology could be used to deliver behavioral change interventions. [Abstract taken from journal head-note]

STAFSTROM, Martin and OSTERGREN, Per-Olof and others. A community action programme for reducing harmful drinking behaviour among adolescents: the Trelleborg Project. *Addiction* Vol 101, No 6 - June 2006: 813-823

Abstract: *Aims:* To evaluate a 3-year community intervention programme by measuring changes in drinking patterns in a 15-16-year-old population. *Design, setting, participants and measurements:* The action programme included five demand-reducing and one supply-reducing interventions. Cross-sectional, non-repeated data were collected from a questionnaire distributed in classrooms from 1999 to 2001 and 2003 (n = 1376, 724 boys and 652 girls; response rate = 92.3%). Stepwise logistic regression analyses were used to determine the relationship between different risk factors and excessive drinking, heavy episodic drinking, purchaser of alcohol and alcohol provided by parents. The results from the intervention community were also compared with similar Swedish cross-sectional data sets. *Findings:* The results of our analyses indicated a decrease in harmful drinking behaviour in Trelleborg when comparing baseline with postintervention measurements. The comparison with other studies showed that the changes in these indicators were more rapid and consistent in Trelleborg. Finally, the multivariable logistic regression analyses showed that the outcomes were not likely to be attributed to changes in environmental factors. *Conclusions:* We concluded that a community action programme based on the systems approach reduced hazardous alcohol consumption effectively among adolescents in Trelleborg. [Abstract taken from journal head-note]

TRIM, Ryan S and LEUTHE, Eileen and others. Sibling influence on alcohol use in a young adult, high risk sample. *Journal of Studies on Alcohol* Vol 67, No 3 - May 2006: 391-398

Abstract: *Objective:* Previous research has found that siblings resemble each other in terms of alcohol use but has not examined sibling influence in young adult or high-risk siblings. The current study tested whether siblings prospectively influenced each other's alcohol use and how gender matching, age differences, and family conflict might moderate such effects. *Method:* Data from sibling pairs (n=169 pairs) in an ongoing longitudinal study of children of alcoholics and matched controls were collected at two time points 5 years apart. *Results:* Older sibling alcohol use predicted younger sibling alcohol use, even after controlling for membership in a shared peer group and for parental alcoholism. However, moderator variables qualified this effect, such that older sibling influence was significant only among sibling pairs who were of the same gender, closer in age, and from higher conflict families. Younger sibling influence was significant only for sibling pairs close in age, suggesting the presence of reciprocal peer-like effects in this subgroup. *Conclusions:* The current study provides evidence for sibling influence on alcohol use into adulthood, but the extent of this influence depends on sibling similarity in age and gender and on levels of family conflict. *Implications for family-based theory and intervention efforts are discussed.* [Abstract taken from journal head-note]

TRUMAN, P. Strategies to reduce alcohol misuse in primary care. *Nursing Standard* Vol 20 No 43 5 July 2006: 41-44

Abstract: This article discusses the problems associated with alcohol misuse, including increased mortality and morbidity. It identifies the population groups most at risk and suggests that health improvement planning and a high-profile promotion campaign are required to raise public awareness and initiate appropriate interventions. Nurses in primary care are well placed to develop, implement and evaluate alcohol misuse reduction strategies. [Abstract taken from journal head-note]

van der VORST, Haske and ENGELS, Rutger C M E and others. Parental attachment, parental control, and early development of alcohol use: longitudinal study. *Psychology of Addictive Behaviors* Vol 20 No 2 June 2006: 107-116

Abstract: The authors explored the predictive influence of both parental attachment and parental control on early onset of alcohol consumption in adolescence by use of a longitudinal sample of 1,012 young adolescents. Whether the relationship between parental control and adolescents' drinking is moderated by parental attachment was also examined. Consistent with other studies, attachment and strict control were cross-sectionally related to adolescents' alcohol use at all 3 measurements. However, the longitudinal results of structural equation

modeling analyses suggest that a good attachment relationship between parent and child does not prevent adolescents from drinking. In addition, strict control was related to lower engagement in alcohol use. Furthermore, with regard to the moderating effect, parental attachment did not moderate longitudinally the association between parental control and an early development of alcohol use. Implications for further research are discussed. [Abstract taken from journal head-note]

WICKI, Matthias and GMEL, Gerhard and others. Is alcopop consumption in Switzerland associated with riskier drinking patterns and more alcohol-related problems? *Addiction* Vol 101, No 4 - April 2006: 522-533

Abstract: Objectives: To examine (a) whether consumers of alcopops compared to consumers of other alcoholic beverages but not alcopops have riskier drinking patterns and more alcohol-related consequences (e.g. truancy, scuffles, problems with parents) and (b) whether the amount of alcopops consumed is associated independently with risky drinking patterns and alcohol-related consequences over and above those associated with the amount of other alcoholic beverages consumed. Sample: As part of the ESPAD international study, a cross-sectional national representative sample of 5444 drinkers aged 13-16 years was interviewed by means of an anonymous, self-report questionnaire administered in a classroom setting. Results: Earlier initiation of consumption, more frequent risky single occasion drinking (RSOD), and a higher likelihood of negative consequences for consumers than for non-consumers of alcopops were due mainly to higher overall consumption. Other alcoholic beverages had similar effects, and whether the same amount of alcohol was consumed as alcopops or as any conventional alcoholic beverage made no difference. Conclusions: Alcopops in Switzerland do not seem to be linked to specific riskier drinking patterns or consequences per se. Like all alcoholic beverages, they add to the problems caused by drinking and seem to be consumed in addition to conventional alcoholic beverages without replacing them. As the alcohol industry will continue to launch new beverages, prevention targeting alcohol consumption in general might be more effective than focusing on new beverages only. [Abstract taken from journal head-note]

WRIGHT, Neil R. A day at the cricket: the breath alcohol consequences of a type of very English binge drinking. *Addiction Research and Theory* Volume 14, Issue 2 - April 2006: 133-137

Abstract: Media images of violence and accidents associated with binge drinking raise concerns and the headlines and sound-bites blame heavy intoxication. However, there has been very little attention to breath alcohol concentrations (BACs) associated with bingeing. In this naturalistic study of 12 male spectators at a cricket match, alcohol consumption ranged from 8.5 to 21.7 units and at the end of play BACs ranged 0-61 µg/100 mL. The implications of these results for the definition of a 'binge' are discussed. [Abstract taken from journal head-note]

New books on alcohol

BREASTFEEDING

BALDOCK-APPS, Tracey. Parenting in pictures. Promoting breastfeeding among teenage parents. The award winning Parenting in Pictures photo album is being used to promote positive parenting and normalisation of breastfeeding among teenage parents. *Community Practitioner* Vol 79, No 5 - May 2006: 140-142

COSTA, Monica M and DINIZ-SANTOS, Daniel R and others. The impact of an educational intervention on breastfeeding. *Health Education* Vol 106, No 4 - 2006: 309-314

Abstract: Purpose: Given the importance of education-based approaches in stimulating breastfeeding, the paper aims to investigate the feasibility and efficacy of discussing breastfeeding with school children. Design/methodology/approach: Two workshops about breastfeeding and on the view of the human being as a mammal were carried out in schools in Brazil. Children were invited to express their views of breastfeeding based on what they

had learned. Questionnaires were applied immediately before and 15 days after the workshops to assess the impact on children's knowledge. Findings: There was on average a low level of knowledge about breastfeeding previous to the interventions. The interventions increased children's self-perception as mammals, and managed to enhance their knowledge about several important issues regarding breastfeeding. Research limitations/implications: There was a fairly small number of participants and a restricted age range. More studies with other age ranges are warranted. Practical implications: Educative interventions on breastfeeding targeting young school children can have very positive results, suggesting that school could successfully include breastfeeding. Originality/value: This is the first study to demonstrate the impact of this innovative approach on school children's awareness on breastfeeding and it demonstrates this pedagogic approach to be effective. [Abstract taken from journal head-note]

HROMI-FIEDLER, Amber J. Unintended pregnancies are associated with less likelihood of prolonged breast-feeding: an analysis of 18 demographic and health surveys. *Public Health Nutrition* Volume 9, Number 3 - May 2006: 306-312

Abstract: Objective: To examine the relationship between unintended pregnancies and prolonged breast-feeding among 18 countries on an individual and aggregated level. Design and setting: Regional multivariate logistic regression analyses were conducted to examine this association based on 18 Demographic and Health Surveys conducted between 1995 and 2000. Subjects: Women who had a live child between 13 and 36 months old were included in these analyses (n=41353). Results: Regression models were adjusted for 10 covariates including child age, maternal age, pregnancy status of mother at the time of interview and parity. In 11 out of the 18 countries the odds ratio (OR) of the association between unintended pregnancies and prolonged breast-feeding was <1.0, reaching statistical significance in three countries. Pooled analyses of all 18 countries detected a significant association between unintended pregnancies and less likelihood of prolonged breast-feeding (OR=0.90, 95% confidence interval=0.85-0.96). Conclusions: Prospective studies are needed to further understand if and how pregnancy intentions influence breast-feeding outcomes in different settings. [Abstract taken from journal head-note]

INCH, Sally. Breastfeeding problems. Prevention and management. *Community Practitioner* Vol 79, No 5 - May 2006: 165-167

Abstract: Poor attachment of the baby during breastfeeding can result in sore and damaged nipples, mastitis, poor weight gain and colic. This month's Clinical Update explains how to help the mother establish a good breastfeeding technique, and looks at how to help the mother establish a good breastfeeding technique, and looks at how best to treat any problems that may arise. [Abstract taken from journal head-note]

SWANSON, Vivien and POWER, Kevin and others. The impact of knowledge and social influences on adolescents' breast-feeding beliefs and intentions

Abstract: Objectives: Many health promotion educational interventions assume that increasing knowledge directly influences beliefs, intentions and behaviour, whereas research suggests that knowledge alone is insufficient for behavioural change. Social cognition frameworks such as the Theory of Reasoned Action propose a central role for beliefs and social normative influences. This Scottish study evaluates the role of knowledge and social influences (subjective norms, exposure to breast-feeding, social barriers) on beliefs and future intentions to breast-feed or bottle-feed. Social influences from family and peers are investigated. Design: A cross-sectional between-subjects observational design was used. A questionnaire was administered to a sample of 229 (46%) male and 267 (54%) female adolescents aged 11-18 years. Setting: Participants completed questionnaires during lessons at three secondary schools in Central Scotland. Results: Knowledge about health benefits of breast-feeding was generally poor. Analyses found that perceived social barriers to breast-feeding moderated the relationship between knowledge and beliefs. More knowledge, positive beliefs and supportive subjective norms also predicted future intentions to breast-feed. Parental norms exerted greater influence than peer norms on adolescents' breast-feeding beliefs. Conclusions: Knowledge and social influences are important predictors of positive breast-feeding beliefs and future intentions to breast-feed in adolescents. This has

important implications for breast-feeding health promotion interventions in young people. [Abstract taken from journal head-note]

TENNANT, Ruth and WALLACE, Louise M and others. Barriers to breastfeeding: a qualitative study of the views of health professionals and lay counsellors. *Community Practitioner* Vol 79, No 5 - May 2006: 152-156

Abstract: Increasing breastfeeding initiation rates is now a target for the NHS. The attitudes and beliefs of health professionals are known to influence mothers' decisions to breastfeed. This paper describes a small qualitative study of health visitors' (n=7), midwives' (n=3) and lay breastfeeding counsellors' (n=2) views of obstacles to breastfeeding. Interviews showed that day-to-day practice is informed by training and personal experience with research evidence having a more limited influence. Health professionals may experience tensions between these influences on their practice. Practical problems in accessing training make it difficult for health professionals to stay up-to-date with new evidence. Information from the study was used to develop a self-study training workbook for local health professionals. [Abstract taken from journal head-note]

CANCER

FORREST, Gillian and PLUMB, Caroline and others. Breast cancer in the family - children's perceptions of their mother's cancer and its initial treatment: qualitative study. *British Medical Journal* 29 April 2006: 998-1001

Abstract: Objectives: To explore how children of mothers newly diagnosed with breast cancer perceive their mother's illness and its initial treatment; to contrast their accounts with the mothers' perceptions of their children's knowledge. Design Qualitative interview study with thematic analysis. Setting: Home based interviews with mothers and children in Oxfordshire, England. Participants: 37 mothers with early breast cancer and 31 of their children aged between 6 and 18 years. Results: Awareness of cancer as a life threatening illness existed even among most of the youngest children interviewed. Children described specific aspects of their mother's treatment as especially stressful (seeing her immediately postoperatively, chemotherapy, and hair loss). Children suspected that something was wrong even before they were told the diagnosis. Parents sometimes misunderstood their children's reactions and underestimated the emotional impact or did not recognise the children's need for more preparation and age appropriate information about the illness and its treatment. Conclusions: As part of their care, parents newly diagnosed with a life threatening illness need to be supported to think about how they will talk to their children. General practitioners and hospital specialists, as well as nurses, are well placed to be able to help with these concerns and if necessary to be involved in discussions with the children. The provision of appropriate information, including recommended websites, should be part of this care. More information specifically designed for young children is needed. [Abstract taken from journal head-note]

HARMER, Victoria. Breast cancer treatments - a synopsis. Breast cancer can be life-threatening, but over the past 10 years, treatment options have increased enormously. *Practice Nurse* 28 April 2006: 33-38

INDAR, Adrian and SCHOLEFIELD, John. Colorectal cancer: the importance of screening. *Geriatric Medicine* Volume 36, Number 6 - June 2006: 31-38

Abstract: Advancing age is the single greatest risk factor for colorectal cancer (CRC), with over 90 per cent of cases occurring in the over 60 years age group. Screening could detect the disease at an earlier stage and therefore, improve outcome. The authors review screening methods for CRC and discuss which patients should be screened. [Abstract taken from journal head-note]

SABATES, Ricardo and FEINSTEIN, Leon . The role of education in the uptake of preventative health care: the case of cervical screening in Britain. *Social Science and Medicine* Volume 62 No 12 - June 2006: 2998-3010

Abstract: This paper reports findings on the relationship between education and the take-up of screening for cervical cancer, as an example of preventative health-care activity. Theoretically, education can enhance the demand for preventative health services by raising awareness of the importance of undertaking regular health check-ups and may also improve the ways in which individuals understand information regarding periodical tests, communicate with the health practitioner, and interpret results. Furthermore, education enhances the inclusion of individuals in society, improving self-efficacy and confidence. All these factors may increase service uptake. The empirical analysis uses data from the British Household Panel Survey (BHPS) and applies techniques for discrete panel data to estimate the parameters of the model. Results show that adult learning leading to qualifications is statistically associated with an increase in the uptake of screening. The marginal effect indicates that participation in courses leading to qualifications increases the probability of having a smear test between 4.3 and 4.4 percentage points. This estimate is strongly robust to time-invariant selectivity bias in education and the inclusion of income, class, occupation, and parental socio-economic status. These findings enrich existing evidence on the socio-economic determinants of screening for cervical cancer and enable policy makers to better understand barriers to service uptake. [Abstract taken from journal head-note]

SCANLON, Karen and WOOD, Anna. Breast cancer awareness in Britain: are there differences based on ethnicity? *Diversity in Health and Social Care* Vol 2, No 3 - 2006: 211-221

Abstract: This is the first study to investigate breast awareness and breast cancer knowledge and understanding, and breast awareness behaviours among women from different black and minority ethnic (BME) groups in Britain. The study also aimed to identify modes of dissemination that are likely to be successful in promoting breast awareness among these groups. Face-to-face interviews were conducted with 816 BME women, and telephone interviews were conducted with 552 women from the general population. Findings showed significant differences in levels of breast awareness and breast cancer knowledge both between the different BME groups and between them and the general population. In particular, BME women knew much less about breast cancer, symptoms and risk factors compared with the general population. There were also differences in behaviour, with 43% of BME women reporting that they did not practise breast awareness, often because they did not know what to look for. BME women also reported lower uptake of screening invitations. These disparities in levels of breast awareness knowledge and behaviours between women from different BME groups and the general population are extremely worrying. They suggest that BME women are much less aware of the disease and are less well equipped to detect early signs of breast cancer, factors that potentially affect their treatment choices and overall prognosis. The findings clearly demonstrate the need for more inclusive breast awareness education campaigns that are relevant to, and appropriate for, a diverse population. The implications for further research and breast awareness education are also discussed. [Abstract taken from journal head-note]

STURMER, Til and HASSELBACH, Petra and others. Personality, lifestyle, and risk of cardiovascular disease and cancer: follow-up of population based cohort. *British Medical Journal* 10 June 2006: 1359-1362

Abstract: Objective To study the relation between measures of personality and risk of cardiovascular disease and cancer in a large cohort. Design Follow-up of population based cohort. Setting Heidelberg, Germany. Participants 5114 women and men aged 40-65 in 1992-5. Main outcome measures Psychological traits assessed by several standardised personality questionnaires in 1992-5, related to cause of death (to 2002-3) or reported incidence of cardiovascular diseases and cancer (validated by treating doctors). Relative risks (and 95% confidence intervals) for combined morbidity and mortality according to five important personality traits were estimated using multivariable Cox proportional hazards models. Results During median follow-up of 8.5 years, 257 participants died and 72 were diagnosed with a heart attack, 62 with stroke, and 240 with cancer (morbidity and mortality

combined). A high internal locus of control over disease was associated with a decreased risk of myocardial infarction (adjusted relative risk for an increase of 1 SD = 0.75; 95% confidence interval 0.58 to 0.96). An increase of 1 SD in time urgency was associated with a decreased risk of cancer (adjusted relative risk 0.83; 0.73 to 0.95). Other major personality traits - anger control, psychoticism, and symptoms of depression - were not consistently associated with myocardial infarction, stroke, or cancer. Conclusion Internal locus of control over disease and time urgency seem to be associated with reduced risk for common chronic diseases, probably by affecting unmeasured health related behaviour. The other personality traits assessed had no major impact on cardiovascular disease and cancer. [Abstract taken from journal head-note]

CHILDREN

CARMAN, Julie and FRIEDMAN, Ellis and others. Evaluating the impact of a child injury prevention project. *Community Practitioner* Vol 79, No 6 - June 2006: 188-192

Abstract: This article describes an evaluation study which assessed the effectiveness of a child injury prevention project in deprived localities. The initiative took place across the Burnley, Pendle and Rossendale Primary Care Trust locality in East Lancashire. Families with children under five years of age living within this locality participated in the study. The intervention consisted of a home safety consultation and the provision and fitting of low-cost safety equipment 1234 families and their homes within Sure Start programme areas that chose to access the Home Safety Equipment Scheme. In addition to this targeted work in these programme areas, a population-wide education and information campaign was provided across the whole locality. Rates of attendance at an accident and emergency (A&E) department by children aged less than five years of age following an injury were used to assess the outcome of the intervention. Results showed that over two years the proportion of children attending an A&E department reduced at a faster rate in the intervention than in the non-intervention wards, thereby reducing the health inequalities gap. It was therefore concluded that targetted work with parents of young children living in disadvantaged areas, together with the provision and fitting of low-cost safety equipment, can improve health and reduce inequalities among the local under-five population. [Abstract taken from journal head-note]

CHEN, Edith and MARTIN, Andrew D and others. Understanding health disparities: the role of race and socioeconomic status in children's health. *American Journal of Public Health* April 2006: 702-708

Abstract: Objectives. We sought to determine whether childhood health disparities are best understood as effects of race, socioeconomic status (SES), or synergistic effects of the two. Methods. Data from the National Health Interview Survey 1994 of US children aged 0 to 18 years (n = 33911) were used. SES was measured as parental education. Child health measures included overall health, limitations, and chronic and acute childhood conditions. Results. For overall health, activity and school limitations, and chronic circulatory conditions, the likelihood of poor outcomes increased as parental education decreased. These relationships were stronger among White and Black children, and weaker or nonexistent among Hispanic and Asian children. However, Hispanic and Asian children exhibited an opposite relationship for acute respiratory illness, whereby children with more educated parents had higher rates of illness. Conclusions. The traditional finding of fewer years of parent education being associated with poorer health in offspring is most prominent among White and Black children and least evident among Hispanic and Asian children. These findings suggest that lifestyle characteristics (e.g., cultural norms for health behaviors) of low-SES Hispanic and Asian children may buffer them from health problems. Future interventions that seek to bolster these characteristics among other low-SES children may be important for reducing childhood health disparities. [Abstract taken from journal head-note]

COOPER, Theodore V and KLESGES, Lisa M and others. An assessment of obese and non obese girls' metabolic rate during television viewing, reading, and resting. *Eating Behaviors* Volume 7, Number 2 - May 2006: 105-114

Abstract: While childhood obesity has been linked to television (TV) viewing, specific mechanisms are not well understood. Obesity related to TV viewing might plausibly be related to decreased physical activity, increased food intake, reductions in metabolic rate, or combinations of these. The current investigation sought to ascertain the metabolic effects of quiet rest, listening to a story, watching a passive TV program, and watching an active TV show. Counter-balanced conditions were presented to 90 pre-pubertal girls ranging in body mass index from underweight to obese. In addition, effects between resting energy expenditure (REE) and race, body mass index, skinfold measures, physical activity, pubertal stage and average hours spent viewing TV were explored. Results indicated no significant differences in metabolic rate between weight groups nor between activity conditions (story listening and TV viewing) and rest conditions. A significant dose-response relationship was found in which REE decreased as average weekly hours of TV viewing increased, after adjusting for body mass index and puberty stage. Additionally, later stages of pubertal development compared to earlier stages were related to higher levels of REE. Results of this study suggest that metabolic rate alone cannot account for the consistently observed relationship between television viewing and obesity. Future studies should focus on energy intake, physical inactivity, or combinations of these with metabolic rate in seeking specific mechanisms responsible for television viewing related to obesity. [Abstract taken from journal head-note]

DU TOIT, George and FOX, Adam and others. Managing food allergy in children. *Practitioner* June 2006: 45-52

GREEN, Lorraine. An unhealthy neglect? Examining the relationship between child health and gender in research and policy. *Critical Social Policy* Volume 26, Issue 2 - May 2006: 450-466

Abstract: This article examines health and social science research and literature in order to analyse the relationship between child health and gender. It contends that in general this is a neglected area, particularly in relation to the potential influence that gendered behavioural, cultural and psychological factors have on children's health. The lack of attention to gender in the development and implementation of child health policy is illustrated and analysed using the Department of Health's National Service Framework for Children, Young People and Maternity Services (2004) as an exemplar of contemporary child health policy. The article concludes with suggestions for future research, which could impact positively on policy and related practice, in terms of leading to a wider awareness of the impact gender can have on child health. [Abstract taken from journal head-note]

GRENIER, Julian. All about...play [8-page pull-out on the importance of play for children]. *Nursery World* 6 July 2006: 13-20

MCINTYRE, L L and BLACHER, J and others. The transition to school: adaptation in young children with and without intellectual disability. *Journal of Intellectual Disability Research* Vol 50, No 5 - May 2006: 349-361

Abstract: Background: Previous research has highlighted the importance of the transition to school for young children and their families. A child's successful adaptation to school is likely influenced by a number of factors, including academic, social, emotional, behavioural and cognitive competencies. Children with intellectual disability (ID) may be at heightened risk for early school difficulties, in part due to their deficits in cognitive and adaptive behaviours. Methods: Factors associated with the adaptive transition to school in young children with (n = 24) and without (n = 43) ID were examined. Adaptive transitions were defined as having few teacher-reported problem behaviours and positive student-teacher relationships. Child self-regulatory skills and both parent- and teacher-reported social skills were evaluated to determine if they predicted positive adaptation in school for 5- to 6-year-old children. Data

were gathered from child assessments, parent reports on standardized measures, direct observations of delay of gratification tasks and teacher reports on standardized measures. Results: Children with ID had significantly more teacher-reported problem behaviour, poorer overall student-teacher relationships, fewer parent- and teacher-reported social skills and fewer self-regulation skills than typically developing children. Self-regulation at child age 36 months (latency to touch a desired toy) was significantly related to adaptation to school, as were parent and teacher reports of social skills. Social skills significantly predicted adaptation to school, even after accounting for the effects of child IQ and adaptive behaviour. Conclusions: Children with ID had less positive early school experiences, as indicated by multiple indices of adaptation to school. Fostering early social skills may be an important target for increasing the positive adaptation to school for young children, especially those with ID. [Abstract taken from journal head-note]

COMMUNICABLE DISEASES

BLOOR, Michael and NEALE, Joanne and others. Persisting local variations in prevalence of hepatitis C virus among Scottish problem drug users: results from an anonymous screening survey. *Drugs : Education Prevention and Policy* Volume 13, Issue 2 - April 2006: 189-191

Abstract: Aims: To investigate local variations in the prevalence of hepatitis C virus among Scottish problem drug users. Methods: Respondents from the 2001/2002 Drug Outcome Research in Scotland (DORIS) national cohort study were reinterviewed at eighteen months and provided oral fluid samples for anonymous screening for HCV (N =788). Findings: The prevalence of HCV among those samples available for testing was 37.5% (95% CI: 34.1-41.1). Substantial variations in prevalence were found between different NHS Board areas, with the Greater Glasgow prevalence rate being more than three-times that in the Lothian (Edinburgh district) area. Conclusions: While annual summaries of HCV positive tests reported by the Scottish regional virus laboratories have previously shown regional prevalence differences, those data may be influenced by local testing policies. These data, from a national sample broadly representative of Scottish drug users seeking treatment, provide important confirmation of persistent local variation in prevalence. The need for a greater concentration of services resources in high prevalence areas is apparent. [Abstract taken from journal head-note]

COLE, Mark. Using a motivational paradigm to improve handwashing compliance. *Nurse Education in Practice* Vol 6 No 3 May 2006: 156-162

Abstract: The education and training of staff is frequently cited as essential to the development and maintenance of hand hygiene compliance, which is often quoted as the single most effective measure to prevent Hospital Acquired Infection. Despite much time, effort and cost, there is a growing frustration within infection control that training programmes do not appear to have a lasting effect on behaviour or produce consistently good hand hygiene compliers. This paper intends to encourage debate by suggesting that handwashing needs to be considered within a wider educational context and the motivational factors that impact upon performance acknowledged and addressed. A critique of learning theories in relation to hand hygiene will discuss why the use of traditional programmes in isolation may be unsuccessful, and how models and theories based in other disciplines could be adapted to help produce sustainable changes in practice. This paper recognises the contribution of contemporary training methods but argues that models such as [Prochaska, J., DiClemente, C., 1984. The Transtheoretical Approach; Crossing Traditional Boundaries of Therapy. Dow Jones Irwin, Homewood] stages of change transtheoretical model (TTM) and the interventionist paradigm of motivational interviewing could be borrowed and adapted from health promotion and applied to hand hygiene as their function, to increase understanding and enhance motivation in order to achieve sustainable behavioural change, are attributes which have resonance for a challenging problem like hand hygiene compliance. [Abstract taken from journal head-note]

WISEMAN, S. Prevention and control of healthcare-associated infection. *Nursing Standard* Vol 20 No 38 31 May 2006: 41-45

Abstract: Summary: Current policy and initiatives to reduce healthcare-associated infections (HCAIs) are outlined and discussed. Approaches to the effective control and prevention of HCAIs include surveillance, evidence-based infection control practice and responsible antibiotic prescribing. [Taken from journal head-note]

COMMUNITY DEVELOPMENT

CLARK, Noreen M and DOCTOR, Linda Jo and others. Community coalitions to control chronic disease: allies against asthma as a model and case study. *Health Promotion Practice* Supplement to Volume 7, Issue 2 - April 2006: 14S-22S

Abstract: There is a rich and extensive literature regarding coalitions as vehicles for amassing resources, influence, and energy in pursuit of a health goal. Despite insufficient empirical data regarding outcome, a number of observers have posited the aspects of coalition processes thought to lead to goal attainment. The supplement, which this article is part of, is devoted to an examination of how these elements fitted together (or did not) in the seven areas across the United States where Allies coalitions devoted themselves to achieving asthma control. The aim of this article is to present the theoretical bases for the work of the coalitions. It illustrates and emphasizes how the community context influenced coalition development, how membership was involved in and assessed coalition processes and structures, and the community-wide actions that were instituted and the capacities they were trying to strengthen. [Abstract taken from journal head-note]

PETERSON, Jane W and LACHANCE, Laurie L and others. Engaging the community in coalition efforts to address childhood asthma. *Health Promotion Practice* Supplement to Volume 7, Issue 2 - April 2006: 56S-65S

Abstract: For health improvement efforts to effectively address community needs, community members must be engaged in planning and implementing public health initiatives. For Allies Against Asthma's coalitions, the community included not only the subpopulation of individuals who suffer disproportionately from asthma but also the individuals and institutions that surround them. Through a quantitative self-assessment survey, informal discussion among coalition leadership, and interviews with key informants, data relevant to community engagement identified a number of important ways the Allies coalitions approached community involvement. Respondents' comments made clear that the way the coalitions conduct their work is often as important as what they do. Across coalitions, factors that were identified as important for community involvement included (a) establishing a commitment to community (b) building trust, (c) making participation feasible and comfortable, (d) responding to community identified needs, (e) providing leadership development opportunities, and (f) building a shared commitment to desired outcomes. [Abstract taken from journal head-note]

SARWAR, Fozia. Sharing voices, making connections. Fozia Sarwar on working with black and minority ethnic communities. *Openmind* Issue 139 May/June 2006: 16-17

Abstract: The Sharing Voices projects in Bradford takes a community development approach to mental health and works with local people from black and minority ethnic communities to develop new forms of support based on their own agendas and priorities. [Abstract taken from journal head-note]

COMMUNITY HEALTH

CUBBIN, Catherine and SUNDQUIST, Kristina and others. Neighbourhood deprivation and cardiovascular disease risk factors: protective and harmful effects. *Scandinavian Journal of Public Health* Vol 34 No 3 2006: 228-237

Abstract: Aims: To determine whether neighborhood-level deprivation is independently associated with cardiovascular disease (CVD) health behaviors/risk factors in the Swedish

population. *Methods:* Pooled cross-sectional data, Swedish Annual Level of Living Survey (1996-2000) linked with indicators of neighborhood-level (i.e. Small Area Market Statistics areas) deprivation (1997), to examine the association between neighborhood-level deprivation and individual-level smoking, physical inactivity, obesity, diabetes, and hypertension among women and men, aged 25-64 (n = 18,081). Data were analyzed with a series of logistic regression models that adjusted for individual-level age, gender, marital status, immigration status, urbanization, and a comprehensive measure of socioeconomic status (SES). Interactions were tested to determine whether neighborhood effects varied by SES or length of neighborhood exposure. *Results:* Living in a neighborhood with low deprivation was protective (i.e. lower odds) for smoking, while living in a neighborhood with high deprivation was harmful (i.e. higher odds) for smoking, physical inactivity, and obesity (compared with living in a neighborhood with moderate deprivation). These associations were significant after adjustment for individual-level characteristics. There was no evidence that the neighborhood deprivation associations varied by individual-level SES or length of neighborhood exposure. *Conclusions:* Neighborhood-level deprivation exerted important protective and harmful associations with health behaviors/risk factors related to CVD. The significance to public health is substantial because of the number of persons at risk as well as the serious health consequences of CVD. These results suggest that interventions focusing on changing contextual aspects of neighborhoods, in addition to changing individual behaviors, may have a greater impact on CVD than a sole focus on individuals. [Abstract taken from journal head-note]

GREENWOOD, Lynne. A winning formula [Community pharmacists are working closely with health professionals under a new contract]. *Nursing Standard* Vol 20 No 43 5 July 2006: 25-27

Abstract: New contracts enable pharmacists to expand their role, with benefits for patients and primary care nurses. nurses and pharmacists can cross-refer to make the best use of each-others' expertise. [Abstract taken from journal head-note]

JENKINSON, Helen. Prevention and control of infection in non-acute healthcare settings. *Nursing Standard* Vol 20 No 40 14 June 2006: 56-63

Abstract: This article discusses the main principles of infection prevention and control in non-acute health care settings. It explores the use of a set of ten tools developed by the Infection Control Nurses Association (ICNA) to audit infection prevention and control, using the standard statements and criteria within the tools as a checklist. The results of the audit of facilities, commodities and practice using the ICNA audit tools will help staff to identify areas of best practice and areas where improvements are needed to enhance patient care. [Abstract taken from journal head-note]

REILLY, Siobhan and ABENDSTERN, Michele and others. Quality in long-term care homes for people with dementia: an assessment of specialist provision. *Ageing and Society* Vol 26, No 4 - July 2006: 649-668

Abstract: There has been debate for some years as to whether the best model of care for people with dementia emphasises specialist facilities or integrated service provision. Although the United Kingdom National Service Framework for Older People recommended that local authority social services departments encourage the development of specialist residential care for people with dementia, uncertainty continues as to the benefits of particular care regimes, partly because research evidence is limited. This paper examines a large number of 'performance measures' from long-term care facilities in North West England that have residents with dementia. Of the 287 in the survey, 56 per cent described themselves as specialist services for elderly people with mental ill-health problems (known familiarly as 'EMI homes'). It was envisaged that EMI homes would score higher than non-EMI homes on several measures of service quality for people with dementia that were developed from research evidence and policy documents. The analysis, however, found that EMI homes performed better than non-EMI homes on only a few measures. While both home types achieved good results on some standards, on others both performed poorly. Overall, EMI and non-EMI homes offered a similar service. [Abstract taken from journal head-note]

COMPLEMENTARY MEDICINE

HEENAN, Deirdre. Art as therapy: an effective way of promoting positive mental health? *Disability and Society* Vol 21, No 2 - March 2006: 179-191

Abstract: The aim of this study is to evaluate the contribution that creative arts can play in promoting positive mental health and well-being. The research is based on a case study of an innovative art therapy programme delivered by a community-based mental health organisation in Northern Ireland, as part of a supported recovery programme. The study reported here explored the experiences and perceptions of the service users through in-depth interviews and focus groups. The art as therapy course was credited with improvements in self-esteem and self-confidence. It provided a safe space for reflection on mental health issues. Participants described the programme as cathartic and a springboard for engagement in a wide range of further projects. It is concluded that this type of project which addresses mental health issues in a supportive, positive, non-clinical environment can encourage and facilitate empowerment and recovery through accessible creative programmes. However, to date these programmes are time-limited, small-scale and marginal to the approach adopted by statutory service providers. [Abstract taken from journal head-note]

HILL, Faith. Health promotion and complementary medicine: the extent and future of professional collaboration and integration. *Health Education* Vol 106, No 4 - 2006: 281-293

Abstract: Purpose: To explore the professional interface between health promotion (HP) and complementary and alternative medicine. Design/methodology/approach: A discussion paper, based on qualitative research involving in-depth interviews with 52 participants from either side of the interface. Findings: The current interface is predominantly limited to information exchange but there are innovative examples of partnership working on both sides. Key determinants of future collaboration include: the changing nature of both HP and complementary medicine; the place of science and biomedicine; the role of the individual; and perceptions of health, holism and spirituality. There is a perceived need for professional training and development in the area. Research limitations/implications: The discussion presented is based on a small scale, qualitative study and further research is needed to explore the issues raised. Practical implications: One-third of the public in the UK now use complementary medicine and this paper explores ways in which HP may respond to this development. Originality/value: The paper makes an important contribution to an area where there has so far been little professional debate. [Abstract taken from journal head-note]

TIRAN, Denise. Integrated healthcare: herbal remedies for menopausal symptoms. *British Journal of Nursing* Vol 15, No 12 - 22 June 2006: 645-648

Abstract: Women approaching the menopause frequently resort to complementary therapies and natural remedies, especially herbal medicines (Amato and Marcus, 2003). Nurses working with mature women, both in the community and in hospital, may find themselves drawn into a debate about these remedies, yet may feel unable to answer women's questions, or be unsure where to find information. However, with the increased use of complementary therapies generally, it is imperative that nurses recognize the parameters of their personal practice and appreciate the possible problems which may arise from ill-informed use of natural remedies, such as herb-drug interactions. This article provides an overview of herbal remedies popularly self-administered by women in the peri-menopausal period. The effects and safety of several remedies are explored to facilitate nurses to offer accurate comprehensive and evidence-based information to patients. The issue of integration of herbal medicine into mainstream management of menopausal symptoms is also debated as a means of providing optimum and safe care to women at this time. [Abstract taken from journal head-note]

CONTRACEPTION

BELFIELD, Toni. Frequently asked questions on oral contraception. *Practice Nurse* 7 July 2006: 14-15

Abstract: UK sexual health charity fpa provides information, publications and training for the public and health professionals. fpa's helpline and information service, sexual health direct, responds to about 80, 000 enquiries every year on contraception, pregnancy planning and choices, sexually transmitted infections and sexual well-being. [Abstract taken from journal head-note]

SNOW, Tamsin. Pregnant pause for teenage mums. A group of midwives and nurses is targeting the rise in unplanned second pregnancies among young women. *Nursing Standard* Vol 20 No 40 14 June 2006: 14-15

DENTAL/ORAL HEALTH

CHESTNUTT, I G and BURDEN, D J and others. The orthodontic condition of children in the United Kingdom, 2003. *British Dental Journal* Vol 200, No 11 - 10 June 2006: 609-612

Abstract: Background The 2003 Children's Dental Health Survey is the fourth in a series of decennial national children's dental health surveys in the United Kingdom. Aims: This paper reports on the orthodontic condition of children aged 12 and 15 years. Methodology: A representative sample of children across the UK were invited to participate in a clinical dental examination in school. Two thousand, five hundred and ninety-five 12-year-olds and 2,142 15-year-olds were examined. Current and past orthodontic treatment and type of appliance worn were recorded. Orthodontic treatment need was assessed by the Modified IOTN in those not undergoing treatment. A postal questionnaire sought parents' views on the orthodontic condition of their children and perceived need for treatment. Results: At age 12, 35% were judged to have an orthodontic treatment need, 57% had no need and 8% were wearing appliance). A higher proportion of girls ($p < 0.05$) were wearing an appliance than boys. A greater proportion of 15-year-olds were undergoing treatment than in the 1993 and 1983 surveys and the use of fixed appliances had increased. Conclusions: In this representative sample of UK children, one in five were still judged as having an orthodontic treatment need at age 15 years, as determined by the modified index of orthodontic treatment need. However, considerable variation was observed between professional and lay perceptions of need. [Abstract taken from journal head-note]

MILSOM, K M and THRELFALL, A G and others. The effectiveness of school dental screening: dental attendance and treatment of those screened positive. *British Dental Journal* Vol 200, No 12 - 24 June 2006: 687-690

Abstract: Objective: To determine dental attendance and treatment outcomes following two models of dental screening. Design: An observational prospective cohort study. Setting: Infant, primary and junior schools in the North West of England. Subjects: Children aged six to nine years at the start of the study. Interventions: Subjects received a screening examination according to either a 'Traditional model' or 'New model' of school dental screening. Main outcome measures: Attendance at a dentist within four months of the intervention and treatment received by children referred via the 'New model' with caries in their permanent teeth. Results: In the 'New model' of school dental screening 46% of screened positive and 41% of screened negative children attended a dentist during the study period. Some 44% of children referred with caries in permanent teeth attended a dentist and 53% of those attending received treatment for the referred condition. Larger proportions of children from disadvantaged backgrounds were screened positive but higher proportions of children from more affluent backgrounds attended the dentist and subsequently received treatment. Conclusion: School dental screening has a minimal impact on dental attendance and only a small proportion of screened positive children receive appropriate treatment. The

programme fails to reduce inequalities in utilisation of dental services. [Abstract taken from journal head-note]

NAVEN, L M and MACPHERSON, L M D. Process evaluation of a Scottish pre-fives toothpaste distribution programme. *International Journal of Health Promotion and Education* Vol 44, No 2 - 2006: 71-77

Abstract: Objective: To conduct a process evaluation of a national programme distributing free fluoride toothpaste and toothbrushes to all 8-month-old children, and targeted distribution to high caries risk 1-3-year-old children in Scotland. Design: Telephone interview with a local co-ordinator in each NHS Board and postal questionnaire to health visitors in four Boards, to explore distribution methods, dissemination of information to distributors, satisfaction levels with the distribution process and methods of monitoring packs issued to children. Results: Main distributors of packs to 8-month-olds were health visitors. A wider variety of outlets was used for targeted distribution to 1-3-year-olds, including playgroups/nurseries, pharmacies and dental practices. Ninety-six per cent of health visitors reported involvement in the programme with proportions indicating receipt of information specific to the distribution to 8-month-olds and 1-3-year-olds being 97 and 69 per cent respectively. A positive association was found between level of information received by health visitors and level of satisfaction with the distribution process, for both age groups ($p < 0.001$). Satisfaction levels with distribution to 8-month-olds was high but for 1-3-year-olds, distribution and monitoring difficulties were reported. The majority of Boards had no robust system of recording distribution of packs to individual children and major discrepancies were seen between recorded number of packs sent to distributors and those distributed to children. Conclusion: Co-ordinators and health visitors were positive about the distribution programme but reported difficulties accessing high-risk 1-3-year-olds. For monitoring purposes, a minimum data set should be agreed. The results highlight the need for good communication at all levels in a programme of this type. [Abstract taken from journal head-note]

NUTTALL, N M and STEELE, J G and others. The reported impact of oral condition on children in the United Kingdom, 2003. *British Dental Journal* Vol 200, No 10 - 27 May 2006: 551-555

Abstract: Objective: To conduct a process evaluation of a national programme distributing free fluoride toothpaste and toothbrushes to all 8-month-old children, and targeted distribution to high caries risk 1-3-year-old children in Scotland. Design: Telephone interview with a local co-ordinator in each NHS Board and postal questionnaire to health visitors in four Boards, to explore distribution methods, dissemination of information to distributors, satisfaction levels with the distribution process and methods of monitoring packs issued to children. Results: Main distributors of packs to 8-month-olds were health visitors. A wider variety of outlets was used for targeted distribution to 1-3-year-olds, including playgroups/nurseries, pharmacies and dental practices. Ninety-six per cent of health visitors reported involvement in the programme with proportions indicating receipt of information specific to the distribution to 8-month-olds and 1-3-year-olds being 97 and 69 per cent respectively. A positive association was found between level of information received by health visitors and level of satisfaction with the distribution process, for both age groups ($p < 0.001$). Satisfaction levels with distribution to 8-month-olds was high but for 1-3-year-olds, distribution and monitoring difficulties were reported. The majority of Boards had no robust system of recording distribution of packs to individual children and major discrepancies were seen between recorded number of packs sent to distributors and those distributed to children. Conclusion: Co-ordinators and health visitors were positive about the distribution programme but reported difficulties accessing high-risk 1-3-year-olds. For monitoring purposes, a minimum data set should be agreed. The results highlight the need for good communication at all levels in a programme of this type. [Abstract taken from journal head-note]

RODGERS, J and MACPHERSON, L M D. General dental practitioners' perceptions of the West of Scotland Cancer Awareness Programme oral cancer campaign. *British Dental Journal* Vol 200, No 12 - 24 June 2006: 693-697

Abstract: Objectives: The 2003/04 West of Scotland Cancer Awareness Programme (WoSCAP) oral cancer campaign was designed to raise public awareness of the signs and

symptoms of oral cancer. The objectives of this study were to explore general dental practitioners' (GDPs) awareness and perceptions of the campaign, and its impact on local dental practices. *Methods:* A self-completing questionnaire was sent to GDPs in the West of Scotland (N = 983) at the conclusion of the public awareness campaign. *Results:* A response rate of 68.6% was achieved. Most dentists (92%) had heard of the campaign and a large percentage had displayed the promotional materials in their practice. The majority of respondents rated the campaign materials, including a television advertisement, in a very positive manner. Over 40% of dentists reported that, during the active phase of the campaign, patients had asked for information concerning the programme, and 66% indicated that registered patients had asked for advice regarding a specific lesion. Additionally, 41% of dentists reported non-registered patients had attended asking for advice regarding a 'worrying' lesion. Over 60% of dentists had referred a patient during the campaign and 40% of these practitioners indicated an increased referral rate during this period. *Conclusions:* Most respondents were positive in their assessment of the campaign and reported an increased awareness of oral cancer among patients. [Abstract taken from journal head-note]

SAKASHITA, Reiko and INOUE, Naohiko and others. Can oral health promotion help develop masticatory function and prevent dental caries? *Community Dental Health* Vol 23, No 2 - June 2006: 107-115

Abstract: *Objective:* In an effort to promote adequate development of the masticatory system and prevent dental diseases, the Oral Health Promotion Project (OHPP), which focuses on diet, was started in 1984. The intervention was carried out over eight years and then followed up for a further nine years, in a district with no regular dental service, on Miyako Island, Okinawa, Japan. The aims of this study were to evaluate the project's effect on dental caries and masticatory function. *Research design:* Longitudinal data on the complete deciduous dentitions (IIA) at age 4 (n=163) and on the permanent dentition (IVA) at age 13-15 (n=112) were compared to control age-matched groups, aged 4 (n=105) and aged 13-15 (n=70). The control data were collected from a neighbouring district. Instructions on diet were gradually introduced to those in charge of the subjects' food regimes. *Results:* Mothers reported that children born after the OHPP was begun took less snacks and caloric drinks (p<0.001) and more fibre-rich food (p<0.05) than those who born before the start of the project [sic]. The number of carious teeth decreased significantly among subjects born after the start of the project. The masticatory function was summarized in one factor using chewing performance, bite force, muscle activity duration time (using EMG) and mean amplitude of muscle activity. The factor score was higher for those born after 1984 than for those born in 1981-1983 and for those in the control district (GLM, p<0.001). *Conclusion:* It is suggested that OHPP can promote the masticatory function and prevent dental caries, but that it would be crucial to begin intervention soon after birth. [Abstract taken from journal head-note]

TOMLINSON, R and TREASURE, E. Provision of prevention to adults in NHS dental practices and attitudes to prevention. *British Dental Journal* Vol 200, No 7 - 8 April 2006: 393-397

Abstract: *Aims:* To identify the number of claims reported by the Dental Practice Board (DPB) for the three adult preventive codes for the year ending October 2002 in Wales. To identify the attitudes of practitioners to the use of these codes. *Design:* A cross-sectional study using routinely gathered DPB data and data generated by a postal questionnaire. *Sample:* All DPB claims for the 12 months ending October 2002. A randomised sample of 400 dentists currently practising in Wales for the postal questionnaire. *Results:* The DPB data showed great variation across Wales for: the number, type and distribution of preventive code claims; the age and payment status of patients prescribed these treatments; and the proportion of male versus female dentists claiming for the codes. The questionnaire response rate was 67% (n = 267). The results showed that most respondents were deterred by the restrictions on the codes, insufficient reimbursement and a perceived unwillingness of patients to pay for preventive care. *Conclusion:* Few dentists provide preventive care to adults under the existing remuneration system. Work is necessary to enable dentists to use effective preventive techniques for adult patients. These results can be considered to show the baseline provision of prevention and could facilitate the evaluation of any changes to the current system. [Abstract taken from journal head-note]

WHITE, D A and CHADWICK, B L and others. Oral health habits amongst children in the United Kingdom in 2003. *British Dental Journal* Vol 200, No 9 - 13 May 2006: 487-491

Abstract: Background The 2003 Children's Dental Health Survey is the fourth in a series of decennial national children's dental health surveys. *Aims:* This paper presents data on parental attitudes towards the care of children's teeth and gums, reported oral hygiene behaviours and clinical measures of hygiene and periodontal health in 2003 and highlights trends since previous surveys. *Method:* A total of 10,381 children were examined in schools by trained and calibrated examiners. Four measures of hygiene and periodontal health were recorded as part of the clinical examination. In addition, 3,342 questionnaires were completed by parents of a sub-sample of these children. The questionnaire enabled information to be collected about reported oral health behaviours and parental attitudes. *Results:* About three quarters of children across all age groups are reported to brush their teeth twice daily. A range of oral health products was reported as being used in addition to toothbrushes and toothpaste. There is a trend in parental preferences towards restoration of teeth rather than extractions and towards a better understanding of dental caries prevention. Although overall a higher proportion of children in this survey appeared to have gingival inflammation, plaque and calculus than 10 and 20 years ago, there was no change in the proportion of older children with gingivitis. *Conclusions:* Dental practitioners have a role to play in reinforcing these positive attitudes and encouraging appropriate and effective oral hygiene behaviours in their child patients. [Abstract taken from journal head-note]

DISEASES

BROWN, Pam. Osteoporosis and preventing fractures. *Geriatric Medicine* Volume 36, Number 6 - June 2006: 71-80

Abstract: One in two women and one in five men over 50 years suffer a fracture. These result in substantial mortality and morbidity, and utilise two million bed-days annually. Implementing current guidance could dramatically reduce this burden. In this article, Dr Pam Brown explains how inclusion of osteoporosis in revised Quality and Outcome Framework could have motivated primary care teams to take action on osteoporosis and reduce fracture rates. [Abstract taken from journal head-note]

BURGESS, Ian F. New developments in the treatment of head lice. *Nursing Times* Vol 102 No 26 27 June 2006: 45-46

Abstract: Despite the availability of new products for head lice infestation over the past year, the condition remains a problem for many children and their families. Ian Burgess looks at the life cycle of the head louse and explains why understanding this is the key to the development of a treatment for an infestation. [Abstract taken from journal head-note]

GOSLINE, Anna. Dining with death. Anna Gosline risks her life every time she eats out. But there is hope for her and millions of others with a peanut allergy, she discovers. *New Scientist* 24 June 2006: 40-44

SAMBROOK, Philip and COOPER, Cyrus. Osteoporosis. *Lancet* 17 June 2006: 2010-2018

Abstract: Osteoporosis is a serious public health issue. The past 10 years have seen great advances in our understanding of its epidemiology, pathophysiology, and treatment, and further advances are rapidly being made. Clinical assessment will probably evolve from decisions mainly being made on the basis of bone densitometry, to use of algorithms of absolute fracture risk. Biochemical markers of bone turnover are also likely to become more widely used. Bisphosphonates will probably remain the mainstay of therapy, but improved understanding of the optimum amount of remodelling suppression and duration of therapy will be important. At the same time, other diagnostic and therapeutic approaches, including biological agents, are likely to become more widespread. [Abstract taken from journal head-note]

SHEPHERD, Charles. The debate: myalgic encephalomyelitis and chronic fatigue syndrome. *British Journal of Nursing* Vol 15, No 12 - 22 June 2006: 662-667

Abstract: Almost every aspect of myalgic encephalomyelitis (or encephalopathy) and chronic fatigue syndrome is the subject of disagreement and uncertainty - something that has undoubtedly hampered recognition, understanding and research. Although the pathogenesis remains the subject of intense medical debate, a number of predisposing, precipitating and perpetuating factors are now starting to emerge. Therapeutic nihilism is no longer appropriate as there is a great deal that can be done to alleviate some of the more distressing symptoms and improve quality of life for these patients. [Abstract taken from journal head-note]

STEEMAN, Els and DIERCKX de CASTERLE, Bernadette and others. Living with early-stage dementia: a review of qualitative studies. *Journal of Advanced Nursing* Vol 54, No 6 - June 2006: 722-738

Abstract: Aim: This paper presents a literature review whose aim was to provide better understanding of living with early-stage dementia. Background: Even in the early stages, dementia may challenge quality of life. Research on early-stage dementia is mainly in the domain of biomedical aetiology and pathology, providing little understanding of what it means to live with dementia. Knowledge of the lived experience of having dementia is important in order to focus pro-active care towards enhancing quality of life. Qualitative research is fundamentally well suited to obtaining an insider's view of living with early-stage dementia. Method: We performed a meta-synthesis of qualitative research findings. We searched MEDLINE, CINAHL, and PsycINFO and reviewed the papers cited in the references of pertinent articles, the references cited in a recently published book on the subjective experience of dementia, one thesis, and the journal Dementia. Thirty-three pertinent articles were identified, representing 28 separate studies and 21 different research samples. Findings were coded, grouped, compared and integrated. Findings: Living with dementia is described from the stage a person discovers the memory impairment, through the stage of being diagnosed with dementia, to that of the person's attempts to integrate the impairment into everyday life. Memory loss often threatens perceptions of security, autonomy and being a meaningful member of society. At early stages of memory loss, individuals use self-protecting and self-adjusting strategies to deal with perceived changes and threats. However, the memory impairment itself may make it difficult for an individual to deal with these changes, thereby causing frustration, uncertainty and fear. Conclusions: Our analysis supports the integration of proactive care into the diagnostic process, because even early-stage dementia may challenge quality of life. Moreover, this care should actively involve both the individual with dementia and their family so that both parties can adjust positively to living with dementia. [Abstract taken from journal head-note]

WATKINS, Jean. Hazards of sun on skin. Now that summer has finally arrived, we look at the challenge of seasonal skin problems. *Update* June 2006: 35-43

WHITEHEAD, Lisa Claire. Quest, chaos and restitution: living with chronic fatigue syndrome/myalgic encephalomyelitis. *Social Science and Medicine* Volume 62 No 9 - May 2006: 2236-2245

Abstract: Chronic illness is disruptive, threatening people's sense of identity and taken for granted assumptions. Transformations in values, expectations and life priorities are likely to be experienced and in order to regain a coherent sense of self, people must interpret their experiences. People with difficult to diagnose illnesses can find themselves living with greater uncertainty and stigma. This paper explores how people with chronic fatigue syndrome/myalgic encephalomyelitis (CFS/ME) describe and interpret their illness experience by applying Arthur Frank's narrative typologies to analyse interviews with 17 British people with CFS/ME. The analysis proposes that a trajectory of narrative typologies is experienced, starting with a restitution narrative, moving to a chaos narrative and, for most, back to a restitution narrative and on to a quest narrative. The presentation of narrative types put forward by people living with CFS/ME differ to those presented by people who are HIV positive and have been treated for breast cancer. [Abstract taken from journal head-note]

DRUG MISUSE

BAKER, Paul James. Developing a Blueprint for evidence-based drug prevention in England. *Drugs : Education Prevention and Policy* Volume 13, Issue 1 - February 2006: 17-32

Abstract: Blueprint is a universal multi-component prevention programme involving young people aged 11 to 13. In 2005 Blueprint completed delivery of drug prevention through work with schools, parents and the media in communities in England, reinforced by increased action to restrict the availability of tobacco, alcohol and volatile substances to under-age youth. The programme evaluation includes process, impact, outcome and cost measures. This article describes the formative research and process of planning that formed the development of the Blueprint programme and the evidence base underpinning the approach. The process has established for the first time the systematic integration of research with the framework of the national school curriculum and Drug Strategy delivery partnerships. The completed evaluation in 2007 will be a major opportunity to reassess the role of drug education and prevention in meeting educational needs and as part of national drug and alcohol strategies. [Abstract taken from journal head-note]

DALY, Max. Reefer blockers. *Druglink* Volume 21, Issue 3 - May/June 2006: 10-13

Abstract: As fears over cannabis psychosis grow, little attention is paid to why teenagers develop problems with the drug in the first place. Max Daly on how thousands of young people are smoking themselves numb in order to cope with unhappy times. [Abstract taken from journal head-note]

FERGUSON, David M and BODEN, Joseph M and others. Cannabis use and other illicit drug use: testing the cannabis gateway hypothesis. *Addiction* Vol 101, No 4 - April 2006: 556-569

Abstract: . Aim: To examine the associations between the frequency of cannabis use and the use of other illicit drugs. Design: A 25-year longitudinal study of the health, development and adjustment of a birth cohort of 1265 New Zealand children. Measurements: Annual assessments of the frequency of cannabis use were obtained for the period 14-25 years, together with measures of the use of other illicit drugs from the same time period. Findings: The frequency of cannabis use was associated significantly with the use of other illicit drugs, other illicit drug abuse/dependence and the use of a diversity of other drugs. This association was found to be particularly strong during adolescence but declined rapidly as age increased. Statistical control for confounding by both fixed and time dynamic factors using random- and fixed-effects regression models reduced the strength of association between frequency of cannabis use and other illicit drug use, but a strong association between frequency of cannabis use and other illicit drug use remained even after control for non-observed and time-dynamic sources of confounding. Conclusions: Regular or heavy cannabis use was associated with an increased risk of using other illicit drugs, abusing or becoming dependent upon other illicit drugs, and using a wider variety of other illicit drugs. The risks of use, abuse/dependence, and use of a diversity of other drugs declined with increasing age. The findings may support a general causal model such as the cannabis gateway hypothesis, but the actual causal mechanisms underlying such a gateway, and the extent to which these causal mechanisms are direct or indirect, remain unclear. [Abstract taken from journal head-note]

HOLLAND, Richard and VIVANCOS, Roberto and others. The prevalence of problem drug misuse in a rural county of England. *Journal of Public Health* Volume 28, Issue 2 - June 2006: 88-95

Abstract: Previous capture-recapture studies have estimated the prevalence of problem drug misuse in urban areas. This study estimates the prevalence in a rural county, Norfolk, using data from four sources: drug treatment agencies, probation, the arrest referral service, and police (drug-related crime with/without acquisitive crime). Careful consideration was given to methods of matching datasets and sensitivity analyses involved altering matching rules and postcode criteria. Whilst it is recognised that acquisitive crime is often related to drug use, this is the first capture-recapture study to incorporate acquisitive crime data. In further sensitivity analyses the proportion of acquisitive crime assumed to be drug-related was varied from 25-

60%. The main analysis provided an estimated prevalence of problem drug use in Norfolk of 2.05% (95% confidence interval: 1.66%-2.56%) for ages 15-54 years, considerably higher than the 1.1% currently suggested for the UK. Sensitivity analyses based on varied matching and postcode criteria produced estimates ranging from 2.41%-3.37%, suggesting our estimate may be conservative. Sensitivity analyses assuming that 25-60% of acquisitive crimes were drug-related, produced estimates ranging from 2.02% to 5.73%, further supporting our main analysis. In conclusion, this study provides evidence that problem drug misuse is more prevalent in this rural population than previously thought. [Abstract taken from journal head-note]

MACGREGOR, Susanne. Messages and findings from the Department of Health drug misuse research initiative: final overview report. *Drugs : Education Prevention and Policy* Volume 12, Supplement 1 - December 2005: 1-56

Abstract: This overview report summarizes the outcome of Phase One of the Drugs Misuse Research Initiative, which was funded through the Policy Research Programme at the Department of Health. The views expressed are those of the author and are not necessarily those of the Department of Health. The brief summaries of key messages and findings from each project are drawn from their final reports and executive summaries, and from commentaries on and discussions of these reports. The selection of what are 'key' findings and lessons for research, policy, and practice are those of myself, as author of the overview report, but derive directly from the substantial reports produced by project teams. I hope I have done justice to their work, while recognizing that the interpretation and contextualization are my own, as is responsibility for any errors. The authors of the executive summaries which the overview report are the project teams themselves. [Abstract taken from journal head-note]

EDUCATION/TRAINING

CHALMERS, Helen and AGGLETON, Peter and others. Evaluation of a certification process for community nurses involved in sex and relationship education. *Health Education* Vol 106, No 4 - 2006: 265-280

Abstract: Purpose: Alongside teachers, community nurses have been identified as having an important role to play in the provision of school-based personal, social and health education (PSHE) and sex and relationships education (SRE). However, there currently exist few programmes of preparation for this work that recognise the specific contribution of community nurses to SRE. This paper reports on findings from a formative evaluation of a pilot certification scheme for community nurses involved in SRE provision and recently implemented in England. The evaluation sought specifically to access views about the value of the educational experience in preparing school nurses to better fulfil their SRE role. Design/methodology/approach: During the implementation of the pilot scheme, 124 semi-structured interviews were conducted with a range of stakeholders, including national players, local scheme support leads, nurses participating in the pilot scheme, nurse managers and other colleagues. Data gathering adopted a close-focus, largely qualitative approach. Partial transcription took place and a thematic analysis was carried out using constant comparative method. Findings: Findings suggest that a well-designed scheme of the type described is likely to be well received by community nurses, but that ways need to be found to ensure good synergy between local health and education services in the support of SRE in schools. At the same time, there is a need to respect the unique contribution of community nurses and the skills that they bring to this work. Originality/value: This paper raises awareness and highlights issues surrounding a pilot certification scheme for community nurses involved in sex and relationships in education. [Abstract taken from journal head-note]

WILLIAMS, Peter and GUNTER, Barrie and others. Health education online. Issues arising from the development and roll-out of a pilot distance education programme for NHS staff. *Health Education* Vol 106, No 3 - 2006: 210-226

Abstract: Purpose: To evaluate a remote learning initiative involving filming live lectures and disseminating these via digital interactive television (DiTV), satellite to PC terminals and VHS cassette. This was accompanied by online learning materials. Design/methodology/approach: In-depth interviews were used for the aspects of the study reported in this paper, and included meetings with all the various stakeholders in the project. Findings: A number of barriers prevented full use of the DiTV and satellite/PC element of the service, including a major problem of access, with terminals being remote from learners' places of work; in rooms that were often occupied by doctors in meetings or locked at night (thus precluding usage by night-working staff); and staff not having network permissions. Other problems included a lack of awareness about project responsibilities, which led to problems in student recruitment, information dissemination and general student support. Research limitations/implications: As the DiTV and satellite-PC elements of the service did not attract a large take-up, it was not possible to undertake a comprehensive examination of the effectiveness of these media. Practical implications: A number of practical implications were elicited from the project. The researchers suggest a model of service delivery to obviate these. Originality/value: The initiative of putting together various academic course providers and NHS Trusts to provide this kind of remote learning is highly innovative and, with the NHS Institute for Learning, Skills and Innovation currently being developed, the findings from this study should inform this initiative and provide a model for future roll-out of distance learning in the NHS. [Abstract taken from journal head-note]

ETHNIC AND MINORITY GROUPS

DAVIES, Karen. Addressing the needs of an ethnic minority diabetic population. *British Journal of Nursing* Vol 15, No 9 - 11 May 2006: 516-519

Abstract: Even if ethnic minority populations in our health community are small in numbers, it is important to identify factors that may affect the quality of the healthcare encounter, such as linguistic needs and health beliefs. Despite increased prevalence and morbidity of diabetes in certain ethnic minority groups, inequalities in health may exist and can be multifactorial in nature. This article looks at the importance of cultural sensitivity, so health professionals can articulate difference, show respect and understand health-related beliefs and values. Individual assessment means that health information can be given that values diversity and is specific to an individual. This article uses social and psychological theory to offer explanations as to how prejudice occurs, and looks at the start of a journey for a diabetes team that cares for a small ethnic minority population. [Abstract taken from journal head-note]

GRAINGER, Ken. Equal access to training for black and minority ethnic nurses. *Nursing Standard* Vol 20 No 42 28 June 2006: 41-49

Abstract: Black and minority ethnic young people are increasingly attracted to nursing. However, statistics published by the Nursing and Midwifery Admissions Service in 2005 suggest that black and ethnic minorities have less than half the chance of getting into a nursing school that white applicants have. This article examines the evidence of race inequality in access to nurse and midwifery training, a pattern that can be traced back nearly 20 years. It asks why this information seems to have generated less concern and less action than in medical schools when evidence of similar levels of unequal access to medical training came to light in the mid-1990s. The article also considers why nursing schools are able to deny access to their admissions statistics when the deans of medical schools decided, in 1998, to put their admissions data into the public domain to improve their selection procedures. [Abstract taken from journal head-note]

KEMP, Martin. Promoting the health and wellbeing of young Black men using community-based drama. *Health Education* Vol 106, No 3 - 2006: 186-200

Abstract: Purpose: This paper aims to explore the role of drama and theatre in promoting the emotional and social wellbeing of a group of young Black men living in south London. Design/methodology/approach: A qualitative methodology was used in a process and

outcome evaluation of a drama-based initiative that aimed to promote young Black men's sexual and emotional health. *Findings:* The research found that this community-based initiative was able to promote young people's self-esteem and a positive sense of agency. This was achieved by creating opportunities for self-expression, reflection and self-understanding, and through the development of relationships between participants characterised by trust and reciprocity. *Originality/value:* The evaluation points to the strengths of youth and community work and arts-based approaches in engaging young people around health issues and in promoting emotional wellbeing and a positive sense of identity among young people. The evaluation also highlights the usefulness of process-oriented qualitative evaluation as an appropriate way of evaluating and contributing to the ongoing development of initiatives that aim to use the arts in healthcare settings. [Abstract taken from journal head-note]

LYNCH, Elizabeth. Travellers' tales. High maternal death rates, low immunisation levels, poor access to the NHS... Elizabeth Lynch on the plight of UK travelling families. *Nursing Standard* Vol 20 No 41 21 June 2006: 20-21

Abstract: Gypsies and travelling families face discrimination in access to health care as well as in the wider community, with the result that infant mortality rates remain high and child immunisation rates low. [Abstract taken from journal head-note]

QURESHI, Adil and COLLAZOS, Francisco. Cultural competence in the mental health treatment of immigrant and ethnic minority clients. *Diversity in Health and Social Care* Vol 2, No 4 - 2006: 307-317

Abstract: The increasing presence of culturally different clients in European health services constitutes an important challenge for the effective delivery of care. Cultural competence has been proposed as a general approach for improving services, which requires changes at both institutional and clinical levels. The majority of cultural competence models have been developed in the United States and as such may require adaptation for use in Europe. The key constructs of culture, ethnicity and race underlie important philosophical perspectives in cultural competency models. How these constructs, particularly race, are understood to relate to health and healthcare is of considerable importance in both the development of the competency models and their application and acceptability, which are not always the same, in a given context. Clinical cultural competence consists of specific knowledge, skills, and attitudes that function together to provide an individualised, culturally sensitive and appropriate treatment. Knowledge about cultural specifics is less important than awareness of the different ways in which culture, race, and the migratory process can affect psychosocial functioning and mental health treatment. Given the complex play of racial bias and ethnic discrimination, cultural self-awareness is the key to effectively overcoming barriers that are often unseen but which can severely limit the effectiveness of the therapeutic relationship. Although there has been a very promising start, cultural competence in mental health needs to be further defined, adapted, and researched for effective application in the European context. [Abstract taken from journal head-note]

TICKLE, Louise. Nobody's talking. *Community Care* Issue 1628 - 22 June 2006: 30-31

Abstract: The department of health has admitted mistakes in consulting mental health users from ethnic minorities over changes to mental health legislation. Louise Tickle reports on the fallout and speaks to service users about their experiences of campaigning for change. [Abstract taken from journal head-note]

TYSOE, Elizabeth. The provision of racially aware healthcare services in prisons. *Nursing Times* Vol 102 No 25 20 June 2006: 25-26

Abstract: In a report published in 2005 the Inspectorate of Prisons explored the fact that many black and minority ethnic (BME) prisoners have poor perceptions of their treatment in all areas of prison life. It also attempted to identify barriers that still exist to delivering race equality in prisons and examined the extent to which prison healthcare departments are providing a racially aware health service that assesses and meets individual needs. [Abstract taken from journal head-note]

FAMILIES

BELSKY, Jay and MELHUIH, Edward and others. Effects of Sure Start local programmes on children and families: early findings from a quasi-experimental, cross sectional study. *British Medical Journal* 24 June 2006: 1476-1478

Abstract: Objective: To evaluate the effects of Sure Start local programmes (SSLPs) on children and their families. To assess whether variations in the effectiveness of SSLPs are due to differences in implementation. Design: Quasi-experimental cross sectional study using interviews with mothers and cognitive assessment of children aged 36 months who speak English. Setting: Socially deprived communities in England: 150 communities with ongoing SSLPs and 50 comparison communities. Participants: Mothers of 12 575 children aged 9 months and 3927 children aged 36 months in SSLP areas; mothers of 1509 children aged 9 months and 1101 children aged 36 months in comparison communities. Outcome measures: Mothers' reports of community services and local area, family functioning and parenting skills, child health and development, and verbal ability at 36 months. Results: Differences between SSLP areas and comparison areas were limited, small, and varied by degree of social deprivation. SSLPs had beneficial effects on non-teenage mothers (better parenting, better social functioning in children) and adverse effects on children of teenage mothers (poorer social functioning) and children of single parents or parents who did not work (lower verbal ability). SSLPs led by health services were slightly more effective than other SSLPs. Conclusion: SSLPs seem to benefit relatively less socially deprived parents (who have greater personal resources) and their children but seem to have an adverse effect on the most disadvantaged children. Programmes led by health services seem to be more effective than programmes led by other agencies. [Abstract taken from journal head-note]

HEALTH INEQUALITIES

DAVIDSON, Rosemary and KITZINGER, Jenny and others. The wealthy get healthy, the poor get poorly? Lay perceptions of health inequalities. *Social Science and Medicine* Volume 62 No 9 - May 2006: 2171-2182

Abstract: Research repeatedly identifies an association between health and socio-economic status - richer people are healthier than poorer people. Richard Wilkinson has posited that socio-psychological mechanisms may be part of the explanation for the fact that socio-economic inequalities run right across the social spectrum in wealthy societies. He argues that polarised income distributions within countries have a negative impact on stress, self-esteem and social relations which, in turn, impact on physical well-being. How people experience and perceive inequalities is central to his thesis. However, relatively little empirical work has explored such lay perceptions. We attempt to address this gap by exploring how people see inequality, how they theorise its impact on health, and the extent to which they make personal and social comparisons, by drawing on 14 focus group discussions in Scotland and the north of England. Contrary to other research which suggests that people from more deprived backgrounds are more reluctant to acknowledge the effects of socio-economic deprivation, our findings demonstrate that, in some contexts at least, people from less favourable circumstances converse in a way to suggest that inequalities deeply affect their health and well-being. We discuss these findings in the light of the methodological challenges presented for pursuing such research. [Abstract taken from journal head-note]

LIVINGSTONE, Morag. Harsh realities and humanity. *Young Minds Magazine* Issue 82; May/June 2006: 26-28

Abstract: Morag Livingstone shared the lives of three families living in poverty, in Scotland, and photographed what she found. Here she writes about the experience. [Abstract taken from the journal head-note]

PENN, Helen. Poor show. With poverty particularly damaging to the future prospects of under-threes, official policies to tackle it, aimed at poor mothers, remain ineffective. *Nursery World* 22 June 2006: 10-11

WINKLER, Elizabeth and TURRELL, Gavin and others. Does living in a disadvantaged area mean fewer opportunities to purchase fresh fruit and vegetables in the area? Findings from the Brisbane food study. *Health and Place* Vol 12, No 3 - September 2006: 306-319

Abstract: Understanding the particularly low intake of fruits and vegetables among socioeconomically disadvantaged groups is an important issue for public health. This study investigated whether access to retail outlets is similar across areas of varying socioeconomic disadvantage in an Australian urban setting, in terms of distance, the numbers of local shops, and their opening hours. This ecological cross-sectional study used 50 randomly sampled census collection districts and their nearby shopping environment (i.e. within 2.5 km), and generally found minimal or no socioeconomic differences in shopping infrastructure. Important methodological and social/economic issues may explain this contrast with overseas findings. [Abstract taken from journal head-note]

HEALTH PROMOTION/HEALTH EDUCATION

BELANSKY, Elaine S and ROMANIELLO, Catherine and others. Adapting and implementing a long-term nutrition and physical activity curriculum to a rural, low income, bioethnic community. *Journal of Nutrition Education and Behavior* Vol 38, No 2 - March/April 2006: 106-113

Abstract: This study adapted an urban-based school nutrition program for delivery in a rural community. Specific aims were to adapt the curriculum; expand it to include physical activity; determine effectiveness on students' attitudes, knowledge, and self-efficacy; and assess teachers' impressions. Three cohorts were established: 173 students taught by a resource teacher, 170 students taught by classroom teachers, and 187 students who did not receive the curriculum. Pre- and posttest surveys measured outcomes, and classroom teachers were observed and interviewed. The curriculum was shown to be effective in enhancing student outcomes for both the resource teacher and classroom teacher cohorts. Teachers reported that lessons needed to be simplified and that children enjoyed them. Findings support the transferability of an urban-based nutrition curriculum to a rural community and the need for students to receive health education annually. [Abstract taken from journal head-note]

BUCHANAN, David R. A new ethic for health promotion: reflections on a philosophy of health education for the 21st Century. *Health Education and Behavior* Vol 33, No 3 - June 2006: 290-304

Abstract: This article describes two models for thinking about the purposes of health education - a medical model and an education model - and traces how concerns about the validity of research have driven preference for the medical model. In the medical model, the purpose of health education is to develop effective interventions that will prevent people from adopting unhealthy behaviors. Here, health educators are expected to replicate the methods identified by researchers to effect targeted changes in health behavior. The article then describes an alternative way of thinking about the purposes of health education. In pursuing a philosophy of education, the purpose of research and practice would be to clarify basic social values and to strengthen one's faculty for making value judgments. Practitioners here use research results as a stimulus for dialogue about the role of good health habits in living the kind of life that community members find most valuable. [Abstract taken from journal head-note]

CRONE, M R and VERLAAN, M and others. Sustainability of the prevention of passive infant smoking within well-baby clinics. *Health Education and Behavior* Vol 33, No 2 - April 2006: 178-196

Abstract: This study assessed the antecedents of continued use of an education program to prevent passive smoking in infants. It consists of a booklet for parents and a manual for health professionals describing a five-step procedure for discussing passive smoking. A questionnaire was sent to 67 managers, 670 nurses, and 335 physicians working in well-baby clinics (response rate: 70%, 53%, 47% respectively). Questions concerned the completeness of use, level of institutionalization, and characteristics of the organization, the user, and the

dissemination strategy. Seventy-one percent of nurses and 42% of physicians worked with the program. They foremost provided the first three steps of the five-step procedure. Physicians' completeness of use was related to their perceived responsibility in providing this education, and nurses' use was related to their perceived self-efficacy, responsibility, training attendance, participation in the adoption decision, and level of institutionalization. Diffusion efforts should focus on improving the completeness of use and level of institutionalization. [Abstract taken from journal head-note]

DAVIS, Carol. Healthy on the inside [How a public health nurse persuaded her local prison to set up a comprehensive health education project]. *Nursing Standard* Vol 20 No 39 7 June 2006: 22-23

DYER, T A and ROBINSON, P G. General health promotion in general dental practice - the involvement of the dental team. Part 1: a review of the evidence of effectiveness of brief public health interventions. *British Dental Journal* Vol 200, No 12 - 24 June 2006: 679-685

Abstract: Objectives: To review the evidence of the effectiveness of dentists, dental teams and other healthcare workers in seven different brief public health interventions that might contribute to Government targets in cancer and circulatory disease. The interventions were: smoking prevention, smoking cessation, advice on alcohol consumption, diet counselling, advice on physical exercise, advice on skin cancer prevention and blood pressure monitoring. Method: A series of literature reviews, using a generic systematic approach, were undertaken to investigate the effectiveness of dentists, dental teams and other healthcare workers in each intervention. Results: Apart from smoking cessation and dietary advice, no studies were identified on the effectiveness of dentists or dental teams in the interventions investigated. There is some evidence that dentists and dental teams can be effective in smoking cessation. There is minimal evidence for effectiveness in dietary counselling, and that which exists shows only a transient effect. There is evidence that other healthcare workers can have some effect in all interventions, though the effect in preventing skin cancer is questionable. Conclusions: Due to the paucity of studies undertaken, there is minimal evidence of effectiveness of dentists and dental teams in any of the seven interventions. However other healthcare workers are effective in most of them. Dentists and dental teams' involvement in such brief general health promotion interventions might contribute to Government targets on cancer and circulatory disease. [Abstract taken from journal head-note]

EVANS, W Douglas. Health Education. What social marketing can do for you. How social marketing works in health care. *British Medical Journal* 20 May 2006: 1207-1210

Abstract: Social Marketing applied commercial marketing strategies to promote public health. Social marketing effective on a population level, and healthcare providers can contribute to its effectiveness. [Abstract taken from journal head-note]

FARQUHAR, Stephanie Ann and PARKER, Edith A and others. Application of qualitative methods in program planning for health promotion interventions. *Health Promotion Practice* Volume 7, Issue 2 - April 2006: 234-242

Abstract: The use of qualitative methods can provide an in-depth understanding of the issues and barriers related to community health and can help to inform the planning of health promotion programs and interventions. Although there are many examples in the literature that describe the application of quantitative data to program planning, few articles explicitly describe the application of qualitative data, such as data gathered using focus groups, in-depth interviews, and windshield tours, in program planning. Using the East Side Village Health Worker Partnership in Detroit, Michigan, as a case study example, this article explains the methods of incorporating qualitative data into each stage of program planning and development, including community assessment, development of goals and objectives, implementation of activities, and program evaluation. [Abstract taken from journal head-note]

HASTINGS, Gerard and McDERMOTT, Laura. Putting social marketing into practice. *British Medical Journal* 20 May 2006: 1210-1202

LEE, Albert and CHENG, Frances F K and others. Can Health Promoting Schools contribute to the better health and wellbeing of young people? The Hong Kong experience. *Journal of Epidemiology and Community Health* Vol 60, No 6 - June 2006: 530-536

Abstract: Background: The Health Promoting School (HPS) is a WHO sponsored framework, compiled to enable education and health sectors to be more effective in school based initiatives. Aims: This study attempted to test the hypothesis that students from schools that had comprehensively embraced the HPS concept as indicated by the Healthy School Award, were better, in terms of health risk behaviour, self reported health status, and academic results, than students from schools that did not reach the standard of the award. Methods and Results: The results presented came from nine schools (four primary and five secondary) applying for accreditation of the Healthy Schools Award after adopting the HPS framework for two years. Regular consultancy support and training were available to all schools. Students had completed before and after surveys to assess their health behaviours, self reported health status, and academic standing before the two year intervention, and at its end. Data from the before and after surveys of the students attending schools that reached certain level of HPS standard as indicated by the award, were compared with students whose schools did not receive the award, and the results showed differences. Some differences were found to be more significant among the primary school students than secondary schools students. This illustrated early intervention for lifestyle changes to be more effective. Students' satisfaction with life also improved if their schools adopted the concept of HPS comprehensively. Conclusions: The results suggest that comprehensive implementation of HPS would contribute to differences in certain behaviours and self reported health and academic status. [Abstract taken from journal head-note]

MARKLE-REID, Maureen . Health promotion for frail older home care clients. *Journal of Advanced Nursing* Vol 54, No 3 - May 2006: 381-395

Abstract: Aim: This paper reports a study evaluating the comparative effects and costs of a proactive nursing health promotion intervention in addition to usual home care for older people compared with usual home care services alone. Background: An ageing population, budget constraints and technological advances in many countries have increased the pressure on home care resources. The result is a shift in nursing services from health promotion to meet the more pressing need for postacute care. For frail older people with long-term needs, these changes combine to create a fragmented system of health service delivery, characterized by providing nursing on demand rather than proactively. Methods: A two-armed, single-blind, randomized controlled trial was carried out with older people ≥ 75 years and eligible for personal support services through a home care programme in Ontario, Canada. Participants were randomly allocated either to usual home care (control) or to a nursing (experimental) group. In addition to usual home care, the nursing group received a health assessment combined with regular home visits or telephone contacts, health education about management of illness, coordination of community services, and use of empowerment strategies to enhance independence. The data were collected in 2001-2002. Results: Of the 288 older people who were randomly allocated at baseline, 242 (84%) completed the study (120 nursing group; 122 control group). Proactively providing older people with nursing health promotion, compared with providing nursing services on-demand, resulted in better mental health functioning ($P = 0.009$), a reduction in depression ($P = 0.009$), and enhanced perceptions of social support ($P = 0.009$) at no additional cost from a societal perspective. Conclusions: Home based nursing health promotion, proactively provided to frail older people with chronic health needs, enhances quality of life while not increasing the overall costs of health care. The results underscore the need to re-invest in nursing services for health promotion for older clients receiving home care. [Abstract taken from journal head-note]

O'NEILL, Michel and SIMARD, Paule. Choosing indicators to evaluate Healthy Cities projects: a political task? *Health Promotion International* Vol 21, No 2 - June 2006: 145-152

Abstract: Ever since their beginning in 1986, Healthy Cities projects all over the world have been confronted with the issue of evaluation. However, after 20 years, many key dilemmas constantly reappear, people often looking for a kind of 'magic' list of universally applicable indicators to evaluate these initiatives. In this article we address five questions, allowing to illustrate the evaluative dilemmas the Healthy Communities movement is confronted with:

Why evaluate Healthy Cities? What should be evaluated? Evaluate for who? Who should undertake the evaluation? How should the evaluation be performed? We conclude by formulating three recommendations in order to stimulate exchanges and debate. Our argument is based on a recent thorough analysis of the evaluative literature pertaining to the Healthy Cities movement, as well as on two decades of reflection on and involvement with this issue locally, nationally and internationally. [Abstract taken from journal head-note]

SLATER, Michael D and KELLY, Kathleen J and others. Segmentation on a shoestring: health audience segmentation in limited-budget and local social marketing interventions. *Health Promotion Practice* Volume 7, Issue 2 - April 2006: 170-173

VAN ASSEMA, Patricia and STEENBAKKERS, Mieke and others. Evaluation of a Dutch-private partnership to promote healthier diet. *American Journal of Health Promotion* Vol 20, No 5 - May/June 2006: 309-312

Abstract: Purpose: Public-private partnerships may help to promote healthy diets. We assessed customers' exposure to and the acceptability of a Dutch public-private healthy diet campaign in butcher's shops and investigated the effects on the purchase of lean meat and the use of liquid cooking margarine and potential behavioral determinants. Methods: The pretest-posttest control group design included 486 customers (242 experimental and 244 control) of butcher shops representing 64% of the original sample. Campaign exposure, acceptability, and behavioral effects were measured by a questionnaire. Results: Seventy-one percent of the customers noticed the campaign. Scores on the acceptability were positive to very positive. Regression analysis revealed that customers in the experimental condition evaluated the campaign better ($B = .415$; $p < .05$) and felt more encouraged to buy lean meat ($B = .252$; $p < .05$) than customers in the control condition. No effects on behavior were found. Discussion: Study design limitations included possible campaign exposure of control group participants. The study shows the feasibility and acceptability of a joint health-promoting activity through a public-private partnership, but there were no effects on behavior. [Abstract taken from journal head-note]

WHITELAW, Sandy and MARTIN, Claudia and others. An evaluation of the Health Promoting Health Service Framework: the implementation of a settings based approach within the NHS in Scotland. *Health Promotion International* Vol 21, No 2 - June 2006: 136-144

Abstract: In 1996 the Health Education Board for Scotland (now NHS Health Scotland) began a process of developing a 'settings'-based framework that would inform health promotion work across Scottish health services--the Health Promoting Health Service Framework (HPHS). It took the form of a flexible guidance document, attending to the foundations of integrated and sustainable health promotion practice via specific areas like partnership work, policy development and staff health. The project has subsequently been progressed over an extended period, comprising three phases: an initial development of the resource; piloting of the framework; and a wider assessment of implementation and initial impact. This paper reports on the latter phase. Within the context of various issues pertaining to the evaluation of a 'settings' approach and based on the use of case study methodology in nine HPHS pilot sites, this paper reports on the latter 2 year phase. This involved ongoing concern for understanding intervention processes and a growing interest in intervention outcomes and the paper reports on findings in each of these domains. In relation to outcomes, some positive gains in various indicators were detected though significant problems were experienced in this aspect. More significantly, the work was able to gain insights into what we call 'necessary conditions' of implementation. We theorize a range of 'contextual' factors (e.g. responsiveness to health improvement policy agendas) and project specific 'mechanisms' (e.g. providing skilled support) and present these as a nexus of conditions required for effective implementation of health promotion practice within explanatory models. Most significantly, we stress the relative frailty of any settings implementation strategy based simply on the uncoordinated dissemination of a tool or resource. [Abstract taken from journal head-note]

HEALTH SERVICES

CUNNINGHAM, Joseph B and KERNOHAN, W George and others. Bed occupancy, turnover intervals and MRSA rates in English hospitals. *British Journal of Nursing* Vol 15, No 12 - 22 June 2006: 656-660

Abstract: This article (a follow on from an article concentrating on Northern Ireland) examines the relationship between percentage bed occupancy (PO), turnover interval (TI) and methicillin-resistant Staphylococcus aureus (MRSA) rates in the acute beds of specialist English hospital trusts and describes the TI and levels of bed occupancy. The data were collected from publicly available data: MRSA rates of blood-borne infection per 1000 bed days from the Department of Health; average length of stay from Hospital Episode Statistics; and percentage occupancy from the Department of Health Hospital Activity statistics were used. Pearson's Correlation coefficients were used as a basis for inferential analysis. The mean TI for all trusts was as 0.94 days, median 0.95 days. Twenty percent of trusts had TIs, on average, of less than 0.58 days (13.9 hours) and 10% had a TI less than 0.32 days (7.6 hours). The mean PO was 84.98% and the median was 84.76%. Seventy percent of the trusts exceeded the recommended 82% bed occupancy. The inference from this study is that there is a relationship between TI and PO and rate of MRSA infection in specialist English hospitals and that PO rates are at a level which may interfere with good infection control procedures. [Abstract taken from journal head-note]

DIMOND, Bridgit. Infection control: the rights of the patient. *British Journal of Nursing* Vol 15, No 12 - 22 June 2006: 670-671

Abstract: This article considers the possibility of a patient suing an NHS trust for compensation for harm which has been suffered as a consequence of a hospital acquired infection and the elements which the claimant would have to prove. The patient's rights to criminal injury compensation are also discussed. [Abstract taken from journal head-note]

HEART DISORDERS

TOLSTRUP, Janne and JENSEN, Majken K and others. Prospective study of alcohol drinking patterns and coronary heart disease in women and men. *British Medical Journal* 27 May 2006: 1244-1247

Abstract: Objective: To determine the association between alcohol drinking patterns and risk of coronary heart disease in women and men. Design: Population based cohort study. Setting: Denmark, 1993-2002. Participants: 28 448 women and 25 052 men aged 50-65 years, who were free of cardiovascular disease at entry to the study. Main outcome measures: Incidence of coronary heart disease occurring during a median follow-up period of 5.7 years. Results: 749 and 1283 coronary heart disease events occurred among women and men. Women who drank alcohol on at least one day a week had a lower risk of coronary heart disease than women who drank alcohol on less than one day a week. Little difference was found, however, between drinking frequency: one day a week (hazard ratio 0.64, 95% confidence interval 0.51 to 0.81), 2-4 days a week (0.63, 0.52 to 0.77), five or six days a week (0.79, 0.61 to 1.03), and seven days a week (0.65, 0.51 to 0.84). For men an inverse association was found between drinking frequency and risk of coronary heart disease across the entire range of drinking frequencies. The lowest risk was observed among men who drank daily (0.59, 0.48 to 0.71) compared with men who drank alcohol on less than one day a week. Conclusions: Among women alcohol intake may be the primary determinant of the inverse association between drinking alcohol and risk of coronary heart disease whereas among men, drinking frequency, not alcohol intake, seems more important. [Abstract taken from journal head-note]

HIV INFECTION/AIDS

CAMPOS-OUTCALT, Doug and MICKEY, Tom and others. Integrating routine HIV testing into a public health STD clinic. *Public Health Reports* Volume 121, Number 2 - March/April 2006: 175-180

Abstract. Objective: To integrate routine HIV testing into the services offered at a public health department STD clinic and document the rate of acceptance and rate of test positivity during the first 18 months. Methods: Testing for HIV was added to the array of tests offered to all patients at the Maricopa County STD clinic. Patients were informed of this new option at registration and were provided with a consent form and instructions to read the form and sign it, unless they did not desire testing. STD clinicians were responsible for insuring that questions regarding testing were answered and that consent forms were signed. HIV prevention was integrated into the general STD preventive messages during the clinical encounter. Results: Sixty-eight percent of patients accepted testing (12,176 of 17,875). Of these, 68 were HIV-positive, for a rate of 5.6 per 1,000. The positive rate for men was 8.6/1000 and for women 1.2/1,000. The rate for men who reported having sex with men (MSM) was 63.8/1,000. Fourteen of the HIV-positive MSM were co-infected with syphilis. Of the 68 who were HIV-positive, 58 (85.3%) were successfully located, informed of their test results, and referred for HIV treatment and support services. Conclusions: HIV testing can be included in the routine battery of tests offered at an STD clinic with high patient acceptance. Routine testing can discover those who are unaware of their HIV-positive status, providing an opportunity for early referral for treatment, counseling to avoid disease transmission, and notification of sexual contacts. [Abstract taken from journal head-note]

McGARRIGLE, C A and CLIFFE, S and others. Estimating adult HIV prevalence in the UK in 2003: the direct method of estimation. *Sexually Transmitted Infections* Vol 82 Supplement 3 - June 2006: iii78-iii86

Abstract: Methods: In the UK, estimates were derived through the "direct method" which estimated the total number of diagnosed and undiagnosed HIV infections in the population. The direct method has been improved over a number of years since first used in 1994, as further data became available such as the inclusion of newly available behavioural survey data both from the National Survey of Sexual Attitudes and Lifestyles (Natsal 2000) and community surveys of men who have sex with men (MSM). These data were used to re-estimate numbers of people unaware of their infection and provided ethnic breakdowns within behavioural categories. The total population was divided into 10 mutually exclusive behavioural categories relevant to HIV risk in the UK-for example, MSM and injecting drug users. Estimates of the population size within each group were derived from Natsal 2000 and National Statistics mid-year population estimates. The total number of undiagnosed HIV infections was calculated by multiplying the undiagnosed HIV prevalence for each group, derived from the Unlinked Anonymous HIV Prevalence Monitoring Programme surveys (UAPMP), by the population size. These estimates were then added to the prevalent diagnosed HIV infections within each group derived from the national census of diagnosed HIV infections, the Survey of Prevalent HIV Infections Diagnosed (SOPHID). The estimates were then adjusted to include all adults in the UK. Because undiagnosed HIV prevalence estimates were not available for each of the behavioural categories, the UAPMP prevalence estimates were adjusted using available data to provide the best estimates for each group. Results: It is estimated that 53 000 individuals are infected with HIV in the UK in 2003, of whom 27% were unaware of their infection. Of the total of 53 000, an estimated 26 000 were among heterosexually infected and 24 500 among MSM. [Abstract taken from journal head-note]

New books on HIV Infection/AIDS

IMMUNISATION

GNANASEKARAN, Sangeeth and FINKELSTEIN, Jonathan A and others. Parental perspectives on influenza vaccination among children with Asthma. *Public Health Reports* Volume 121, Number 2 - March/April 2006: 181-188

Abstract: Objectives: The objectives of this study were to: (1) identify modifiable factors influencing receipt of influenza vaccination among children with asthma, and (2) to evaluate the effect of heightened media attention on vaccination rates. Methods: During November and December 2003, we interviewed parents of children with asthma about their experiences with and beliefs about influenza vaccination. We randomly selected 500 children from a study population of 2,140 children identified with asthma in a managed care organization in Massachusetts. We obtained data on influenza vaccination status from computerized medical records and determined significant factors influencing receipt of influenza vaccination. Results: Children were more likely to be vaccinated if their parent recalled a physician recommendation (odds ratio [OR] 2.6; 95% confidence interval [CI] 1.5, 4.5), believed the vaccine worked well (OR 2.0; 95% CI 1.4, 2.8), or expressed little worry about vaccine adverse effects (OR 1.3; 95% CI 1.0, 1.6), or if the child was younger (OR 1.1 per year of age; 95% CI 1.0, 1.2). During the study period, there was heightened media attention about influenza illness and the vaccine. The influenza vaccination rate for children with asthma was 43% in 2003-04 compared with 27% in 2002-03. Comparison of weekly influenza vaccination rates in 2003-04 and 2002-03 suggested that the media attention was associated with the increase in vaccination rates. Conclusions: Physician recommendations and parental education about influenza vaccine availability, effectiveness, and adverse effects are potentially important influences on influenza vaccination. Our findings suggest that media coverage of the risks of influenza was associated with a significant increase in vaccination rates. [Abstract taken from journal head-note]

RICHARDS, Sara. Pneumococcal vaccination. *Practice Nurse* 7 July 2006: 17-19

Abstract: From this summer it has been recommended that pneumococcal vaccination is added to the childhood immunisation schedule. But how will this impact on nurses? [Abstract taken from journal head-note]

INFORMATION MANAGEMENT AND TECHNOLOGY

BLAKE, Jody. Supporting anxious parents in search of internet information. *Nursing Times* Vol 102 No 19 9 May 2006: 24-26

Abstract: Parental uncertainty and anxiety is easily transmitted to sick children and can impede their recovery. Providing information to parents can help them manage anxiety. The National Service Framework for Children, Young People and Maternity Services (DH,2003) highlights the importance of sharing information with children and patients. The internet is increasingly important as an information resource for nurses in a range of settings. This article explores how nurses can use the internet to support anxious parents. [Abstract taken from journal head-note]

KALICHMAN, Seth C and CHERRY, Charsey and others. Health information on the internet and people living with HIV/AIDS: information evaluation and coping styles. *Health Psychology* Vol 25, No 2 - March 2006: 205-210

Abstract: Individuals who seek information on the Internet to cope with chronic illness may be vulnerable to misinformation and unfounded claims. This study examined the association between health-related coping and the evaluation of health information. Men (n = 347) and women (n = 72) who were living with HIV/AIDS and reported currently using the Internet completed measures assessing their Internet use. Health Web sites downloaded from the Internet were also rated for quality of information. HIV-positive adults commonly used the Internet to find health information (66%) and to learn about clinical trials (25%); they also talked to their physicians about information found online (24%). In a multivariate analysis, assigning higher credibility to unfounded Internet information was predicted by lower incomes, less education, and avoidant coping styles. People who cope by avoiding health information

may be vulnerable to misinformation and unfounded claims that are commonly encountered on the Internet. [Abstract taken from journal head-note]

RUITER, Robert A C and KESSELS, Loes T E and others. Increased attention for computer-tailored health communications: an event-related potential study. *Health Psychology* Vol 25, No 3 - May 2006: 300-306

Abstract: The authors tested whether individually tailored health communications receive more attention from the reader than nontailored health communications in a randomized, controlled trial among student volunteers (N = 24). They used objective measures of attention allocation during the message exposure. In a between-subjects design, participants had to read tailored or nontailored nutrition education messages and at the same time had to pay attention to specific odd auditory stimuli in a sequence of frequent auditory stimuli (odd ball paradigm). The amount of attention allocation was measured by recording event-related potentials (ERPs; i.e., N100 and P300 ERPs) and reaction times. For the tailored as opposed to the nontailored group, results revealed larger amplitudes for the N100 effect, smaller amplitudes for the P300 effect, and slower reaction times. Resource allocation theory and these results suggest that those in the tailored group allocated more attention resources to the nutrition message than those in the nontailored group. [Abstract taken from journal head-note]

LEARNING DISABILITIES

COONEY, G and JAHODA, A and others. Young people of intellectual disabilities attending mainstream and segregated schooling: perceived stigma, social comparison and future aspirations. *Journal of Intellectual Disability Research* Vol 50, No 6 - June 2006: 432-444

Abstract: Background: Mainstream schooling is a key policy in the promotion of social inclusion of young people with learning disabilities. Yet there is limited evidence about the school experience of young people about to leave mainstream as compared with segregated education, and how it impacts on their relative view of self and future aspirations. Methods: Sixty young people with mild to moderate intellectual disabilities in their final year of secondary school participated in this study. Twenty-eight individuals came from mainstream schools and 32 attended segregated school. They completed a series of self-report measures on perceptions of stigma, social comparison to a more disabled and non-disabled peer and the likelihood involved in attaining their future goals. Results: The majority of participants from both groups reported experiencing stigmatized treatment in the local area where they lived. The mainstream group reported significant additional stigma at school. In terms of social comparisons, both groups compared themselves positively with a more disabled peer and with a non-disabled peer. While the mainstream pupils had more ambitious work-related aspirations, both groups felt it equally likely that they would attain their future goals. Although the participants from segregated schools came from significantly more deprived areas and had lower scores on tests of cognitive functioning, neither of these factors appeared to have an impact on their experience of stigma, social comparisons or future aspirations. Conclusions: Irrespective of schooling environment, the young people appeared to be able to cope with the threats to their identities and retained a sense of optimism about their future. Nevertheless, negative treatment reported by the children was a serious source of concern and there is a need for schools to promote the emotional well-being of pupils with intellectual disabilities. [Abstract taken from journal head-note]

DAVIS, Carol. Tell it to me straight. A new health service offers vital support for health professionals caring for people with learning disabilities who need to know about cancer. *Nursing Standard* Vol 20 No 42 28 June 2006: 26-27

Abstract: As people with learning disabilities live longer, their risk of getting cancer increases. Like the rest of the population, they may also have relatives who are affected. Now there is a source of help and information. [Abstract taken from journal head-note]

GODSELL, M and SCARBOROUGH, K. Improving communication for people with learning disabilities. *Nursing Standard* Vol 20 No 30 5 April 2006: 58-65

Abstract: Summary: Patients with learning disabilities have higher healthcare risks than the general population. Health professionals need to develop skills that enable them to communicate effectively with this patient group. Identifying barriers to communication is the first step to reducing or removing them. Suggested strategies to improve healthcare access for patients with learning disabilities include: developing individualised health action plans, simplifying communication styles and providing accessible facilities and tailored resources. [Abstract taken from journal head-note]

MASS MEDIA

MARSHALL, Simon J and GORELY, Trish and others. A descriptive epidemiology of screen-based media in youth: a review and critique. *Journal of Adolescence* Vol 29, No 3 - June 2006: 333-349

Abstract: The purpose of this systematic review was to (i) estimate the prevalence and dose of television (TV) viewing, video game playing and computer use, and (ii) assess age-related and (iii) secular trends in TV viewing among youth (18 yr). Ninety studies published in English language journals between 1949 and 2004 were included, presenting data from 539 independent samples (the unit of analysis). Results suggest contemporary youth watch on average 1.8-2.8 h of TV per day, depending on age and gender. Most (66%) are 'low users' (<2 h day⁻¹) of TV but 28% watch more than 4 h day⁻¹. Boys and girls with access to video games spend approximately 60 and 23 min day⁻¹, respectively, using this technology. Computer use accounts for an additional 30 min day⁻¹. Age-specific data suggest TV viewing decreases during adolescence, but those considered 'high user' at young ages are likely to remain high users when older. For children with access to a television set, the number of hours spent viewing does not appear to have increased over the past 50 years. [Abstract taken from journal head-note]

MEN'S HEALTH

BECKFORD-BALL, Jason. New initiatives to address the healthcare needs of men. *Nursing Times* Vol 102 No 27 4 July 2006: 23-24

Abstract: The recent Men's Health Week has brought the issue of men's health back to the forefront of the health provision agenda, but historically men's health has compared badly to that of women. This article examines what nurses can do to improve men's health. [Abstract taken from journal head-note]

DEHAYS, Michelle. Men's awareness of prostate cancer. *International Journal of Health Promotion and Education* Vol 44, No 2 - 2006: 52-58

Abstract: Prostate cancer constitutes a major health issue for men and is a leading cause of mortality and morbidity. Epidemiological data highlights increasing incidence, which is expected to grow, making prostate cancer the most common cause of male cancer deaths in the UK. A qualitative exploratory, descriptive study was carried out on a sample of 10 men aged between 35 and 50 years to assess their awareness of the disease. Poor levels of awareness were found but a willingness to learn more was evident. It is concluded that further studies are necessary to design acceptable and appropriate health promotion interventions. [Abstract taken from journal head-note]

DONAGHY, Gerard. Prison health [Gerard Donaghy speaks to Marie McLoughlin about her pilot 'Men's health in prison' project]. *Community Practitioner* Vol 79, No 6 - June 2006: 178

DUFFIN, Christian. Match of the day. Nurses are teaming up with football clubs to reach patients who might otherwise slip through the net. *Nursing Standard* Vol 20 No 36 17 May 2006: 22-23

Abstract: Many men aged 18-50 ignore their health problems and needs. So where better for nurses to organise services than at professional football clubs. A team of 15 health workers, including two nurses, provide acute care and advice on long-term conditions at Millwall FC. At Macclesfield Town a nurse provides help for people with mental health problems using football as a metaphor for life. [Abstract taken from journal head-note]

ROBERTSON, Steve. 'I've been like a coiled spring this last week': embodied masculinity and health. *Sociology of Health and Illness* Vol 28 No 4 May 2006: 433-456

Abstract: This paper draws on research exploring lay men's and community health professionals' attitudes towards 'masculinity' and 'preventative health care' conducted in the northwest of England. It is specifically concerned with the findings from the men's narratives that relate to male embodiment and the relevance of this to health and wellbeing. Whilst there is a burgeoning interest in the 'sociology of the body' it is only relatively recently that debates about embodiment have been supported by empirical research. Empirical work on male embodiment remains minimal and even less work has been done in considering the links between masculinity, embodiment and health. A series of focus groups and interviews were conducted with men that captured narratives about the lived (male) body in everyday life and its relation to health. These data allowed for greater insight into Watson's (2000) previous empirical work on the 'male body schema'. Current findings presented here suggest that male bodies need to be considered as both material and representational, and that these two modes are not distinct but continually interact, with each other and with men's conceptualisations of health, to influence health practices and wider social interactions that impact on health and wellbeing. [Abstract taken from journal head-note]

MENTAL HEALTH

ADELMAN, Howard S and TAYLOR, Linda. Mental health in schools and public health. *Public Health Reports* Volume 121, Number 3 - May/June 2006: 294-298

ARAYA, Ricardo and DUNSTAN, Frank and others. Perceptions of social capital and the built environment and mental health. *Social Science and Medicine* Volume 62 No 12 - June 2006: 3072-3083

Abstract: There has been much speculation about a possible association between the social and built environment and health, but the empirical evidence is still elusive. The social and built environments are best seen as contextual concepts but they are usually estimated as an aggregation of individual compositional measures, such as perceptions on trust or the desirability to live in an area. If these aggregated compositional measures were valid measures, one would expect that they would evince correlations at higher levels of data collection (e.g., neighbourhood). The aims of this paper are: (1) to investigate the factor structure of a self-administered questionnaire measuring individual perceptions of trust, social participation, social cohesion, social control, and the built environment; (2) to investigate variation in these factors at higher than the individual level (households and postcodes) in order to assess if these constructs reflect some contextual effect; and (3) to study the association between mental health, as measured by the General Health Questionnaire-12 (GHQ-12), and these derived factors. A cross-sectional household survey was undertaken during May-August 2001 in a district of South Wales with a population of 140,000. We found that factor analysis grouped our questions in factors similar to the theoretical ones we had previously envisaged. We also found that approximately one-third of the variance for neighbourhood quality and 10% for social control was explained at postcode (neighbourhood) level after adjusting for individual variables, thus suggesting that some of our compositional measures capture contextual characteristics of the built and social environment. After adjusting for individual variables, trust and social cohesion, two key social capital components

were the only factors to show statistically significant associations with GHQ-12 scores. However, these factors also showed little variation at postcode levels, suggesting a stronger individual determination. We conclude that our results provide some evidence in support of an association between mental health (GHQ-12 scores) and perceptions of social capital, but less support for the contextual nature of social capital. [Abstract taken from journal head-note]

CONNERY, H and DAVIDSON, K M. A survey of attitudes to depression in the general public: a comparison of age and gender differences. *Journal of Mental Health* Vol 15, No 2 - April 2006: 179-189

Abstract: Background: Previous studies have identified the presence of negative attitudes towards depression in the lay public and have identified that older adults have less positive attitudes towards depression than younger adults. There are mixed findings in differences in attitudes amongst males and females, with some indication that males have more negative attitudes than females, though some studies report no differences between males and females. This study seeks to examine attitudes towards depression in the general public with an interest in age and gender differences in attitudes. Method: With an overall response rate of 80%, 322 non-acutely ill medical outpatients (and visitors) completed a short vignette-style questionnaire assessing attitudes to depression. Fifty-four percent of the sample were female and 41% over 65 years of age. Results: Using factor analysis, three themes emerged; "familiarity with depression", "recognition of depression as a mental illness", and "negative attitudes about depression". Significant differences in attitudes to depression were found among younger and older adults and males and females. Conclusion: Future educational campaigns aimed at the general public should concentrate their efforts on older adults and male lay people, who hold the least positive attitudes towards people with depression. [Abstract taken from journal head-note]

DAVIES, Jane and LOWES, Lesley. Development and organization of child and adolescent mental health services. *British Journal of Nursing* Vol 15, No 11 - 8 June 2006: 604-610

Abstract: Against the backdrop of involving children and families in their own care and the clear need to protect their interest, this article will consider care within child and adolescent mental health services (CAMHS). Following a brief overview of the incidence and prevalence of mental health problems, the development and organization of CAMHS will be explored, giving consideration to some of the literature that discusses the effectiveness of services. A review of the literature revealed that, while there is some evidence of how children feel about the services they receive, there is not currently a significant amount of literature available. Nevertheless, these views are of value in relation to the development of service provision. [Abstract taken from journal head-note]

DAVIES-SMITH, Lorraine. An introduction to providing cognitive behavioral therapy. *Nursing Times* Vol 102 No 26 27 June 2006: 28-29

Abstract: This article outlines the theory underpinning the practice of cognitive behavioural therapy (CBT) and some of the intervention techniques commonly used by CBT psychotherapists. It also looks at government publications relating to the provision of psychotherapies in the NHS and training requirements for different levels of CBT psychotherapy and practice. [Abstract taken from journal head-note]

DAVIS, Gul Y. Fundamental reforms: disempowerment and access to evidence-based treatment. *Mental Health Review* Vol 11 Issue 2 June 2006: 3-6

ESSLER, Vicky and ARTHUR, Antony and others. Using a school-based intervention to challenge stigmatizing attitudes and promote mental health in teenagers. *Journal of Mental Health* Vol 15, No 2 - April 2006: 243-250

Abstract: Background: It is increasingly recognized that mental health promotion should target not just individual mental health but the negative effect of stigmatizing attitudes. Improved self-esteem may decrease the need to discriminate against others, and there is evidence that educational interventions can promote positive attitudes towards those with mental health problems. Aim: The aim of the study was to assess the effectiveness of a

school-based intervention involving a professional theatre company in increasing teenagers' knowledge about mental health issues, and promoting positive attitudes towards people with mental health problems. *Methods:* The study design was a non-controlled intervention study. Secondary school pupils' knowledge about, and attitude towards, mental health problems, were measured before and after an educational intervention using the "Mindout for Mental Health" quiz. *Results:* Pupils' median quiz score was greater following the intervention than before it ($p=0.015$). Following the intervention there was an increase in the proportion of pupils giving correct responses to questions regarding the incidence of mental health problems, the symptoms of mental health problems, and, to a lesser extent the risk of violence perpetrated by people with mental health problems. In contrast, the proportion of students who correctly responded to questions about the discrimination faced by mental health problems decreased between baseline and follow-up. *Conclusions:* School-based interventions that are both educational and experiential have the potential to improve knowledge about mental health problems and decrease stigmatizing attitudes among 13-14 year old pupils. *Declaration of interest:* Financial support for the study was provided by Nottinghamshire Healthcare NHS Trust. [Abstract taken from journal head-note]

HOVENGEN, Ragnhild and EDGREN, Lars and others. Mental health promotion in a poorly functioning neighbourhood: what we can learn from an unsuccessful project? *International Journal of Mental Health Promotion* Volume 8, Issue 2 - May 2006: 31-36

Abstract: The object of the study described was to evaluate the effect of a local environment project which aimed to improve mental health by strengthening social integration. An attempt was made to motivate municipal authorities and politicians concerned with housing to alter structural background factors affecting well-being and develop general contact-creating activities and special supportive measures in the local environment. The study is a pretest/post-test design. The pre-test included 92 people and the post-test included 40 people who were still living in the housing estate at the end of the project. The results showed a significant improvement in integration, but no corresponding improvement in mental health. Participation in contact-creating activities affected neither social integration nor mental health, and the results indicate that inhabitants with considerable mental problems did not take part. Background factors related to well-being, such as leisure activities, meeting places and kindergartens, had improved, while instability in the local environment and housing costs had deteriorated. [Abstract taken from journal head-note]

KING, Michael and WEICH, Scott and others. Religion, mental health and ethnicity. EMPIRIC - A national survey of England. *Journal of Mental Health* Vol 15, No 2 - April 2006: 153-162

Abstract: *Background:* Higher levels of religious involvement are modestly associated with better health, after taking note of other influences. However, most research takes little account of spiritual beliefs that are not tied to personal or public religious practice. *Objectives:* To compare prevalence and characteristics of religious and spiritual views of life in representative samples of all principle ethnic groups in England and to examine associations between these views and common mental disorders (CMD). *Method:* Face-to-face interviews with 4281 adults from six ethnic groups living in private households in England. Data were collected on common mental disorders, religious and spiritual beliefs, quality of life, social function and support, and psychotic symptoms. *Results:* There was no difference in prevalence of CMD between people who were religious and those who were not. However, those who held a spiritual life view but without religious practice were more likely to have CMD (OR=2.01, CI 1.15, 3.51) than people who held a religious life view, after adjustment for relevant confounding variables. *Conclusions:* Lack of religious belief was associated with a higher prevalence of CMD, but only in people who reported having a spiritual life view. [Abstract taken from journal head note]

KUHN, Karl. Mental health promotion in the workplace: a European perspective. *Journal of Public Mental Health* [Previously *Journal of Mental Health Promotion*] Vol 5, No 1 - March 2006: 29-34

Abstract: The links between work and mental health are gaining increasing recognition both within individual member states and at European Community level as a whole. Yet it is also well recognised that employment has significant benefits for mental health and well-being.

This paper review current evidence on the negative mental health impacts of employment, the key factors in work-related stress and European policies for promoting mental health in the workplace. It ends with some examples of good practice in workplace mental health promotion drawn from a range of European countries. [Abstract taken from journal head-note]

McCAFFREY, C Nadine. Implementation and evaluation of the modified feeling great program for oncology children. *Health Education* Vol 106, No 4 - 2006: 294-308

Abstract: Purpose: Designed to reduce anxiety and boost self-concept, The Modified Feeling Great Program (MFGP) consisted of a series of mental training exercises used to improve the quality of life for 6-17 year old children (N=20) with cancer. More specifically, the children were taught how to relax, look for highlights (good things that happen to them), and turn-off negative thoughts that came into their heads. This paper aims to assess the program's effectiveness. Design/methodology/approach: A pre-/post-test design was used to determine the effectiveness of the MFGP. To participate, children had to be of school age and diagnosed with cancer during the past five years. Six questionnaires/scripts were administered to obtain pre and post information on the dependent variables: highlights, relaxation, stress control, heart rate imagery/excitement and heart rate imagery/relaxation, self concept, and anxiety. Heart rate monitors (DT1000, Polar, New York) measured the physiological effects of the MFGP relaxation component. The 37-item Revised Children's Manifest Anxiety Scale (RCMAS) and Song and Hattie's 15-item self-concept scale were also used in this investigation to measure the dependent variables. All instruments had established validity and reliability. Findings: An examination of pre- versus post-test results showed that the MFGP program produced significant (0.05 level) reduction in (RCMAS) worry/oversensitivity, (RCMAS) social concerns/concentration, e.g. physical anxiety, highlights, exciting heart rate/imagery, and relaxation heart rate/imagery. Further statistical analysis revealed that the MFGP was equally effective for boys and girls. Research limitations/implications: Six children were unable to do the mental training exercises on a regular basis due to ill health from chemotherapy treatments. There was no control group and sample size was small (N=20). A more robust research design should be used during future investigations. Practical implications: To date, most of the treatment for children with cancer is concerned with the physical aspects of the problem, i.e. the use of chemotherapy to kill cancer cells. The results of the present investigation demonstrate that greater attention needs to be given to psychological factors, e.g. anxiety, poor self-concept and problematic interpersonal relations with parents, teachers and medical personnel. These results suggest that positive effects can be obtained by using the MFGP. Originality/value: These results are useful for hospital personnel, parents, teachers, and other persons who provide services to children with cancer. [Abstract taken from journal head-note]

McGINN, Marjory. No easy answers. Marjory McGinn asks why Scots men are at such high risk of suicide. *Mental Health Today* May 2006: 12-13

MURRAY, B L and WRIGHT, K. Integration of a suicide risk assessment and intervention approach: the perspective of youth. *Journal of Psychiatric and Mental Health Nursing* Vol 13, No 2; April 2006: 157-164

Abstract: The process of suicide risk assessment is often a challenge for mental health nurses, especially when working with an adolescent population. Adolescents who are struggling with particular problems, stressors and life events may exhibit challenging and self-harm behaviour as a means of communication or a way of coping. Current literature provides limited exploration of the effects of loss, separation and divorce, blended families, conflict and abuse on child and adolescent development and the increased vulnerability of at-risk youth. There is also limited research that provides clear and practical models for the assessment and management of youth suicidal ideation and behaviour. This paper will discuss the integration of a number of theories to establish a comprehensive assessment of risk. The research study described the perspective of youth and their families who had experienced this particular model; however, this paper will discuss only the youth perspective. In order for this model to be successful, it is important for mental health nurses to make a connection with the youth and begin to understand the self-harm behaviour in context of the adolescents'

family, and their social and school experiences. It also requires recognition that adolescents with challenging and self-harm behaviour are hurting and troubled adolescents with hurtful and troublesome behaviour. [Abstract taken from journal head-note]

PARKINSON, Jane. Establishing national mental health and well-being indicators for Scotland. *Journal of Public Mental Health [Previously Journal of Mental Health Promotion]* Vol 5, No 1 - March 2006: 42-48

Abstract: The growing interest in the mental health and well-being of populations raises questions about traditional measures of public mental health, which have largely focused on levels of psychiatric morbidity. This paper describes work in progress to identify a set of national mental health and well-being indicators for Scotland that could be used to establish a summary mental health profile, as a starting point for monitoring future trends. The process in taking this work forward involves identifying a desirable set of indicators, scoping the data that are currently collected nationally in Scotland, identifying additional data needs, and ensuring existing data collection systems include mental health and well-being. It is expected that an indicator set for adults will have been identified by 2007. The paper presents some of the conceptual and practical challenges involved in defining and measuring positive mental health and is presented here as a contribution to ongoing debates in the field. [Abstract taken from journal head-note]

SIEDLIECKI, Sandra L and GOOD, Marion. Effect of music on power, pain, depression and disability. *Journal of Advanced Nursing* Vol 54, No 5 - June 2006: 553-562

Abstract: Aim: This paper reports a study testing the effect of music on power, pain, depression and disability, and comparing the effects of researcher-provided music (standard music) with subject-preferred music (patterning music). Background: Chronic non-malignant pain is characterized by pain that persists in spite of traditional interventions. Previous studies have found music to be effective in decreasing pain and anxiety related to postoperative, procedural and cancer pain. However, the effect of music on power, pain, depression, and disability in working age adults with chronic non-malignant pain has not been investigated. Method: A randomized controlled clinical trial was carried out with a convenience sample of 60 African American and Caucasian people aged 21-65 years with chronic Non-malignant pain. They were randomly assigned to a standard music group (n = 22), patterning music group (n = 18) or control group (n = 20). Pain was measured with the McGill Pain Questionnaire short form; depression was measured with the Center for Epidemiology Studies Depression scale; disability was measured with the Pain Disability Index; and power was measured with the Power as Knowing Participation in Change Tool (version II). Results: The music groups had more power and less pain, depression and disability than the control group, but there were no statistically significant differences between the two music interventions. The model predicting both a direct and indirect effect for music was supported. Conclusion: Nurses can teach patients how to use music to enhance the effects of analgesics, decrease pain, depression and disability, and promote feelings of power. [Abstract taken from journal head-note]

SMITH, Les and PARKER, Tony and others. Is CBT the missing link? [Cognitive behavioural therapy could be the answer to tackling mental health problems at work, but it will need the involvement of OH to succeed]. *Occupational Health* Vol 58 No 6 June 2006: 17-18

SOLIN, Pia Crista Milana. The determinants of mental health: a qualitative analysis of health policy documents. *International Journal of Mental Health Promotion* Volume 8, Issue 2 - May 2006: 3-11

Abstract: This paper reports on an exploratory analysis of the determinants of mental health in health policy documents from Finland, Sweden, Denmark, The Netherlands, England and Portugal during 1985-2004. Similarities and differences in mental and somatic health were examined, using qualitative content analysis. The results of the analysis are compared with some frequently applied health determinant conceptualisations and with the conclusions of previous research. The paper concludes by pointing out that the determinants of mental and

somatic health are constructed differently, which seems to affect the design of health promotion policy. [Abstract taken from journal head-note]

STANSFIELD, Jude. Improving the mental health of the population: a strategy for Europe. *Journal of Public Mental Health [Previously Journal of Mental Health Promotion]* Vol 5, No 1 - March 2006: 11-13

Abstract: The European Commission green paper Improving the Mental Health of the Population, published in October 2005, is essentially a public mental health strategy for the European Union. In this short article Jude Stansfield outlines the main elements of the strategy and discusses its relevance and implications both for the European Union as a whole and for Policy and Practice in England and the other individual member states. While the green paper is in many ways welcome in that it will raise the profile of public mental health at national and international government level, it has a number of flaws - not least its primary focus on mental illness and mental illness services. [Abstract taken from journal head-note]

THORNCROFT, Graham. Tackling discrimination [What practical steps can we take to tackle the discrimination and social exclusion experienced by users of mental health services?]. *Mental Health Today* June 2006: 26-29

New books on mental health

NURSES/NURSING

DZIK-JURASZ, Debbie. Supporting sustainable change [Co-director of the RCN clinical leadership team Debbie Dzik-Jurasz describes the advantages of action learning in implementing change]. *Nursing Management* Vol 13 No 4 July 2006: 26-29

LEE, Polly. Understanding the basic aspects of research papers. *Nursing Times* Vol 102 No 27 4 July 2006: 28-30

Abstract: In order to understand research papers, readers must understand what research is, and be able to answer questions such as why a particular piece of research was undertaken and what 'lens' the researcher was looking through. This article, the first in a series of three, allows students and novice researchers to increase their understanding of the steps involved in research, and therefore to read and critique a piece of research with increased confidence. [Abstract taken from journal head-note]

McGRATH, Deirdre and HIGGINS, Agnes. Implementing and evaluating reflective practice group sessions. *Nurse Education in Practice* Vol 6 No 3 May 2006: 175-181

Abstract: The rapidly changing and developing arenas of biological and medical technology, coupled with a myriad of social concerns and issues affecting individual, family and societal health, necessitates that nursing practitioners engage themselves fully with patients in the pursuit of health and healing. The above factors have not only served as catalysts in the development of educational curricula in general but also nursing curricula. Reflection in these curricula is often considered an appropriate vehicle for the analysis of nursing practice, fostering not only an understanding of nurse's work but also the development of critically thoughtful approaches essential for providing nursing care in complex environments [Duke, S., Appleton, J., 2000. The use of reflection in a palliative care programme: a qualitative study of the development of reflective skills over an academic year. J. Adv. Nurs. 32 (6), 1557-1568]. Consequently, nurse educators are being called upon to develop nurses who are reflective practitioners. The focus of this paper is on an exploration of issues that arose from the implementation of reflective sessions with a group of qualified nurses undertaking a diploma in nursing. This paper addresses the challenges experienced in the introduction of reflection as a teaching method. Recommendations for other lecturers when using this approach are also provided. It is anticipated this paper will provide practical advice and guidance for educators who wish to use reflective sessions to enhance the educational experience of their nursing students. [Abstract taken from journal head-note]

SLATER, Paul and McELWEE, Gerard and others. Nurses' smoking behaviour related to cessation practice. *Nursing Times* Vol 102 No 19 9 May 2006: 32-37

Abstract: Aim: To examine the smoking behaviour, knowledge and attitudes of nurses, their willingness to provide smoking cessation support to patients, the accessibility of training in this area and their willingness to undertake future training in this area. Method: A randomised sample of qualified nurses (n = 1,074) in statutory, private and voluntary sectors and across a variety of specialties were surveyed by postal questionnaire. Four focus groups were conducted in various settings before and after the survey. Results: Of those who took part in the survey, 55% had never smoked, 19% were ex-smokers and 26% were smokers. Most agreed that nurses have a responsibility to help those who want to quit smoking. However, nurses who smoked rated their ability to help patients and their effectiveness as a role model lower than nurses who were ex-smokers or non-smokers. Conclusion: Smoking prevalence among nurses is no greater than in the general female population. Nurses who smoke are less motivated to provide cessation support for patients, have less positive attitudes to the value of smoking cessation, are less likely to have received smoking cessation training and are less likely to want further training. These results have implications for nurses' own smoking status, as well as their attitudes to cessation training, health promotion practice and future research. [Abstract taken from journal head-note]

STRACHAN-BENNETT, Seonaid. Eating away at well-being. As part of NT's Help Yourself to Health campaign, Seonaid Strachan-Bennett asks what effect poor catering facilities and lack of breaks have on nurses' health. *Nursing Times* Vol 102 No 26 27 June 2006: 18-19

VERE-JONES, Emma. Avoiding long-term sickness [As part of NT's Help Yourself to Health campaign, Emma Vere-Jones asks why so many nurses end up on extended sick leave and what employers and nurses alike can do to prevent it]. *Nursing Times* Vol 102 No 27 4 July 2006: 16-18

WALES, Suzanne. A world of pain. Despite affecting millions worldwide, chronic wound pain has been neglected by practitioners. *Nursing Standard* Vol 20 No 36 17 May 2006: 24-25

Abstract: Though a common condition, chronic wound pain is poorly recognised and managed. Older people who are the most commonly affected, can become socially isolated as a result. More than a million people in the UK have chronic wounds. Depression is common in people with chronic wound pain. Up to 50 per cent of community nurses' working time can be spent with people who have chronic leg ulcers. [Abstract taken from journal head-note]

NUTRITION

BARTHOLOMEW, Linda and KENNEDY, Cathy. Feeling fruity [Health visitor assistant Linda Bartholomew and her colleague Cathy Kennedy outline the principles of good practice with food]. *Nursery World* 1 June 2006: 12

BRUG, Johannes and de Vet, Emely and others. Predicting fruit consumption: cognitions, intention, and habits. *Journal of Nutrition Education and Behavior* Vol 38, No 2 - March/April 2006: 73-81

Abstract: Objective: To study predictors of fruit intake in a sample of 627 adults. Design: Potential predictors of fruit intake were assessed at baseline, and fruit intake was assessed at two-week follow-up with self-administered questionnaires distributed by e-mail. Setting: The study was conducted among Dutch adult members of an Internet research panel. Participants: A random sample of 627 adults aged 18-78. Variables Measured: Attitudes, subjective norms, self-efficacy, expected pros and cons, habit strength, intention, and fruit intake. Fruit intake was assessed with a validated food-frequency questionnaire. Analysis:

Hierarchical linear and logistic regression analyses. Alpha < .05 was considered statistically significant. Results: Sex, attitudes, subjective norms, perceived pros, different self-efficacy expectations, and habit strength were significantly associated with the intention to eat two or more servings of fruit per day. Age, intentions, and habit strength were significant predictors of consumption of two or more servings of fruit per day. Conclusions and Implications: The results confirm that Theory of Planned Behavior constructs predict fruit intake, and that habit strength and different self-efficacy expectations may be additional determinants relevant to fruit intake. Because habitual behavior is considered to be triggered by environmental cues, fruit promotion interventions should further explore environmental change strategies. [Abstract taken from journal head-note]

DENNY, A. What, no crisps? Extending food-based standards for school lunches to other school food. *Nutrition Bulletin* Vol 31 No 2 June 2006: 81-83

DUFFIN, Christian. More than porridge. A National Audit Office report highlights the role of prison nurses in improving the diet of prisoners. *Nursing Standard* Vol 20 No 42 28 June 2006: 24-25

Abstract: In spite of a number of innovative projects, there are still concerns about the nutritional value of prison meals and the associated health risks. [Abstract taken from journal head-note]

HOLFORD, Patrick and COLSON, Deborah. Eating madness. Discusses the link between nutrition and children's mental health. *Young Minds Magazine* Issue 82; May/June 2006: 12-13

MAYNARD, Maria and GUNNELL, David and others. What influences diet in early old age? Prospective and cross-sectional analyses of the Boyd Orr cohort. *European Journal of Public Health* Volume 16, Issue 3 - June 2006: 316-324

Abstract: Background: The aim of this study is to identify the socio-economic and health-related factors in childhood and later life associated with healthy eating in early old age. Methods: The study is based on surviving members of the Boyd Orr cohort aged 61-80 years. Data are available on household diet and socio-economic position in childhood and on health and social circumstances in later life. A 12-item Healthy Diet Score (HDS) for each subject was constructed from food frequency questionnaire responses. Complete data on all exposures examined were available for 1234 cohort members. Results: Over 50% of study members had inadequacies in at least half of the 12 markers of diet quality. In multivariable models having a childhood diet which was rich in vegetables was associated with a healthy diet in early old age. The HDS for those in the upper quartile of childhood vegetable intake was 0.30 (95% confidence interval -0.01 to 0.61) higher than those with the lowest intake levels (P-trend across quartiles = 0.04). The adult factors that were most strongly associated with a healthy diet were not smoking, being an owner-occupier, and taking anti-hypertensive medication. Conclusion: Our analysis indicates that diet in early old age is influenced by childhood vegetable consumption, current socio-economic position, and smoking. Interventions for improving the diet of older people could usefully focus on both encouragement of healthy diet choices from an early age and higher levels of income or nutritional support for older people. [Abstract taken from journal head-note]

PEARCE, Lynne. Get with the program. A dietician on your computer desktop is the latest attempt to make us healthier. *Nursing Standard* Vol 20 No 40 14 June 2006: 26-27

Abstract: For those of us who find it tough to stick to a healthy lifestyle, help is at hand. Desktop DAN - an animated computer program from the British Dietetic Association and Canned Food - will pop up on your computer screen and offer messages to strengthen your resolve. [Abstract taken from journal head-note]

SAKUTA, Hidenari. Dislike of vegetables and type 2 diabetes. *Nutrition and Food Science* Vol 36 No 2 2006: 105-110

Abstract: Purpose: The study aims to determine whether dislike of vegetables is associated with the presence of metabolic disorders. Design/methodology/approach: Cross-sectional analysis of the data of middle-aged (range 51-59 years) male personnel of the Self-Defense Forces. Findings: Of subjects studied, 76.4 per cent answered they liked vegetables, 19.2 per cent were intermediate between liking and dislike and 4.4 per cent disliked vegetables. The odds ratio (95 per cent CI) of vegetable dislike to like was 2.22 (1.08-4.57) for the presence of diabetes, 2.46 (1.23-4.94) for hyper-triglyceridemia and 2.54 (1.33-4.86) for high-glutamyl transferase in a logistic regression analysis adjusted for age and lifestyle factors. Vegetable dislike did not correlate with hypertension, hypercholesterolemia or obesity. Vegetable consumption did not correlate with diabetes. Research limitations/implications: The results do not show a cause-result relationship. Observed findings may not be applied to age-matched general population, or to older, younger, female or other ethnic persons. Practical implications: Vegetable dislike may be regarded as a simple marker of metabolic status including type 2 diabetes. Originality/value: The authors show the cross-sectional association between dislike of vegetables and type 2 diabetes. [Abstract taken from journal head-note]

TRUBY, Helen and BAIC, Sue and others. Randomised controlled trial of four commercial weight loss programmes in the UK: initial findings from the BBC "diet trials". *British Medical Journal* 3 June 2006: 1309-11

Abstract: Objective: To compare the effectiveness of four commercial weight loss diets available to adults in the United Kingdom. Design: Six month multicentre randomised unblinded controlled trial. Setting: Community based sample of otherwise healthy overweight and obese adults. Interventions: Dr Atkins' new diet revolution, Slim-Fast plan, Weight Watchers pure points programme, and Rosemary Conley's eat yourself slim diet and fitness plan. Main outcome measures: Weight and body fat changes over six months. Results: All diets resulted in significant loss of body fat and weight over six months. Groups did not differ significantly but loss of body fat and weight was greater in all groups compared with the control group. In an intention to treat analysis, average weight loss was 5.9 kg and average fat loss was 4.4 kg over six months. The Atkins diet resulted in significantly high weight loss during the first four weeks, but by the end was no more or less effective than the other diets. Conclusions: Clinically useful weight loss and fat loss can be achieved in adults who are motivated to follow commercial diets for a substantial period. Given the limited resources for weight management in the NHS, healthcare practitioners should discuss with their patients programmes known to be effective. [Abstract taken from journal head-note]

VERECKEN, Carine A and TODD, Joanna and others. Television viewing behaviour and associations with food habits in different countries. *Public Health Nutrition* Volume 9, Number 2 - March 2006: 244-250

Abstract: Objective: Several environmental factors influence adolescents' food habits and television (TV) viewing is thought to be one of these factors. The purpose of the present study was to describe sociodemographic differences in TV viewing and to examine associations of TV viewing with the consumption of sweets, soft drinks, fruit and vegetables in different countries. Methods: Data were collected from 162305 young people completing the 2001/02 Health Behaviour in School-Aged Children survey, a World Health Organization cross-national study on health and health behaviours among 11-, 13- and 15-year-old school pupils. Analyses of variance were used to examine sociodemographic differences in TV viewing and logistic regression analyses to examine associations between TV viewing and food habits. Results: Large differences were found between countries in reported daily TV viewing time, from an average of 2.0 h in Switzerland to 3.7 h in Ukraine. The results indicate that those most likely to watch TV are boys, 13-year-olds and pupils of lower socio-economic status. Those who watched more TV were more likely to consume sweets and soft drinks on a daily basis and less likely to consume fruit and vegetables daily, although the latter associations were not so apparent among Central and Eastern European countries. Conclusions: Given the high TV viewing rates among adolescents and the association with less healthy food options, many young people are at increased risk of overweight or obesity. Interventions to modify TV viewing behaviour are needed. The findings underscore the importance of tackling socio-economic differences. [Abstract taken from journal head-note]

OBESITY

CHAMBERS, Julie A and SWANSON, Vivien. A health assessment tool for multiple risk factors for obesity: results from a pilot study with UK adults. *Patient Education and Counseling* Volume 62 No 1 - July 2006: 79-88

Abstract: Objective: Although many individual health behaviours have been implicated in the current rise in obesity levels, their confounding or cumulative effects have yet to be established. This study piloted a measure of multiple risk factors for obesity, designed to assess their relative importance at individual and population levels. Methods: A 100-item, user-friendly, self-report questionnaire, was completed by 80 adult volunteers (67% female, age range 19-73 years), and related to Body Mass Index (BMI). Results: Dietary factors significantly related to BMI were higher amount of food consumption and more non-hunger related eating. BMI was strongly related to both negative attitudes/emotions towards and negative social influences on physical activity/exercise. Higher BMI was also related to less participation in physical activity/exercise, more sedentary leisure pursuits (e.g. TV watching) and lower general activity levels (e.g. more car usage). A regression analysis of all risk factors explained around 56% of the variance in BMI. Conclusion: The pilot measure was able to differentiate between weight groups on a number of risk factors. The strong associations found between BMI and attitudes, emotions and social influences on eating and activity behaviours may help explain why many diet and exercise regimes are unsuccessful. Practice implications: Results demonstrate that an easy-to-complete, self-report tool of multiple risk factors for obesity has potential as a health assessment tool for use by health professionals. [Abstract taken from journal head-note]

DAVIDSON, Maryanne and KNAFL, Kathleen A. Dimensional analysis of the concept of obesity. *Journal of Advanced Nursing* Vol 54, No 3 - May 2006: 342-350

Abstract: Aim: The aim of this paper is to explore the evolution of the concept of obesity and to identify variations in its meaning and use from the perspectives of healthcare professionals and Black Americans, Caucasian Americans, and Latino Americans. Background: Obesity constitutes an emerging global healthcare epidemic. Little convergence is found between the meaning and use of the concept of obesity by healthcare professionals and those they are trying to serve. This lack of convergence points to the need for exploration of the assumptions, use and various meanings associated with this important concept. Method: The analysis included 20 papers from 18 research studies from the fields of nursing, psychology, epidemiology, medicine, and sociology. Caron and Bowers' dimensional analysis method guided the analysis. Results: Eight dimensions were identified: objective measure, attractiveness, sexual desirability, health, body image, strength or goodness, self-esteem, and social acceptability. Substantial differences in assumptions, use, and meanings of this concept were found within and between the perspectives studied. However, there were insufficient data to fully assess use and meaning of the concept of obesity from the Latino American perspective. Conclusion: This analysis contributes to the development of an understanding of the meaning and use of the concept of obesity within varied socio-cultural contexts as well as from a healthcare perspective. Culture was found to play a significant role in how obesity is understood by the individual. [Abstract taken from journal head-note]

FRY, Tam. Bottlefeeding and obesity. The WHO has finally launched its breastfeeding charts and is sending out the message that bottle-fed babies are prone to be overweight, putting them at risk of obesity in later life. *Practice Nurse* 26 May 2006: 10-14

HASLAM, David. What's new - tackling childhood obesity. *Practitioner* May 2006: 26-34

Abstract: -What are the risks of obesity in childhood? -What advice should the GP give? - Which children require referral to a paediatrician? [Abstract taken from journal head-note].....

HUNKING, Penny. Weight loss diets: what does the science say? *Journal of Community Nursing* Vol 20, No 5 - May 2006: 29-33

LOUREIRO, Maria L and NAYGA, Rodolfo M. Obesity, weight loss, and physician's advice. *Social Science and Medicine* Volume 62 No 10 - May 2006: 2458-2468

Abstract: Despite the increasing prevalence and economic costs of obesity in the USA, many physicians and other health care professionals do not advise their overweight and obese patients about weight loss. Using the 2001-2003 Behavioral Risk Factor Surveillance System data the purpose of our research is to investigate the relationship between individuals' receipt of physician's advice on weight loss and their tendency to eat fewer calories and fat or to use physical activity to lose weight. We find that physician's advice to lose weight has positive effects on both the probability of eating fewer calories and fat to lose weight and on the probability of using exercise to lose weight. [Abstract taken from journal head-note]

MELLO, Michelle M and STUDDERT, David M and others. Obesity - the new frontier of public health law. *New England Journal of Medicine* Vol 354 No 24; 15 June 2006: 2601-2610

SHEPHARD, Valerie E. Managing patients who are overweight or obese. *Practice Nurse* 7 July 2006: 42-47

SHEPHERD, Valerie E. The obesity epidemic: its causes and methods of assessment. *Practice Nurse* 23 June 2006: 41-45

WARDLE, Jane and BRODERSEN, Naomi Henning and others. Development of adiposity in adolescence: five year longitudinal study of an ethnically and socioeconomically diverse sample of young people in Britain. *British Medical Journal* 13 May 2006: 1130-1132

Abstract: Objective: To examine the developmental trajectory of obesity in adolescence in relation to sex, ethnicity, and socioeconomic status. Design: Five year longitudinal cohort study of a socioeconomically and ethnically diverse sample of school students aged 11-12 years at baseline. Setting 36 London schools recruited to the study in 1999 by a stratified random sampling procedure. Participants: 5863 students participated in one or more years. Main outcome measures Weight, height, and waist circumference measured annually by trained researchers; overweight and obesity defined according to International Obesity Task Force criteria; adiposity and central adiposity indexed by body mass index (BMI) and waist standard deviation scores relative to 1990 British reference values. Results: In school year 7 (age 11-12), the prevalence of overweight and obesity combined was almost 25%, with higher rates in girls (29%) and students from lower socioeconomic backgrounds (31%) and the highest rates in black girls (38%). Prevalence of obesity increased over the five years of the study at the expense of overweight, but no reduction occurred in the proportion of students with BMIs in the healthy range. Waist circumferences were high compared with 1990 norms at age 11 (by 0.79 SD in boys and by 1.15 SD in girls) and increased further over time. Both BMI and waist circumference tracked strongly over the five years. Conclusions: Prevalence of overweight and obesity was high in London school students, with significant socioeconomic and ethnic inequalities. Little evidence was found of new cases of overweight or obesity emerging over adolescence, but few obese or overweight adolescents reduced to a healthy weight. The results indicate that persistent obesity is established before age 11 and highlight the need to target efforts to prevent obesity in the early years. [Abstract taken from journal head-note]

WERRIJ, Marieke Q and MULKENS, Sandra and others. Overweight and obesity: the significance of a depressed mood. *Patient Education and Counseling* Volume 62 No 1 - July 2006: 126-131

Abstract: Objective: Comorbid depression has been found to increase morbidity in a variety of disorders. This study aimed to investigate whether the presence of depressive symptoms in overweight and obese people is related to increased specific eating psychopathology and decreased self-esteem. Methods: Overweight/obese people seeking dietary treatment were grouped according to their scores on the Beck Depression Inventory (BDI), resulting in a

mildly to moderately depressed group (BDI = 10; n = 66; the symptomatic group) and a non-depressed group (BDI < 10; n = 83). Eating psychopathology was measured by the Eating Disorder Examination-Questionnaire (EDE-Q); self-esteem was measured by the Rosenberg Self-Esteem Scale. Results: Symptomatic people had more shape, weight and eating concerns (P-values < 0.001); scored higher on restraint (P < 0.01); had lower self-esteem (P < 0.001); and had a higher BMI (P < 0.05) than non-depressed people. Furthermore, the percentage of bingers was higher in the symptomatic group (P < 0.01). Conclusion: Symptomatic participants suffered more than non-depressed participants, and not only from their depression. Practice implications: For dieticians treating overweight and obese people, the BDI is a useful instrument for identifying the subgroup with depressive symptoms - the group that is at risk for (eating) psychopathology. [Abstract taken from journal head-note]

New books on obesity

OLDER PEOPLE

BOWLING, Ann and BARBER, Julie and others. Do perceptions of neighbourhood environment influence health? Baseline findings from a British survey of aging. *Journal of Epidemiology and Community Health* Vol 60, No 6 - June 2006: 476-483

Abstract: Objectives: To investigate the relation between perceived neighbourhood environment, social contact and support, and self efficacy, on the health of older people. Design: British cross sectional population survey of people aged 65 and over. Participants: 999 people aged 65 plus living at home in Britain. Results: Regression modelling showed that high self efficacy had a strong independent association with better self rated health status and physical functioning. Indicators of perceived neighbourhood environment that showed strong associations with both good health and functioning were: perceptions of good quality facilities in the area (social/leisure, facilities for people aged 65+, rubbish collection, health services, transport, closeness to shops, somewhere nice to walk), and high levels of neighbourliness (knows/trusts people). Perceptions of problems in the area (noise, crime, air quality, rubbish/litter, traffic, graffiti) were also predictive of poorer health. Measures of social contact and support did not show any independent associations with health or functioning. Conclusions: The unique value of this paper is in the simultaneous analysis of associations between perceived neighbourhood, social contact and support, self efficacy, and health. The consistent strength of older people's perceptions of the quality of facilities in their neighbourhoods shows that responsive reinforcement of local infrastructures might have wider health benefits. Also of interest was the strength of self efficacy as a predictor of self rated health and physical functioning. The results have implications for both neighbourhood level interventions and self management programmes in chronic illness. [Abstract taken from journal head-note]

BREDA, Jef and SCHOENMAEKERS, David. Age: a dubious criterion in legislation. *Ageing and Society* Vol 26, No 4 - July 2006: 529-547

Abstract: Policymakers like to make use of age criteria, because they provide a transparent and seemingly objective standard. In reality, however, age limits are not as innocent as they appear: distinctions on the basis of age are often irrelevant and the actual age thresholds tend to be arbitrary. Age limits can also be criticised from a theoretical perspective: how can the heterogeneity of today's older people be reconciled with uniform age-defined classes? In response to a European Union Directive of 2000, Belgium implemented strict anti-discrimination legislation. This provides all the more reason to ascertain the prevalence and justification of the use of age criteria in legislation. Belgium is a federal state with three communities and three regions, and the scrutiny has been restricted to the Flemish community and region. All legislation has been screened for the use of 50 or more years as an age criterion, and all occurrences have been critically examined. The paper focuses on three fields of statutory regulation: early retirement, concessionary public transport fares, and the different care entitlements of people with disabilities and of older people. Evidence of age discrimination was found, although often in a form that benefits older people. The justification of the age criterion was often inadequate, so the adoption often appears no more than convenient standard practice. The paper concludes that policy makers should consider the

systematic replacement of age thresholds by other criteria. [Abstract taken from journal head-note]

BULLOCK, Roger. Depression: pitfalls in management. *Geriatric Medicine* Volume 36, Number 5 - May 2006: 43-48

Abstract: Depression is common in the elderly general hospital patient and at any one time 100 patients with depressive symptoms may be occupying beds in the average sized general hospital. However, depression can be often undiagnosed and untreated. In this article, Dr Roger Bullock discussed why it is important to identify depression in this age group and looks at the co-morbidities associated with the illness. [Abstract taken from journal head-note]

ERLINGHAGEN, Marcel and HANK, Karsten. The participation of older Europeans in volunteer work. *Ageing and Society* Vol 26, No 4 - July 2006: 567-584

Abstract: The contemporary discussion about the growing 'burden of population ageing' should not neglect the substantial productive potential of older people. Using micro-data from the 2004 Survey of Health, Ageing and Retirement in Europe (SHARE), this paper examines the relationships between selected socio-demographic characteristics and the rates of participation in voluntary work in 10 European countries among those aged 50 or more years. The analysis reveals a clear spatial pattern, with relatively high participation rates in Northern Europe and relatively low participation rates in Mediterranean countries, and shows that age, education, health and involvement in other social activities strongly influence an individual's propensity to engage in volunteer work. A multivariate logistic regression provided no indication that the country differences can be explained by variations in population composition or attributes, such as the age structure or differences in health status. The findings have important implications for future cross-national research and for policies to promote the participation of older adults in voluntary work, and suggest that policies and programmes to encourage older citizens to make greater use of their productive capacities are feasible. It is concluded that further research needs to account for the influences of institutions and culture on participation in volunteering, the finding of this paper. [Abstract taken from journal head-note]

GREAVES, Colin J. Effects of creative and social activity on the health and well-being of socially isolated older people: outcomes from a multi-method observational study. *Journal of the Royal Society for the Promotion of Health* Vol 126, No 3 - May 2006

Abstract: Depression and social isolation affect one in seven people over 65 and there is increasing recognition that social isolation adversely affects long-term health. Research indicates that interventions, which promote active social contact, which encourage creativity, and which use mentoring, are more likely to positively affect health and well-being. The purpose of this study was to evaluate a complex intervention for addressing social isolation in older people, embodying these principles: The Upstream Healthy Living Centre. Mentors delivered a series of individually-tailored activities, with support tailing off over time. Two hundred and twenty-nine participants were offered the Geriatric Depression Scale, SF12 Health Quality of Life, and Medical Outcomes Social Support scale at baseline, then 6 months and 12 months post intervention. Semi-structured interviews were conducted with 26 participants, five carers and four referring health professionals to provide a deeper understanding of outcomes. Data were available for 172 (75%) participants at baseline, 72 (53% of those eligible) at 6 months and 51 (55%) at 12 months. Baseline scores indicated social isolation and high morbidity for mental and physical health. The intervention was successful in engaging this population (80% of referrals were engaged in some form of activity). At 6 months, there were significant improvements in SF12 mental component, and depression scores, but not in perceived physical health or social support. At 12 months, there were significant improvements in depression and social support and a marginally significant improvement in SF12 physical component ($p = 0.06$), but the SF12 mental component change was not maintained. The qualitative data showed that the intervention was well-received by participants. The data indicated a wide range of responses (both physical and emotional), including increased alertness, social activity, self-worth, optimism about life, and positive changes in health behaviour. Stronger, 'transformational' changes were reported by some participants. Individual tailoring seemed to be a key mediator of outcomes, as was

overcoming barriers relating to transport and venues. Key processes underlying outcomes were the development of a positive group identity, and building of confidence/self-efficacy. The Upstream model provides a practical way of engaging socially isolated elderly people and generating social networks. The data suggest a range of psychosocial and physical health benefits. Although there are limitations in attributing causality in uncontrolled studies, the data seem to indicate a reversal of the expected downward trends in some aspects of participants' health, and suggest that this approach is worth further investigation. [Abstract taken from journal head-note]

GREEN, Sue M and WATSON, Roger. Nutritional screening and assessment tools for older adults: literature review. *Journal of Advanced Nursing* Vol 54, No 4 - May 2006: 477-490

Abstract: Aim: This paper reports a literature review to examine the range of published tools available for use by nurses to screen or assess nutritional status of older adults, and the extent to which validity, reliability, sensitivity, specificity and acceptability of the tools has been addressed. Background: The incidence of malnutrition in older adults is high. One method by which malnutrition or risk of malnutrition can be detected is by the use of nutritional screening or assessment tools. Methods: A comprehensive literature review methodology was employed. A variety of electronic databases were searched for the period 1982-2002. Search terms incorporating nutrition, screening, validity, reliability and sensitivity and specificity were combined to retrieve relevant literature. In addition, manual searches were conducted and articles retrieved from those listed in key papers. In this paper, nutritional screening or assessment tools are described as tools which use a questionnaire-type format containing more than one risk factor for malnutrition, and give a quantitative or categorical assessment of risk. Results: Seventy-one nutritional tools were located, 21 of which were identified as designated for use with an older population. A wide variety of risk factors for malnutrition are used with the tools, ranging from objective measurements to subjective assessment. Some tools identify an action plan based on the score obtained. Many tools appear not to have been subjected to validity and/or reliability testing but are used clinically. Conclusions: As malnutrition is present in the older adult population, nutritional assessment and screening tools can be useful to highlight those in need of a nutritional care plan. However, many have not been subjected to evaluation and consequently may not demonstrate sensitivity and/or specificity in clinical use. The decision to use a particular tool should therefore be considered carefully. [Abstract taken from journal head-note]

MATTHEWS, Ruth J and JAGGER, Carol and others. Does socio-economic advantage lead to a longer healthier old age? *Social Science and Medicine* Volume 62 No 10 - May 2006: 2489-2499

Abstract: The effect of socio-economic disadvantage on mortality is well documented and differences exist even at older ages. However, whether this translates into differences in the quality of life lived at older ages is less well studied, and in particular in the proportion of remaining life spent without ill health (healthy life expectancy), a key UK Government target. Although there have been studies exploring socio-economic differences in disability-free life expectancy (DFLE) worldwide, these have tended to focus on a single measure of socio-economic advantage, for example, education, race, social class or income, with the majority based on cross-sectional data from younger populations. In this prospective study we examine differences in DFLE and total life expectancy (TLE) at older ages using a range of measures of socio-economic advantage. We use a longitudinal study of 1480 participants aged 75 years or over in 1988 registered with a UK primary care practice, who were followed up until 2003 with measurements at up to seven time points. Disability was defined as difficulty with any one of five activities of daily living. The largest differences in DFLE for both men and women were found for housing tenure. Women aged 75 years living in owned or mortgaged property could expect to live 1 year extra without disability compared with those living in rented accommodation, while for men the difference was almost 1.5 years. The effect of socio-economic advantage on disability-free and total life expectancies appeared to be larger for men than women. In women, socio-economic advantage had more effect on DFLE than total life expectancy for all indicators considered, thus the socio-economically advantaged experienced a compression of disability. [Abstract taken from journal head-note]

McCREADIE, Claudine and BIGGS, Simon. Elder abuse: the last taboo? *Geriatric Medicine* Volume 36, Number 6 - June 2006: 21-28

Abstract: Abuse of the elderly is a subject no one likes to acknowledge exists, yet it does and it is essential to know how prevalent it is. Fortunately there is a drive afoot to raise awareness. Dr Claudine McCreadie and Professor Simon Biggs report how Comic Relief and the Department of Health are working in conjunction with one another to fund new research in this area that will help develop preventative measures and strategies. [Abstract taken from journal head-note]

MONOJ, Kuttappan and FORGACS, Ian. Preventing falls and fractures. *Update* June 2006: 90-94

Abstract: Effective management and prevention of falls and fractures requires a multidisciplinary approach in primary care. Here the authors look at a typical case and discuss the implications for general practice. [Abstract taken from journal head-note]

RAHMAN, M K. Depression and suicide in the elderly. *Update* June 2006: 95-100

Abstract: The extent to which depressed elderly patients can recover is significantly underestimated in primary care. But with effective management the prognosis is usually good, with a similar outcome to younger patients. [Abstract taken from journal head-note]

SKELTON, Dawn. Preventing falls in older people. *Practice Nurse* 7 July 2006: 22-24

Abstract: Falls are the most serious and frequent home accident in older people. However, avoidance measures can be taken and advice can limit their impact on a patient's quality of life. [Abstract taken from journal head-note]

STEVENSON, Gary S and EWING, Heather and others. An enhanced assessment and support team (EAST) for dementing elders - review of a Scottish regional initiative. *Journal of Mental Health* Vol 15, No 2 - April 2006: 251-258

Abstract: Background: There is increasing acceptance of the benefits of community assessment and support for older people with mental health issues but there remains a lack of evaluation about community teams for this patient population. Aims: To report on the rationale, utility, and 12-month outcomes of a multiagency enhanced community assessment and support team (EAST) for elders with dementia living in a Scottish Health region. Method: Naturalistic evaluation of the EAST pilot, making comparisons to the local psychogeriatric admission unit and day hospital, with a survey of contact professionals and voluntary agencies and with semi-structured interviews of carers. Results: The multiagency community team was able to comprehensively assess and support at home patients with dementia who previously would have been referred to the local psychogeriatric admission ward and day hospital, with a consequent reduction in the utilization of these hospital facilities. Both professional and voluntary agencies, and carers, were positive about the service. Conclusion: Integrated multiagency community mental health teams for the older population can be effective, meeting the needs and wishes of both patients and carers, and reducing the requirement for centralized hospital-based services. Declaration of interests: none. [Abstract taken from journal head-note]

TOMAKA, Joe and THOMPSON, Sharon and others. The relation of social isolation, loneliness, and social support to disease outcomes among the elderly. *Journal of Aging and Health* Vol 18, No 3 - June 2006: 359-384

Abstract: Objectives: This study examined relations between social isolation, loneliness, and social support to health outcomes in a sample of New Mexico seniors. Method: We used random-digit dialing to obtain a random sample of 755 southern New Mexico seniors. Participants answered questions pertaining to demographics, social isolation and loneliness, social support, and disease diagnosis including diabetes, hypertension, heart disease, liver disease, arthritis, emphysema, tuberculosis, kidney disease, cancer, asthma, and stroke. The sample allowed for comparison of Caucasian and Hispanic participants. Results: Correlational and logistic analyses indicated that belongingness support related most consistently to health outcomes. Ethnic subgroup analysis revealed similarities and differences in the pattern of associations among the predictor and outcome variables. Discussion: The results

demonstrate the importance of social variables for predicting disease outcomes in the elderly and across ethnic groups. [Abstract taken from journal head-note]

TURNER, Sara. South Asian and white older people and dementia: a qualitative study of knowledge and attitudes. *Diversity in Health and Social Care* Vol 2, No 3 - 2006: 197-209

Abstract: Despite the increasing number of older people from minority ethnic groups, there is little published research on their understanding of dementia. Work which does exist suggests that South Asian older people, compared with older people from the white majority population, may have different views about what constitutes a mental illness, who it is appropriate to consult about mental illness, and willingness to access and accept services. With the change in the age structure of the population and changes in intergenerational relationships, it is important to identify what barriers might exist to South Asian older people choosing to access care. This study aimed to discover whether there were differences in views about the nature, causes and treatments for dementia, and who participants believed should provide care. Ninety-six South Asian and 96 white older people (age range 58-85 years) were interviewed using a semi-structured approach. A thematic analysis, drawing on the procedure of Interpretative Phenomenological Analysis revealed a number of themes, which were then coded into NVivo software in order to conduct a content analysis. The Z test for difference in proportions was then used to assess the significance of differences found between the two groups from the content analysis. These combined analyses revealed that South Asian older people had much less specific knowledge about dementia and were much more likely to see it as part of the normal ageing process. Possibly as a consequence, they were less likely to think that there were treatments available. More South Asian than white older people thought that care should be provided by family or friends. White older people perceived family and friends as the first choice but thought that the state should also provide care. This study supports the need to acknowledge culture when considering access to care, and also highlights the need to provide more information to South Asian older people and their families about dementia and available treatments and services. [Abstract taken from journal head-note]

WISTOW, Gerald and KING, Derek. Active steps to prevention. A shift towards more preventive services is paying dividends in reducing older people's stays in hospitals, write Gerald Wistow and Derek King, who presents early results from the Innovation Forum's older people project. *Community Care* Issue 1629 - 29 June 2006: 32-33

Abstract: A long-term objective for health and social care has been to re-balance services and investments so that older people have fewer hospital admissions. The results from the first year of a local authority-led initiative suggests this objective is beginning to be achieved. If sustained, it will demonstrate the ability of councils to initiate and lead the co-ordination of change in acute hospital and community services. [Abstract taken from journal head-note]

WOLFE, Michael S. Shutting down Alzheimer's [New research reveals strategies for blocking the molecular processes that lead to this memory-destroying disease]. *Scientific American* May 2006: 60-67

ZECEVIC, Aleksandra A and SALMONI, Alan W and others. Defining a fall and reasons for falling: comparisons among the views of seniors, health care providers, and the research literature. *Gerontologist* Vol 46, No 3 - June 2006: 367-376

Abstract: Purpose: The purpose of this study was (a) to obtain information about the perceptions held by seniors and health care providers concerning what constitutes a fall and potential reasons for falling, and (b) to compare these perceptions to the research literature. Design and Methods: As part of a larger telephone survey, interviewers asked 477 community-dwelling seniors to define a fall and to provide reasons for falling. In addition, we interviewed 31 health care providers from the community on the same topics. In order to capture patterns in conceptualized thinking, we used content analysis to develop codes and categories for a fall definition and reasons for falling. We reviewed selected articles in order to obtain a comprehensive overview of fall definitions currently used in the research and prevention literature. Results: A fall had different meanings for different groups. Seniors and

health care providers focused mainly on antecedents and consequences of falling, whereas researchers described the fall event itself. There were substantial differences between the reasons for falling as reported by seniors and the risk factors as identified in the research literature. Implications: If not provided with an appropriate definition, seniors can interpret the meaning of a fall in many different ways. This has the potential to reduce the validity in studies comparing fallers to nonfallers. Research reports and prevention programs should always provide an operational definition of a fall. In communication between health care providers and seniors, an appropriate definition increases the possibility for early detection of seniors in greater need of care and services. [Abstract taken from journal head-note]

New books on older people

PALLIATIVE CARE

HARRIS, Dylan and NOBLE, Simon. Symptom management in palliative care. A practical guide to managing common physical and psychological symptoms in palliative care. Update May 2006: 17-23

PATIENT INFORMATION

GLAISTER, Karen and MICHAEL, Rene. Patient health education literature: maximising its effect. *International Journal of Health Promotion and Education* Vol 44, No 2 - 2006: 83-88

Abstract: Modern healthcare delivery is concerned with actively engaging patients in such a way that independence and self-control is attainable. This is particularly important for those with chronic disease, requiring lifelong learning and consequential lifestyle adjustment. Patient education offers an enabling opportunity for patients to access information and resources that facilitate self-management skills. One facet of patient educational practices involves the use of health education literature. Health professionals are ideally placed to develop or make available the most appropriate patient focussed literature. However, these professionals must have the necessary knowledge and skills to determine the validity of such educational material. This paper provides an overview of salient issues and advice to guide health professionals in their choice of health education literature to be incorporated into patient care. [Abstract taken from journal head-note]

HOUTS, Peter S and DOAK, Cecilia C and others. The role of pictures in improving health communication: a review of research on attention, comprehension, recall and adherence. *Patient Education and Counseling* Volume 61 No 2 - May 2006: 173-190

Abstract: OBJECTIVE: To assess the effects of pictures on health communications. METHOD: Peer reviewed studies in health education, psychology, education, and marketing journals were reviewed. There was no limit placed on the time periods searched. RESULTS: Pictures closely linked to written or spoken text can, when compared to text alone, markedly increase attention to and recall of health education information. Pictures can also improve comprehension when they show relationships among ideas or when they show spatial relationships. Pictures can change adherence to health instructions, but emotional response to pictures affects whether they increase or decrease target behaviors. All patients can benefit, but patients with low literacy skills are especially likely to benefit. Patients with very low literacy skills can be helped by spoken directions plus pictures to take home as reminders or by pictures plus very simply worded captions. Practice implications: Educators should: (1) ask "how can I use pictures to support key points?", (2) minimize distracting details in pictures, (3) use simple language in conjunction with pictures, (4) closely link pictures to text and/or captions, (5) include people from the intended audience in designing pictures, (6) have health professionals plan the pictures, not artists, and (7) evaluate pictures' effects by comparing response to materials with and without pictures. [Abstract taken from journal head-note]

SMITH, Kay. Connecting you now. After a shaky start, Scotland's NHS 24 telephone health advice service is changing tack to meet demand. *Nursing Standard* Vol 20 No 41 21 June 2006: 26-27

Abstract: While NHS Direct downsizes its operations - with subsequent loss of nursing jobs - its Scottish counterpart, NHS 24, is moving in the opposite direction. But it has not all been plain sailing. [Abstract taken from journal head-note]

PATIENT PARTICIPATION

JAYNE, Rob. Service user engagement in prison mental health in-reach service development. *Mental Health Review* Vol 11 Issue 2 June 2006: 21-24

MILLER, Peter M and THOMAS, Suzanne E and others. Patient attitudes toward self-report and biomarker alcohol screening by primary care physicians. *Alcohol and Alcoholism* Vol 41, No 3 - May/June 2006: 306-310

Abstract: Aims: One of the many barriers to more frequent alcohol screening by primary care physicians is a reported concern that patients may be offended by questions about drinking. However, evidence suggests that patients do not object to alcohol screening and actually expect physicians to ask about lifestyle factors that influence their health. The aim of this study was to provide more detailed information on patient attitudes toward self-report and biomarker alcohol screening and to explore whether demographic variables were related to these attitudes. Methods: We administered (i) a survey about attitudes towards alcohol screening, and (ii) the Alcohol Use Disorders Identification Test-C (AUDIT-C) to primary care outpatients at the time of their medical appointments. The survey contained 10 items on patient opinions about being screened for at-risk drinking by physicians.

PHYSICAL ACTIVITY

ANDREWS, Crispin. All part of the game. Sport can have a positive effect on many aspects of young people's lives, as well as their health. But, as Crispin Andrews explains, there are particular problems in getting young women to take part. *Young Minds Magazine* Issue 82; May/June 2006: 24-25

BARNETT, Tracie A and O'LOUGHLIN, Jennifer and others. Opportunities for student physical activity in elementary school: a cross-sectional survey of frequency and correlates. *Health Education and Behavior* Vol 33, No 2 - April 2006: 215-232

Abstract: The objectives of this study were to describe opportunities for student physical activity (PA) in elementary schools and to identify factors in the school environment associated with higher PA opportunity. Self-report questionnaires were completed by school principals and physical education teachers in 277 schools (88% response) in metropolitan Montreal. Correlates of opportunity were identified using ordinal logistic regression. There was substantial variation in PA opportunities between schools. Higher opportunity was associated with role modeling of PA by school principals, their interest in increasing PA through links to the municipality, adequate financial and human resources, access to school sports facilities, adequate space for storing student sports equipment, and suburban location. There is both the need and the potential for intervention to increase PA opportunities

CHIANG, Li-Chi and HUANG, Jing-Long and others. Physical activity and physical self-concept: comparison between children with and without asthma. *Journal of Advanced Nursing* Vol 54, No 6 - June 2006: 653-662

Abstract: Aim: This paper reports a study comparing levels of physical activity and physical self-concepts between children with and without asthma. Background: Childhood asthma

has become one of the world's most prevalent chronic illnesses. Its symptoms are thought to prevent children from participating in some forms of physical activity. However, asthma treatment guidelines are increasingly suggesting that children with asthma can participate in the same physical activities as healthy children for the same reasons - to promote normal growth, physical development and psychological health. *Method:* Between October 2001 and May 2002, 120 children between the ages of 9 and 11 with mild and moderate asthma were recruited from three paediatric asthma clinics in Taiwan, and 309 non-asthmatic children in the same age group were selected from four elementary schools in Taiwan's three largest cities. Participants were asked to record physical activity levels for 3 days out of the past 7 days and to fill out a 29-item Physical Self-Concept Inventory. Physical activities were classified as moderate-to-vigorous physical activity or vigorous physical activity. Physical self-concept was measured in terms of perceived flexibility, endurance, appearance, agility, obesity and strength. *Results:* Asthma was the primary factor determining vigorous physical activity levels, but gender was the primary factor determining physical self-concept, especially in terms of endurance, obesity and strength. No statistically significant relationships were noted between asthma and gender in terms of effects on physical activity and physical self-concept. *Conclusions:* Asthma interferes with children's ability to participate in vigorous physical activity but not in moderate-to-vigorous physical activity. Gender determines primary differences in physical self-concept. Appropriate exercise recommendations are necessary to encourage children with asthma to engage in vigorous physical activity for normal growth. [Abstract taken from journal head-note]

CUBBIN, Catherine and SUNDQUIST, Kristina and others. Neighbourhood deprivation and cardiovascular disease risk factors: protective and harmful effects. *Scandinavian Journal of Public Health* Vol 34 No 3 2006: 228-237

Abstract: *Aims:* To determine whether neighborhood-level deprivation is independently associated with cardiovascular disease (CVD) health behaviors/risk factors in the Swedish population. *Methods:* Pooled cross-sectional data, Swedish Annual Level of Living Survey (1996-2000) linked with indicators of neighborhood-level (i.e. Small Area Market Statistics areas) deprivation (1997), to examine the association between neighborhood-level deprivation and individual-level smoking, physical inactivity, obesity, diabetes, and hypertension among women and men, aged 25-64 (n = 18,081). Data were analyzed with a series of logistic regression models that adjusted for individual-level age, gender, marital status, immigration status, urbanization, and a comprehensive measure of socioeconomic status (SES). Interactions were tested to determine whether neighborhood effects varied by SES or length of neighborhood exposure. *Results:* Living in a neighborhood with low deprivation was protective (i.e. lower odds) for smoking, while living in a neighborhood with high deprivation was harmful (i.e. higher odds) for smoking, physical inactivity, and obesity (compared with living in a neighborhood with moderate deprivation). These associations were significant after adjustment for individual-level characteristics. There was no evidence that the neighborhood deprivation associations varied by individual-level SES or length of neighborhood exposure. *Conclusions:* Neighborhood-level deprivation exerted important protective and harmful associations with health behaviors/risk factors related to CVD. The significance to public health is substantial because of the number of persons at risk as well as the serious health consequences of CVD. These results suggest that interventions focusing on changing contextual aspects of neighborhoods, in addition to changing individual behaviors, may have a greater impact on CVD than a sole focus on individuals. [Abstract taken from journal head-note]

HAINSWORTH, Terry. The benefits of increasing levels of physical activity. *Nursing Times* Vol 102 No 20 16 May 2006: 21-22

Abstract: NICE has published its first public health guidance documents on smoking cessation and physical activity. This article outlines the physical activity guidance, looks at the benefits from increased activity and highlights the implication for practice. [Abstract taken from journal head-note]

HALLAL, Pedro C and WELLS, Jonathan C K and others. Early determinants of physical activity in adolescence: prospective birth cohort study. *British Medical Journal* 29 April 2006: 1002-1005

Abstract: Objective: To examine the effects of early social, anthropometric, and behavioural variables on physical activity in adolescence. Design: Prospective birth cohort study. Setting: Pelotas, southern Brazil. Participants: 4453 adolescents aged 10-12 years participating in the Pelotas 1993 birth cohort study (follow-up rate 87.5%). Main outcome measures: Sedentary lifestyle (< 300 minutes of physical activity per week) and median physical activity score (minutes per week). Results: The prevalence of a sedentary lifestyle at age 10-12 years was 58.2% (95% confidence interval 56.7% to 59.7%). Risk factors for a sedentary lifestyle in adolescence were female sex, high family income at birth, high maternal education at birth, and low birth order. Weight gain variables at ages 0-1, 1-4, and 4-11 years and overweight at age 1 or 4 years were not significant predictors of physical activity. Levels of physical activity at age 4 years, based on maternal report, were inversely related to a sedentary lifestyle at age 10-12 years. Conclusions: Physical activity in adolescence does not seem to be programmed by physiological factors in infancy. A positive association between birth order and activity may be due to greater intensity of play in childhood and adolescence. Tracking of physical activity from age 4 to 10-12 years, however, suggests that genetic factors or early habit formation may be important. [Abstract taken from journal head-note]

HEATH, Gregory W. The effectiveness of urban design and land use and transport policies and practices to increase physical activity: a systematic review. *Journal of Physical Activity and Health* Volume 3, Supplement 1 - 2006: S55-S76

Abstract: Background: Although a number of environmental and policy interventions to promote physical activity are being widely used, there is sparse systematic information on the most effective approaches to guide population-wide interventions. Methods: We reviewed studies that addressed the following environmental and policy strategies to promote physical activity: community-scale urban design and land use policies and practices to increase physical activity; street-scale urban design and land use policies to increase physical activity; and transportation and travel policies and practices. These systematic reviews were based on the methods of the independent Task Force on Community Preventive Services. Exposure variables were classified according to the types of infrastructures/policies present in each study. Measures of physical activity behavior were used to assess effectiveness. Results: Two interventions were effective in promoting physical activity (community-scale and street-scale urban design and land use policies and practices). Additional information about applicability, other effects, and barriers to implementation are provided for these interventions. Evidence is insufficient to assess transportation policy and practices to promote physical activity. Conclusions: Because community- and street-scale urban design and land-use policies and practices met the Community Guide criteria for being effective physical activity interventions, implementing these policies and practices at the community-level should be a priority of public health practitioners and community decision makers. [Abstract taken from journal head-note]

KROEZE, Willemieke. A systematic review of randomized trials on the effectiveness of computer-tailored education on physical activity and dietary behaviors. *Annals of Behavioral Medicine* Vol 31, No 3 - 2006: 205-223

Abstract: Background: Although computer-tailored promotion of dietary change and physical activity has been identified as a promising intervention strategy, there is a need for a more systematic evaluation of the evidence. Purpose: This study systematically reviews the scientific literature on computer-tailored physical activity and nutrition education. Methods: Intervention studies published from 1965 up to September 2004 were identified through a structured search in PubMed, PsycInfo, and Web of Science and an examination of reference lists of relevant publications. Studies were included that applied a pretest-posttest randomized-controlled trial design, were aimed at primary prevention among adults, used computer-tailored interventions to change physical activity and dietary behaviors, and were published in English. The search resulted in 30 publications - 11 on physical activity behaviors and 26 on nutrition behaviors, some studies investigated multiple behaviors.

Results: Three of 11 of the physical activity studies and 20 of 26 of the nutrition studies found significant effects of the tailored interventions. The evidence was most consistent for tailored interventions on fat reduction. Conclusions: Overall, there seems to be potential for the application of computer tailoring for promoting healthy diets, but more research is needed to test computer-tailored interventions against other state-of-the-art intervention techniques and to identify the mechanisms underlying successful computer tailoring. [Abstract taken from journal head-note]

LECHNER, L and BOLMAN, C and others. Factors related to misperception of physical activity in The Netherlands and implications for health promotion programmes. *Health Promotion International* Vol 21, No 2 - June 2006: 104-112

Abstract: With respect to health risk behaviours, many people are unaware of their own risk behaviour and regard their behaviour as more healthy than it really is. This article studied differences between people with and without misperception of their physical activity with respect to several reference points: the social comparison style of people (upward, equal and downward); the body self-image with regard to their weight [body mass index (BMI) and self-rated weight]; and linkages of physical activity with different outcome expectancies (health, appearance, weight, feeling fit, relaxation and stress relief). Results from 516 respondents (response 52%; 56% women) with a mean age of 53.7 years found that respondents who incorrectly think that their physical activity is adequate (overestimators) tend to rate their physical activity more often in comparison to others. Furthermore, overestimators and people who correctly think they exercise enough more often use downward comparison, while underestimators and people who know they exercise too little mostly use upward comparison. People who, rightly or not, think their weight is adequate or who have a lower BMI, more often assume that their physical activity is sufficient or high. People who, rightly or not, think that their physical activity is adequate more often score higher on other reasons to be physically active besides health. Increasing the accuracy of people's self-perceptions of physical activity may be important to incorporate into strategies to promote physical activity in populations at risk of inactivity. [Abstract taken from journal head-note]

MARSH, Herbert W and PAPAIOANNOU, Athanasios and others. Causal ordering of physical self-concept and exercise behavior: reciprocal effects model and the influence of physical education teachers. *Health Psychology* Vol 25, No 3 - May 2006: 316-328

Abstract: Does prior physical self-concept influence subsequent exercise behavior? On the basis of a large sample of physical education classes (2,786 students, 200 classes, 67 teachers) collected early (Time 1) and late (Time 2) in the school year, findings support a reciprocal effects model in which prior physical self-concept and exercise behavior both influence subsequent physical self-concept and exercise behavior. Whereas variables from the theory of planned behavior (TOPB; behavioral intentions, perceived behavioral control, exercise attitudes) also contributed to the prediction of subsequent exercise behavior, the effect of prior physical self-concept was significant for subsequent outcomes after controlling these variables, suggesting that the TOPB should be supplemented with self-concept measures. On the basis of multilevel models, there were systematic differences in these variables for students taught by different teachers that generalized over time and across different classes taught by the same teacher. Support for the reciprocal effects model was robust. [Abstract taken from journal head-note]

NORMAN, Gregory J and NUTTER, Sandra J and others. Community design and access to recreational facilities as correlates of adolescent physical activity and body-mass index. *Journal of Physical Activity and Health* Volume 3, Supplement 1 - 2006: S118-S128

Abstract: Background: Neighborhood-level environmental features have been associated with adult physical activity and weight status, but this link has not been established for adolescents. Methods: Community design and access to recreational facilities variables were derived using geographic information systems (GIS) for 799 adolescents (age 11 to 15 y, mean = 12.8 y, 53% girls, 43% ethnic minority). Environment variables were calculated for a 1-mile buffer around each participant's residence. Accelerometers measured min/d of physical activity. Results: Number of nearby recreation facilities and number of nearby parks correlated positively with girls' physical activity, and intersection density inversely related to

girls' physical activity. Retail floor area ratio correlated positively with boys' physical activity. No community design or access to recreation variables were related to BMI-percentile. Conclusions: There was limited evidence that both community design and access to recreation facilities variables were associated with adolescent physical activity, but additional built environment variables need to be studied that have particular relevance for youth. [Abstract taken from journal head-note]

RHODES, Ryan E and PLOTNIKOFF, Ronald C. Understanding action control: predicting physical activity intention-behavior profiles across 6 months in a Canadian sample. *Health Psychology* Vol 25, No 3 - May 2006: 292-299

Abstract: Intention is theorized as the proximal determinant of behavior in some theories of motivation, but the need to understand predictors of action control (i.e., translating an intention into behavior) is warranted to tailor physical activity intervention efforts. The purpose of this study was to examine constructs of the transtheoretical model of behavior change (TTM) as predictors of physical activity intention-behavior profiles across 6 months in a large Canadian sample (N = 1,192). Results showed that 5 of the 8 possible intention-behavior profiles had a substantial number of participants: nonintenders, unsuccessful adopters, successful adopters, unsuccessful maintainers, and successful maintainers. Constructs of the TTM distinguished ($p < .01$) intention-behavior profiles. Self-efficacy and the behavioral processes of change were particularly good predictors of action control ($p < .01$), but disaggregated beliefs and processes identified specific intervention targets for successful physical activity adoption and maintenance. The results validate that both action planning and action control are important when understanding physical activity behavior. [Abstract taken from journal head-note]

RIDGERS, Nicola D and STRATTON, Gareth and others. Day-to-day and seasonal variability of physical activity during school recess. *Preventive Medicine* Vol 42 No 5 - May 2006: 372-374

Abstract: Objective: Children's physical activity levels are difficult to establish on a day-to-day or season-to-season basis. Most studies have attempted to measure reliability in habitual settings. This study investigated the variability in children's physical activity during recess. Methods: Fifteen boys and 19 girls (aged 6 to 11 years) from 2 schools in North West England wore heart rate monitors for 5 consecutive days in summer and winter terms to assess day-to-day and seasonal variability during school recess. Data were collected in 2004. Repeated measures ANOVA's and intraclass correlations (ICC) analysed the day-to-day and seasonal variability in children's moderate-to-vigorous (MVPA) and vigorous physical activity (VPA) data. Results: There were no significant differences in children's MVPA and VPA across days and seasons. ICCs for MVPA across 2 days ranged from 0.75 to 0.85 in summer, and from 0.53 to 0.81 in winter. Three-day MVPA ICCs were 0.83 in summer and 0.71 in winter. Conclusions: The results revealed no significant variation in children's recess physical activity levels across days and seasons. Whilst children were free to choose their recess activities in school, the results suggested that children were relatively consistent in their choices, limiting physical activity variability. [Abstract taken from journal head-note]

SACKER, Amanda and CABLE, Noriko. Do adolescent leisure-time physical activities foster health and well-being in adulthood? Evidence from two British birth cohorts. *European Journal of Public Health* Volume 16, Issue 3 - June 2006: 332-336

Abstract: Background: Calls for public health initiatives to increase adolescent leisure-time physical activity suggest that increasing activity in this age group will reduce social inequalities in health. While the public health benefits of exercise are undisputed, there is little evidence on its role in reducing health inequalities. The paper examines the extent to which adolescent leisure-time physical activity promotes adult health and well-being and explores whether adolescent leisure-time physical activity can act to reduce health inequalities arising from material deprivation during childhood. Methods: This is a longitudinal study of the 1958 British birth cohort followed from age 16 to age 33 years (N = 15 452) and the 1970 British birth cohort followed to age 30 years (N = 14 018). Adult self-rated general health and Malaise Inventory scores are regressed on self-reports of leisure time physical activity. Analyses are conducted separately for men and women controlling for adolescent body mass index (BMI)

and psychosocial problems. *Results:* There was a consistent relationship between leisure-time physical activity in adolescence and psychological well-being ~15 years later for both the cohorts. This relationship was independent of adolescent BMI and psychosocial problems. More physical activity in adolescence predicted better adult self-assessed health in the 1958 cohort only. Leisure-time physical activity did not affect inequalities in health. *Conclusions:* Policies aimed at increasing participation in leisure-time physical activities in youth may improve population health but are unlikely to prevent the development of social inequalities in health. [Abstract taken from journal head-note]

WANDEL, Margareta and ROOS, Gun. Age perceptions and physical activity among middle-aged men in three occupational groups. *Social Science and Medicine* Volume 62 No 12 - June 2006: 3024-3034

Abstract: The aim of this study is to explore how middle-aged men in different socio-economic groups and with different work experiences, talk about ageing, and how they see age as a reason for pursuing or not pursuing physical activity. Data were collected in Oslo by interviews with 46 men (carpenters, engineers, drivers) aged 35-57 years, and workplace group discussions. The analysis explored similarities and differences in the men's interpretive repertoires on work, everyday activities, health and health-related habits. The data were discussed in relation to Bourdieu's theories on the production and conversion of physical capital. For the carpenters emerging themes related to the ageing body were worry about decline in strength, the feeling of uselessness, and an awareness of what the body can take. For the engineers, the themes were keeping the body in shape and the ability to tackle stress. In addition to these themes, the drivers focussed on leaving the body as it is/taking age as it comes. Men in all three occupational groups said that they were thinking more about health and disease with age. Even though many talked about becoming more sedate, there were also some who maintained physical activity or became more physically active with age. The emphasis and the reasons for being more physically active were different in the three groups, and involved aspects such as health, strength, pleasure, social milieu, and warding off personal problems. Age was therefore used as a reason both for being and not being physically active. In conclusion health workers should be aware of the different life experiences and views related to the body, health and physical activity that exist among men of different occupational groups. This is needed to tailor information to fit the interest areas of men belonging to different socio-economic groups. [Abstract taken from journal head-note]

PREGNANCY

de ZULUETA, Paquita. Contraception, abortion and the teenager. Teenage pregnancy presents a myriad of challenges for GPs. Here we explore the ethical and legal issues. *Update* June 2006: 101-105

SLADE, Pauline and LAXTON-KANE, Martha and others. Smoking in pregnancy: the role of the transtheoretical model and the mother's attachment to the fetus. *Addictive Behaviors* Volume 31, Issue 5 - May 2006: 743-757

Abstract: This study investigated whether pregnant smokers demonstrated cognitive and behavioural patterns hypothesised to underpin the different stages of change (SOC) and whether fetal attachment varied according to this process. A cross-sectional design with women categorised by SOC was used and the sample was recruited from hospital maternity services in the U. K at their booking clinics with a mean gestation of 14 weeks. Experiential and behavioural processes together with self-efficacy and attachment to the fetus were measured in 637 women. As predicted by the transtheoretical model experiential processes were used mostly by women in contemplation and preparation; behavioural processes mostly by women in preparation and action. However, self-efficacy remained constant between precontemplation, contemplation and preparation, but women in action showed significantly higher levels. Women in preparation were significantly more attached to the fetus than women in precontemplation and never smokers. The relevance of the transtheoretical model with

pregnant smokers is supported. Foetal attachment may be differentially associated with different SOC in smoking cessation and yield potential for the development of new interventions. [Abstract taken from journal head-note]

PRIMARY HEALTH CARE

WROBEL, Bernadine and MARYON, Beth. Infection control in the community - do we have a problem? *Journal of Community Nursing* Vol 20, No 6 - June 2006: 16-18

Abstract: Bernadine Wrobel and Beth Maryon describe a small scale study which looked at the incidence of MRSA infection in a busy London suburb. [Abstract taken from journal head-note]

PUBLIC HEALTH

BAUER, Georg and DAVIES, John Kenneth and others. The EUHPID Health Development Model for the classification of public health indicators. *Health Promotion International* Vol 21, No 2 - June 2006: 153-159

Abstract: The European Community Health Promotion Indicator Development Model has been developed as the basis for establishing a European set of indicators for monitoring health promotion interventions. This paper offers the model more generally as a common frame of reference for broader public health practice and indicator development. The model builds around the physical, mental and social health of individuals and shows how health develops by interaction between individual and environmental health determinants. It demonstrates that health development can be analysed from a salutogenic and a pathogenic perspective and explains how the differing starting points of different intervention approaches such as health promotion and health care are related to these two perspectives. Finally, a classification system for pathogenic and salutogenic public health outcome indicators is derived from the model and has been applied to the current core list of the European Community Health Indicator system. The model and its application highlight the need for systematic salutogenic indicator development in the field of public health and for strengthening the health promotion perspective in the future. [Abstract taken from journal head-note]

HEPWORTH, Julie. The emergence of critical health psychology. Can it contribute to promoting public health? *Journal of Health Psychology* Volume 11, Number 3 - May 2006: 331-341

Abstract: The purpose of this article is twofold: first to provide an overview of the emergence of critical health psychology for those working in the related social and health sciences and as a review of its major developments for health psychology; and second to discuss critically the potential for critical health psychology to contribute to promoting public health with specific reference to the directives espoused by Prilleltensky (2003) and Murray and Campbell (2003). The identification of three philosophical phases of the emergence of critical health psychology is used to examine the directions of the field and the challenges facing critical health psychology in order to contribute to public and global health. [Abstract taken from journal head-note]

LEYLAND, Alastair H. Homicides involving knives and other sharp objects in Scotland, 1981-2003. *Journal of Public Health* Volume 28, Issue 2 - June 2006: 145-147

Abstract: Background Homicide rates have been increasing in Scotland, and homicides involving knives are of particular concern. Methods and results: We use mortality and population data from 1981 to 2003 to calculate smoothed, standardized mortality rates for all homicides and homicides involving knives and other sharp objects, for all of Scotland and separately for Glasgow. Over half of homicides where the victim was male involved the use of a knife. Over 20 years, the homicide rate rose 83%, whilst that involving knives increased by 164%. Conclusion: The rapid increase in homicide involving knives is becoming a public

health problem. Proposed changes to legislation are unlikely to halt this rise. [Abstract taken from journal head-note]

LUCAS, Robyn M and REPACHOLI, Mike H and others. Is the current public health message on UV exposure correct? *Bulletin of the World Health Organization* Volume 84, Issue 6 - June 2006: 485-491

Abstract: Current sun safety messages stress the importance of sun protection in avoiding the consequences of excessive exposure to ultraviolet radiation (UVR), such as skin cancers, cataracts and other eye diseases, and viral infections caused by UV-induced immunosuppression. However, adequate exposure to UVR has an important role in human health, primarily through UV-induced production of vitamin D, a hormone essential to bone health. Vitamin D insufficiency may be associated with increased risks of some cancers, autoimmune diseases and mental health disorders such as schizophrenia. Here, we review the evolution of current sun exposure practices and sun-safe messages and consider not only the benefits, but also the detrimental effects that such messages may have. UVR-induced vitamin D production can be inhibited by factors such as deep skin pigmentation, indoor lifestyles, older age, sun avoidance behaviours and clothing habits that limit sun exposure, with deleterious consequences for health. There is some early evidence that sun-safe messages are beginning to cause a decrease in skin cancer rates in young people. After the widespread promotion of sun safety, it may now be appropriate to refine public health messages to take better account of variations between groups and their susceptibility to the dangers and benefits of sun exposure. [Abstract taken from journal head-note]

MARSHALL, Robert J and BRYANT, Carol and others. Marketing social marketing: getting inside those "big dogs' heads" and other challenges. *Health Promotion Practice* Volume 7, Issue 2 - April 2006: 206-212

Abstract: Social marketing provides a powerful process for planning and implementing public health programs. Although often applied to the promotion of healthier lifestyles, social marketing can also be used to promote utilization of direct services or policy changes. Despite growing popularity among public health professionals, resistance by senior management, community advocates, policy makers, and others can create barriers to the use of the social marketing model. This article draws on the authors' observations, practice experiences, extensive training interactions, and qualitative studies with public health practitioners across the nation. It examines some of the key reasons that public health practitioners encounter resistance to using social marketing and discusses how a logic model can be used to market social marketing in organizations and communities. [Abstract taken from journal head-note]

MURRAY, Michael and POLAND, Blake. Health psychology and social action. *Journal of Health Psychology* Volume 11, Number 3 - May 2006: 379-384

Abstract: This article reviews the main epistemological approaches within health psychology. It considers the approach based on critical realism and various strategies for linking health psychology with social action. It argues that critical health psychology has a distinct contribution to make in promoting public health as part of the broader movement for social justice and health. [Abstract taken from journal head-note]

ROGERS, W A. Feminism and public health ethics. *Journal of Medical Ethics* Vol 32, No 6 - June 2006: 351-354

Abstract: This paper sketches an account of public health ethics drawing upon established scholarship in feminist ethics. Health inequities are one of the central problems in public health ethics; a feminist approach leads us to examine not only the connections between gender, disadvantage, and health, but also the distribution of power in the processes of public health, from policy making through to programme delivery. The complexity of public health demands investigation using multiple perspectives and an attention to detail that is capable of identifying the health issues that are important to women, and investigating ways to address these issues. Finally, a feminist account of public health ethics embraces rather than avoids the inescapable political dimensions of public health. [Abstract taken from journal head-note]

STEWART, Jill and CLAYTON, Julie and others. Personal responsibility for private sector housing renewal: issues in health improvement. *Health Education Journal* Vol 65, No 1 - March 2006: 73-83

Abstract: Objective: To investigate current policy in respect of resourcing private sector housing renewal to promote healthy housing and communities. Design: A qualitative study using focus group research investigating what low-income home owners would find helpful in carrying out maintenance and repair to their homes. Setting: The focus groups were held in the area office of a South London (private sector housing) Renewal Area. Method: Exploratory focus groups were held in 2003 to 2004, to represent low-income ethnically diverse home-owners within the Renewal Area. Results: Respondents were open to looking at new ways of maintaining and repairing their homes, although tended to focus around their own needs rather than the works a local authority may strategically wish to see carried out in private housing sector to meet legal housing standards and promote healthy housing. Conclusion: Local authorities need to be able to find new, evidence-based ways of supporting home-owners to carry out maintenance and repairs to their homes as part of a wider public health agenda. [Abstract taken from journal head-note]

VON LENGERKE, Thomas. Public health is an interdiscipline, and about wholes and parts. Indeed, critical health psychology needs to join forces. *Journal of Health Psychology* Volume 11, Number 3 - May 2006: 395-399

Abstract: Hepworth's assessment of critical health psychology's capacity to contribute to public health promotion (this issue) is commented on and supplemented by selected issues relevant to Hepworth's timely call for interdisciplinary research and action in this context. Drawing on eco-epidemiology, multilevel research strategies are suggested that comprehensively account for individual/psychological and population/sociological factors. It is delineated how health promotion policies may be backed by psychologically informed policy analysis. Regarding health, it is argued to keep scrutinizing ill-health and to resist simplistic notions of quality of life or wellness but also to enhance these by incorporating concepts from positive psychology. Finally, it is considered whether trans disciplinarity may be in aid of fully realizing the potentials of blending the merits of health psychology and public health. [Abstract taken from journal head-note]

WATERS, Elizabeth and DOYLE, Jodie and others. Evaluating the effectiveness of public health interventions: the role and activities of the Cochrane Collaboration. *Journal of Epidemiology and Community Health* Vol 60, No 4 - April 2006: 285-289

Abstract: Public health decision makers, funders, practitioners, and the public are increasingly interested in the evidence that underpins public health decision making. Decisions in public health cover a vast range of activities. With the ever increasing global volume of primary research, knowledge and changes in thinking and approaches, quality systematic reviews of all the available research that is relevant to a particular practice or policy decision are an efficient way to synthesise and utilise research efforts. The Cochrane Collaboration includes an organised entity that aims to increase the quality and quantity of public health systematic reviews, through a range of activities. This paper aims to provide a glossary of the terms and activities related to public health and the Cochrane Collaboration. [Abstract taken from journal head-note]

RESEARCH AND EVALUATION

ARMSTRONG, Rebecca and DOYLE, Jodie and others. Multi-sectoral health promotion and public health: the role of evidence. *Journal of Public Health* Volume 28, Issue 2 - June 2006: 168-172

Abstract: Background: Evidence-informed health promotion and public health is an emerging and ever-changing theme in research and practice. A collaborative approach to gathering and applying evidence is crucial to implementing effective multi-sectoral health promotion and public health interventions for improved population outcomes. This paper presents an argument for the development of multi-sector evidence and discusses both

facilitators and challenges to this process. *Methods:* Sector-specific contacts familiar with decision-making processes were selected from referrals gained through academic, government and non-government networks and interviewed (in-person or via telephone) as part of a small scale study to scope the use of evidence within non-health sectors where decisions are likely to impact on public health. *Results:* The views gathered are preliminary, and this analysis would benefit from more extensive consultation. Nonetheless, information gathered from the interviews and literature search provide valuable insights into evidence-related decision-making paradigms which demonstrate similarities with, and differences from, those found in the health sector. *Conclusions:* Decisions in health promotion and public may benefit from consideration of the ways in which disciplines and sectors can work together to inform policy and practice. [Abstract taken from journal head-note]

BEZZI, Claudio. Evaluation pragmatics. *Evaluation* Volume 12, Issue 1 - January 2006: 56-76

Abstract: Evaluation is certainly based on social research, but each social research method and technique has its own limits and generates its own specific biases. This issue becomes critical at a fundamental evaluation point: the moment when one is required both to define the subject and mandate, and formulate the 'evaluative questions' which guide the whole activity. In this phase, it is important to look at every evaluation as a local issue, leaving the subject's definition to the (anthropological, organizational, professional) context, its grammar and lexicon. To be useful, an evaluation must focus on the context, i.e. on the 'texts' produced by the stakeholders and the meanings they give to these texts, thus helping them to contextually reduce evaluand ambiguity. In this perspective, evaluation is a learning organization's tool that helps to build social reality. Such a tool has its own mechanism, which is recognized by the stakeholders and makes possible both the intervention and the success of the programme. [Abstract taken from journal head-note]

FORSS, Kim and KRUSE, Stein-Erik and others. Chasing a ghost? An essay on participatory evaluation and capacity. *Evaluation* Volume 12, Issue 1 - January 2006: 128-144

Abstract: UNESCO has high ambitions with respect to the use of evaluation. But for evaluation to flourish it has to be valued and understood in the whole organization, not only by top management and the specialized evaluation service. There are many ways to foster evaluation capacity; one approach is to involve stakeholders in evaluation processes so they can learn by doing. This essay describes how an external evaluation of UNESCO's response to the HIV/AIDS pandemic was designed to encourage capacity development through participation. Learning did occur, but not where it was expected to occur, and not to the extent hoped for. The authors found that practical issues, such as timing, skills, team composition, structure of budgets, and incentive systems, must be designed for capacity development so that the learning process becomes an explicit and realistic goal; good intentions do not suffice, as many other pressures arise during an evaluation. [Abstract taken from journal head-note]

HALL, Angela. Qualitative research and its role in nursing knowledge. *Nursing Times* Vol 102 No 20 16 May 2006: 32-35

Abstract: There are several reasons why qualitative research is a suitable means to answer a number of relevant nursing research issues. However, as a research methodology it is not without its critics. This article debates the importance of qualitative research to nursing knowledge and uses the literature and practice to evaluate its contribution. [Abstract taken from journal head-note]

MACKENZIE, Mhairi and BLAMEY, Avril and others. Using and generating evidence: policy makers' reflections on commissioning and learning from the Scottish Health Demonstration Projects. *Evidence & Policy: a journal of research, debate and practice* Volume 2, Issue 2 - May 2006: 211-116

Abstract: This article discusses the gap between rhetoric and reality in evidence-based policy making using data derived from external evaluations of two of Scotland's national Health Demonstration Projects. More specifically, it reports on the extent to which policy makers used evidence to commission the projects, and on the type of evidence that they expected to flow from them to feed into future government strategy. Using primary data, this

article confirms that policy decisions are made on the basis of factors that go beyond research evidence and suggests that both policy makers and evaluators would gain from more explicit acknowledgement of what lies beneath the veneer of evidence-based policy making. [Abstract taken from journal head-note]

SAFETY/ACCIDENT PREVENTION

BERG, H-Y. Reducing crashes and injuries among young drivers: what kind of prevention should we be focusing on? *Injury Prevention* Vol 12, Supplement 1 - June 2006: i15-i18

Abstract: Every year, drivers throughout the world are killed or injured in road traffic. Young drivers run a greater risk everywhere, and this problem is still largely unsolved. Better understanding of the underlying processes could, however, be a useful tool in preventive endeavours. To change a young driver's goals behind driving and the context in which it is done, a variety of different methods of persuasion should be tested. Both "soft" and "hard" methods should be used. For example, communication and increased enforcement may be used simultaneously. Communication campaigns should highlight the dangers of unsafe behaviour and in particular target young males. Communication campaigns that employ persuasive, emotional messages are most effective where young drivers are concerned. Research shows that attitudes about safety are formed at an early age, long before legal driving, and therefore it would also be important to target young adolescents. Laws need enforcement to be effective and should target areas of particular risk to young drivers. Driver education or communication campaigns cannot be expected to radically change a young person's life goals. For that purpose, active learning methods that make use of the learner's own experiences have to be applied. Special courses for young drivers designed to make individuals conscious of their personal tendencies and the type of social context that affects their driving behaviour could be helpful, whether offered via the ordinary school system or at driving schools. [Abstract taken from journal head-note]

KATCHER, M L and MEISTER, A N and others. Use of the modified Delphi technique to identify and rate home injury hazard risks and prevention for young children. *Injury Prevention* Vol 12, No 3 - June 2006: 189-194

Abstract: Objective: For children aged 1-5 years, the authors used the Delphi method to determine (1) the most important injury hazards in each area of the home; (2) the most important injury prevention behaviors; and (3) feasible and efficacious safety devices and behaviors to reduce injury risks. Design: The authors used a modified Delphi method to prioritize home injury hazards for children 1-5 years of age. The Delphi method is an indirect, anonymous, iterative process aimed at achieving consensus among experts; in this study, the authors queried key informants electronically. Thirty four key informants, primarily from the United States, participated in at least one of the three rounds of questionnaires. Responses were submitted by email or fax. Participants identified, rated, and ranked home injury hazards and prevention methods. Results: The overall response rate for each survey ranged from 82% to 97%. Initially, 330 unique hazards and prevention behaviors/devices were identified in seven areas of the home. The 126 home injury hazards were rated based on frequency, severity, and preventability of injury; and the 204 behaviors and devices were rated by efficacy and feasibility. These experts rated firearms and pools as the most significant hazards, and smoke alarms and safe water temperature as the most important preventions. [Abstract taken from journal head-note]

LAMB, R and JOSHI, M S and others. Children's acquisition and retention of safety skills: the Lifeskills program. *Injury Prevention* Vol 12, No 3 - June 2006: 161-165

Abstract: Objectives: Assessment of safety skills performance and knowledge, to evaluate the education offered by the Lifeskills "Learning for Living" village, Bristol, UK which

emphasizes interactive learning-by-doing. Design: Two quasi-experimental matched control group studies. Study 1: knowledge and performance three months post-intervention. Study 2: knowledge pre-intervention and post-intervention at three time points, to distinguish between immediate learning and longer term retention. Setting: The Lifeskills training village, Bristol, UK; primary schools in four education authorities in the area. Participants: Study 1: 145 children aged 10-11 years; 109 from the Lifeskills program, 36 control. Study 2: 671 children aged 10-11 years; 511 Lifeskills, 160 control. Outcome measures: Three areas (road, home, and fire safety). Five performance tests: observation of children's safety skills. Five knowledge tests: pictorial quiz. Results: Study 1: Lifeskills/intervention children did better than control children on performance and knowledge tests. The knowledge-performance correlation was $r = 0.51$. Study 2: intervention children did better than control children immediately after the intervention and three months later on all five knowledge tests. On three tests the intervention group showed retention of knowledge from immediately post-intervention to three months, but on two tests there was some loss. This loss was primarily among children from scholastically lower achieving schools. In all other respects the intervention was equally successful for boys and girls, and for children from higher and lower achieving schools. Conclusions: The Lifeskills package improved both knowledge and performance but had shortcomings. Complexity of material did not affect knowledge acquisition but did affect its retention. [Abstract taken from journal head-note]

SCHOOL HEALTH

EDWARDS, Kate. Sharing spaces: school playground design and children's well-being. *Journal of Public Mental Health [Previously Journal of Mental Health Promotion]* Vol 5, No 1 - March 2006: 18-23

Abstract: The shared space of school grounds can provide a rich educational resource in addition to a safe environment for play, enjoyment and relaxation. The project described in this paper developed guidance for schools on grounds development and also provided direct support to three schools to enable them to improve their grounds and to work towards Eco Schools and Health Promoting Schools accreditation. The evaluation demonstrated a relationship between improved grounds and a reduction in negative playground incidents, improved co-operation at break times, children having more pride in their school, children feeling happier at break time, increased sun awareness and the use of school grounds as a teaching resource. The project also achieved some influence at a more strategic level. [Abstract taken from journal head-note]

GLEESON, Catherine. Young people with health problems - their views on how schools can help. *Education and Health* Vol 24, No 2 - 2006: 24-25

KURY, Kenneth Wm and KURY, Gloria. An exploration into the internal dynamics of a school-based mental health collaboration. *Journal of School Health* Vol 76, No 5 - May 2006: 164-168

Abstract: Schools are moving toward a human service approach that encompasses the physical and mental needs of its students on top of the traditional role of educating. School-based collaboratives are one delivery model that satisfies this expanding role. Lacking in the research on this emerging setting, particularly in the realm of mental health, is information that gives insight into the interactions that occur between collaborative partners who may have opposing aims. This study explores 2 outcome measures, timeliness of implementation of the treatment plan and parental satisfaction with the treatment plan and the influence of the professional view of collaborative partners on these outcomes. Archival data were collected from patient charts on 101 Hispanic students, 73.3% of who were male and the sample mean age was 11.3 years. These data were analyzed using multiple regression techniques. Results revealed that time to implementation was impacted by the diagnosis alignment of participating partners, a proxy for professional view, as was parental satisfaction. Satisfaction was not

influenced by timeliness, indicating alternative outcome desires. [Abstract taken from journal head-note]

RIDGERS, Nicola and STRATTON, Gareth and others. The active city of Liverpool, Active Schools and Sportslink (A-CLASS) Project. *Education and Health* Vol 24, No 2 - 2006: 26-29

Abstract: This article reports on the A-CLASS Project which is a unique multi-disciplinary project, which consists of multi-sports activity coaches who will be responsible for running after school and community sports clubs, and four research coaches who will analyse the effects of these programmes on the physical activity levels of Liverpool school children. [Abstract taken from journal head-note]

ST LEGER, Lawrence. Improving the quality of school health evaluations. *Health Education* Vol 106, No 4 - 2006: 261-264

Abstract: Purpose: To highlight the challenges and identify options to improve school health evaluations. Design/methodology/approach: This editorial draws on recent international and national meta-evaluations and the experiences of the author. Findings: A simple set of questions is needed for discussion between those commissioning evaluations and those conducting them to make school health evaluations more effective and relevant to stakeholders. Originality/value: The paper identifies important steps which need to be considered in undertaking evaluations of school health interventions. [Abstract taken from journal head-note]

SENSORY IMPAIRMENT

KHAN-LIM, D and PEARCE, C. Visual impairment in the elderly. *Update* June 2006: 82-89

Abstract: In the first of a two-part feature, we review the most common causes of visual impairment in the elderly, their primary assessment and current treatment modalities. [Abstract taken from journal head-note]

MAIN, Liz. Read our hands. Deaf people are still battling for equal access to mental health services. *Mental Health Today* May 2006: 10-11

SEXUAL HEALTH AND WELL-BEING

ABEL, Gillian and FITZGERALD, Lisa. 'When you come to it you feel like a dork asking a guy to put a condom on': is sex education addressing young people's understandings of risk? *Sex Education* Volume 6, Number 2; May 2006: 105-119

Abstract: Traditionally, school-based sex education has provided information-based programmes, with the assumption that young people make rational decisions with regard to the use of condoms. However, these programmes fail to take into account contextual issues and developing subjectivities. This paper presents the talk of 42 young people from a New Zealand secondary school who were questioned in-depth about the sex education programme they had received. They discussed a programme that concentrated on the 'dangers' and 'risks' of sexual intercourse and that failed to enhance negotiation skills or take into account the contexts in which sex occurred for many young people. Although participants were well aware of the public health discourses of the importance of condom use, the implications of putting these discourses into practice held the potential for 'risks' of a greater magnitude in the reality of their everyday life. The 'risk' to reputation and subjectivity overrode any 'risks' that may have occurred through non-use of condoms. This highlights the need for sex education programmes to put greater effort into developing skills of assertiveness, communication and empowerment. [Abstract taken from journal head-note]

BONELL, C and ALLEN, E and others. Influence of family type and parenting behaviours on teenage sexual behaviour and conceptions. *Journal of Epidemiology and Community Health* Vol 60, No 6 - June 2006: 502-506

Abstract: Background: Longitudinal data were used to explore relations between teenage pregnancy, sexual behaviour, and family type. The study examined whether students from lone parent and/or teenage mother initiated families more commonly report sex, lack of contraception at first sex, and/or conceptions by age 15/16, and whether such associations can be explained by low parental strictness, difficult parent-child communication, and/or low parental input into sex education. Up to date longitudinal UK research on family influences on conceptions is lacking, as is longitudinal research on family influences on sexual behaviour. No previous studies have comprehensively examined effects of parenting behaviours. Unlike previous research, this study tested theories suggesting that parenting deficits among lone parent and teenage initiated families increase risk of teenage pregnancy among their children. Methods: Secondary analysis of data from a trial of sex education. Results: Girls and boys from lone parent families or having mothers who were teenagers when they were born were more likely to report sex but not lack of contraception at first sex by age 15/16. Girls and boys with mothers having them as teenagers, and boys but not girls from lone parent families, were more likely to report being involved in conceptions by age 15/16. Only the association between teenage mother family and girls' conceptions was reduced by adjusting for a parenting behaviour measure. Conclusions: Students from lone parent families or having mothers who were teenagers when they were born are more likely to report early sexual debut and conceptions by age 15/16, but this is not generally explained by parenting style. [Abstract taken from journal head-note]

BUSTON, Katie and WIGHT, Daniel. The salience and utility of school sex education to young men. *Sex Education* Volume 6, Number 2; May 2006: 135-150

Abstract: This paper focuses on young men's views on the school sex education they have received, the influence of this sex education on their intended or actual behaviour, and the extent to which other sources of information complement or supplement school sex education. Thirty-five in-depth interviews and eight group discussions were conducted with male pupils from six schools in the east of Scotland. Most of those interviewed did cite school as a useful source in learning about sex. The most commonly named highlights were learning more about what girls think about sexual matters and learning how to use a condom. Nine described how something they had learned in school sex education had changed the way they had behaved in a sexual encounter. A further eight, who had not experienced sexual intercourse, talked about how they thought sex education would influence their behaviour in a positive way in the future. The most common criticism of sex education was that it was not explicit enough. Although friends and/or television were named by the majority of young men as useful, for most young men school sex education appeared to be the only substantive source of information they had received on sexual matters. [Abstract taken from journal head-note]

DAVE, S S and STEPHENSON, J and others. Sexual behaviour, condom use, and disclosure of HIV status in HIV infected heterosexual individuals attending an inner London HIV clinic. *Sexually Transmitted Infections* Vol 82 No 2 April 2006: 117-120

Abstract: Background: The National Strategy for Sexual Health and HIV for England (2001) emphasised the role of HIV services in reducing secondary transmission of HIV through prevention work with HIV infected people. Objective: To determine the sexual behaviour, condom use, and disclosure of HIV status of HIV infected heterosexuals attending an inner London HIV clinic. Design: Cross sectional questionnaire study of heterosexual HIV infected individuals attending an HIV outpatient clinic. Methods: We collected demographic data for all respondents and sexual behaviour data for those sexually active over the past year using a self administered questionnaire. Viral load and CD4 count for responders and age, sex, ethnicity, viral load, and CD4 count for non-responders were obtained from the clinic database. Results: The response rate was 47.3% (n = 142). 100 participants reported being sexually active in the past year, of whom 73% used condoms when they last had vaginal sex. Knowledge of partner's HIV status was the only variable significantly associated with the participant disclosing their HIV status to their partner (p<0.001). In those who had disclosed

their status, only knowledge of partner's HIV status was significantly associated with condom use ($p = 0.03$). Conclusions: Issues relating to non-disclosure and partner notification in HIV infected heterosexuals will need to be better understood to improve sexual health in this group and to reduce onward transmission of HIV. [Abstract taken from journal head-note]

LESTER, Carolyn and ALLAN, Alexandra. Teenage sexual health needs: asking the consumers. *Health Education* Vol 106, No 4 - 2006: 315-328

Abstract: Purpose: In response to rising prevalence of sexually transmitted infection (STI) among teenagers, this study was designed to examine teenage perceptions of sex education, access to services, and attitudes relevant to STI. Design/methodology/approach: A focus group study was conducted in three schools to discuss the sexual health needs of teenagers. Four single sex groups of 14-15 year olds (two male and two female) comprising six to nine participants met for two one-hour sessions. Interviews were recorded, transcribed and analysed by two researchers. Findings: Sex education was reported to vary considerably in quality and content both between and within schools. Participants felt that this was due to some teachers being embarrassed, resulting in didactic delivery and lack of discussion. Most participants had received very little information about STI, including how it could be avoided or what to do if infection was suspected. Many felt that it would be useful to have an organised visit to a sexual health/contraceptive clinic as part of the curriculum and that it would also be helpful if clinic staff contributed to their sex education. Research limitations/implications: Teachers selected participants based on their maturity and willingness to take part, which may have resulted in failure to include those in greatest need of sexual health services. Practical implications: Teenagers need more comprehensive sex education at an earlier age, delivered by individuals who are expert in the subject and comfortable in its delivery. Information alone is not enough but should be linked to accessible user-friendly services for contraception and general sexual health. Originality/value: This paper provides information on teenage sexual health needs in general and to the field of STI in particular. [Abstract taken from journal head-note]

REID, Jennifer M and VAN TEIJLINGEN, Edwin R. Perceptions of school-aged women in northeast Scotland on sex education: a focus group study. *International Journal of Health Promotion and Education* Vol 44, No 2 - 2006: 59-64

Abstract: Aim: To investigate the current attitudes and behaviour of young women towards formal sex education and informal sources of sexual health advice. Method: Qualitative research methods were adopted in the form of focus group discussions, which included questions on sex education, sexual health campaigns and informal sources of sexual health education and advice. The group interviews were recorded. A content analysis of the descriptions was undertaken to identify the key themes and concepts. Results: Five focus groups were conducted in formal secondary-school settings and one in a community education centre. In total 31 young women aged 16-18 years participated in the study. Results showed that participants viewed the delivery of sex education as outdated and often ineffective. Teachers are not deemed to be effective providers of sex education and external healthcare facilitators are preferred. The main sources of sexual health information and advice for young women are friends, older sisters and girls' magazines, with parents and school nurses generally regarded as poor sources. Current sexual health campaigns are ineffective in targeting young people, with many unable to report any that are running at present, or the messages they try to portray. Conclusions: Young women view sexual intercourse as a normal activity for adolescents to partake in. This study suggests that those working in the health and education sectors should listen to the ideas and views of young people when planning and providing sexual health education, as the current provision of sex education is perceived to be ineffective by young people in fulfilling their needs. [Abstract taken from journal head-note]

STONE, Nicole and HATHERALL, Bethan and others. Oral sex and condom use among young people in the United Kingdom. *Perspectives on Sexual and Reproductive Health* Vol 38 No 1 March 2006: 6-12

Abstract: CONTEXT: The development of UK national targets to reduce the transmission of HIV and other STDs has focused health promotion efforts on advocating the use of condoms

during penetrative vaginal and anal sex. However, other behaviors that can facilitate STD transmission--such as oral sex and, in particular, fellatio--have received limited attention. **METHODS:** Between 2003 and 2005, a sample of 1,373 full- and part-time students, primarily aged 16--18, completed questionnaires about their knowledge, attitudes and experiences related to sexual behavior and health. Chi-square tests were used to assess differences by sexual experience and gender. Supplementary data were obtained from sexual event diaries completed by 108 young people. **RESULTS:** Fifty-six percent of survey respondents had experienced fellatio or cunnilingus, including 22% of those who had not yet engaged in penetrative intercourse. Of young people who had had vaginal intercourse, 70% had previously had oral sex. Among those who had experienced fellatio once, 17% had used a condom, but only 2% of respondents who had engaged in fellatio more than once reported consistent use. Reduced pleasure and lack of motivation, desire and forethought were reasons given for not using condoms during fellatio; hygiene, avoidance of the dilemma of whether to spit or swallow ejaculate, and taste were commonly cited as triggers for use. **CONCLUSION:** Greater efforts are needed to publicize the risk of exposure to STDs that many young people face because of unprotected noncoital sexual activities before, as well as after, they enter into relationships involving intercourse. [Abstract taken from journal head-note]

WESTWOOD, Jo and MULLAN, Barbara. Knowledge of secondary school pupils regarding sexual health education. *Sex Education* Volume 6, Number 2; May 2006: 151-162

Abstract: **Objective:** To assess the sexual health knowledge of secondary school pupils in order to ascertain whether the current government public health and education policies are having any impact on pupils' sexual health. **Design:** Results obtained from a questionnaire as part of a two-phase intervention study. **Setting:** Nineteen mixed-sex, state secondary schools in central England. **Participants:** Year 8 pupils (350 male, 345 female), year 9 pupils (300 male, 325 female) and year 10 pupils (310 male, 329 female). **Intervention:** A questionnaire survey to assess the knowledge of pupils' sexual health education. **Main outcome measures:** Questionnaires distributed to pupils as baseline to assess their knowledge of sexual health, contraception and sexually transmitted infections. **Results:** Sexual health knowledge improves with age. A significant difference across all age groups was found, although knowledge regarding sexually transmitted infections and emergency contraception is poor for all age groups. **Conclusions:** Current sexual health education provision is not providing young people with adequate knowledge regarding sexual health and contraception. [Abstract taken from journal head-note]

SEXUALITIES

DAVIS, Mark and HART, Graham and others. E-dating, identity and HIV prevention: theorising sexualities, risk and network society. *Sociology of Health and Illness* Vol 28 No 4 May 2006: 457-478

Abstract: This paper addresses how London gay men use the internet to meet sexual partners, or for e-dating. Based on qualitative interviews conducted face-to-face or via the internet, this research develops an account of how information technologies mediate the negotiation of identity and risk in connection with sexual practice. E-dating itself is a bricolage, or heterogeneous DIY practice of internet-based-communication (IBC). A central aspect of IBC is "filtering" in and out prospective e-dates based on the images and texts used to depict sexual identities. Interpretations and depictions of personal HIV risk management approaches in IBC are framed by the meanings of different identities, such as the stigma associated with being HIV positive. This paper argues for a sexualities perspective in a theory of network society. Further, HIV prevention in e-dating can potentially be addressed by considering the interplay of the HIV prevention imperatives associated with different HIV serostatus identities. There is a case for encouraging more explicit IBC about risk in e-dating and incorporating the expertise of e-daters in prevention activity. There is also a need to rethink traditional conceptions of risk management in HIV prevention to make space for the risk management bricolage of network society. [Abstract taken from journal head-note]

SANDFORT, Theo G M and BAKKER, Floor and others. Sexual orientation and mental and physical health status: findings from a Dutch population survey. *American Journal of Public Health* June 2006: 1119-1125

Abstract: We sought to determine whether sexual orientation is related to mental and physical health and health behaviors in the general population. Data was derived from a health interview survey that was part of the second Dutch National Survey of General Practice, carried out in 2001 among an all-age random sample of the population. Of the 19 685 persons invited to participate, 65% took part in the survey. Sexual orientation was assessed in persons aged 18 years and older and reported by 98.2% of 9684 participants. The respondents' characteristics are comparable with those of the Dutch general population. Gay/lesbian participants reported more acute mental health symptoms than heterosexual people and their general mental health also was poorer. Gay/lesbian people more frequently reported acute physical symptoms and chronic conditions than heterosexual people. Differences in smoking, alcohol use, and drug use were less prominent. We found that sexual orientation was associated with mental as well as physical health. The causal processes responsible for these differences by sexual orientation need further exploration. [Abstract taken from journal head-note]

SEXUALLY TRANSMITTED INFECTIONS

FLANNIGAN, Jason. Chlamydia: the nurse's role in diagnosis, treatment and health promotion. *Nursing Standard* Vol 20 No 41 21 June 2006: 59-64

Abstract: This article discusses the UK's most commonly diagnosed sexually transmitted infection, Chlamydia. It outlines the nurse's role in diagnosis, treatment and health promotion, including encouraging condom use, medications, partner notification and emphasising the importance of avoiding sexual intercourse until drug therapy is completed and symptoms have gone. [Abstract taken from journal head-note]

GOTZ, H M and VELDHUIJZEN, I K and others. Chlamydia trachomatis infections in multi-ethnic urban youth: a pilot combining STI health education and outreach testing in Rotterdam. *Sexually Transmitted Infections* Vol 82 No 2 April 2006: 148-153

Abstract: Background/objectives: Testing for Chlamydia trachomatis (Ct) is less accepted in people of non-Dutch ethnicity than Dutch people. We offered additional Ct and gonorrhoea testing through our outreach sexually transmitted infections (STI) prevention programme to determine whether this intervention strategy is feasible and efficient. Methods: Outreach workers offered test kits to women and men aged 15-29 years, in group and street settings and in a vocational training school. Demographic and behavioural data and characteristics of non-responders were assessed. DNA was isolated (using the MagNA Pure LC system) from urine and tested using the Cobas Amplicor test. Results: Among sexually active people, the test rate differed by venue (groups 80% (74/93), school 73% (49/67), street 17% (49/287); $p < 0.001$). There was no difference in test rate between group and school settings by gender or ethnicity. Ct positivity was 14.5% (25/172); women 20.2% (20/99) versus men 6.8% (5/73); $p = 0.01$. Ct positivity was highest at school (24.5% (12/49)) and among Surinamese/Antillean people (17.5% (14/80)). Treatment rate of index cases and current partners was 100% and 78%, respectively. Conclusions: We found a high acceptance of chlamydia testing in group and school settings in both men and women of non-Dutch ethnicity. The prevalence indicates that we have accessed high risk people. Outreach testing and is feasible and most efficient in school and group settings. School screening may have an impact on community prevalence of Ct infections. [Abstract taken from journal head-note]

SHOVELLER, Jean A and JOHNSON, Joy L and others. Preventing sexually transmitted infections among adolescents: an assessment of ecological approaches and study methods. *Sex Education* Volume 6, Number 2; May 2006: 163-183

Abstract: Most primary prevention research has attempted to explain sexual health outcomes, such as sexually transmitted infections, by focusing on individual characteristics (e.g. age), qualities (e.g. knowledge levels), and risk behaviour (e.g. unprotected intercourse).

Emerging evidence indicates that population-level health outcomes are unlikely to be explained adequately as an aggregate of such individual-level factors. Rather, approaches that move beyond individualistic frameworks and adopt more ecological approaches may hold promise for promoting sexual health at the population level. This paper assessed the degree to which ecological approaches were integrated into empirical research regarding interventions to prevent sexually transmitted infections among adolescents. The paper also assessed the scientific rigour of the 35 intervention reports included in this review. Most (n = 31) reports focused exclusively on the micro-level (e.g. individual knowledge and attitudes) issues. No studies accounted for macro-level concerns (e.g. socio-cultural influences). Three reports were rated as methodologically 'strong,' 11 were of moderate quality and 21 reports were rated as 'weak.' Most sexual health interventions targeting adolescents have focused nearly exclusively on individual risk, but have failed to yield encouraging results in terms of behaviour change or reducing disease burden in this population. More attention should be paid to ecological approaches and new study methods should be explored. [Abstract taken from journal head-note]

SMOKING

AUDREY, Suzanne and HALLIDAY, Jo and others. It's good to talk: adolescent perspectives of an informal peer-led intervention to reduce smoking. *Social Science and Medicine* Volume 63 No 2 - July 2006: 320-334

Abstract: Although peer education has enjoyed considerable popularity as a health promotion approach with young people, there is mixed evidence about its effectiveness. Furthermore, accounts of what young people actually do as peer educators are scarce, especially in informal settings. In this paper, we examine the activities of the young people recruited as 'peer supporters' for A Stop Smoking in Schools Trial (ASSIST) which involved 10,730 students at baseline in 59 secondary schools in south-east Wales and the west of England. Influential Year 8 students, nominated by their peers, were trained to intervene informally to reduce smoking levels in their year group. The ASSIST peer nomination procedure was successful in recruiting and retaining peer supporters of both genders with a wide range of abilities. Outcome data at 1-year follow-up indicate that the risk of students who were occasional or experimental smokers at baseline going on to report weekly smoking at 1-year follow-up was 18.2% lower in intervention schools. This promising result was supported by analysis of salivary cotinine. Qualitative data from the process evaluation indicate that the majority of peer supporters adopted a pragmatic approach, concentrating their attentions on friends and peers whom they felt could be persuaded not to take up smoking, rather than those they considered to be already 'addicted' or who were members of smoking cliques. ASSIST demonstrated that a variety of school-based peer educators, who are asked to work informally rather than under the supervision of teaching staff, will engage with the task they have been asked to undertake and can be effective in diffusing health-promotion messages. Given the serious concerns about young people's smoking behaviour, we argue that this approach is worth pursuing and could be adapted for other health promotion messages. [Abstract taken from journal head-note]

AYADI, M Femi and ADAMS, Kathleen E and others. Costs of a smoking cessation counseling intervention for pregnant women: comparison of three settings. *Public Health Reports* Volume 121, Number 2 - March/April 2006: 120-126

Abstract: Objective: Although the rate of smoking among women giving birth in the United States has declined steadily from 19.5% in 1989 to 11.4% in 2002, it still far exceeds the Healthy People 2010 goal of 1%. The objective of this study was to estimate the costs of a recommended five-step smoking cessation counseling intervention for pregnant women. Methods: Costs were compared across three settings: a clinical trial, a quit line, and a rural managed care organization. Cost data were collected from August 2002 to September 2003. Intervention costs were compared with potential neonatal cost savings from averted adverse outcomes using data from the Centers for Disease Control and Prevention's Maternal and

Child Health Smoking-Attributable Mortality, Morbidity, and Economics Costs software. Results: The costs of implementing the intervention ranged from dollar 24 to dollar 34 per pregnant smoker counseled across the three settings. Potential neonatal cost savings that could be accrued from women who quit smoking during pregnancy were estimated at dollar 881 per maternal smoker. Assuming a 30% to 70% increase over baseline quit rates, interventions could net savings up to dollar 8 million within the range of costs per pregnant smoker. Conclusions: Costs may vary depending on the intensity and nature of the intervention; however, this analysis found a surprisingly narrow range across three disparate settings. Cost estimates presented here are shown to be low compared with potential cost savings that could be accrued across the quit rates that could be achieved through use of the 5A's smoking. [Abstract taken from journal head-note]

BAKER, Brian. Smooth transition [smoking legislation]. *Public Health News* 19 June 2006: 10-11

BLOOR, R N and MEESON, L and others. The effects of a non-smoking policy on nursing staff smoking behaviour and attitudes in a psychiatric hospital. *Journal of Psychiatric and Mental Health Nursing* Vol 13, No 2; April 2006: 188-196

Abstract: The UK Department of Health required that by April 2001, all NHS bodies would have implemented a smoking policy. It has been suggested that the best demonstration a hospital can make of its commitment to health is to ban smoking on its premises. This paper reports on an evaluation of the effectiveness of a non-smoking policy in a newly opened NHS psychiatric hospital. Questionnaires were sent to all 156 nursing staff in a psychiatric hospital to assess the effectiveness of the policy in terms of staff smoking behaviour, attitudes to the restriction and compliance with the policy. Of the 156 questionnaires distributed, 92 (58%) were returned; smokers, former smokers and those who have never smoked were quite evenly represented at 34.78%, 34.78% and 30.43%, respectively. Of eight critical success factors for the policy, only one, staff not smoking in Trust public areas, had been achieved. A non-smoking policy was generally accepted as necessary by nursing staff working in a mental health setting. Staff felt that the policy was not effective in motivating smoking nurses to stop and that insufficient support was given to these nurses. The study highlights the importance of introducing staff support systems as an integral part of smoking policies and the role of counterintuitive behaviour in the effectiveness of smoking policy introduction in healthcare settings. [Abstract taken from journal head-note]

BOTTORFF, Joan L and OLIFFE, John and others. Men's constructions of smoking in the context of women's tobacco reduction during pregnancy and postpartum. *Social Science and Medicine* Volume 62 No 12 - June 2006: 3096-3108

Abstract: Men's smoking is largely under-examined despite research that has consistently linked partner smoking to pregnant women's smoking and smoking relapse in the postpartum. An on-going qualitative study involving 31 couples in Canada exploring the influence of couple interactions on women's tobacco reduction provided the opportunity to examine men's smoking in the context of women's tobacco reduction or cessation during pregnancy and postpartum. Individual open-ended interviews with 20 men who smoked were conducted at 0-6 weeks following the birth of their infants and again at 16-24 weeks postpartum. Constant comparative methods were used along with social constructivist perspectives of fatherhood and gender to guide data analysis and enhance theoretical sensitivity. Four themes emerged in men's accounts of their tobacco use: (1) expressing masculinity through smoking, (2) reconciling smoking as a family man, (3) losing the freedom to smoke, and (4) resisting a smoke-less life. Men's reliance on and commitment to dominant ideals of masculinity seemed to preclude them from viewing their partner's tobacco reduction or cessation for pregnancy as an opportunity for cessation. Expectant and new fathers who smoke, however, may be optimally targeted for cessation interventions because it is a time when men experience discomfort with their smoking and when discontinuities in everyday life associated with the transition to fatherhood and presence of a new baby provide opportunities for establishing new routines. Implications for gender-sensitive smoking cessation interventions are discussed. [Abstract taken from journal head-note]

BRICKER, Jonathan B and PETERSON, Arthur V and others. Childhood friends who smoke: do they influence adolescents to make smoking transitions? *Addictive Behaviors* Volume 31, Issue 5 - May 2006: 889-900

Abstract: This study investigated longitudinally the extent to which childhood friends who smoke influence adolescents' smoking transitions, and compared that influence with that of parents who smoke. In a sample of 4744 children, results showed that the probability, per close friend, that a smoking close friend influenced the adolescent to make the first transition to trying smoking was 38% (95% CI: 28%, 46%); to make the second transition from trying to monthly smoking, 10% (95% CI: 5%, 15%); and to make the third transition from monthly to daily smoking, 11% (95% CI: 5%, 17%). Compared to parents' smoking, close friends' smoking was 12% ($p = 0.03$) more influential for the first transition, no different for the second transition ($p = 0.53$), and 16% ($p = 0.01$) less influential for the third transition. Results provide new evidence suggesting that childhood close friends who smoke influence not only initiation but also escalation of adolescents' smoking. Results also confirmed the important role of parents' smoking. Targeting both childhood close friends' and parents' smoking would be valuable in prevention research. [Abstract taken from journal head-note]

CAIN, Sasha. Smokefree mental health services - a chance to improve health? *Mental Health Review* Vol 11 Issue 2 June 2006: 29-32

CASSIDY, Simon. Using social identity to explore the link between a decline in adolescent smoking and mobile phone use. *Health Education* Vol 106, No 3 - 2006: 238-250

Abstract: Purpose: The study seeks to further explore the hypothesised link between the increase in mobile phone ownership and use and the reported decline in adolescent smoking. Evidence for the link was gathered by examining perceptions of mobile phone use in the context of social identity and adolescent smoking. Design/methodology/approach: The study developed and employed a questionnaire-based survey design asking a sample of student participants to characterise mobile phone users using a semantic differential scale. Data were also collected in relation to individual levels and patterns of mobile phone usage. The sample consisted of 172 undergraduate students studying in the Faculty of Health based in a UK university. Findings: Findings show first that mobile phone use is associated with a number of positive, desirable personal and social attributes relating to concepts of social identity and image formation, and that many of the attributes associated with mobile phone use are those commonly associated with smoking behaviour. Research limitations/implications: The association between mobile phone use and social identity theory provides a theoretical framework which helps explain the prolific rise in mobile phone use and can be used to support the viability of a link between a decline in levels of adolescent smoking and a rise in mobile phone ownership. Further evidence needs to be gathered which examines both behaviours in a single cohort of adolescents to establish the direct impact of mobile phone use on smoking behaviour in this particular group. Practical implications: Mobile phone use may serve as a displacement behaviour for smoking in adolescents and may provide an example of a positive - as opposed to a negative - addiction, given that it is a potential alternative to smoking in adolescents. Originality/value: The paper provides an examination of the health implications of a modern-day social phenomenon. It draws on and draws together established theory and empirical work to further advance a previously proposed link between smoking and mobile phone use. Establishing such a link has important implications for health education and promotion activities. [Abstract taken from journal head-note]

CHAN, Sophia and LAM Tai Hing. Protecting sick children from exposure to passive smoking through mothers' actions: a randomized controlled trial of a nursing intervention. *Journal of Advanced Nursing* Vol 54, No 4 - May 2006: 440-449

Abstract: Aims: The aim of this study was to evaluate the effectiveness of a nursing educational intervention with mothers of sick children to decrease passive smoking exposure. Background: Passive smoking represents a serious health hazard and is a substantial threat to child health causing major risk factors for acute respiratory illness in children. Nurses are in a vital position to conduct health education to improve children's health, which is a legitimate

activity in a pediatric ward. *Methods:* A randomized controlled trial was conducted in the general paediatric wards of four major hospitals in Hong Kong. The participants were non-smoking mothers of sick children admitted to the paediatric ward and with smoking husbands living in the same household. *Findings:* A total of 1483 women were randomized into the intervention ($n = 752$) and control ($n = 731$) group. The intervention group received from the nurses (1) standardized health advice; (2) two purpose-designed booklets about preventing exposure to passive smoking and helping fathers quit; (3) a no smoking sticker; and (4) a telephone reminder 1 week later. No intervention was given to the controls. Baseline comparison showed no significant differences between the two groups in the mothers' actions to protect the children from passive smoking exposure. More mothers in the intervention group than the control group had always moved the children away when they were exposed to the fathers' smoke at home at 3-month follow up (78[middle dot]4% vs. 71[middle dot]1%; $P = 0$ [middle dot]01) but became non-significant at 6 and 12 months. *Conclusions:* A simple health education intervention provided by nurses to the mothers in a busy clinical setting can be effective in the short-term to motivate the mothers to take actions to protect the children from exposure to passive smoking produced by the fathers. [Abstract taken from journal head-note]

CHEN, Hsing-Hsia and YEH, Mei-Ling. Developing and evaluating a smoking cessation program combined with an Internet-assisted instruction program for adolescents with smoking. *Patient Education and Counseling* Volume 61 No 3 - June 2006: 411-418

Abstract: *Objective:* The purpose of this study was to develop a smoking cessation program combined with an Internet-assisted instruction (IAI) program to help youth smokers quit smoking, and to evaluate the effectiveness of the program in changing youth's attitudes toward smoking, smoking behavior, and self-efficacy for smoking cessation. *Methods:* To achieve this goal, a comparative study of 77 senior high students divided into two groups was conducted. One group, designated as the experimental group, accepted a 6-week smoking cessation program plus an IAI program and the other group did not receive any intervention as the comparison group. All participants completed questionnaires before and after the program. *Results:* The results showed that the strategy of combining the smoking cessation program and an IAI program was highly effective in terms of effects upon the youth's attitude towards smoking, smoking behavior, and self-efficacy. There was a highly positive correlation between the participants' attitude toward smoking and self-efficacy. In contrast, cigarette consumption was in a strongly negative correlation with self-efficacy. *Conclusion:* Most of all participants in the experimental group recognized the effectiveness of the program, and thought the smoking cessation program with an IAI program was helpful and welcomed by youth. This study can serve as reference for future design and implementation of IAI programs for youth smoking cessation. [Abstract taken from journal head-note]

CHIOLERO, Arnaud and WIETLISBACH, Vincent and others. Clustering of risk behaviors with cigarette consumption: a population-based survey. *Preventive Medicine* Vol 42 No 5 - May 2006: 348-353

Abstract: *Objective:* This study assessed clustering of multiple risk behaviors (i.e., low leisure-time physical activity, low fruits/vegetables intake, and high alcohol consumption) with level of cigarette consumption. *Methods:* Data from the 2002 Swiss Health Survey, a population-based cross-sectional telephone survey assessing health and self-reported risk behaviors, were used. 18,005 subjects (8052 men and 9953 women) aged 25 years old or more participated. *Results:* Smokers more frequently had low leisure time physical activity, low fruits/vegetables intake, and high alcohol consumption than non- and ex-smokers. Frequency of each risk behavior increased steadily with cigarette consumption. Clustering of risk behaviors increased with cigarette consumption in both men and women. For men, the odds ratios of multiple (greater than or equal to 2) risk behaviors other than smoking, adjusted for age, nationality, and educational level, were 1.14 (95% confidence interval: 0.97, 1.33) for ex-smokers, 1.24 (0.93, 1.64) for light smokers (1-9 cigarettes/day), 1.72 (1.36, 2.17) for moderate smokers (10-19 cigarettes/day), and 3.07 (2.59, 3.64) for heavy smokers (20 cigarettes/day or more) versus non-smokers. Similar odds ratios were found for women for corresponding groups, i.e., 1.01 (0.86, 1.19), 1.26 (1.00, 1.58), 1.62 (1.33, 1.98), and 2.75 (2.30, 3.29). *Conclusions:* Counseling and intervention with smokers should take into

account the strong clustering of risk behaviors with level of cigarette consumption. [Abstract taken from journal head-note]

de MEYRICK, Julian and YUSEF, Farhat. The application of household expenditure data in the development of anti-smoking campaigns. *Health Education* Vol 106, No 3 - 2006: 227-237
Abstract: Purpose: Despite widespread anti-smoking campaigns, prevalence and the consequent damage to the community remains high and are therefore of concern to health educators. Several studies have identified a clear socio-economic status gradient in smoking prevalence. One purpose of this paper is to re-examine this gradient to assist in the more accurate targeting of anti-smoking campaigns. Another purpose of this paper is to examine the financial cost of smoking from a household perspective and also to compare survey data with data compiled by other means to test whether smokers are accurately reporting their smoking behaviour. This can assist in the refining of anti-smoking message strategies. Design/methodology/approach: Data from a large-scale survey of Australian households - the Household Expenditure Survey - was analysed and compared with data from other sources to examine demographic correlates and self-reported estimates of smoking behaviour. Findings: Approximately one third of households reported expenditure on tobacco. Expenditure is more prevalent among households with a female head and among lower status occupations. Young people are continuing to take up smoking. Smoking households appear to underestimate their expenditure on tobacco by more than 40 percent. Research limitations/implications: Data are drawn from households, not individuals; therefore exact estimations of smoking prevalence and individual smoking behaviour are not possible. Originality/value: The findings provide important guidance for health educators developing anti-smoking campaigns. The findings provide assistance in the development of targeting and message strategy guidelines. [Abstract taken from journal head-note]

DOHERTY, Kathleen. Giving up the habit. Smoking cessation does work for people with long-term health problems, even in hospital. *Mental Health Today* May 2006: 27-29

FIDLER, J A and WARDLE, J and others. Vulnerability to smoking after trying a single cigarette can lie dormant for three years or more. *Tobacco Control* Vol 15 No 3 July 2006: 205-209

Abstract: Objective: To examine the development of smoking behaviour among adolescents who, at age 11, had tried cigarettes just once. Design: A five-year prospective study. Setting: 36 schools in South London, England. Subjects: A socioeconomically and ethnically diverse sample of students completed questionnaires annually from age 11-16. A total of 5863 students took part, with an annual response rate ranging from 74-85%. 2041 (35%) provided smoking status data every year. Main outcome measures: Current smoking (smoking sometimes or more often) for the first time. Cotinine assays provided biochemical verification of smoking status. Results: Students who at age 11 reported having tried smoking cigarettes just once (n = 260), but were not smoking at the time, were more likely to take-up smoking at a later age than those that had not tried smoking (n = 1719), even after a gap of up to three years of not smoking. The odds of starting to smoke at age 14 were 2.1 times greater (95% confidence interval 1.2 to 3.5) in the age 11 "one time triers" than the "non-triers", even once sex, ethnicity, deprivation, parental smoking and conduct disorder were adjusted for. Conclusions: This is the first clear demonstration of a "sleeper effect" or period of dormant vulnerability. Our findings have implications for understanding the development of cigarette use and for policies to reduce smoking in young people. Preventing children from trying even one cigarette may be important, and the design of interventions should recognise adolescents who have smoked just once, several years previously, as potentially vulnerable to later smoking uptake. [Abstract taken from journal head-note]

GILBERT, Hazel and SUTTON, Stephen. Evaluating the effectiveness of proactive telephone counselling for smoking cessation in a randomized controlled trial. *Addiction* Vol 101, No 4 - April 2006: 590-598

Abstract: Aim: To evaluate the effectiveness of repeated-contact proactive telephone counselling for smoking cessation in a UK setting. Design: Randomized controlled trial.

Setting: The Quitline(R), an established national telephone counselling service available throughout the UK. Participants and intervention: A total of 1457 callers to the Quitline in 2000 and 2001 were allocated randomly to a Control group to receive usual care or to a Repeated Contact group to be offered five proactive calls in addition to usual care. Measurements: Prolonged abstinence and 24-hour point-prevalent abstinence 6 and 12 months after recruitment, quit attempts and 24-hour periods of abstinence in non-quitters. Findings: No significant differences were found between the Repeated Contact and Control groups on prolonged or point-prevalent abstinence. On an intention-to-treat basis, 9.5% of the Control group were abstinent for longer than 6 months at the 12-month follow-up, compared with 9.3% of the Repeated Contact group; 18.9% and 20.2%, respectively, were point-prevalent abstinent at the 6-month follow-up. Significantly more non-quitters in the Control group made a quit attempt in the first 6 months following recruitment than in the Repeated Contact group (62.6%/56.1%, $P < 0.05$). Conclusions: Proactive telephone counselling did not significantly increase abstinence rates, and appeared to decrease quit attempts, in callers to the Quitline. A non-structured, client-led counselling protocol and insufficient pre-quit motivational counselling could account for the lack of effect. [Abstract taken from journal head-note]

HILL, Teresa D and WISE, Gregory R and others. A blueprint for assessing public support of citywide smoke-free legislation. *Health Promotion Practice* Volume 7, Issue 2 - April 2006: 243-251

Abstract: The tracking of public opinion can be a critical component of antitobacco campaigns, such as efforts to enact citywide Clean Indoor Air legislation. Grassroots tobacco control coalitions that work locally to promote smoke-free environments typically encompass individuals from a wide range of public health fields. Although knowledgeable, volunteer groups lack the financial resources to evaluate the impact of local efforts or determine their community's level of support for potential legislation. The steps taken by a grassroots organization to conduct a public opinion survey are outlined, including methodological, analytical issues, and resource requirements. A valid survey can be completed in 4 months with minimal financial resources. Individuals willing to voluntarily administer and analyze a survey can be identified at the local level. Results of a tobacco-related public opinion survey can be instrumental in the promotion of smoke-free environments and an effective tool in attracting media coverage. [Abstract taken from journal head-note]

HOUSTON, Thomas K and PERSON, Sharina D and others. Active and passive smoking and development of glucose intolerance among young adults in a prospective cohort: CARDIA study. *British Medical Journal* 6 May 2006: 1064-1067

Abstract: Objective: To assess whether active and passive smokers are more likely than non-smokers to develop clinically relevant glucose intolerance or diabetes. Design: Coronary artery risk development in young adults (CARDIA) is a prospective cohort study begun in 1985-6 with 15 years of follow-up. Setting: Participants recruited from Birmingham, Alabama; Chicago, Illinois; Minneapolis, Minnesota; and Oakland, California, USA. Participants: Black and white men and women aged 18-30 years with no glucose intolerance at baseline, including 1386 current smokers, 621 previous smokers, 1452 never smokers with reported exposure to secondhand smoke (validated by serum cotinine concentrations 1-15 ng/ml), and 1113 never smokers with no exposure to secondhand smoke. Main outcome Measure: Time to development of glucose intolerance (glucose 100 mg/dl or taking antidiabetic drugs) during 15 years of follow-up. Results: Median age at baseline was 25, 55% of participants were women, and 50% were African-American. During follow-up, 16.7% of participants developed glucose intolerance. A graded association existed between smoking exposure and the development of glucose intolerance. The 15 year incidence of glucose intolerance was highest among smokers (21.8%), followed by never smokers with passive smoke exposure (17.2%), and then previous smokers (14.4%); it was lowest for never smokers with no passive smoke exposure (11.5%). Current smokers (hazard ratio 1.65, 95% confidence interval 1.27 to 2.13) and never smokers with passive smoke exposure (1.35, 1.06 to 1.71) remained at higher risk than never smokers without passive smoke exposure after adjustment for multiple baseline sociodemographic, biological, and behavioural factors, but risk in previous smokers was similar to that in never smokers without

passive smoke exposure. *Conclusion: These findings support a role of both active and passive smoking in the development of glucose intolerance in young adulthood. [Abstract taken from journal head-note]*

JOOSSENS, L and RAW, M. The tobacco control scale: a new scale to measure country activity. *Tobacco Control* Vol 15 No 3 July 2006: 247-253

Abstract: Objectives: To quantify the implementation of tobacco control policies at country level using a new Tobacco Control Scale and to report initial results using the scale. Method: A questionnaire sent to correspondents in 30 European countries, using a scoring system designed with the help of a panel of international tobacco control experts. Results: The 30 countries are ranked by their total score on the scale out of a maximum possible score of 100. Only four countries (Ireland, United Kingdom, Norway, Iceland) scored 70 or more, with an eight point gap (most differences in scores are small) to the fifth country, Malta, on 62. Only 13 countries scored above 50, 11 of them from the European Union (EU), and the second largest points gap occurs between Denmark on 45 and Portugal on 39, splitting the table into three groups: 70 and above, 45 to 62, 39 and below. Ireland had the highest overall score, 74 out of 100, and Luxembourg was bottom with 26 points. However even Ireland, much praised for their ban on smoking in public places, did not increase tobacco taxes in 2005, for the first time since 1995. Conclusions: Although the Tobacco Control Scale has limitations, this is the first time such a scale has been developed and applied to so many countries. We hope it will be useful in encouraging countries to strengthen currently weak areas of their tobacco control policy. [Abstract taken from journal head-note]

KARP, I and O'LOUGHLIN, J and others. Risk factors for tobacco dependence in adolescent smokers. *Tobacco Control* Vol 15 No 3 July 2006: 199-204

Abstract: Objective: To study the incidence of conversion to tobacco dependence (TD) and the prevalence of the TD state in relation to several potential determinants in a sample of adolescent smokers. Methods: Questionnaires were administered every 3-4 months to document TD symptoms, amount of cigarette consumption, and depression symptoms in a prospective cohort of 1293 grade 7 students in a convenience sample of 10 schools. Results: Over 54 months of follow-up, 113 of 344 novice smokers converted to TD. The referent series for the analysis of incidence comprised 823 person-surveys. The prevalence series included 1673 person-surveys, contributed by 429 smokers. Conversion to TD and TD status were associated with the intensity of recent (that is, past 3-month) cigarette consumption (adjusted incidence rate ratio (aIRR) 1.63 (95% confidence interval (CI) 1.36 to 1.97) and adjusted prevalence odds ratio (aPOR) 1.35 (95% CI 1.23 to 2.48) per 100 cigarettes per month), slowest CYP2A6 activity (aIRR 4.19 (95% CI 1.38 to 12.76) and aPOR 2.30 (95% CI 1.29 to 4.09)), depression score (aIRR 1.61 (95% CI 1.17 to 2.21) and aPOR 1.47 (95% CI 1.22, 1.75) per 1-unit change). Additional determinants included, for conversion to TD, time since onset of cigarette use (aIRR 0.76 (95% CI 0.58 to 1.00) per year) and, for the TD state, positive TD status six months ago (aPOR 3.53 (95% CI 2.41 to 5.19)). Conclusions: TD risk in adolescents is associated with intensity of recent cigarette consumption, while the role of more distant cigarette consumption appears small; subjects with slow nicotine metabolism and those with more depression symptoms are at increased risk of becoming tobacco dependent. The risk of being tobacco dependent is considerably higher in subjects who had previously developed the TD state. [Abstract taken from journal head-note]

KOOP, C Everett and LUOTO, Joanne. "The health consequences of smoking: Cancer", overview of a report of the Surgeon General [1982 article plus contemporary commentary]. *Public Health Reports* Volume 121, Supplement 1 - 2006: 268-275

LOUKA, Pinelopi and MAGUIRE, Moira and others. 'I think it's a pain in the ass that I have to stand outside in the cold and have a cigarette.' Representations of smoking and experiences of disapproval in UK and Greek smokers. *Journal of Health Psychology* Volume 11, Number 3 - May 2006: 441-451

Abstract: Smokers in Greece and the UK are habitually exposed to different levels of social disapproval. This qualitative study explored the accounts of smoking and disapproval offered by 32 UK and Greek smokers. Accounts were framed with reference to a highly moralized construction of smoking. Participants were sensitive to social disapproval of their smoking. While disapproval from those close to them was accepted, disapproval from the general public was not. Two discursive repertoires 'smoking works for me now' and 'the struggle to quit' were identified as resources that participants drew upon to enable continued smoking while acknowledging the health issues. While there were many similarities in the accounts provided, there were important differences that seem to reflect the different 'smoking worlds' inhabited. [Abstract taken from journal head-note]

LUK, Rita and FERRENCE, Roberta and others. The economic impact of a smoke-free bylaw on restaurant and bar sales in Ottawa, Canada. *Addiction* Vol 101, No 5 - May 2006: 738-745

Abstract: Aims: On 1 August 2001, the City of Ottawa (Canada's Capital) implemented a smoke-free bylaw that completely prohibited smoking in work-places and public places, including restaurants and bars, with no exemption for separately ventilated smoking rooms. This paper evaluates the effects of this bylaw on restaurant and bar sales. Data and Measures: We used retail sales tax data from March 1998 to June 2002 to construct two outcome measures: the ratio of licensed restaurant and bar sales to total retail sales and the ratio of unlicensed restaurant sales to total retail sales. Restaurant and bar sales were subtracted from total retail sales in the denominator of these measures. Design and Analysis: We employed an interrupted time-series design. Autoregressive integrated moving average (ARIMA) intervention analysis was used to test for three possible impacts that the bylaw might have on the sales of restaurants and bars. We repeated the analysis using regression with autoregressive moving average (ARMA) errors method to triangulate our results. Findings: Outcome measures showed declining trends at baseline before the bylaw went into effect. Results from ARIMA intervention and regression analyses did not support the hypotheses that the smoke-free bylaw had an impact that resulted in (1) abrupt permanent, (2) gradual permanent or (3) abrupt temporary changes in restaurant and bar sales. Conclusions: While a large body of research has found no significant adverse impact of smoke-free legislation on restaurant and bar sales in the United States, Australia and elsewhere, our study confirms these results in a northern region with a bilingual population, which has important implications for impending policy in Europe and other areas. [Abstract taken from journal head-note]

McEWEN, Andy and WEST, Robert and others. Triggering anti-smoking advice by GPs: mode of action of an intervention stimulating smoking cessation advice by GPs. *Patient Education and Counseling* Volume 62 No 1 - July 2006: 89-94

Abstract: Objective: To assess the mode of action of an intervention (GP desktop resource, GDR) that increased the frequency of general practitioner (GP) advice to stop smoking. Methods: Analyses were undertaken to differentiate between three hypotheses regarding the mode of action of the GDR. That the GDR acts: (1) by altering GPs' attitudes, (2) independently of attitudes in prompting GPs to intervene with smokers or (3) by altering the relationship between attitudes and behaviour. Results: The GDR was an independent predictor of the number of patients advised to stop smoking ($\beta = .345$, $p < .001$). Concern about the doctor-patient relationship was the only attitude variable that independently predicted advice giving, in this case negatively ($\beta = -.465$, $p < .001$). Possession of the GDR did not alter GPs' views on whether intervening with smokers harmed the doctor-patient relationship, but did weaken the relationship between this attitude item and the number of patients advised to stop smoking ($\beta = .595$, $p < .001$ for the interaction). Conclusion: This study is the first to show that concern over the doctor-patient relationship was an independent predictor of advice giving while in other studies it has merely been noted as something that GPs express concern about. A simple device designed to trigger action on the part of GPs appeared to work by mitigating the negative effect of an attitudinal barrier to action. It would be interesting to explore this phenomenon more generally in relation to health promotion activities on the part of health professionals. Practice implications: Recommendations that GPs engage in health promotion activities with their patients need to consider that GPs' concerns over harming the doctor-patient relationship may deter them from making such

interventions. The GDR appears to be effective in prompting GPs to advise their smoking patients to stop and its widespread distribution to GPs should be considered. [Abstracts taken from journal head-note]

NOVAK, Scott P and REARDON, Sean F and others. Retail tobacco outlet density and youth cigarette smoking: a propensity-modeling approach. *American Journal of Public Health* April 2006: 670-676

Abstract: Objectives: We examined whether retail tobacco outlet density was related to youth cigarette smoking after control for a diverse range of neighborhood characteristics. Methods: Data were gathered from 2116 respondents (aged 11 to 23 years) residing in 178 census tracts in Chicago, Ill. Propensity score stratification methods for continuous exposures were used to adjust for potentially confounding neighborhood characteristics, thus strengthening causal inferences. Results: Retail tobacco outlets were disproportionately located in neighborhoods characterized by social and economic disadvantage. In a model that excluded neighborhood confounders, a marginally significant effect was found. Youths in areas at the highest 75th percentile in retail tobacco outlet density were 13% more likely (odds ratio [OR]=1.13; 95% confidence interval [CI]=0.99, 1.28) to have smoked in the past month compared with those living at the lowest 25th percentile. However, the relation became stronger and significant (OR=0.21; 95% CI=1.04, 1.41) after introduction of tract-level confounders and was statistically significant in the propensity score-adjusted model (OR = 1.20; 95% CI = 1.001, 1.44). Results did not differ significantly between minors and those legally permitted to smoke. Conclusions: Reductions in retail tobacco outlet density may reduce rates of youth smoking. [Abstract taken from journal head-note]

PECHMANN, Cornelia and REIBLING, Ellen T. Antismoking advertisements for youths: an independent evaluation of health, counter-industry, and industry approaches. *American Journal of Public Health* May 2006: 906-913

Abstract: We used a validated copy test method to examine the effectiveness of 8 types of antismoking advertisements representing health, counterindustry, and industry approaches. We tested the hypothesis that health ads about tobacco victims can lower most adolescents' intent to smoke if the ads elicit disgust and anti-industry feelings rather than fear. We hypothesized null effects for adolescents with conduct disorder because of their abnormally low empathy. Ninth-grade students from 8 California public schools (n = 1725) were randomly assigned to view 1 of 9 videotapes containing a TV show with ads that included either a set of antismoking ads or a set of control ads. Participants completed baseline measures assessing personality traits and postexposure measures assessing smoking intent, feelings, beliefs, and ad evaluations. Ads focusing on young victims suffering from serious tobacco-related diseases elicited disgust, enhanced anti-industry motivation, and reduced intent to smoke among all but conduct-disordered adolescents. Counterindustry and industry ads did not significantly lower smoking intention. Sponsors of tobacco use prevention ad campaigns should consider using ads showing tobacco-related disease and suffering, not just counterindustry ads. Ads should be copy tested before airing. [Abstract taken from journal head-note]

PETERSON Jr, Arthur V and LEROUX, Brian G and others. Nine year prediction of adolescent smoking by number of smoking parents. *Addictive Behaviors* Volume 31, Issue 5 - May 2006: 788-801

Abstract: For scientific and public health reasons, it is important to identify the role of family influences on child smoking acquisition. Using a well-followed (> 90%) cohort of 3012 children and their parents, this study prospectively investigated the influence of smoking by 0 vs. 1 vs. 2 parents when the children were young (3rd grade), on whether the children subsequently became daily smokers. It is the only study to investigate the prediction of child/adolescent smoking at the end of the smoking acquisition period (12th grade) by parental smoking at the start of the period (3rd grade). Logistic regression analyses revealed that having one parent who smokes substantially increases the risk that children will become daily smokers, relative to families where neither parent smokes (OR = 1.90, p < .01). There is no evidence that the increased risk depends on parent or child gender. These results suggest the need for public

health interventions that inform parents of young children that their own smoking behavior increases their children's risk for future smoking. [Abstract taken from journal head-note]

PILKINGTON, P A and GRAY, S and others. Attitudes toward second hand smoke amongst a highly exposed workforce: survey of London casino workers. *Journal of Public Health* Volume 28, Issue 2 - June 2006: 104-110

Abstract: Study objective To examine knowledge, attitudes and experiences of London casino workers regarding exposure to second hand smoke (SHS) in the workplace. Design: Postal survey of 1568 London casino workers in 25 casinos who were members of the TGWU or GMB Trade Unions. Main results: Of the workers, 559 responded to the survey (36% response), 22% of whom were current smokers. Of the respondents, 71% report being nearly always exposed to heavy levels of SHS at work, and most (65%) want all working areas in their casino to be smoke-free. The majority (78%) are bothered by SHS at work, while 91% have wanted to move away from where they are working because of it. Fifty-seven per cent believe their health has suffered as a result of SHS. Of the workers who smoke at work, 59% believe that they would try to quit smoking if no one was allowed to smoke in the casino. Conclusions: The majority of responders are bothered by SHS, and many are concerned about the health impacts. Most want all working areas in their casino to be smoke-free. Despite difficulties in generalizing from this limited sample, these findings add weight to the argument that the legislation on smoking in public places in England should encompass all workplaces, without exemption. [Abstract taken from journal head-note]

PILNICK, Alison and COLEMAN, Tim. Death, depression and 'defensive expansion': closing down smoking as an issue for discussion in GP. *Social Science and Medicine* Volume 62 No 10 - May 2006: 2500-2512

Abstract: This paper examines routine primary care consultations in the UK where smoking is discussed using data from a larger study of the factors influencing discussion of smoking between general practitioners (GPs) and patients. In this study, consultations have been analysed with a focus on the termination of discussion about smoking, using an approach that is informed by the conversation analytic (CA) literature on professional/client interaction. In interviews from the previous larger study, GPs suggested two main reasons for not pursuing discussion of smoking in consultations. One reason was an overarching fear of damaging the GP/patient relationship. The second reason related to clinical judgement, where it was feared that an attempt to stop smoking might exacerbate a patient's existing condition, particularly their mental health. This paper suggests that, while this latter scenario of clinical judgement is borne out by the consultation data, there are two more subtle patient behaviours which are associated with GPs abandoning further discussion of smoking: patients' 'troubles telling', where the issue of smoking is de-emphasised in the face of other 'troubles', and 'defensive expansion', where the patient over-emphasises deficiencies to curtail discussion. Greater awareness of the situations in which doctors end discussion of smoking will help GPs to develop ideas for alternative approaches in these circumstances which could result in more meaningful, effective engagement between doctors and their patients who smoke when smoking is discussed. [Abstract taken from journal head-note]

SRIVASTAVA, Prasima and CURRIE, Graeme P and others. ABC of chronic obstructive pulmonary disease: smoking cessation. *British Medical Journal* 3 June 2006: 1324-1326

The GTSS COLLABORATIVE GROUP . A cross country youth comparison of exposure to secondhand smoke among youth. *Tobacco Control* Vol 15 Supplement 2 - July 2006: ii4-ii19

Abstract: Secondhand smoke or environmental tobacco smoke is a combination of smoke from a burning cigarette and exhaled smoke from a smoker. This substance is an involuntarily inhaled mix of compounds that causes or contributes to a wide range of adverse health effects, including cancer, cardiovascular diseases, respiratory infections, adverse reproductive effects, and asthma. This paper presents findings from Global Youth Tobacco Surveys (GYTS) conducted in 132 countries between 1999 and 2005. GYTS data indicate that a large proportion of students in every World Health Organization Region are exposed to secondhand smoke at home (43.9%) and in public places (55.8%), and many have parents

(46.5%) or best friends who smoke (17.9%). GYTS data have shown widespread and strong support among students for bans on smoking in public areas all over the world (76.1%). Countries should engage this positive public health attitude among youth to promote and enforce policies for smoke-free public places and workplaces, including restaurants and bars. [Abstract taken from journal head-note]

TURNER, Katrina and WEST, Patrick and others. Could the peer group explain school differences in pupil smoking rates? An exploratory study. *Social Science and Medicine* Volume 62 No 10 - May 2006: 2513-2525

Abstract: Schools differ in the proportion of their pupils who smoke. Such differences transcend pupil intake characteristics and relate to the internal life of the school. Although adolescents' smoking behaviour has been associated with that of their peers, little consideration has been given to whether peer structures and processes contribute to school differences in pupil smoking rates. In two relatively deprived Scottish schools, one with a higher and one with a lower rate of pupil smoking, 13 and 15 year-olds were surveyed. Sociometric data and information on pupils' smoking behaviour and views were gathered. Twenty-five single-sex discussion groups were then held with a sub-sample of the 13 year-olds in order to explore in detail their views on smoking, smokers and fellow pupils. Findings showed that in the higher smoking school, pupils were more often in groups, smokers were identified as popular, and attitudes (especially among non-smoking females) were more pro-smoking. In the lower smoking school, by contrast, there were more isolates and dyads, there were no popular smokers and attitudes (especially among non-smoking females) were much less pro-smoking. Thus, evidence suggests peer group structures and related influences could be one explanation for school differences in smoking, and that the popularity of smokers together with the views of non-smoking females may be particularly important in creating such differences. [Abstract taken from journal head-note]

USSHER, Michael and ETTER, Jean-Francois and others. Perceived barriers to and benefits of attending a stop smoking course during pregnancy. *Patient Education and Counseling* Volume 61 No 3 - June 2006: 467-472

Abstract: Objective: During pregnancy, the uptake of smoking cessation courses is very low. We assessed perceived barriers to and benefits of attending a cessation course during pregnancy. Methods: A decisional-balance questionnaire was devised, including 10 statements reflecting benefits of attending a cessation course and 10 statements of barriers to attendance. The questionnaire was delivered via the Internet and targeted pregnant smokers/recent ex-smokers. Participants completed the questionnaire on a single occasion, indicating their agreement with each statement. Results: Among 443 respondents, the most frequently endorsed barriers were 'Being afraid of disappointing myself if I failed' (54%) and not tending to seek help for this sort of thing (41%). The most frequently endorsed benefits were advice about cigarette cravings (74%) and praise and encouragement with quitting (71%). A greater interest in receiving help with quitting from a counselor was significantly associated with: being older, lower income, husband/partner advising cessation and less confidence in quitting. Conclusion: Pregnant smokers perceive many benefits of smoking cessation courses. However, these women also perceive many barriers to attendance and studies are needed to evaluate interventions for overcoming such barriers. Practice implications: Smoking cessation services need to address the perceived barriers to attending stop smoking courses during pregnancy, to publicise the benefits of these courses and to target women who feel that they cannot quit without this type of support. [Abstract taken from journal head-note]

New books on smoking

TRAVEL HEALTH

DRIVER, Carolyn. Prescribing malaria chemoprophylaxis for travellers. There is a complicated set of considerations needed in preventing malaria - this article unravels the options for different travellers. *Practice Nurse* 28 April 2006: 50-56

WOMEN'S HEALTH

ALI, Sadiq Mohammad and LINDSTROM, Jaana. Socioeconomic, psychosocial, behavioural, and psychological determinants of BMI among young women: differing patterns for underweight and overweight/obesity. *European Journal of Public Health* Volume 16, Issue 3 - June 2006: 325-331

Abstract: Objectives: Underweight, overweight, and obese women aged 18-34 years were compared with normal weight women of the corresponding age according to socioeconomic, psychosocial, health behaviour, self reported global and psychological health, and locus of control characteristics. Methods: The 2000 public health survey in Scania is a cross-sectional study. A total 13 715 persons aged 18-80 years, of which 1967 were females of 18-34 years of age, were included in this study. They answered a postal questionnaire, which represents 59% of the random sample. A logistic regression model adjusted for age was used to investigate the association between socioeconomic, psychosocial, health behaviour, self reported global and psychological health, locus of control, and the BMI categories. Results: A 17.5% proportion of the women, aged 18-34 years, were underweight (BMI < 20.0), 18.4% were overweight, and 7.0% obese. The prevalence of underweight according to the BMI < 18.5 definition was 5.8% among women aged 18-34 years. Women who were underweight had significantly higher odds ratios for overtime work, being students, low emotional support, and poor self reported global as well as poor psychological health than normal weight women. Women who were overweight/obese were unemployed, had low education, low social participation, low emotional and instrumental support, were daily smokers, had a sedentary lifestyle, had poor self reported global health, and had lack of internal locus of control compared with normal weight women. Conclusions: Underweight women are more likely to have poorer psychological health than normal weight women. In contrast, overweight and obese women are more likely to have poor health related behaviours and lack of internal locus of control compared with normal weight women. These differing patterns suggest both different etiology and different preventive strategies to deal with the health risks of people who are underweight as opposed to those who are overweight/obese. [Abstract taken from journal head-note]

KIERNAN, Kathleen and PICKETT, Kate E. Marital status disparities in maternal smoking during pregnancy, breastfeeding and maternal depression. *Social Science and Medicine* Volume 63 No 2 - July 2006: 335-346

Abstract: One of the dramatic recent changes in family life in Western nations has been the rise in non-marital childbearing. Much of this increase is attributable to the growth in cohabitation. But in some countries, notably the UK (and the USA) this is much less the case with significant proportions of children being born to parents who are not living together. This study uses data from the Millennium Cohort Study, a British birth cohort established in 2001, to examine whether the closeness of the tie between parents, as assessed by their partnership status at birth, is related to smoking during pregnancy, breastfeeding and maternal depression. Four sets of parents are distinguished representing a hierarchy of bonding or connectedness: married and cohabiting parents, and two groups of solo mothers, those closely involved with the father at the time of the birth and those not in a relationship. Smoking in pregnancy, breastfeeding and maternal depression tests for trend, adjusted for socio-demographic factors, showed that there was a statistically increased risk of adverse health and health behaviours by degree of parental connectedness. There were also consistent and statistically significant differences between married and non-married mothers. Particularly noteworthy was the finding that cohabiting mothers have greater risk of adverse

outcomes than married women. Among the non-married set, there were also differences in risk of adverse outcomes. For smoking in pregnancy, the key difference for continuing to smoke throughout the pregnancy lay between mothers involved with partners and those lacking an intimate relationship. For breastfeeding, stronger parental bonds were associated with initiation of breastfeeding, with a clear difference between cohabiting mothers compared to solo mothers. There was also an increased risk of maternal depression with looser parental bonding, and among non-married groups this increased risk was most noticeable among cohabiting mothers when compared with solo mothers. [Abstract taken from journal head-note]

McMUNN, Anne and BARTLEY, Mel and others. Life course social roles and women's health in mid-life: causation or selection? *Journal of Epidemiology and Community Health* Vol 60, No 6 - June 2006: 484-489

Abstract: Study objective: To investigate whether relations between social roles and health are explained by health selection into employment and parenthood by examining the influence of early health on relations between long term social role histories and health in mid-life. Design: Prospective, population based, birth cohort study. Participants and setting: Women from a national British cohort born in 1946, including 1171 women with a valid measure of self reported health at age 54 and valid work and family role measures at ages 26, 36, 43, and 53, as well as 1433 women with a valid body mass index (BMI) measure at age 53 and valid work and family role measures at ages 26, 36, 43, and 53. Outcome measures: Self reported health at age 54 and obesity at age 53, taken from objective height and weight measures conducted by a survey nurse during face to face interviews in respondents' homes. Main results: Women who occupied multiple roles over the long term reported relatively good health at age 54 and this was not explained by early health. Women with weak long term ties to the labour market were more likely to be obese at age 53. Examination of body mass index (BMI) from age 15 showed that long term homemakers were larger than other women from age 26, but their mean BMI increased significantly more with age than that of other women. Conclusions: Relations between social roles and health were generally not explained by health selection into employment and parenthood, although some health selection may occur for obesity. [Abstract taken from journal head-note]

WORKPLACE/OCCUPATIONAL HEALTH

ELLIS, Peter. Smoke-free workplaces. *Occupational Safety and Health* Volume 36 No 5 - May 2006: 30-32

Abstract: By summer 2007, smoking will be banned in workplaces in the UK. Peter Ellis discusses the ban and its implications for businesses, and explains how employers can use existing health and safety legislation and guidance to adopt smoking policies within their workplaces to comply with the ban and to protect the health of their staff. [Abstract taken from journal head-note]

The following list is a selection of new books added to the Library during the previous two months. Most of the books may be borrowed either by post or through visiting the Library. If the shelf mark ends with the letters REF or STAT, this means that item is held in the Library **for reference only** and may not be borrowed. However, the Library staff will be happy to supply you with further information for ordering from your local library or book shop.

ADOLESCENTS

DONNELLAN, Craig (2006). *Self-esteem and body image : issues, volume 117*. Cambridge: Independence Educational Publishers. ISBN 1861683502
Shelf Mark: C942.086 DON

ALCOHOL

PLANT, Martin and PLANT, Moira (2006). *Binge Britain : alcohol and the national response*. Oxford: Oxford University Press. ISBN 0199299412
Shelf Mark: 613.81 PLA

COUNSELLING

BRYANT-JEFFERIES, Richard (2006). *Counselling young binge drinkers : person-centred dialogues*. Oxon: Radcliffe Publishing. ISBN 1846190592
Shelf Mark: 613.81 BRY

HIV INFECTION/AIDS

NAM (2006). *HIV and AIDS reference manual*. London: NAM. ISBN 1898397791
Shelf Mark: 616.97 NAM REF
<http://www.aidsmap.com/cms1006596.asp>

MENTAL HEALTH

CEMBROWICZ, S and KINGHAM, D (2006). *Beating depression : the complete guide to depression and how to overcome it*. London: Class Publishing. ISBN 1859591507
Shelf Mark: 616.89-008.454 CEM

OBESITY

MELA, David J (2005). *Food, diet and obesity*. Cambridge: Woodhead Publishing. ISBN 1855739585
Shelf Mark: 616-056.5 MEL

OLDER PEOPLE

DEPARTMENT FOR WORK AND PENSIONS (2005). *Focus on older people*. Basingstoke: Palgrave Macmillan. ISBN 1403997519
Shelf Mark: 3-053.9 DEP
http://www.statistics.gov.uk/downloads/theme_compendia/foop05/Olderpeople2005.pdf

SMOKING

BINGHAM, Jane (2006). *Smoking : what's the deal?*. Oxford: Heinemann Library. ISBN 043110784X
Shelf Mark: C613.84 BIN