

WOLFSON INSTITUTE OF POPULATION HEALTH NEWSLETTER ISSUE 60: 13 August 2024

In this issue of our Wolfson Institute of Population Health Newsletter, we celebrate the achievements and work of staff and students in late July and the first half of August.

FROM OUR DIRECTOR

Dear Colleagues

We've had a number of new people start this month - a warm welcome to all. Our new Institute Manager Sab Vallath is particularly warmly welcomed – do look out for him in Charterhouse Square and Whitechapel. He's keen to hear updates about your Units and Centres.

It's the month for exam results as well as balmy summer days during the height of the summer. Our teams are working hard to confirm course places for the year ahead – many thanks to you all.

Hoping everyone is also having some rest and down time before we start working into conference season and preparations for the next academic year.

With best wishes

Fiona



MEET WIPH

MEET - CATHERINE CARR (Unit for Social and Community Psychiatry, CPMH)

How would you describe your roles and responsibilities?

I'm a Senior Clinical Lecturer in Music Therapy, and CPMH Deputy Lead. My main current task is running the NIHR HTA-funded ERA study, assessing the effectiveness of group arts therapies compared with group counselling for secondary

mental health service patients. I also work on an ESRC-funded study to develop arts-based interventions to support rescued child labourers in India, Bangladesh and Nepal. I supervise three passionate and talented arts therapist PhD candidates (Nicki Power, Megan Tjasink & Ellie Keiller) and often mentor allied health professionals looking to pursue a clinical academic career. I coordinate two research networks: one of music therapists and service users and another of music therapy clinical trials. I still work clinically as a music therapist in Mental Health Care for Older People's services at ELFT, and supervise Masters student dissertations on the MA in music therapy at GSMD.

What has been your greatest professional achievement?

Having the privilege to lead the ERA study. With a face to face group intervention, the study was badly hit by the pandemic and the research team was outstanding in working with our lived experience advisors and participants to get socially distanced groups up and running (often leading the way for clinical services), recruiting to target and maintaining an 80% follow-up rate right up to 12 months. Our collaborators have been steadfast in supporting the study and we will soon be starting the exciting part of analysis!

What aspects of your role do you enjoy the most?

Using creativity to build teams, problem solve and strengthen working relationships. Using music to make a difference to someone's mental health and care. I always love a bit of in-depth analysis (statistics or qualitative) and the logic and conceptual challenges to be solved when doing so.

What would be your second choice as a profession?

I don't think I have one. After university I worked as a home carer. It was a humbling and enriching role and I learned so much from the people who I went to assist. I've often wanted to return to a caring role although as a new mum I'm getting a lot of opportunities for that right on my doorstep!

What do you enjoy doing outside work?

Walking by the beach, taking my son to watch the trains and hovercraft, playing the piano when I can.

Something most people don't know about you?

As a musician I have arranged, played and recorded with a number of bands and orchestras. I'm not doing so much these days but love the opportunity to create music with others.



EASST-4S Making and Doing Transformations Conference

17 July (Duncan Reynolds. Centre for Primary Care)

At the 2024 quadrennial joint meeting of the European Association for the Study of Science and Technology (EASST) and the Society for Social Studies of Science (4S), hosted by Vrije Universiteit in Amsterdam, Duncan Reynolds spoke about 'Negotiating Explainability in the Development of Sociotechnical Intelligence: An ethnographic study of the creation of AI for healthcare'. Duncan argued, with empirical data, that explainable AI is a multiplicity of understandings and practices. His talk fed into the wider theme of how STS as a discipline can respond to AI, and generated discussion around algorithmic accountability.



Imposter participants in online research

23 July (Becca Muir. Centre for Primary Care)

Do imposter participants compromise online qualitative research?

LSE



About the author



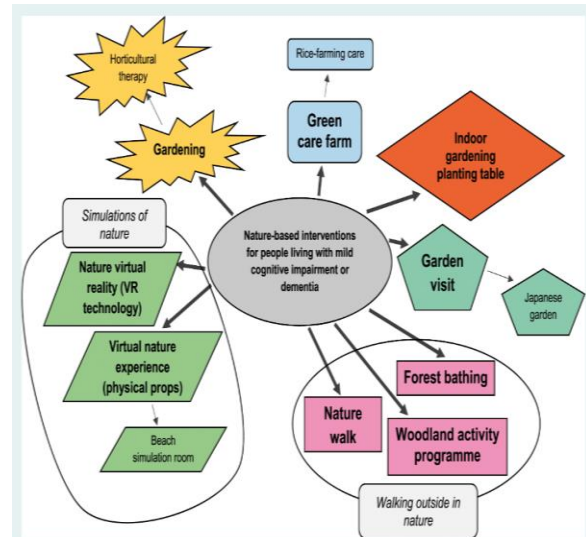
Becca Muir

In a blog published on the LSE impact [website](#) Becca Muir writes about the issue of imposter participants in research. She reflects that, since the pandemic, finding participants for qualitative studies has increasingly become an online process, and poses the questions: *How confident can researchers be that these participants are who they say they are?*, and *'Do imposter participants compromise online quantitative research?'* Becca concludes that building a hostile research culture won't protect against the wider troubling trend of online scams: *We need to take steps early on to build safeguards with our online recruitment and interviewing - and reckon with the wider implications.*

Nature-based interventions in cognitive impairment and dementia studies

24 July (Catherine Carr. Centre for Psychiatry and Mental Health)

Investigating how nature-based interventions for people with mild cognitive impairment and dementia are defined in 51 reviewed studies, researchers found that the most common interventions are nature virtual reality (VR technology) and gardening. Structure and standardisation of the interventions varied, with a lack of clear reporting. The authors have produced a novel taxonomy providing conceptualisations of nature-based interventions for future researchers to guide the development, evaluation and reporting of robust interventions in this area.



Diabetes UK Science and Research Advisory Group

24 July (Sarah Finer, Centre for Primary Care)

DIABETES UK
KNOW DIABETES. FIGHT DIABETES.

THE SCIENCE AND RESEARCH ADVISORY GROUP



Congratulations to Sarah Finer, who has accepted an invitation to join the Diabetes UK Science and Research Advisory Group. SRAG is a senior committee made up of researchers, clinicians and people living with diabetes that helps shape the strategic direction of Diabetes UK research and informs their Board of Trustees. Sarah will join the Group as a professional member in October.

Do primary care quality improvement frameworks consider equity?

24 July (Lucy Johnson, Amy Dehn Lunn, John Ford, Centre for Primary Care)

A study of 15 Quality Improvement (QI) framework guidance documents used in primary care finds limited consideration of equity, and that where equity is discussed, it is implicit and open to interpretation. Researchers say their findings demonstrate a need for framework revision with an explicit equity focus, to ensure that the distribution of benefits from QI is equitable.



Visit from the NIHR Global Health Research Centre in Latin America

24-26 July (Centre for Psychiatry and Mental Health)

From 24-26 July, CPMH welcomed a team of 11 visitors from partner universities in the NIHR Global Health Research Centre in Latin America (LatAm Centre). The LatAM Centre aims to strengthen community-based care for people with mental health problems, diabetes, cardiovascular disease and respiratory conditions in Colombia, Guatemala and Bolivia. PI Victoria Bird opened the meeting, highlighting the Centre’s main achievements and challenges, and a collaborative networking session followed, with CPMH Unit for Social and Community Psychiatry and Youth Resilience Unit staff discussing the Remote Dialog+ and OLA projects. This session enabled the team to learn more about ongoing projects and to discuss the potential for greater collaboration. During their visit, the LatAM Centre team also met with Richard Hooper (CEM), Chris Griffiths (CPC) and Paul Heritage (QMUL School of English and Drama), to discuss possible avenues of collaboration.



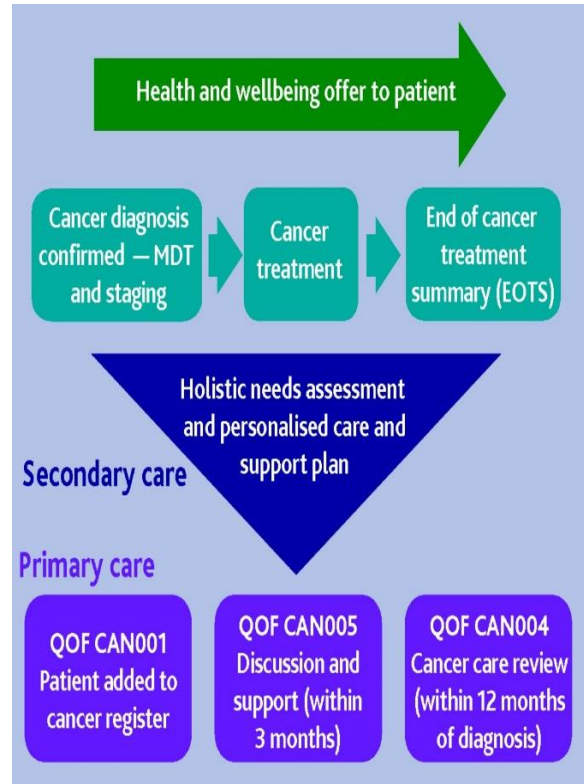
Bengal Obstetric & Gynaecological Society 88th Foundation Day Celebration
 25 July (Ranjit Manchanda. Centre for Cancer Screening, Prevention and Early Diagnosis)



Delivering the 29th Dr Bamandas Mukherjee Memorial Foundation Day Oration at the Bengal Obstetric and Gynaecological Society 88th Foundation Day Celebration, in Kolkata (India), Ranjit Manchanda presented his work on Maximizing Genomics for Precision Prevention in Women’s Cancers. The Bengal Obstetric and Gynaecological Society is a founder society of the Federation of Obstetric and Gynaecological societies of India.

Cancer care reviews: a guide for primary care
 25 July (Dipesh Gopal. Centre for Primary Care)

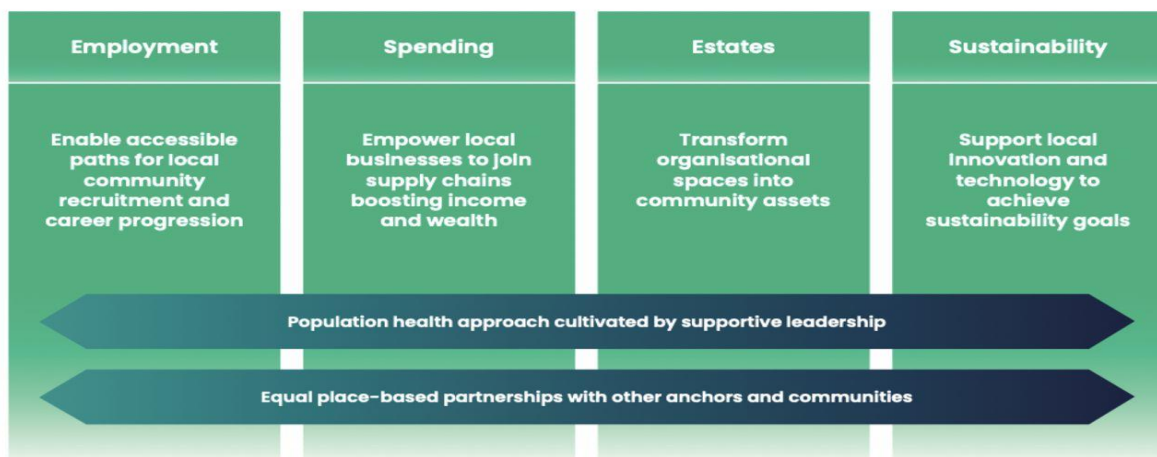
Cancer Care Reviews (CCRs), embedded into NHS England GP contracts in 2003, provide an opportunity for patients to discuss their experience of cancer and identify unmet needs with health care professionals, but their efficacy is uncertain. A new publication for English primary care clinicians provides a guide to conducting CCRs based on patient perspectives, current research evidence, clinical experience, and policy. Authors say that the future of a personalised care approach lies in integrating cancer care into long-term condition reviews in primary care, but the existing primary care funding model focuses on managing conditions separately. They propose that innovation and new care models can be piloted in primary care, to maximise the holistic approach.



Improving the social determinants of health for local communities

25 July (John Ford. Centre for Primary Care)

Exploring how secondary healthcare organisations can positively affect social determinants of health and communities in local areas, researchers conducted staff interviews at 4 case study sites in socioeconomically disadvantaged areas in England. Results identified 4 building blocks that achieved this aim: enabling accessible paths for local community recruitment and career progression, empowering local businesses to join supply chains boosting income and wealth, transforming organisational spaces into community assets, and supporting local innovation and technology to achieve sustainability goals. Authors say policymakers should support healthcare organisations to leverage employment, spending, estates and sustainability to help address the unequal distribution of the social determinants of health.



Multicomponent intervention to improve breast cancer medication adherence

26 July (Jo Waller. Centre for Cancer Screening, Prevention and Early Diagnosis)



To address low adherence to adjuvant endocrine therapy (AET) in women with early stage breast cancer, researchers developed and tested a multicomponent intervention of text messages, an information leaflet, acceptance and commitment therapy (ACT), and a side-effect website among 52 women prescribed AET. From questionnaires and semi-structured interviews, results showed that overall acceptability scores were high. Most participants liked/strongly liked all components, and reported that engagement required low effort. Perceived effectiveness was mixed: 35% of participants receiving text messages and 55.6% of those in the ACT arm agreed/strongly agreed that each component would improve their adherence. Interview data provided suggestions for improvements, and authors will now refine the 4 components.

British Gynaecological Cancer Society Podcast

26 July (Ranjit Manchanda. Centre for Cancer Screening, Prevention and Early Diagnosis)

The 3rd in a new BGCS podcast series has now been released. In the latest episode Ranjit Manchanda discusses the new NICE guidelines on ovarian cancer, delayed risk reducing surgery, his current research to improve the diagnosis of high risk germline pathogenic variants, and the PROTECTOR study.



Rethinking the ethics of global health governance

27 July (Aida Hassan, Andreas Papamichail. Centre for Public Health and Policy)

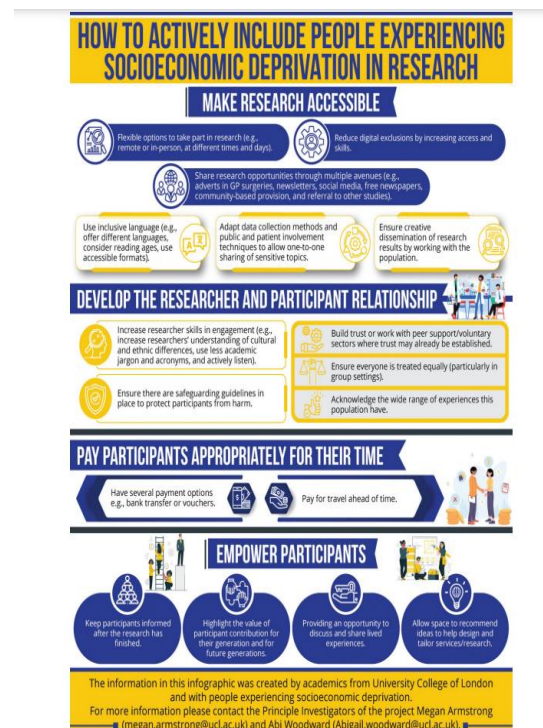


Reflecting on recent World Health Assembly decisions authors examine the limits of ethical theorising and reproduction of hierarchies in global health governance. The decisions included adopting several amendments to the International Health Regulations governing rights and responsibilities of states with respect to disease outbreaks, and to extend the mandate of the Intergovernmental Negotiating Body for a further year to finalise work on developing a new Pandemic Agreement. This piece explores key ethical questions at the heart of the negotiations, demonstrates ethical limits to these state-based processes, and highlights gaps between rhetoric and practice, as well as issues left unaddressed in *an international order shot through with extreme hierarchies of power and resources.*

Socioeconomic deprivation and engagement with qualitative research

27 July (Megan Armstrong. Centre for Psychiatry and Mental Health)

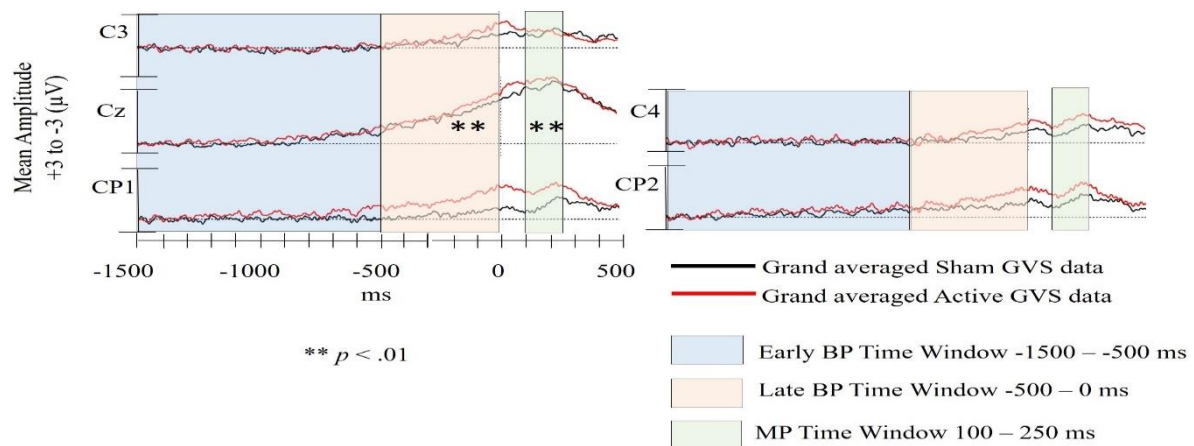
People experiencing socioeconomic deprivation (PESD) face a higher prevalence and increased severity of long-term conditions, but are underrepresented and less likely to be actively included in health research, for reasons including restrictive recruitment methods, less time spent with this population in research consultations, and a lack of recruitment in deprived areas and communities. An opinion piece offers insights into the research journey to bridge the divide between PESD and engagement in research, and to promote qualitative health research that truly encompasses the experiences of PESD. Authors say that it is imperative that researchers explore innovative and efficient ways to engage with these underserved populations.



Galvanic Vestibular Stimulation and voluntary movement in Parkinson's

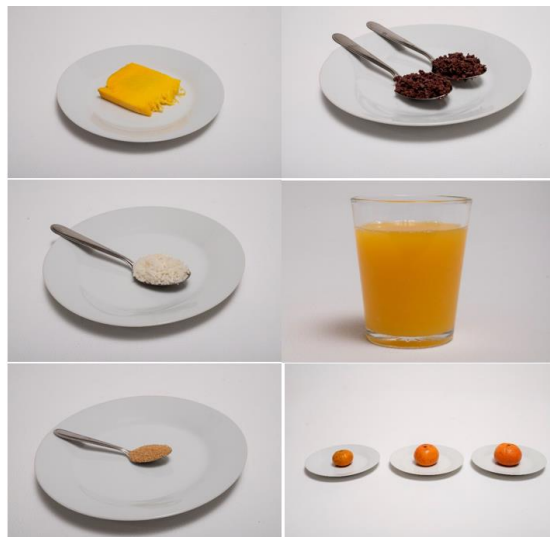
27 July (Laura Smith. Centre for Preventive Neurology)

In 17 subjects with idiopathic Parkinson's disease (PD), researchers investigate whether components of the motor related cortical response commonly compromised in PD are modulated by concurrent, low frequency galvanic vestibular stimulation (GVS) during repetitive limb movement. Authors highlight the discovery of 3 novel biological markers of potential effect that, together with the excellent GVS safety profile, availability of off-the-shelf stimulation devices, and a cheaper and quicker regulatory pathway than that needed for pharmaceutical interventions, strengthen the case for further translational development and direct comparison with other modes of potentially efficacious neuro-stimulation.



Photographic food atlas to evaluate babies' food consumption in Peru

27 July (Doreen Montag. Centre for Public Health and Policy)



A study of the design and validation of a photographic atlas of Peruvian foods describes development of a resource including 57 foods in 91 photographs, to be used to evaluate food consumption in children aged 6-12 months. The atlas, designed for mothers, fathers, or caregivers, displays food portions for infant feeding in Peru and provides a practical, reliable, and culturally appropriate visual tool to help estimate the amount of food consumed by this population, to facilitate the estimation of food intake.

Impact of biology and culture on fathers is more complex than we thought

28 July (Jonathan Kennedy. Centre for Public Health and Policy)

In a Guardian [article](#), Jonathan Kennedy examines the history of anthropological discourse on the question of men and parenthood, highlighting a new [book](#) by Sarah Blaffer Hrdy that turns on its head the idea that the cascade of hormones brought on by parenthood is limited to mothers. He says it is becoming clear that biology and culture interact in more interesting ways than Mead ever imagined and that, for too long, simplistic interpretations of biology have been used to argue that traditional gender roles, in which women take on primary responsibility for childcare, are natural and immutable. 'We now know that biology can free women and men from these binary straitjackets. It's time to rethink binary gender roles regarding childcare.'



QMUL Policy Secondment Award

29 July (Sedigh Zabihi. Centre for Psychiatry and Mental Health)



A QMUL Policy Secondment Award will enable Sedi Zahabi to work 1day/wk for a yr at the Science, Research and Evidence directorate in the DHSC). Sedi, a quantitative researcher in DeNPRU-QM, will use DHSC data to develop projects, including one with the Neurology and Dementia Intelligence team to explore comorbidities in neurodegenerative diseases through analysis of mortality records. Sedi hopes the work may identify new areas of research to inform future DeNPRU projects and policy development around diagnosis, health care and treatment, and needs for social care support of people living with neurodegenerative conditions.

Guest Lecture by Padmavati Ramachandran

30 July (Centre for Psychiatry and Mental Health)

In a CPMH-organised event at the People's Palace in Mile End, Padmavati Ramachandran, PI for the NIHR-funded PIECEs project in India, delivered an invited lecture entitled 'Engaging communities for mental health campaigns – journey over four decades', in which she spoke about building community mental health strategies in Chennai. PIECEs focuses on improving community-based mental health care for people with psychosis in India and Pakistan.



Updated Lancet Commission on dementia prevention, intervention and care 1 August (Charles Marshall, Claudia Cooper. Centres for Preventive Neurology/Psychiatry and Mental Health)



Two new dementia risks identified by major report



The Telegraph

Revealed: 14 changes you can make to stave off dementia

It is 'never too early or too late to take action' to cut the risk of developing the condition, say scientists

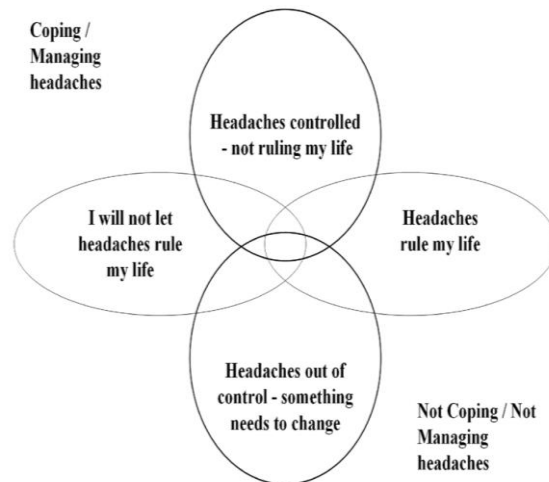
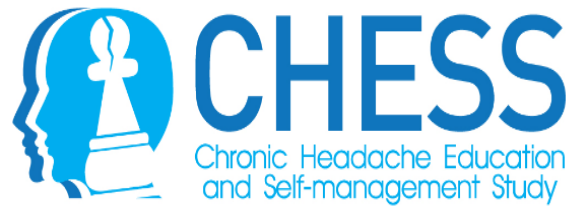
By Laura Donnelly, HEALTH EDITOR
31 July 2024 - 9:15pm



Comments from Charles Marshall and Claudia Cooper on publication of the 3rd instalment of the Lancet Commission on Dementia Prevention, Intervention and Care have been widely published in the media. The latest evidence includes 2 new risk factors: uncorrected vision loss, and high cholesterol. Charles was cited by the BBC: *We should be careful not to imply that people with dementia could have avoided it if they'd made different lifestyle choices.* He added that most of an individual's risk of developing dementia is outside their control. Newsweek quoted Claudia: *The playing field is not level. The socioeconomic conditions in which a person lives profoundly affect their chances of getting dementia - through the diet they eat, the healthcare they receive and even the degree of pollution in the air they breathe.* Further comments were published in The Sun, The Telegraph, and Daily Mail.

Living with chronic headache: voices from the CHESSTrial 2 August (Steph Taylor. Centre for Primary Care)

To address a lack of qualitative research on the lived experiences of people with chronic headache, researchers conducted semi-structured interviews with participants in the Chronic Headache Education and Self-management Study (CHESS). Results from a phase 1 feasibility study, identifying 6 overarching themes including the emotional impact and the nature of headaches, informed topic guides for phase 2 (main CHESS trial), in which participants were interviewed at specific time points. Four overlapping categories of headache impact were identified: 'I will not let headaches rule my life'; 'Headaches rule my life'; 'Headaches out of control, something needs to change'; and 'Headaches controlled, not ruling my life'. Authors say their data provide insights into the complexities of living with chronic headache.



Participant factors and psychosocial impacts of lung cancer screening

3 August (Sammy Quaife. Centre for Cancer Screening, Prevention and Early Diagnosis)

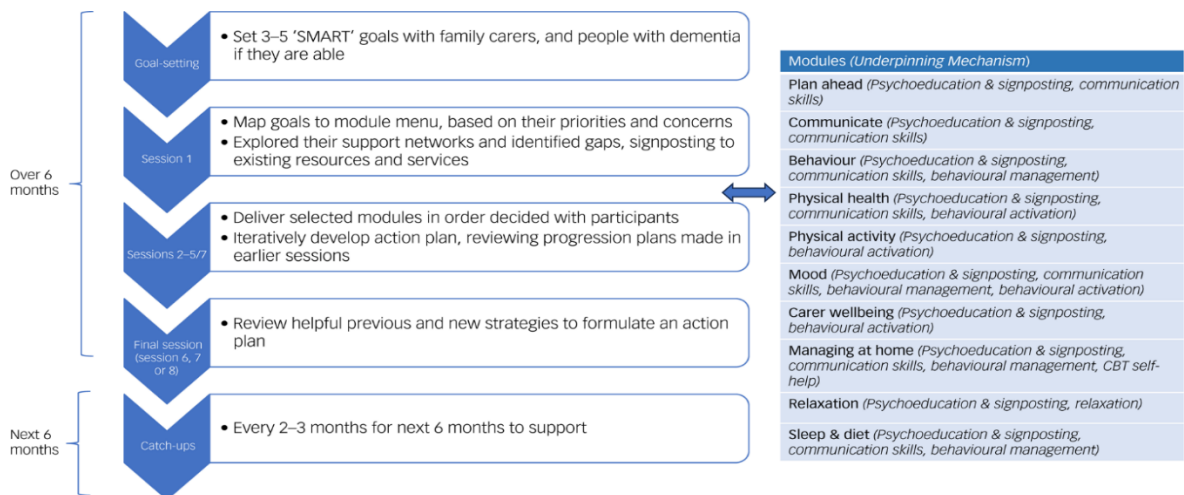


The first comprehensive synthesis of participant-level factors associated with psychological burden in lung cancer screening (LCS) finds clear associations between some individual factors and psychosocial impacts. Researchers conducted a systematic review of 35 studies as a precursor to developing strategies to identify and support participants, and improve LCS engagement. Psychological burden in LCS varied, but was often associated with younger age, female gender, current smoking status or increased smoking history, lower education, lower socio-economic group, not being married or co-habiting, and experience with cancer. Evidence was mixed in terms of significant and non-significant relationships reported, and some less frequently examined factors (eg: beliefs and expectations) could serve as more refined predictors of psychological harm, and warrant further research.

System readiness for personalised dementia post-diagnostic support

6 August (Jessica Budgett, Sedi Zahibi, Ellie Whitfield, Claudia Cooper. Centre for Psychiatry and Mental Health)

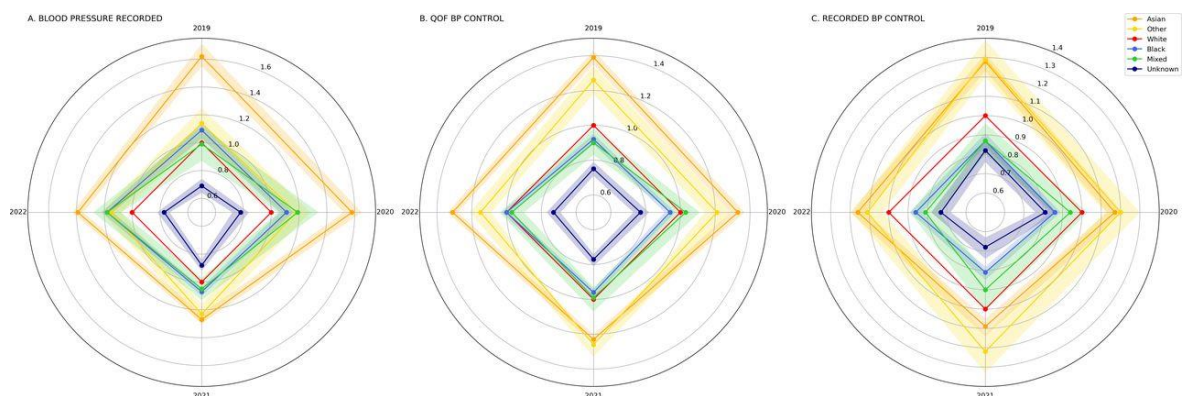
To explore system readiness for the introduction of a scalable, personalised, remotely delivered post-diagnostic dementia support intervention (NIDUS-family), researchers interviewed 21 professionals from 7 English NHS dementia care services. Interviews identified relative advantages of NIDUS-Family over existing resources in providing person-centred care, and delivery by non-clinically qualified staff. Barriers included current service infrastructures, financing and commissioning briefs constraining resources to those most in need. Authors conclude that translating evidence for scalable and effective post-diagnostic care into practice will require increased focus on prevention in commissioning briefs and resource planning.



COVID-19 pandemic impact on hypertension management in NE London

6 August (Stuart Rison, Rohini Mathur, Isabel Dostal, Chris Carvalho, John Robson. Centre for Primary Care)

Investigating the impact of the COVID-19 pandemic on hypertension management, an observational study compares pre and post-pandemic e-health record data to assess recorded blood pressure and blood pressure control for 224,329 patients from NE London primary care practices. Results show that the pandemic had a greater impact on blood pressure recording than on blood pressure control. Compared with the White ethnic group, the Black ethnic group was less likely and the Asian ethnic group more likely to have controlled blood pressure. Men, and people who were younger, more affluent, with unknown or unrecorded ethnicity, or who were untreated were also less likely to achieve blood pressure control throughout the study. Authors conclude that inequities in blood pressure control persisted during the pandemic and remain outstanding.



WIPH Representation at the Tower Hamlets Family Hubs Summer Fun Day

7 August (Jennifer Lau, Lauren Turner, Aisling Murray, and Dipul Ghosh. Centres for Psychiatry and Mental Health and Public Health and Policy)

Staff from the CPMH Youth Resilience Unit and CPHP Health and Lifestyle Research Unit attended Family Hubs Summer Fun Days in London on 7 August. Family Hubs delivers Early Help services with community partners from different backgrounds across London. Jennifer Lau, Lauren Turner and Aisling Murray from

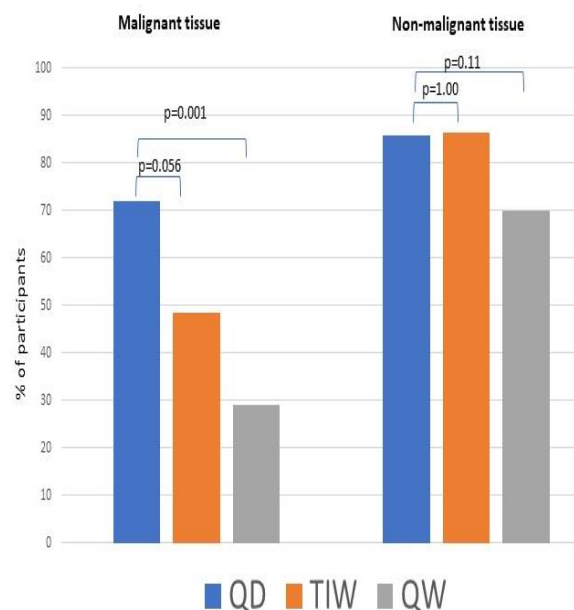
the YRU held a stall promoting ongoing research on the UNITE, Youth Loneliness, and Development of Emotional Resilience (DEER) studies, and also spoke to visitors about opportunities for children to be involved in these projects. Dipul Ghosh from the CPHP Health and Lifestyle Research Unit also attended the event, promoting the work of the QMUL Stop Smoking Services.



Alternative exemestane schedules for breast cancer preventive therapy

7 August (Andrea Decensi. Centre for Cancer Screening, Prevention and Early Diagnosis)

A pre-surgical study of exemestane schedules in postmenopausal women with ER+ breast cancer examines whether drug activity at the target tissue could help define the minimal effective dose for cancer preventive therapy. Exemestane was detectable only in tissue from women in the daily (v weekly or 3xweekly) 25mg dosage (QD) arm of the study, with higher concentrations in non-malignant tissue. Estradiol was nearly suppressed in non-malignant tissue in all dosage groups, but a dose response trend was observed in cancer tissue. Authors suggest that lower exemestane schedules be explored for breast cancer preventive therapy.



What is lost when training goes digital?

8 August (Stephen Hibbs. Centre for Primary Care)



An article on the place of digital v in person haematology training suggests that benefits of in-person training may be overlooked: A face-to-face fixed training commitment provides a protected space and time and a positive social pressure to engage *now*; Live sessions provide clear and immediate focus for learning; Face-to-face training helps trainees to learn from each other; In person training helps trainees develop their professional identity; and for trainee wellbeing, face-to-face training is generally more enjoyable than meeting online. Authors reflect that in person training, providing spaces where professional identity is built and shaped and trust between colleagues is developed, has been critical to these goals throughout the history of medical training and remains worth preserving.

£2.2million NIHR-funded trial for disease management in Thailand

9 August (Rohini Mathur, Chris Carvalho, John Ford, Milena Marszalek, Moneeza Siddiqui, Boby Mihaylova. Centres for Primary Care/Evaluation and Methods)

Work has commenced on a 3yr £2.2 million NIHR-funded trial aiming to prevent deaths from high blood pressure, diabetes and chronic kidney disease in Thailand. The WIPH-led collaboration includes teams from Chiang Mai University, the Thai Ministry of Public Health and LSHTM. The project will pilot a 'Learning Health System' intervention, using patient record data to help primary care doctors identify and improve outcomes for people at high risk of hypertension, diabetes, and chronic kidney disease. Software tools, performance dashboards, training and facilitation will support doctors to work proactively with patients to manage controllable risk factors and prevent disease developing or advancing. The approach has been successfully implemented by the CEG with NHS NE London over the past 30yrs.



Guidelines to improve healthiness of out of home food sector

9 August (Monique Tan, Kawther Hashem, Sonia Pombo, Hoa Pham. Centre for Public Health and Policy)



More than 75% of popular takeaway and restaurant food is unhealthy, study finds

Exclusive: Researchers say 'hugely alarming' analysis shows more action is needed to protect consumers



► Pret a Manger's ham and cheese baguette was judged as having too much salt, saturated and total fat and too many calories. Photograph: Pret a Manger

A study examining provision of nutritional information at point of choice in the UK out of home (OOH) food sector makes recommendations, intended for international use, to guide policy development to improve OOH food environments. Results reveal the dominance of unhealthy foods and drinks among best-selling products, finding that only 3/20 leading companies studied in the UK publicly disclosed product nutritional information. From the data and the consultations with industry stakeholders, researchers derive a set of features for a robust approach to assessing product healthiness in the OOH sector applicable in any country, and make three strategy recommendations to improve nutrition data availability and accessibility, develop a standardised measure of healthiness taking account of portion size, and implement mandatory reporting programmes. The work was released to coincide with an exclusive feature in the Guardian.

Training to implement guidelines for nonsuicidal self injury in children

10 August (Denis Ougrin. Centre for Psychiatry and Mental Health)

A study comparing 3 strategies for training healthcare professionals to bring the German clinical guidelines for nonsuicidal self injury (NSSI) in children and adolescents into practice examines the effects of printed educational material (PEM), e-learning (EL), and blended learning (BL) at three time points in 671 German physicians & psychotherapists. Testing for changes in knowledge, competences and attitudes toward NSSI and treatment, the study found the highest application rate of acquired intervention techniques in clinical practice from BL. PEM received



the lowest and BL the highest evaluations.

CHILD & ADOLESCENT PSYCHIATRY & MENTAL HEALTH

Communicating and managing diagnostic uncertainty in primary care

12 August (Jessica Russell, Georgia Black. Centre for Cancer Screening, Prevention and Early Diagnosis)



The challenge of maintaining patient trust is explored in a study analysing recordings during and after the delivery of management plans in primary care consultations that included diagnostic uncertainty. GPs used strategies such as symptom monitoring without treatment, prescribed treatment with symptom monitoring, and addressing risks that could arise from administrative tasks to address diagnostic uncertainty, but did not make management plans for potential treatment side effects. Transfer of responsibility for the management plan to patients was usually delivered rather than negotiated. Authors offer guidance to improve awareness of using and communicating management plans for diagnostic uncertainty.

Many thanks to all who so enthusiastically contribute. Please send any news items for the next newsletter to j.a.mackie@qmul.ac.uk