Newsletter

## Volume 1, Issue 1 31/01/19

**In brief:**

* Dr Emma France and many co- authors celebrate the publication of the guidelines for reporting meta- ethnography.
* Dr Edward Duncan and colleagues are returning to Malawi in February to continue development of a community

resilience intervention to

reduce road traffic related trauma in sub-Saharan

Africa.

* The OPAL

randomised controlled trial which involved 600 women with urinary

incontinence from across the UK was completed in December 2018; a final report was submitted to the funders (NIHR HTA) and publications are in preparation.

**Smoke Out by Dr Catherine Best et al.**

In 1950 80% of the adult men in the UK smoked and advertising campaigns

featured health

professionals endorsing

tobacco consumption. Sixty years later tobacco is known to be the number one cause of preventable mortality.

Only 15% of adults in the UK now smoke and most of

them say they would like to

quit. Surely now the public is fully aware of the harms we can relax and let time take

its course? In fact no, our CRUK funded research on smoking prevalence in the European Union suggests

that only countries that take a comprehensive policy approach to tackling smoking see ongoing declines in smoking prevalence. We examined

tobacco control policy scale scores and smoking prevalence over time (2009- 2017) in 28 EU member

states. We used a three level mixed effects model to enable us to examine the

effects of tobacco policy while controlling for the country-level trajectories of smoking prevalence over

time. This analysis revealed that countries that did not have strong tobacco policies had smoking rates that remained stable over time (see graph).

In addition, we found that tobacco policy has

significantly more impact on people who are

economically active than

those who are not. That is, the economically inactive such those who are retired, students or who work in the

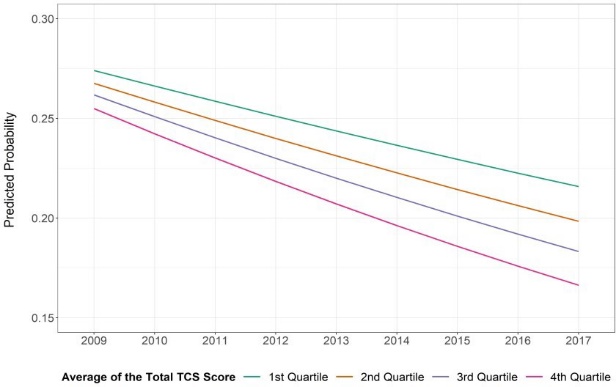
home are largely unaffected by the extent of national

tobacco policies. This ties in with other research that has found that those with lower levels of education are similarly less affected and more targeted intervention may be required to reduce

the high smoking rates in these groups.

### Inside a trial Dr Fiona Harris presenting innovations in clinical trials at the International Qualitative Health Research Conference in Halifax

**Inside this issue:**



**Smoke Out**

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**Inside a trial**

**1**

**Launch of the 2**

**SMART toolbox**

Randomised controlled trials are the accepted gold

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**Recent**

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standard for evaluating the effectiveness of

**2**

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interventions. However, many trials struggle to demonstrate positive results that are statistically strong

enough to provide definite answers to the question of whether an intervention ‘works’ or not. Fiona Harris, on behalf of Doreen McClurg and the AMBER team, presented results from the AMBER trial at the

International Qualitative Health Research

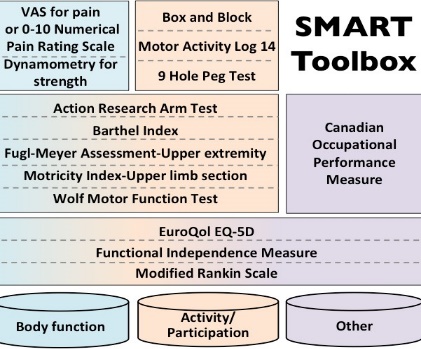
Conference in Canada. This trial explored whether abdominal self-massage might help people with multiple sclerosis who had bowel problems. The process evaluation, used

qualitative methods to explore participant experiences and then brought these together with the trial results. Qualitative research embedded within a trial is not new, but using

this to interpret and add nuance to trial results is in its infancy. To read more about this innovative work see [https://](https://www.journalslibrary.nihr.ac.uk/hta/hta22580/%23/abstract)

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**Launch of the SMART toolbox by Julie Duncan Miller**

**Find us on the web!** [**www.nmahp-ru.ac.uk**](http://www.nmahp-ru.ac.uk/)

**Contact NMAHP-RU**

**GCU**

[Kim.Stewart@gcu.ac.uk](mailto:Kim.Stewart@gcu.ac.uk) 0141 331 8100

Govan Mbeki Building, Glasgow Caledonian University, Cowcaddens Road, Glasgow, G4 0BA

**Stirling**

[Karen.Stanton@stir.ac.uk](mailto:Karen.Stanton@stir.ac.uk) 01786 466341

Unit 13 Scion House, University of

Stirling Innovation Park, Stirling, FK9 4NF

Did you know that one stroke occurs every 3 ½ minutes in the UK? And of the 1.2 million stroke survivors in the UK, up to 77% will experience problems with the arm, shoulder, or hand? Upper limb (arm) dysfunction following stroke is a big issue. The early phases of my PhD study found

the capture of important

outcomes in arm rehabilitation trials was inconsistent, and a wide range of measures were being used.

My PhD focused on agreeing international consensus recommendations to address this: The SMART toolbox. It is the result of international consensus activities (eDelphi) involving researchers and clinicians from 18 different countries to agree on important

measures. We also completed 16

# Recent publications

focus groups and eight interviews with 111 stroke survivors, carers and clinicians from across

Scotland to identify important outcomes. Finally, we organised a consensus meeting for stroke survivors and carers, and

international clinicians and researchers, to agree on the measures to include in the SMART toolbox.

The SMART toolbox provides a

pool of 15 outcome measures for use in future stroke upper limb rehabilitation trials.

Choosing measures from a toolbox of valid, reliable measures that capture important outcomes will

strengthen arm rehabilitation research, enhancing inter-study comparisons and

amalgamation of data for

efficacy analyses. This will help clinicians to identify the most

effective treatments for their patients and ultimately, improve life following stroke.

We launched the SMART

toolbox at the European Stroke Organisation Conference 2018 (see pic) and it’s already been used in trial design.

Our first article from the study was just published and is available [here](https://journals.sagepub.com/doi/full/10.1177/0269215518823248) . I was invited to write a blog for Evidently Cochrane - available [here](http://www.evidentlycochrane.net/stoke-rehabilitation-trials-measure-what-matters/)) .

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Pollock, A., Campbell, P., Struthers, C., Synnot, A., Nunn, J., Hill, S., Goodare, H., Morris, J., Watts, C. and Morley, R. (2018) Stakeholder involvement in systematic reviews: a scoping review. *Systematic Reviews,* 7, pp. 208. [https://](https://doi.org/10.1186/s13643-018-0852-0)

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Duncan Millar, J., van Wijck, F., Pollock, A. and Ali, M. (2019) Outcome measures in post-stroke arm rehabilitation trials: do existing measures capture outcomes that are important to stroke survivors, carers, and clinicians? *Clinical Rehabilitation (e- Pub Ahead of Print)* <https://doi.org/10.1177/0269215518823248>

Sinesi, A., Maxwell, M., O’Carroll, R. and Cheyne, H. (2019) Anxiety scales used in pregnancy: systematic review. *BJPsych Open,* 5 (1), pp. 1-13. <https://doi.org/10.1192/bjo.2018.11>

Wylie, G., Torrens, C. and Campbell, P. (2019) Podiatry interventions to prevent falls in older people: a systematic review and meta-analysis. *Age and Ageing (e-Pub Ahead of Print)* <https://doi.org/10.1093/ageing/afy189>

# Directors Blog:

Welcome back to the NMAHP Research Unit newsletter following a recent break during which we successfully completed a 7-year Scientific Review by the Chief Scientist Office and revised our programmes of work into 3 areas:

Innovation in NMAHP interventions; Transforming care delivery;

Maximising data usage in NMAHP research.

The Unit continues to pursue cross cutting workstreams, which feed into these programmes, in the areas of: Stroke (rehabilitation); Pelvic Health; Maternal and Child Health; Health Behaviour Change; Long Term Conditions; and Innovations in Services, Systems, and Roles. The Unit has continued to pursue its objectives through the award of research grants, publication of academic papers, dissemina- tion through innovative mechanisms to reach our patient, public, policy and practice colleagues, and developing capacity and capability for NMAHP research. There is so much activity underway in all

these areas that we would encourage you to visit our website to learn more.

#### Best Wishes, Margaret Maxwell.