

Abstracts

Poster and oral presentations (In alphabetical order by first author)

Are worksite interventions effective in increasing physical activity? A meta-analytic review

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Worksite interventions (WI) have the potential to reach a broad and captive audience but there is debate about their effectiveness. A systematic review and hypotheses-driven, random-effects, meta analysis assessed the effectiveness of (WI) to enhance physical activity (PA) over a ten year period. From 4,390 hits, 55 interventions could be included. WIs have small, positive effects on PA and this effect is smaller when fitness, as opposed to self-report, outcomes measures are reported ($d_s = .15$ versus $.21$). WIs targeting PA specifically as opposed to general lifestyle change were more effective whether evaluated in terms of increased fitness ($.29$ vs. $.08$) or increased self-reported PA ($.25$ vs. $.14$). Those promoting walking as opposed to other forms of PA were also more effective ($.54$ vs. $.14$). Given the potential public health economic benefits, walking or step counting WIs should be supported.

Integrating social structure and social cognition measures in explaining adolescent condom use

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This study assessed relationships between indices of social structure, including family socioeconomic status (SES), social deprivation, gender, and educational and lifestyle aspirations, behaviour-specific cognitions and adolescent condom use. Analyses of cross sectional survey data provided by 824 sexually active sixteen year olds (505 women and 319 men) revealed that (1) social structure measures correlated with behaviour-specific cognitions found to predict condom use (2) cognition measures did not fully mediate the association of social structure indices with condom use and (3) the association of cognitions with condom use was moderated by social structure measures and aspirations. Overall, including significant moderation effects, social structure measures increased the variance explained in condom use from 20.5% (for cognition measures alone) to 31%. Thus macro-level variables such as SES and gender, should to be considered in addition to cognitions when modelling antecedents of health behaviours such as condom use.

Health-related quality of life in stroke patients one year later

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uncertainty-reduction intervention (URI) on patient outcomes in the ER. 72 Portuguese patients admitted to an ER, received either usual care (control) or URI (experimental). The URI provided general information about possible waiting time, medication, symptoms, diagnosis and expected information timing. Outcomes included perceived control, certainty and anxiety, and heart-rate (HR), SBP and DBP before discharge. Controlling for multiple confounders, we found significant time x group interactions on all outcomes. While groups were not different at baseline on psychological outcomes and HR, controls were worse on each, at discharge. Concerning S/DBP, groups were significantly different at baseline and at discharge. ER patients benefit from uncertainty-reducing information, positively affecting their psychological and physical short-term outcomes. Longer follow-up studies are needed.

Does a neuropsychological index of hemispheric lateralization predict onset of upper-respiratory tract infectious symptoms?

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The implications of left hemispheric lateralization (HL) and immune-enhancement relationships to illnesses have rarely been tested. This study tested whether a neuropsychological index of HL functioning predicts upper-respiratory tract infectious (URTI) symptoms. Using a prospective, matched, case-control design, 80 initially healthy adults underwent neuropsychological assessment, yielding a right-HL index (picture versus word recognition). They were then followed for onset of URTI over 10 weeks. Participants reporting URTI symptoms during follow-up (Ill participants; N=21) were matched on age, gender and IQ with well participants (N=21 controls). Ill participants reported worse health-behavior at baseline. The baseline right HL index was significantly higher in ill (9.93%) than in well participants (3.9%, $p < .05$). In a logistic regression, right HL and health-behavior significantly predicted URTI, independently of neuroticism. These findings expand previous HL-immune findings to a common immune-related illness. Limitations, theoretical and clinical implications will be discussed.

Effects of psychological inoculation on health behaviours in Nigeria and the UK: Pilot RCTs

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Numerous studies show that health education (HE) yields little changes in health behaviours, perhaps due to not addressing barriers for change. Two studies preliminarily tested effects of psychological inoculation (PI) on health behaviours. Using randomized-controlled trials (RCT), we compared effects of PI versus HE in relation to barriers and condom-use in 22 Nigerian women with HIV, and in relation to physical activity (PA) in 22 British adults. In PI, people learn to refute sentences reflecting barriers for adopting behaviours. PI yielded significant reductions in barriers for condom-use and increases in condom negotiation self-efficacy, while HE did not. Similarly, PI yielded significant reductions in barriers for PA and increased reported PA, while HE did not. Importantly, reductions in barriers significantly correlated with post-treatment PA only in the PI group. Two pilot studies point at benefits of PI for different health behaviours in different cultures. Large RCTs are required.

Perceived health and emotional intelligence

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The Fourth World Conference on Women showed that women have the right to enjoy the highest health. Health is a state of complete physical, mental and social well-being and not

merely the absence of disease. In 1999, Commission on the Status of Women of the United Nations stated the need to adopt measures to improve women health quality. Motivated by these proposals, and knowing the linking between perceived health and emotional intelligence (Fernández-Berrocal & Extremera, 2007), we design and apply an emotional intelligence program, based on Mayer & Salovey Model (1997), with the objective of improving perceived health. After a mean comparison, we check that experimental group (N = 50) increases in a significant way in every variable of SF36 Health Survey not only when concluding the program but also in comparison with the control group (N = 50). These findings allow us to confirm the importance of working emotions to improve emotional health.

A systematic review of interventions for promoting reduced alcohol consumption delivered during pregnancy

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A systematic review was undertaken to determine whether interventions that target alcohol use during pregnancy result in reduced maternal consumption. A search strategy was developed to identify relevant studies using 5 databases (EMBASE, CINAHL, MEDLINE, PsychInfo & CRCT). This retrieved a total of 371 citations of which 37 were downloaded for full text review. Eligible articles were submitted for data extraction and quality assessment by two independent reviewers. 5 studies were included in the review with n = 918 participants. All were randomised; cluster randomised controlled trials or controlled pilot studies. Studies mainly described brief motivational or cognitive-behavioural interventions with the experimental group; resulting in significant decreases in maternal consumption compared with assessment only groups. Available studies were of variable quality and generalisability. The clinical relevance of the conclusions generated from the review is discussed in light of these issues.

Repressive coping style, depression and health-related quality of life following myocardial infarction: Eight-year longitudinal follow-up

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There is disagreement regarding the adaptivity of repressive coping style (RCS) in the immediate adjustment to life-threatening illness, and its effectiveness in the longer term was not studied. This longitudinal study examined the implications of RCS on depression and quality of life following myocardial infarction (MI). 196 hospitalized MI patients who were assessed in the first week post-MI, were followed-up 7 months (n = 116), and 8 years (n = 90) later. Participants were classified as repressors and low-anxious during hospitalization; depression and health-related quality of life were evaluated at all three assessments. The quality of life of the repressors was found to be higher than that of low-anxious ($p < .01$). In addition, not only that they had lower levels of depression immediately following the MI ($p < .01$), they also exhibited a steeper improvement over time ($p < .01$). Mechanisms explaining the effectiveness of RCS, and its implications for intervention are considered.

Stress and coping with identity threats

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Since traditional models of stress and coping are not totally adequate to explain how people appraise and cope with identity threats (discrimination, stigmatisation, etc; Kaiser & Miller, 2001; Major & O'Brian, 2005), we present a model specific of those threats taking into account