

NMAHP RESEARCH UNIT NEWSLETTER

WINTER 2008

UPDATE FROM THE DIRECTOR

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'The NMAHP Research Unit's performance has been very strong. There is unanimous support for the Unit's impact on practice and capacity building' (Extract from the conclusions drawn by the CSO committee in 2007 on the independent external review of the Unit.)

Commenting on this excellent result, Dr Alison Spaul, CSO Director and a woman famous for her succinct, pithy summaries, challenged the Unit to 'top that!' At the time I was hesitant that we could but my team have proved once again that 'yes we can!'

New research, bigger research studies, more funding and more staff; that's the picture in 2008. That expansion is allowing us to do more capacity building, involve more of the NMAHP community in our research studies and share with them the range of expertise of the Unit staff. And of course, most importantly

it allows us to do more high quality research that will inform your practice and improve the impact that practice has on patient well being. The list of new publications below, tells you about some of the evidence we have produced recently that you can utilise in your practice!

Our ultimate aim has always been to improve patient well being. While positive, I think that might reflect a somewhat paternalistic attitude. Rather than being 'for' patients, we should strive to conduct our research 'with' patients; so that their priorities predominate. We are now doing a lot of work 'with' patients and the public and will be highlighting this in our conference next year which will be designed to consolidate our partnership approach. If you are interested in participating, please let us know (R.Farrell@gcal.ac.uk).

Kate Niven

RECENT EVIDENCE FOR PRACTICE PRODUCED BY THE UNIT

Best, C., Duncan, E. and Hagen, S. **Shared Decision Making in Mental Health; does it work?** *Voices of Experience Newsletter*. May edition, 2008

Cheyne, H., Hundley, V., Dowding, D., Bland, J.M., McNamee, P., Greer, I.A., Styles, M., Barnett, C.A., Niven, C. A. **The effects of an algorithm for diagnosis of active labour: a cluster randomised trial.** *British Medical Journal*. (In Press)

Barnett, C., Cheyne, H., Kane, F., Hundley, V. **'Not in labour?' - the impact of being sent home in the latent phase.** *British Journal of Midwifery*. 16.3, pp144-153, 2008

Duncan, E.A.S. (ed) **Skills for Practice in Occupational Therapy**. (1st Ed) Elsevier/Churchill Livingstone, Edinburgh, 2009

Duncan, E., Best, C., Hagen, S. **Shared decision making interventions for people with mental health conditions (Protocol).** *Cochrane Database of Systematic Reviews* 2008, Issue 3. Art. No.: CD007297. DOI: 10.1002/14651858.CD007297

Frawley, H., Sherburn, M., Hagen, S., Galea, M., for the POPPY Group. **Pelvic organ prolapse physiotherapy (POPPY).** *Australian and New Zealand Continence Journal*. 14.2, pp50-51, 2008

Hagen, S., Stark, D. **Physiotherapists & prolapse: who's doing what, how & why?** *Journal of the Association of Chartered Physiotherapists in Women's Health*, 103, pp5-11, 2008

Hagen, S., Stark, D., Glazener, C., Sinclair, L., Ramsay, I. **A randomised controlled trial of pelvic floor muscle training for stage I and II pelvic organ prolapse.** *International Urogynecology Journal*. DOI: 10.1007/s00192-008-0726-4

Ismail, S.I.M.F., Bain, C., Glazener, C.M.A., Hagen, S. **Oestrogens for treatment or prevention of pelvic organ prolapse in women. (Protocol)** *Cochrane Database of Systematic Reviews* 2008, Issue 2. Art. No.: CD007063. DOI: 10.1002/14651858.CD007063.

McClurg, D., McCabe, P., Chambers, K. **Multi-professional management of genito-urinary tumours - gynaecological and prostate cancer.** In: Rankin J. *Rehabilitation in Cancer*, Wiley Blackwell Pub. London, 2008

McClurg, D., Ashe, R., Lowe-Strong, A. **Can pelvic floor muscle training make a difference to people with multiple sclerosis?** *Association of Chartered Physiotherapists in Womens Health*, 103, pp21-28, 2008

McClurg, D., Ashe, R., Lowe-Strong, A. **Neuromuscular electrical stimulation and the treatment of lower urinary tract dysfunction in multiple sclerosis - A double blind, randomised controlled clinical trial.** *Neurourology and Urodynamics* 27, pp231-237, 2008

McInnes, R.J., Chambers, J. **Infants admitted to neonatal units-interventions to improve breast feeding outcomes: a systematic review 1990-2007.** *Maternal and Child Nutrition*, 4.4, pp235-236, 2008

McInnes, R.J., Chambers, J.A. **Supporting the breastfeeding mother: a qualitative synthesis.** *Journal of Advanced Nursing*, 62.4, pp407-427, 2008

Terry, R.H., Niven, C.A., Brodie, E.E., Jones, R.B., Prowse, M. A **Memory for Pain? A comparison of nonexperiential estimates and patients' reports of the quality and intensity of postoperative pain.** *Journal of Pain*, 94.4, pp342-349. EPub Jan 2008

Pollock, A., Durward, B.R., Langhorne, P. **Interventions for improving sit-to-stand ability in patients with stroke (Protocol).** *Cochrane Database of Systematic Reviews*, Issue 3. Art. No.: CD007232. DOI: 10.1002/14651858.CD007232, 2008

(For more evidence for practice see www.nmahpru.gcal.ac.uk)

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Iris Murdoch Building, University of Stirling, Stirling, FK9 4LA, tel: 01786 466341, fax: 01786 466100
Buchanan House, Glasgow Caledonian University, Cowcaddens Rd, Glasgow, G4 0BA, tel: 0141 331 8100, fax: 0141 331 8101

The Stroke Programme develops, conducts and delivers high quality evidence relating to basic care for stroke patients, therapeutic interventions, and interventions to address the needs of stroke survivors as they adapt to life after Stroke.

Many stroke patients rely on nursing assistance for basic care related to **oral healthcare** (OHC) due to related physical weakness, co-ordination problems and cognitive deficits. We are about to pilot the implementation of a newly developed oral healthcare intervention and proposed outcome measures for patients after stroke **Stroke Oral health Care tool Evaluation Pilot Project (SOCLE)**

The experimental stroke specific OHC intervention that has been developed by an Advisory Group consisting of stroke clinicians, nurses, a patient and carer and MDT representatives, will be piloted in a single hospital ward following staff training sessions carried out by a dental specialist. The feasibility of implementing our proposed assessment tool and protocol will be established via staff focus groups and patient interviews. We also plan to collect measures of the patients' dental and denture plaque and oral health-related quality of life on a weekly basis. Our long-term aim is to progress to a multi-centred randomised trial of the effectiveness of the proposed intervention. If you would like more details or you would like to get involved in our future work, contact Bridget St-George (bridget.stgeorge@gcal.ac.uk). Bridget who joined the Unit recently, trained as a State registered Nurse at East Birmingham Hospital. Her clinical career was spent working in neurosciences and neurosurgery. Having taken a 5 year career break she returned to nursing and worked at the Queen Elizabeth Neurosciences Unit in Birmingham before moving to Glasgow with her family. She has recently completed her MSc in Nursing at Glasgow Caledonian University and is in the process of publishing her dissertation on "The Development of a Mentorship Scale for Postregistration Nursing Students."

Visual impairment after stroke is associated with disability in activities of daily living, and there is evidence of a negative effect of visual impairment on rehabilitation. However services and interventions for stroke patients with visual problems are presently inconsistent.

"Our long-term aim is to progress to a multi-centred randomised trial of the effectiveness of the proposed intervention."

The Stroke Programme team has been working with RNIB Scotland to develop an exciting and innovative project aimed at comprehensively and systematically evaluating the evidence of effectiveness of all interventions for visual problems following stroke.

RNIB have provided funding to support the Stroke Programme to carry out Cochrane systematic reviews of all interventions for **visual problems after stroke**. The long term aim is to use the evidence provided by the Cochrane reviews to determine priorities for future primary research and to promote the provision of best treatments for stroke patients with visual problems.

Dr. Alex Pollock (alex.pollock@gcal.ac.uk) has taken the lead in this exciting new collaboration. Alex joined the NMAHP Research Unit, as the core funded Research Fellow on the

Stroke Programme in May. She trained as a physiotherapist in 1993. Her PhD involved carrying out a clinical trial investigating the effects of independent practice of balance activities in patients with acute stroke. From 1998-2008 Alex worked on the Stroke Therapy Evaluation Programme (STEP), promoting evidence-based stroke rehabilitation and carrying out Cochrane systematic reviews and on a project identifying priorities for future stroke rehabilitation research; this work is currently being disseminated. Alex has recently joined the Editorial Team of the Cochrane Stroke Group and is also a member of the group currently updating **SIGN Guideline 64** (Management of patients with stroke: Rehabilitation, prevention and management of complications, and discharge planning.)

"Our aim is to provide access to anonymised data to help answer questions about the design of rehabilitation trials and to investigate the natural progression of recovery after a stroke."

Vista-Rehab VISTA stands for the **Virtual International Stroke Trials Archive**. It is a database of anonymised patient information from randomised clinical trials. Over the past 3 years work on this database has consisted of compilation and analysis of acute stroke data. However, the NMAHP Research Unit are now expanding this resource to look at questions about stroke rehabilitation: this extension of the resource is called VISTA-REHAB. We are interested in **rehabilitation trials** that took place within the past 10 years, randomised at least 20 patients and where recognised measures of stroke impairment and outcomes were measured within a defined follow up period. To date we have secured data from 10 stroke rehabilitation trials, totalling 1223 patients, with commitments secured from 5 other investigators.

Within this database, trial data can be securely lodged and accessed by investigators to answer a wide variety of questions. Our aim is to provide access to anonymised data to help answer questions about the design of rehabilitation trials and to investigate the natural progression of recovery after a stroke. It is aimed that these investigations will promote a better understanding of issues related to the conduct of stroke rehabilitation trials, and will result in improved planning and increased chances of a positive result from subsequent trials. If you are interested in contributing data, submitting a proposal for a novel analysis, or just want to know more about the resource, please visit us at www.vista.gla.ac.uk or email myzoon.ali@gcal.ac.uk. Dr Myzoon Ali gained an honours degree in Neuroscience and a Masters in Research (Neuroscience) at the University of Glasgow. She has just completed a PhD in Cardiovascular and Medical Sciences, also at the University of Glasgow where she worked to establish and promote the Virtual International Stroke Trials Archive (VISTA), a resource consisting of patient data from acute stroke clinical trials. She joined the NMAHP Unit in September 2008 to develop VISTA-REHAB.

The NMAHP Decision Making Programme researches the quality of the judgements and decisions made by practitioners, the impact of these decisions on patients outcomes, and ways of improving decision making. It focuses this activity on maternity care, mental health and on pre-hospital emergency care.

The rate of routine intervention in childbirth is an issue of worldwide concern¹ as a growing body of evidence has linked interventions with increased morbidity for mothers and babies. **Keeping Childbirth Natural and Dynamic (KCND)** is a Scotland wide multi-professional initiative, led by the Scottish Government Health Directorates, which aims to promote effective and appropriate care that will maximise opportunities for women to have as natural birth experience as possible. The KCND programme comprises evidence based multi-professional, antenatal, intrapartum and postnatal care pathways which seek to reduce unnecessary intervention, ensure informed choice for women, and provide community based, midwife-led care for healthy women, while women with more complex care needs receive obstetrician-led care from a maternity team.

The NMAHP Research Unit is leading the **Evaluation of the KCND initiative**. The evaluation will adopt a **Realistic Evaluation Framework**² focusing on context, process and outcome across the Programme. Within this framework, in-depth ethnographic case studies will be conducted on particular project activities, using a Rapid Appraisal approach to data gathering. This approach, nesting case studies within broader methods of data collection, enables the evaluation to achieve sufficient breadth and scope while also having sufficient depth and detail to address the aims of the evaluation.

Dr Purva Abhyankar (purva.abhyankar@stir.ac.uk) has joined the Decision Making Programme and will work on the KCND evaluation project along with Dr. Helen Cheyne Programme Leader (h.l.cheyne@stir.ac.uk), Prof Kate Niven and Prof Christine McCourt. Purva read for undergraduate and postgraduate degrees in Psychology from Pune University, India. She came to the UK to pursue a Masters in Health Psychology at the University of Leeds. After working in India in community health research, she went on to do a PhD at the University of Leeds. Her thesis looked at 'Decision making about cancer treatment and clinical trial participation' and drew on theory and methods from health psychology and behavioural decision research. Purva worked as a research fellow at the Psychosocial Oncology and Clinical Practice Research Group, Leeds for a year before she came to the NMAHP Research Unit. Her research interests are in the area of applying psychological theories to facilitate informed and shared decision making in healthcare and patient-professional communication.

Professor Christine McCourt (christine.mccourt@stir.ac.uk) has joined the team evaluating the KCND initiative, combining this work with her employment at Thames Valley University. Christine originally studied social anthropology at the London School of Economics, where her doctoral study – an ethnographic study of de-institutionalisation in psychiatry – focused on applying anthropological theory and methodology to studying 'western' healthcare. She then worked in the Department of Government and Social Policy at Brunel University, where she taught within medical anthropology and social policy, and conducted research on UK government health and social care reforms. She joined the Centre for Midwifery Practice at Hamersmith Hospitals NHS Trust in 1994, which later became

part of Thames Valley University, London, and her main work since then has been on maternity and women's health, with particular interests in service change and reform, on women's experiences of childbirth and maternity care and in the culture and organisation of maternity care. She has published widely in these areas, continues to teach and provide policy advice. She continues her interest in anthropology via her role as managing editor of the international applied anthropology journal, *Anthropology in Action*.

1. World Health Organisation (WHO). *Chapter 1, Care in normal birth: a practical guide*. In: *Safe Motherhood*. Geneva: WHO, 1996

2. Pawson R, Tilley N. *Realistic evaluation*. London: Sage, 1997

A new study on **Shared decision making interventions for people with mental health conditions** illustrates the shift of emphasis within the Unit towards partnership with patients. Offering clients the opportunity to be involved in their own healthcare is now widely recognised as an ethical, clinical and policy imperative.

Shared decision making is a clear way in which people can become involved in their own healthcare. Shared decision making involves clients sharing their preferences and priorities about a given situation and the health professional sharing their knowledge and preferences. Together they negotiate a mutually acceptable plan; which may be to do nothing. However, shared decision making is particularly relevant to decision making in mental health care where intervention decisions can have a profound effect on a person's day to day life and treatment is often long term. The importance of shared decision making is recognised and emphasised in the NICE guidance for schizophrenia. To date, however, little research appears to have been carried out into shared decision making for people with mental health conditions. Therefore the NMAHP Research Unit is undertaking a **Cochrane Systematic Review** of this topic as the first phase of a programme of work in this area. The review will evaluate the effects of interventions to increase shared decision making on patient satisfaction, clinical outcomes and readmission to hospital. It is led by Dr Eddie Duncan (edward.duncan@stir.ac.uk) the Unit's Clinical Research Fellow along with Dr Catherine Best (catherine.best1@stir.ac.uk) who joined us in January 2008. Catherine originally studied Psychology and Neuroscience graduating in 1995 and then worked in voluntary sector mental health services for the next five years. In 2001 she started work as a research assistant on health service research projects. After this she did her PhD on the cognitive basis of autistic spectrum disorders. Her main interests are in the cognitive basis of mental health problems and mental health service research. Catherine has used both quantitative methods (multiple regressions, logistic regression models) and qualitative work (grounded theory, content analysis) and is interested in learning new techniques and also combining methods.

Central to this review is our collaboration with **Voices of Experience (VoX)**; a National Mental Health Service User Led organisation. VoX have publicised the review within their membership and more widely through their publications, and members of VoX will be contributing a user's perspective to the review's findings. A summary of the scope of the review was published in the VOX newsletter and a lay summary of the review's findings will also be distributed through VoX's publications and networks.

UROGENITAL DISORDERS PROGRAMME

The programme is continuing to undertake research to provide an evidence-base for practitioners and patients in the area of continence and pelvic floor disorders.

A particular feature of the programme is the work on female **pelvic organ prolapse** which continues to make a strong contribution to the body of evidence¹. POPPY and PEPPY are two major ongoing randomised controlled trials (the latter a feasibility trial) being led by Dr Suzanne Hagen (s.hagen@gcal.ac.uk) relating to pelvic floor muscle training for women with prolapse. Our busy 'prolapse team' (Sylvia Dickson, Trial Coordinator, Sylvia.Dickson@gcal.ac.uk and Janet Logan, Research Assistant, Janet.Logan@gcal.ac.uk) was joined in October by Lucy Pyart, Specialist Physiotherapist in Women's Health (Lucy.Pyart@gcal.ac.uk) who is having a six-month research taster, and will be working on the trials as well as on a literature review of sexual dysfunction associated with prolapse. Concurrently Lucy is undertaking a post-graduate certificate, Continence for Physiotherapists, with the University of Bradford.

"The encouragement of **patient involvement** in all aspects of research has become increasingly important in the unit's remit."

Very recently PROSPECT, a trial comparing different types of surgery for anterior and posterior prolapse, has been given a favourable review by the HTA. Once funding is finalised, this multi-centre RCT will begin recruitment at its first centres. This trial, which is led by Dr Cathryn Glazener of the Health Services Research Unit, with Dr Suzanne Hagen as co-investigator, is another example of the fruitful collaboration with our sister CSO unit at the University of Aberdeen^{2,3}.

New areas of research for the programme include **multiple sclerosis** (MS). A randomised controlled pilot study of the effect of abdominal massage on people with multiple sclerosis and constipation (ABMEM), funded by the MS Trust, is about to begin recruitment. Also a preliminary survey relating to the attitudes of people with MS to performing procedures such as intermittent self-catheterisation has received ethical approval, and soon the questionnaires will be distributed through a number of patient groups in Glasgow. These studies have been developed by another new member of staff, Dr Doreen McClurg (Doreen.McClurg@gcal.ac.uk). Doreen, who joined the programme in May 2008, was a Specialist Continence Physiotherapist at Belfast City Hospital for many years, and has a particular interest in continence issues relating to **neurological and gynaecological conditions**^{4,5}. Further pro-

posals in both these areas are under development.

The encouragement of **patient involvement** in all aspects of research has become increasingly important in the unit's remit. At the project development stage we have been involving a woman with personal experience of surgery for vulval cancer in developing a funding application relating to post-operative symptoms and quality of life. This patient's journey has also been written up as case study⁶.

In terms of involving patients in deciding on research priorities, we have also been working with the **James Lind Alliance** (JLA). This organisation involves consumers and clinicians in identifying and prioritising treatment uncertainties in specific clinical areas, with the aim of informing future research undertaken. Urinary incontinence has been one area the JLA have targeted, under the leadership of Brian Buckley, our consumer involvement consultant, and Adrian Grant, HTA. Suzanne Hagen facilitated in this process and Doreen McClurg contributed on behalf of Association of Physiotherapists in Women's Health (ACPWH). As a result 29 priority treatment uncertainties were selected out of a possible 248, and these have been ranked and the top 10 will be announced shortly. We hope to work with the consumer and professional organisations involved in this exercise to identify ways of answering the questions which have been generated. This will compliment the work on setting research priorities undertaken by the programme in recent years⁷.

1. Hagen, S., Stark, D. **Physiotherapists & prolapse: who's doing what, how & why?** *Journal of the Association of Chartered Physiotherapists in Women's Health*. Autumn 2008 103, 5-11

2. Hagen, S., Stark, D., Glazener, C., Sinclair, L., Ramsay, I. **A randomised controlled trial of pelvic floor muscle training for stage I and II pelvic organ prolapse.** *International Urogynecology Journal*. Accepted.

3. Hagen, S., Glazener, C., Sinclair, L., Stark, D., Bugge, C. **Psychometric properties of the Pelvic Organ Prolapse Symptom Score (POP-SS).** *British Journal of Obstetrics and Gynaecology*. Accepted.

4. McClurg, D., Lowe-Strong, A., Ashe, R.G. **The benefits of pelvic floor muscle training in people with multiple sclerosis and lower urinary tract dysfunction.** *Journal of the Association of Chartered Physiotherapists in Women's Health*. Autumn 2008, 103, 21-28

5. McClurg, D. **Bladder dysfunction following surgery for Gynaecological Cancer - a review.** *Continence UK*. Accepted.

6. McClurg, D., Hagen, S. **Quality of life issues following surgery for vulval cancer.** Submitted to *Physiotherapy Research International*

7. Hagen, S., Sinclair, L., Niven, C., Moore, K., Buckley, B. **Research priorities for continence care and urogenital health: URGENT recommendations.** *Journal of Wound, Ostomy and Continence Nursing*. Accepted.

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Iris Murdoch Building, University of Stirling, Stirling, FK9 4LA

tel: 01786 466341 fax: 01786 466100 e-mail: karen.graham@stir.ac.uk

More information about NMAHP Research Unit, including the research programme can be found on the web pages at <http://www.nmahpru.gcal.ac.uk>