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## Easter indulgence — surely, it cannot be good for you?

Easter eggs and other chocolate treats may well be better for your health than you think. Research published recently by Buijsse et al in the European Heart Journal has found that those who ate half a bar of chocolate per week had lower blood pressure, with 39% lower risk of heart attacks and strokes. This new research adds to a growing body of evidence suggesting that chocolate can, indeed, be beneficial (in moderation) for cardiovascular health, diabetes and cancer (see Good Questions, January 2009).

The flavanoids (the natural antioxidants) found in cocoa beans are thought to be the reason why chocolate seems

to be good for circulatory health. The processing of which milk chocolate means that many of the essential flavanoids are lost. However, dark chocolate (containing more cocoa solids) retains the beneficial flavanoids.



Buijsse et al warn that small amounts of chocolate may help prevent heart disease, only if it replaces other less healthy energy dense foods in order to keep body weight

stable and does not replace consumption of healthier alternatives, e.g. fruits and vegetables.

The amount eaten in this study by even the highest consumers was about one square of chocolate a day (equivalent to half a bar or a small Easter egg in a week).

Unfortunately, while flavanoids have many health benefits, most chocolate is low in flavanoids but high in calories and saturated fat, which are linked to weight gain and raised cholesterol levels, key risk factors for heart disease. So, it seems that some Easter treats may well be good for you but, unfortunately, moderation is still the key!

## Could new psychological treatments be a viable alternative to anti-depressants?

Mindfulness-based cognitive therapy (MBCT) is an emerging treatment, which focuses on targeting negative thinking and behavior. It is now the subject of new research at the Universities of Bristol and Exeter into ways to prevent relapse of depression

without prescription drugs. The PREVENT trial (funded by a £1.8m grant from the NIHR HTA programme) will recruit patients with a history of recurrent depression. Half will be offered MBCT in eight weekly two-hour group classes (up to 15 people).

These participants will be invited to stop using anti-depressants while practicing MBCT. The other half will continue with their current treatment for the duration of the two-year study. For more information, visit the PREVENT trial website.

## Overcoming barriers to diabetes care



Mosely K et al (2010)  
*Diab Res Clin Prac* 87:  
e11-e14

In 2008, the Diabetes UK Careline team ran a pilot workshop for healthcare professionals: “Overcoming barriers to diabetes care”.

AHP Research was invited to evaluate the pilot programme, which was run over two days, one month apart. We received feedback from 18 healthcare professionals.

HCPs reported being concerned by some of the psychosocial issues raised by their patients during consultations, including the impact of the initial diagnosis of diabetes, discussion of diabetes-related issues

(in particular, sexual dysfunction), cultural differences, and general emotional distress relating to diabetes. HCPs generally felt competent in identifying their patients’ psychosocial issues but less skilled at handling these issues, supporting previous research findings. Lack of time, privacy and support were barriers to addressing patients’ psychological concerns. Our brief report detailing the concerns of 18 healthcare professionals was published in February 2010. To our knowledge, this is the first qualitative study to explore HCPs’ perceptions of communication with their diabetes patients about psychosocial concerns in the UK. Details of the 2010 Careline training workshops are on the [Diabetes UK](#) website.

“Cognitive avoiders deny the threat or persuade themselves that they aren’t vulnerable”

## Are scary health messages effective?

Using scare tactics in health campaigns (e.g. anti drink-driving) makes sense intuitively. Campaigners want to grab the public’s attention and demonstrate the severity of the consequences of bad habits or dangerous behaviours.

However, a new study by [Nestler & Egloff \(2010\)](#) has found that for some of the population, scare tactics can back-fire, which undermines the efficacy of health messages.

297 participants (229 of them female, mean age 35), read one of two versions of a fictional news report from a medical journal. The report referred to a research study linking caffeine consumption with a fictional gastro-intestinal disease ('Xyelinenteritis'). One version was extra-

scary, highlighting a link between Xyelinenteritis and cancer and citing the participants’ age group as particularly vulnerable. The other report was lower-key and lacked these two details. Both versions concluded with recommendations for reducing caffeine intake.

Before gauging reactions to the article and its advice, the researchers assessed participants’ 'cognitive avoidance'.

People who score highly on this personality trait respond to threats with avoidance tactics such as distracting themselves, denying the threat or persuading themselves that they aren't vulnerable.

The key finding was that participants who scored high on cognitive avoidance actually rated the threat from Xyelinenteritis

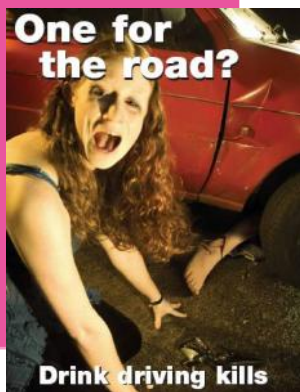
as less severe after reading the scary version of the report compared with the low-key version. Furthermore, after reading the scary version, they were less impressed by the advice to reduce caffeine intake and less likely to say that they planned to reduce caffeine intake.

On the other hand, those who were highly cognitive avoidant responded more to the low-key report than did the low cognitive avoidant participants. In other words, for those people who are cognitively avoidant, scarier health messages can backfire.

*Article adapted from [BPS Research Digest Issue 162](#).*

### Reference

[Nestler S & Egloff B \(2010\) J Res Pers, 44 \(1\), 137-141](#)



Scare tactics may lack impact

# Health @ The Cheltenham Festivals

SCIENCE10

The Cheltenham Festivals includes jazz, literature and science. Health is amongst the headlines of the [Science Events](#) for 2010, which promise to be inspiring and thought-provoking. Here, we round up the highlights:

## Wednesday 9 June

4pm: [To Jab or Not to Jab](#) (Event S6). Should vaccinations be compulsory? How dangerous does a disease have to be? This event will explore balance between personal choice and public health.

7pm: [Bad Habits Die Hard](#) (Event S13). Drs Stuart Derbyshire & Dale Southerton talk about why we consume in the way we do, why we find it difficult to change our behaviour and whether we can, and should, be trying to alter the way that others live their lives.

8.45pm: [The Psychology of Healing](#) (Event S15). Prof John Weinman & Dr Kavita Vedhara discuss how the way you think and feel affects wound healing and whether treatment aiming

to manage these factors can help to speed up the process.

## Thursday 10 June

5pm: [The Smoking World](#) (Event S28). Prof Robert West looks at why people still choose to smoke when the health effects are so well documented and the best ways to kick the habit.

7pm: [HIV](#) (Event S32). Prof Sir Andrew McMichael & Prof Anne Johnson discuss social and cultural attitudes to HIV and current research into its treatment and prevention.

*“the core principle ... everybody should have some basic security when it comes to their health care” – President Obama, 23 Mar 2010*

## US House passes healthcare reform bill

US President Obama has been successful in passing the first major piece of healthcare legislation since President Johnson created Medicare in 1965. With a slim majority, the health care reform bill was passed by 216 votes to 212.

The reform, which will cost an estimated \$940bn (£627bn) over 10 years, amounts to a massive change in US healthcare provision:

- It makes insurance more **affordable**, by providing

the largest middle class tax cut for healthcare in history, expanding care to 32m more people, mostly the poorest, and giving the country 95% coverage.

- It sets up a **new competitive insurance market** giving millions of Americans the same insurance choices that members of Congress will have.

- It ensures **greater accountability** by providing commonsense rules to keep premiums down, prevent industry abuses and denial of care.

- It stops **discrimination** against those with pre-existing conditions.

Despite the benefits for many US citizens, the health bill remains contentious, with no Republicans supporting it and 34 Democrats opposing it. Concerns remain that it will cost too much and do little to increase competition amongst providers or prevent Pharma companies from making huge profits from the insurance system.



President Obama signing healthcare reform bill

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If you would like to know more, we offer a free one-hour consultation or you can request a copy of our brochure. Please feel free to [contact us](#) to find out how we can help you.

... because good questions outrank easy answers

## Forthcoming Events

### April 2010

Society for Behavioural Medicine (SBM) 31<sup>st</sup> Annual Meeting  
Seattle, USA: 7-10 April

### June 2010

[The Times Cheltenham Festivals](#)  
UK: 9-13 June (see page 3)

### August 2010

International Congress of Behavioural Medicine (ICBM) 11<sup>th</sup> Annual Meeting  
Washington DC, USA: 4-7 Aug

### October 2010

International Society Of Quality Of Life Research (ISOQOL) 17<sup>th</sup> Annual Conference  
London, England: 27-30 Oct  
Abstract submission by: 12 May

### November 2010

International Society for Pharmacoeconomics and Outcomes Research (ISPOR) 13<sup>th</sup> Annual European Meeting  
Prague, Czech Republic: 6-9 Nov  
Abstract submission by: 22 June

### May 2010

International Society for Pharmacoeconomics and Outcomes Research (ISPOR) 15<sup>th</sup> Annual International Meeting  
Atlanta, USA: 15-19 May

CBI’s Patient Reported Outcomes (PRO) 6<sup>th</sup> Annual Forum  
Philadelphia, USA: 25-26 May



## Headlining Health

- [Cheap holidays ‘prompted rise in skin cancer rates’](#)
- [CBT sessions ‘help’ back pain](#)
- [An hour of daily exercise ‘needed to stay slim’](#)
- [Five-a-day has little impact on cancer](#)
- [Aerobic exercise during pregnancy ‘produces lighter babies’](#)
- [NHS left with 34m stockpile of swine flu jabs](#)
- [How to solve the junk-food problem: tax](#)
- [Reduction in hours fails to cut sick days of junior doctors](#)
- [Servicewomen diagnosed with mental disorders at twice rate of men](#)
- [Smoking in cars should be banned](#)