

# Good Questions

Issue 15

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## Are you feeling optimistic?

It may only be the beginning of March but the first signs of spring are upon us. The trees are finding their leaves, the birds are singing, temperatures are beginning to rise and you can feel the optimism in the air. The tendency to have a positive outlook on life is at its highest at this time of year but does optimism have real benefits for physical and mental health?

against the common cold. A positive mood has been shown to increase the release of S-IgA and enhance the functioning of the immune system<sup>2</sup>. Can this be correct? Does our psychological state really have this much influence over our immune system? Of course! Individuals who report frequent desirable events also demonstrate

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Optimism is an important component of positive mental health<sup>1</sup>, and a protective factor against mental health problems. It is generally thought that positive and negative affect (the experience of unpleasant emotions and moods comprising sadness, nervousness, anger, and hopelessness), as reported by the individual, is connected to the release of immunoglobulin A (S-IgA); an antibody forming the first line of defence



"St. John's Wort is a great herb for improving your mood. But maybe it's time to cut back the dosage."

## Genetics, obesity and patient consequences?

There has been a rapid increase in the number of overweight and obese children in the UK in the last 30 years. The latest statistics suggest that up to 10% of six-year-olds and 17% of fifteen-year-olds within the UK are obese<sup>1</sup>. However, there is significant variation in how 'obesity' is defined in children - as childhood is a time of development, the body mass index (BMI) is not a static measurement. Childhood obesity is considered a risk factor for many chronic conditions including diabetes and heart disease. In addition, obese children face stigmatisation and discrimination in the playground, which may impact on various aspects of their psychological well-being and quality of life.

Obesity in childhood, particularly in adolescence, is a key predictor for obesity in adulthood<sup>2</sup>, with similar short-

and long-term biomedical and psychosocial issues and outcomes. It is anticipated that obesity will cost the UK £3.6 billion by 2010<sup>3</sup> and these rising costs provide a significant challenge to healthcare professionals; to inspire the necessary health behaviour changes in children, adolescents and adults alike to reduce obesity and associated co-morbidities in a cost-effective manner.

It has long been recognised that obesity has a multi-factorial aetiological nature. Traditionally, researchers have pointed to social-economical and psychological causes of obesity although, more recently, genetics have been considered a prominent factor in the obesity epidemic. Clinical psychologist, Jane Wardle, and colleagues at University College London (UCL) have recently conducted a twin

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...because good questions outrank easy answers...



Applied Health Psychology

## Genetics, obesity and patient consequences?

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study<sup>4</sup> (N>5000), which attributed 77% of the variance in the size of children's waistlines to heritability. Diet and other lifestyle factors accounted for much less variance (combined, 23% respectively). However, Wardle et al suggest that heritability will only become a factor if it is not accounted for in an "obesogenic environment" (i.e. a sedentary lifestyle where the opportunity for overeating is plentiful).

Healthcare professionals looking to inspire health behaviour changes to reduce obesity will need to tailor their strategies, as every child or adult faces individual risk factors and situation-specific challenges. It is well recognised that delivering an integrated system of individualised healthcare, informed by the individual patients concerned, helps to ensure the best outcome for patients, as well as

benefiting healthcare professionals and local and national health economies. But are the resources (time, money, expertise) available for individualising care and maximising the opportunities to reverse the obesity crisis in the UK? And whose responsibility is it? We would be interested to hear your thoughts!

### References

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*"Healthcare professionals looking to inspire health behaviour changes will need to tailor their strategies"*

## Review of positive mental health scales available online

Mental health is a national public health priority for Scotland. Mental health problems not only have an impact on the lives of sufferers and their families, but also result in a massive economic burden to society through lost workdays and demand for healthcare services. However, there is increasing recognition of the need to shift mental health policy and practice from the traditional emphasis on mental health problems to include the promotion of positive mental health (PMH).

NHS Health Scotland has recently established a core set of national, sustainable mental health indicators. These cover both PMH as well as mental health problems, providing a way of monitoring the state of mental health and well-being in Scotland, and helping to inform decision-making about priorities for action and resource allocation.

NHS Health Scotland has commissioned AHP Research to conduct a structured, targeted, critical review of scales of PMH which have been validated for use in the UK. This review highlights the measures available and appraises their validity and reliability to capture data, either in national surveys or by practitioners assessing the impact of local interventions. In addition, the report outlines that conceptualisation and consistent assessment of PMH requires agreement about terminology as well as the means to measure such constructs systematically.


The 'Review of PMH Scales' report will be published in two forms (a 'technical report' and a 'practitioner guide') on the NHS Health Scotland Mental Health Indicators [website](#) later this month. Please [contact us](#) for a copy of either report.

## Good Answers?

Every month in "Good Questions", we give you the opportunity to benefit from your own "Good Answers". Just give some thought to the problems we pose and send in your response.

### What came first, the chicken or the egg?

Answers to: [info@ahpresearch.com](mailto:info@ahpresearch.com) by 12 noon on **Thursday 3<sup>rd</sup> April**. The most creative answer will win an Amazon voucher and may be published in next month's issue. If you would prefer to remain anonymous, just let us know.

	<h2 style="text-align: center;">In the Journals</h2>
<p style="text-align: center;"><i>Effects of (very) brief writing on health: the two-minute miracle</i></p>	
<h1 style="font-size: 2em;">1</h1>	<p>Emotionally expressive writing is known to lead to health benefits. The optimum duration and frequency of writing is unknown.</p>
<h1 style="font-size: 2em;">2</h1>	<p>This study sought to test the lower boundary of expressive writing required to demonstrate health benefits</p>
<h1 style="font-size: 2em;">3</h1>	<p>49 students were randomly assigned to write about a trauma, a positive experience or a control topic for two minutes on each of two consecutive days. Participants rated their experience of the writing task.</p>
<h1 style="font-size: 2em;">4</h1>	<p>Participants scored their positive and negative moods and completed a physical complaint checklist immediately before and after the writing session. The physical complaint checklist was also administered 4-6 weeks after the second writing session.</p>
<h1 style="font-size: 2em;">5</h1>	<p>Trauma and positive experience essays contained more emotional content than control essays and participants in these groups found writing to be more important. 81% of the trauma group wrote about the same event on both days.</p>
<h1 style="font-size: 2em;">6</h1>	<p>Both the trauma and positive experience groups reported fewer physical complaints at follow up than the control condition (<math>p &lt; 0.05</math>). This demonstrates that health benefits may follow from just 2 minutes of written expression.</p>
<p>Burton CM &amp; King LA (2008). Effects of (very) brief writing on health: The two-minute miracle. <i>British Journal of Health Psychology</i>, 13: 9-14</p>	

## In Brief

### ■ [FDA proposes guidance for dissemination of information on unapproved uses of medical products](#)

The U.S. Food and Drug Administration (FDA) have recently issued draft guidance for the dissemination of information on unapproved uses of medical products. The new guidance represents an update on previous guidelines to be more specific about how manufacturers can disseminate information about "off-label" product use. It recommends that distributed scientific or medical journal reprints, articles or reference publications adhere to certain principles, including (a) organisations publishing this information must include editorial boards, (b) conflicts of interests and biases must be outlined for all authors, (c) articles must be supported by credible medical evidence and (d) all articles must be peer-reviewed. Furthermore, the draft guidance recommends against the publication of supplements (or such dissemination) which are funded by the manufacturers of the product. Public comments on the draft guidance are welcomed for 60 days: <http://www.fda.gov/oc/op/goodreprint.html>

### ■ [Breaking bread – the way to bridge cultural differences](#)

In this month's Health Service Journal (HSJ), Claudia Roden outlines the positive effects of "breaking bread". Roden discusses the process of preparing and sharing food in groups, and describes the effect that this has on breaking down social and psychological barriers and encouraging positive relations with others (an important aspect of positive mental health). The Chefs for Peace organisation aims to create a relaxed environment whereby people from a variety of social and religious groups can unite to "break bread" and cook together. For example, Chefs for Peace has been trying to promote dialogue between Israelis and Palestinians through their shared love of good food.

### ■ [Sad shoppers spend more](#)

A recent American study has examined whether the emotional state of "sadness" can affect financial decision-making processes. The authors primed participants with either a "sad" movie clip or a non-emotive one before asking them how much money they are willing to pay for a bottle of water. Those who had watched the sad clip offered to pay up to four times more for the bottle of water than those who watched the non-emotive clip. The researchers postulated that the willingness to spend more money was associated with the devalued sense of self worth experienced in conjunction with the emotion of sadness. Furthermore a process of self-focus was identified, with "sad people" participating in more "inward thinking" being even more likely to spend more on the water.

## Are you feeling optimistic?

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enhanced levels of immune function.

As well as directly influencing individuals' susceptibility to illness, optimism can incur many indirect health benefits:

- Levels of optimism are negatively correlated with time taken to recover from illness. It is thought that focusing on and planning for future outcomes may explain this relationship<sup>3</sup>.
- Optimistic individuals are more likely to read information relating to health risks, are better able to recall this information and consequently demonstrate more awareness of certain health risks.
- Optimists are more likely to engage in health protective behaviours through maintaining healthier habits (e.g. healthy eating behaviour), visiting health professionals when they experience symptoms, and regularly undertaking self-examination for detection of symptoms<sup>4</sup>.

Equally, having a negative outlook can also be related to how long you live!

Numerous researchers have identified a strong relationship between positive emotions and ill health. In one such study, nuns who expressed the most positive emotions in autobiographical essays during their early twenties lived on average 10 years longer than those who expressed least positive emotions<sup>5</sup>.

So there it is – if you aren't feeling optimistic right now – just open your mind and allow spring to do its job!

### References

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## National No Smoking Day: 12 March 2008



National No Smoking Day falls on Wednesday 12<sup>th</sup> March this year. Government targets aim to reduce smoking rates of the general population from 26% in 2002 to 21% by 2010. As in previous years, National No Smoking Day may provide the initiative many smokers need to kick the habit.

NICE (National Institute for Health and Clinical Excellence) has recently published guidance on the best ways to encourage people to give up smoking. To read the full guidance, please [click here](#).

## In the news...

### National diabetes director appointed

[http://www.hsj.co.uk/announcements/2008/03/new\\_diabetes\\_tsar\\_appointed.html](http://www.hsj.co.uk/announcements/2008/03/new_diabetes_tsar_appointed.html)

### Anti depressants' 'little effects'

<http://news.bbc.co.uk/1/hi/health/7263494.stm>

### Heparin linked to severe allergic reactions

<http://www.fda.gov/bbs/topics/NEWS/2008/NEW01797.html>

### Tighter drug trial laws promised

<http://news.bbc.co.uk/1/hi/health/7280798.stm>

### Expand diagnostic criteria for eating disorders

<http://psychcentral.com/news/2008/02/07/expand-diagnostic-criteria-for-eating-disorders/1887.html>

### New resource for preventing diabetes in African-Americans

<http://www.medicalnewstoday.com/articles/96709.php>

### Should there be author anonymity in peer review?

<http://www.nature.com/nature/journal/v451/n7179/full/451605b.html>

## Forthcoming events

5-7 March 2008

Diabetes UK Annual Professional Conference:

Glasgow, UK

11-13 April 2008

Psychosocial Aspects of Diabetes Annual Meeting:

Sardinia, Italy

24 April 2008

PCOS UK Spring Conference:

Birmingham, UK

3-7 May 2008

ISPOR 13<sup>th</sup> Annual International Meeting:

Toronto, Canada

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