

NEW REVIEWS

School-based physical activity programs for promoting physical activity and fitness in children and adolescents aged 6 to 18: Improvements in rates of physical activity found for children engaged in school-based physical activity interventions. [Read more...](#)

Interventions to enhance adherence to dietary advice for preventing and managing chronic diseases in adults: Telephone follow-up and nutritional tools among some of the interventions found to have at least one significant diet adherence outcome. [Read more...](#)

Interventions to improve influenza and pneumococcal vaccination rates among community-dwelling adults: a systematic review and meta-analysis: Team change interventions assigning vaccination responsibilities to nurses improve vaccination rates in community-dwelling adults. [Read more...](#)

Interventions for preventing or reducing domestic violence against pregnant women: More high-quality studies needed to assess the effectiveness of interventions to best serve women during pregnancy. [Read more...](#)

A systematic review of suicide prevention interventions targeting indigenous peoples in Australia, United States, Canada and New Zealand: Only nine evaluations of Indigenous-specific suicide interventions were identified in the peer reviewed and grey literature. [Read more...](#)

Methods to increase participation in organised screening programs: a systematic review: GP's signature on invitation letters, scheduled appointments, postal and telephone reminders found to be effective in increasing participation in screening programs. [Read more...](#)

FORTHCOMING REVIEWS

Tackling inequalities in obesity: a protocol for a systematic review of the effectiveness of public health interventions at reducing socioeconomic inequalities in obesity among adults

Mobility training for increasing mobility and functioning in older people with frailty

Male versus female condoms for contraception

NEW REVIEWS

School-based physical activity programs for promoting physical activity and fitness in children and adolescents aged 6 to 18

Physical inactivity is a key risk factor for most chronic diseases and is attributed to as many as 1.9 million deaths worldwide. This review is an update to a review conducted in 2009. Forty four studies with 36,593 participants were included in this update. There was some

evidence to suggest that school-based physical activity interventions led to an improvement in the proportion of children who engaged in moderate to vigorous physical activity during school hours. Improvements in rates of physical activity were not observed in the original review. Children and adolescents exposed to the intervention also spent less time watching television and had improved maximal oxygen uptake as observed in the original review. However, the positive effect on blood cholesterol was no longer observed. The majority of studies included were at moderate risk of bias as such results should be interpreted with caution.

Dobbins M, Husson H, DeCorby K, LaRocca RL. School-based physical activity programs for promoting physical activity and fitness in children and adolescents aged 6 to 18. *Cochrane Database Syst Rev* [Internet] 2013, Issue 2. Art. No.: CD007651. Available from:
<http://onlinelibrary.wiley.com/doi/10.1002/14651858.CD007651.pub2/pdf>

Interventions to enhance adherence to dietary advice for preventing and managing chronic diseases in adults

A healthy diet is recognised as an important part of preventing and managing chronic diseases. However, many of those with chronic diseases do not adhere to recommended dietary advice. This review identified 38 studies involving 9,445 participants examining several types of interventions for enhancing adherence. Interventions with telephone follow-up, video (educational), contracts with reward, feedback, nutritional tools and multiple interventions reported at least one statistically significant diet adherence outcome. However, these results are inconclusive as several studies examined two or more diet adherence outcomes and showed no difference in some diet adherence outcomes compared to a control group. The majority of studies reporting a diet adherence outcome favouring the intervention group in the short term also reported no significant effect at later time points.

Desroches S, Lapointe A, Ratté S, Gravel K, Légaré F, Turcotte S. Interventions to enhance adherence to dietary advice for preventing and managing chronic diseases in adults. *Cochrane Database Syst Rev* [Internet] 2013, Issue 2. Art. No.: CD008722. Available from:
<http://onlinelibrary.wiley.com/doi/10.1002/14651858.CD008722.pub2/pdf>

Interventions to improve influenza and pneumococcal vaccination rates among community-dwelling adults: a systematic review and meta-analysis

Influenza and pneumococcal disease are vaccine preventable and routine vaccination is recommended for elderly and high-risk patients yet rates remain low. Seventy seven studies provided sufficient data and were included in this review. Team change interventions where nurses had been assigned responsibilities for administering vaccine were more effective. Patient outreach strategies such as telephone reminders and printed materials were more effective if personal contact was achieved. Clinician reminders and education were associated with greater improvements for pneumococcal than for influenza vaccinations. Clinician and patient financial incentives were both effective for influenza but could not be evaluated for pneumococcal vaccinations. Funnel plots suggested publication bias was a potential limitation.

Lau D, Hu J, Majumdar SR, Storie DA, Rees SE, Johnson JA. Interventions to Improve Influenza and Pneumococcal Vaccination Rates Among Community-Dwelling Adults: A Systematic Review and Meta-Analysis. *Ann Fam Med* [Internet] December 2012 10:538-546. Available from:
<http://annfammed.org/content/10/6/538.full#abstract-1>

Interventions for preventing or reducing domestic violence against pregnant women

Violence against women by partners during pregnancy can cause psychological as well as physical harm, and can lead to pregnancy complications. It is not clear what sort of intervention best serves women during pregnancy. This review included nine trials with a total of 2391 women. The interventions examined included a single consultation, case management and referral to a social care worker, and multiple therapy sessions during pregnancy and after birth. Results were predominantly based on findings from single studies as studies focused on different outcomes. There was evidence from one study that the total number of women reporting episodes of partner violence during pregnancy was reduced for women receiving a psychological therapy intervention. There were few statistically significant differences between intervention and control groups for depression during pregnancy. Only one study reported findings for neonatal outcomes such as preterm delivery, and there were no significant differences between groups.

Jahanfar S, Janssen PA, Howard LM, Dowswell T. Interventions for preventing or reducing domestic violence against pregnant women. *Cochrane Database Syst Rev* [Internet] 2013, Issue 2. Art. No.: CD009414. Available from:

<http://onlinelibrary.wiley.com/doi/10.1002/14651858.CD009414.pub2/pdf>

A systematic review of suicide prevention interventions targeting indigenous peoples in Australia, United States, Canada and New Zealand

Indigenous peoples of Australia, Canada, US and New Zealand have rates of suicide two to three times higher than the general population. This review aimed to identify and critique the methodological quality of suicide prevention interventions targeting Indigenous peoples. Only nine evaluations of Indigenous-specific suicide interventions were identified in the peer reviewed and grey literature. Community prevention, gatekeeper training, and education were the main interventions employed. Only three evaluations measured changes in rates of suicide or suicidal behaviour, all of which reported significant improvements. The methodological quality of evaluations was less than optimal. Results of this review suggest there is insufficient evidence as to which interventions are most effective. There is an urgent need for good quality evidence in this area as without it there is an increased likelihood that ineffective interventions will be implemented.

Clifford AC, Doran CM, Tsey K. A systematic review of suicide prevention interventions targeting indigenous peoples in Australia, United States, Canada and New Zealand. *BMC Public Health* [Internet] 2013, 13:463. Available from:

<http://www.biomedcentral.com/content/pdf/1471-2458-13-463.pdf>

Methods to increase participation in organised screening programs: a systematic review

Most government agencies recommend cervical, breast, and colorectal screening because of the burden of these cancers and the proven efficacy of screening in reducing mortality. Yet participation in many countries is low despite standard invitations and recall systems. Sixty nine studies with quantitative information on interventions in organised screening were included in this review. Effective interventions were postal reminders, telephone reminders, GP's signature on invitation letters and scheduled appointments instead of open appointments. Interventions which aimed to reduce logistical barriers were also effective. Results confirmed that printed information material offered no advantage for breast cancer screening. The results confirm the scarcity of sound studies measuring the

effect of mass media campaigns and community-based interventions.

Camilloni L, Ferroni E, Cendales BJ, Pezzarossi A, Furnari G, Borgia P, Guasticchi G, Rossi PG. Methods to increase participation in organised screening programs: a systematic review. *BMC Public Health* [Internet] 2013, 13:464. Available from: <http://www.biomedcentral.com/content/pdf/1471-2458-13-464.pdf>

FORTHCOMING REVIEWS – PROTOCOLS

Tackling inequalities in obesity: a protocol for a systematic review of the effectiveness of public health interventions at reducing socioeconomic inequalities in obesity among adults

Obesity is more prevalent in the lowest income quintile and socioeconomic inequalities in obesity are widening throughout developed countries. Tackling obesity is high on the public health agenda internationally. However, evidence of what works in terms of interventions that reduce inequalities in obesity is lacking. The review will examine public health interventions at the individual, community and societal level that might reduce inequalities in obesity among adults aged 18 years and over. Randomised and non-randomised controlled trials, prospective and retrospective cohort studies and prospective repeat cross-sectional studies that have a primary outcome that is a proxy for body fat and have examined differential effects with regard to socioeconomic status or where the intervention has been targeted specifically at disadvantaged groups or deprived areas will be included.

Bambra CL, Hillier FC, Moore HJ, Cairns-Nagi J-M, Summerbell CD. *Systematic Reviews* [Internet] 2013, 2:27. Available from: <http://www.systematicreviewjournal.com/content/pdf/2046-4053-2-27.pdf>

Mobility training for increasing mobility and functioning in older people with frailty

Frailty is a common syndrome in people over 65 years, characterised by decline across multiple body systems, causing increased vulnerability to adverse health outcomes. Frailty is independently predictive of falls, deteriorating functioning, impaired activities of daily living and death. Interventions that slow functional decline in the frail population will impact upon morbidity and mortality. The evidence to guide interventions for increasing functioning in frail older people is both sparse and conflicting. This review will examine the effect of interventions that target improvement in mobility in frail older people living in the community. Common interventions used to increase mobility include progressive resistance training and balance-challenging exercise. Randomised controlled trials and controlled clinical trials that use quasi-randomisation methods will be included.

Fairhall NJ, Sherrington C, Cameron ID. Mobility training for increasing mobility and functioning in older people with frailty (Protocol). *Cochrane Database Syst Rev* [Internet] 2013, Issue 5. Art. No.: CD010494. Available from: <http://onlinelibrary.wiley.com/doi/10.1002/14651858.CD010494/pdf>

Male versus female condoms for contraception

Condoms are key components in improving sexual and reproductive health and ensure safer sex for their users. Female condoms have been available to the public since the early 1990s and are now widely used as a method of contraception. Female condoms have been shown to give women increased ability to control their sexual and reproductive health. This review will compare the female condom to the male condom as a contraceptive method. The authors intend to include only randomised controlled trials bearing in mind that follow-up time of participants may not allow for evaluation of long term benefits. The focus will be on data collected from the female partner and include data on the male partner if available. Participants will be healthy women of reproductive age who engage only in heterosexual vaginal intercourse and who are in a monogamous relationship.

Motaze NV, Okwundu CI, Temfack E, Mboudou E. Male versus female condoms for contraception (Protocol). *Cochrane Database Syst Reviews* [Internet] 2013, Issue 6. Art. No.: CD010579. Available from:
<http://onlinelibrary.wiley.com/doi/10.1002/14651858.CD010579/pdf>

Interventions to reduce experiences of stigma and discrimination of people with mental illness and their caregivers

Representative surveys from Australia, Canada and the UK show that public stigma of mental illness is prevalent. Stigma impacts on people with mental illnesses and their caregivers in many ways including decreasing chances to obtain employment and housing as well as having a negative impact on health seeking behaviours, treatment and recovery. Three general strategies for interventions have been identified to combat stigma: education, contact and protest. This review aims to investigate the effects of targeted anti-stigma interventions on experiences of stigma and discrimination of people with mental illnesses and their caregivers. Only randomised controlled trials, including cluster randomised trials will be included of interventions using a targeted approach of specific groups such as teachers, police officers or healthcare providers.

Buechter R, Pieper D, Ueffing E, Zschorlich B. Interventions to reduce experiences of stigma and discrimination of people with mental illness and their caregivers (Protocol). *Cochrane Database of Systematic Reviews* 2013, Issue 2. Art. No.: CD010400. DOI: 10.1002/14651858.CD010400.
<http://onlinelibrary.wiley.com/doi/10.1002/14651858.CD010400/pdf>

NEWS

Please visit the Sax Institute website on www.saxinstitute.org.au for the latest news and events.

PulsE can also be viewed on the Sax Institute [website](http://www.saxinstitute.org.au)