

第五届齐鲁护理（国际）青年学者论坛
青年学者报告

30-Day readmission in patients with cardiovascular disease: Do patients know their risk before discharge?

许含章 杜克大学

Cardiovascular disease (CVD) is the leading cause of disability and death in the United States, and older adults with CVD are at a high risk of readmission after discharge. This study examined whether patients' perceived risk of readmission at discharge was associated with actual 30-day readmissions in patients with CVD. A standardized survey and electronic health records (EHR) were used to collect sociodemographic, psychosocial, behavioral, and clinical data on patients admitted to the Duke Heart Center (n=730). Prior to discharge, patients were asked their perceived likelihood of returning to the hospital for an unplanned/emergency visit within 30-days. Logistic regression models were used to examine all-cause 30-day readmission among patients who perceived low versus high readmission risk. Nearly 1-in-3 patients (31.4%) perceived high-risk of readmission at the time of discharge. Life stressors, poor self-rated health, and ADL limitations were associated with perceptions of high-risk. Patients who perceived high-risk had significantly higher subsequent readmissions compared with low-risk (23.3% vs. 15.6% $p=0.016$). Among patients who perceived low-risk of readmission, those who were widowed, had inadequate health literacy, and reported difficulty accessing care exhibited a higher likelihood of being readmitted. In those perceiving a high-risk, nonwhites and those with poor self-rated health, difficulty accessing care, and prior hospitalizations in the past year were significantly more likely to be readmitted. These findings have important implications for identifying CVD patients at high risk of readmission within 30 days after discharge, particularly older adults who may lack adequate resources (e.g., social support, literacy, access to care).

Impact of Social Support on Patients with Chronic Obstructive Pulmonary Disease

陈紫静 华盛顿大学

Background: Chronic obstructive pulmonary disease (COPD) is a common inflammatory disease and is a major cause of morbidity worldwide. Social support has been found to be associated with better self-care behaviors and systemic inflammation in adults as well as in clinical populations. However, little is known about these relationships in patients with COPD. This dissertation is composed of two papers. The purpose of the first paper is to determine the association between social support and self-care behaviors in patients with COPD. The second paper is to examine the association between social support and systemic inflammation in patients with COPD.

Methods: The first paper was a longitudinal study using two-years of follow-up data from the CASCADE (COPD Activity: Serotonin Transporter, Cytokines, and Depression) cohort (n=282). Self-care behaviors included the following: 1) Physical activity (PA) was measured with a validated accelerometer (Stepwatch) over a 7-day period at baseline, year 1, and year 2; 2) Four yes/no questions on smoking status, participation in pulmonary rehabilitation, and receipt of influenza and/or pneumonia vaccinations; 3) Inhaler/nebulizer medication adherence was based on four questions: carelessness, forgetting, stopping medication when feeling better, and using less of the medication than prescribed when feeling better. Structural social support was measured by self-reported questions on living alone or with others, being partnered, the number of close friends/relatives, and presence of an unpaid caregiver. Functional, or perceived, social support was measured with the Medical Outcomes Social Support Survey (MOSSS). Mixed-effects and logistic regression models were used for the analysis. The second paper was a cross-sectional study using baseline data collected from the CASCADE study. Structural social support was measured by asking whether patients lived alone or with others. Functional social support was measured using the MOSSS total score. Inflammatory biomarkers were measured by tumor necrosis factor-alpha (TNF- α), interleukin-6 (IL-6), and C-reactive protein (CRP). Logistic

regression models were used for the analysis.

Results: In 282 participants with moderate to very severe COPD, 80% were men with a mean age of 68 ± 9 . In the first paper, participants who lived with others accrued 903 more steps per day than those who lived alone ($\beta=903$, 95% CI: 373, 1433, $p=0.001$). Higher MOSSS total score ($p=0.03$) and tangible support ($p=0.004$) was associated with lower odds of smoking. The odds of participation in pulmonary rehabilitation was more than 11 times higher if a patient had a spouse or partner as caregiver compared to not having a caregiver ($p<0.01$). Perceived social support was associated with marginally higher odds of pneumonia vaccination ($p<0.05$). There was no significant association between social support and influenza vaccination or adherence with an inhaler or nebulizer medication. In the second paper, in Model 1 (unadjusted), Model 2 (adjusted for age, gender, income, body mass index [BMI], and forced expiratory volume in 1 second percent predicted [FEV1% predicted]), and Model 3 (contains all adjustments from Model 2 with addition of physical activity, current smoking status, depression, and anxiety), neither structural (living with others) nor functional social support were associated with TNF- α , IL-6, or CRP levels. However, physical activity was inversely associated with CRP level ($p<0.001$).

Conclusions: We found that the type and level of social support had differing effects on core self-care behaviors in patients with COPD. Living with others had a stronger impact on physical activity than functional social support and was associated with a clinically meaningful increase of over +900 steps per day compared to living alone. Having a caregiver was associated with more than a tenfold increase in pulmonary rehabilitation participation compared to having no caregiver. Only functional social support had a small beneficial impact on smoking behavior and pneumococcal vaccinations of unclear clinical significance. Neither structural nor functional support were associated with getting an influenza vaccination or adherence to inhaler or nebulizer medications. Finally, there were no association between social support and systemic inflammation. Future studies should measure how other social support dimensions, such as ambivalent relationships, impacts self-care behaviors and inflammatory markers in patients with COPD.

Pressure injury knowledge among medical and surgical nurses in a tertiary level hospital (in China): a cross-sectional study

李朝煜 格里菲斯大学

Pressure injuries are a painful, costly and potentially preventable adverse event in hospitals. Nurses play a vital role in pressure injury prevention. However, there is limited research on nurses' pressure injury knowledge in Chinese hospitals.

Aims To describe and compare the knowledge of pressure injury of nurses working in medical and surgical wards in a tertiary level hospital in China, and to identify predictors associated with pressure injury knowledge among different nurse groups.

Design A cross-sectional, paper and pencil survey was conducted between June and December 2020.

Methods Registered nurses from nine medical and fifteen surgical wards in a tertiary hospital in Beijing, China were invited. The survey was composed of two parts; demographic and professional characteristics and the Chinese translated version of the Pressure Ulcer Knowledge Assessment Tool 2.0 (PUKAT2.0). The PUKAT 2.0 was translated into Chinese by using internationally recognised forward- and back-translated procedures. The total score ranged from 0-25, where higher scores imply more knowledge. Mean scores of medical and surgical nurses' knowledge test scores were compared using independent t test. Multiple linear regression analysis was used to determine factors affecting nurses' pressure injury knowledge.

Results In total, 423 nurses from 24 wards participated the study and 401 nurses (94.7%) completed the knowledge test. Just over half respondents were from surgical wards (n=236, 58.4%). The overall mean score of nurses' knowledge based on the PUKAT 2.0 was 11.6 ± 3.0 with 332 (82.9%) nurses scoring <60%. The multiple linear regression analysis revealed that working in surgical wards, nurse position and whether had previous pressure injury related training were significant predictors of knowledge scores.

Conclusion Most nurses' pressure injury prevention knowledge score in this study was under 60% and was unsatisfactory. Pressure injury related education may help improve nurses' knowledge but the extent to which it is used in place requires more investigation.

Relevance to clinical practice Knowledge is a precursor to safe practice yet nurses in the study have insufficient knowledge of pressure injuries. Nurses working in clinical practice have opportunities to improve their knowledge of pressure injuries and PI trainings may have a positive influence on patient care and outcomes.

基于跨理论模型的社区运动干预模式对老年膝关节炎患者运动依从性的影响

陈泓伯 北京大学

目的 本研究旨在评价基于跨理论模型 (Transtheoretical model, TTM) 的社区运动干预模式对居家的老年膝关节炎 (Knee osteoarthritis, KOA) 患者运动依从性的效果。

方法 采用集群随机对照试验的方法。选择北京市 14 个社区, 以社区为单位进行随机分组, 7 个社区为干预组, 7 个为对照组。本研究干预时间 0~24 周, 随访时间 24~48 周。干预组实施基于 TTM 的社区运动干预模式, 对照组实施常规居家运动指导。分别于 0/4 周、12 周、24 周、36 周和 48 周测量患者的运动依从性、膝关节炎症状和功能。采用 SPSS 25.0 和 Mplus 8.3 进行数据统计分析, 统计方法包括独立样本 *t* 检验, 重复测量方差分析和潜变量增长模型。

结果 本研究共纳入 189 例患者 (干预组 103 例, 对照组 86 例), 共 156 例患者 (干预组 87 例, 对照组 69 例) 完成了 48 周随访结局指标的测评。

1. 干预组患者的依从性能够维持在较高水平, 并趋于稳定。具体为: “视觉模拟评分 NRS 量表”测量结果显示, 干预组 NRS 运动依从性得分在 24 和 48 周显著高于对照组 (24 周: $t=11.646, P<0.001$; 48 周: $t=12.999, P<0.001$); 通过潜变量增长模型分析发现, 干预组的斜率变异值显著低于对照组, 说明干预组的个体间差异明显小于对照组, 患者间依从性更加趋于一致和稳定。

2. 干预组患者的膝关节炎症状控制从近期到远期均体现出优势。具体为: 重复测量方差分析结果显示, 0~48 周, 干预组患者 WOMAC 总分下降幅度显著大于对照组, 说明干预组症状改善程度高于对照组 ($F_{group*time}=1.502, P_{group*time}=0.204; F_{group}=19.691, P_{group}<0.001$); WOMAC 疼痛、僵硬和日常生活难度三个维度, 0~48 周, 干预组患者得分改善程度高于对照组。

3. 干预组患者的膝关节功能改善在中长期体现出显著优势。具体为: 五次坐立实验结果显示, 第 24、36 周干预组患者下肢肌力显著优于对照组 (24 周: $t=3.583, P<0.001$; 36 周: $t=2.913, P=0.004$); “起立-行走”计时测试结果显示, 第 24 和 48 周干预组患者平衡功能显著优于对照组 (24 周: $t=4.747, P<0.001$; 48 周: $t=2.567, P=0.011$)。

结论 基于 TTM 的社区运动干预模式通过维持老年 KOA 患者较高的运动依从性，从而改善其膝关节炎症状、提高膝关节功能，帮助患者建立稳定的运动习惯，改善疾病的远期结局。

**Functional disability mediates the relationship between pain and depression
among community-dwelling older adults: Age and sex differences**

季丽丽 北京大学

Aim. To examine age and sex differences in the role of functional disability as a mediator between pain and depression among a sample of community-dwelling older adults.

Design. Cross-sectional study.

Methods. Participants were 1917 community-dwelling older adults recruited from Jinan, China between August 2015 and December 2016. Pain intensity, functional disability in activities of daily living (ADL) and instrumental activities of daily living (IADL), and depressive symptoms were measured, together with covariates (education, monthly income, living arrangement, suffering from chronic diseases, cognitive impairment, and social support).

Results. Functional disability partially mediated the relationship between pain intensity and depressive symptoms (estimate = 0.015, SE = 0.007, 95% CI [0.004, 0.030]). Both the direct effect and the indirect effect of the mediation model were moderated by age and sex. The mediating effect of functional disability was significant in the old-old men (estimate = 0.053, 95% CI [0.007, 0.113]), young-old men (estimate = 0.019, 95% CI [0.006, 0.046]), and young-old women (estimate = 0.011, 95% CI [0.003, 0.031]), but not in the old-old women (estimate = 0.017, 95% CI [-0.001, 0.044]).

Conclusions. Interventions should target both pain and pain-related functional disability to improve their emotional well-being among community-dwelling older adults. Importantly, strategies should be tailored across different age and sex groups to improve their effectiveness.

Impact. The present study examined age and sex differences in the role of functional disability as a mediator between pain and depression, and found both the direct effect and the indirect effect of the mediation model were moderated by age and sex. The findings imply that health workers should establish interventions targeting

pain and pain-related functional disability across different age and sex groups to improve their emotional well-being among community-dwelling older adults

Predictive performance of 7 frailty instruments for short-term disability, falls and hospitalization among Chinese community-dwelling older adults: A prospective cohort study

司华新 北京大学

Background: Frailty becomes a great challenge with population aging. The proactive identification of frailty is considered as a rational solution in the community. Previous studies found that frailty instruments had insufficient predictive accuracy for adverse outcomes, but they mainly focused on long-term outcomes and constructed frailty instruments based on available data not original forms. The predictive performance of original frailty instruments for short-term outcomes in community-dwelling older adults remains unknown.

Objective: To examine the predictive performance of seven frailty instruments in their original forms for 1-year incident outcomes among community-dwelling older adults.

Design: A prospective cohort study.

Settings: A total of 22 communities were selected by a stratified sampling method from one Chinese city.

Participants: A total of 749 older adults aged ≥ 60 years (mean age of 69.2 years, 69.8% female) were followed up after 1 year.

Methods: Baseline frailty was assessed by three purely physical dimensional instruments (i.e. Frailty Phenotype, the Study of Osteoporotic Fracture and FRAIL Scale) and four multidimensional instruments (i.e. Frailty Index, Groningen Frailty Indicator, Tilburg Frailty Indicator and Comprehensive Frailty Assessment Instrument), respectively. Outcomes included incident disability, falls, hospitalization and the combined outcome at 1-year follow-up. The receiver operating characteristic curves were plotted to assess the predictive performance of frailty instruments.

Results: The areas under the curves of seven frailty instruments in predicting incident outcomes ranged from 0.55 [95% confidence interval (CI): 0.51-0.60] to 0.67 (95% CI: 0.61-0.72), with high specificity (72.3%-99.2%) and low sensitivity

(4.0%-49.6%). Four multidimensional instruments had much higher sensitivity (20.9%-49.6% versus 4.0%-11.7%) than three purely physical dimensional instruments. Overall, the Frailty Index was more accurate than some instruments in predicting incident outcomes, while several self-report instruments had comparable predictive accuracy to the Frailty Index for all (FRAIL Scale) or some (Groningen Frailty Indicator and Tilburg Frailty Indicator) of the incident outcomes.

Conclusions: All frailty instruments have inadequate predictive accuracy for short-term outcomes among community-dwelling older adults. The Frailty Index roughly performs better but self-report instruments are comparable to the Frailty Index for all or some of the outcomes. An accurate frailty instrument needs to be developed, and the simple self-report instruments could be used temporarily as practical and efficient tools in primary care.

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**Effects of social support on the trajectory classes of frailty among
community-dwelling older adults**

金雅茹 北京大学

Background: The successful interventions for decreasing frailty is one main area essential for clinical management of frailty. Despite the acknowledged significance of biomedical interventions targeting frailty such as physical exercise and nutritional supplement, psychosocial factors, essential components of a multifactorial interdisciplinary intervention, have not been received wide attention. Social support, an important psychosocial factor, has been found to prevent the occurrence and development of frailty. Such effect seems to be contingent on support types and sources, while has not been explored within a full range of support types and sources, which precludes making targeted social support interventions on frailty.

Objective: To explore the role of social support from various types and sources in influencing the development of frailty over time among community-dwelling older adults.

Methods: This was a prospective cohort study. In June 2016, a total of 22 communities were selected by a stratified sampling method from Jinan, China, and 1235 older adults were interviewed. Subsequently, follow-up interviews were conducted in 2017 and 2018. Finally, a total of 778 older adults completed at least one follow-up, and were included in the final analysis. Longitudinal changes in frailty between 2016 and 2018 were assessed using the FRAIL scale. Social Support Rating Scale (SSRS) was used to assess objective support, subjective support and support utilization at baseline. Other demographic characteristics, socioeconomic status, and health conditions were measured at baseline. The Growth Mixed Model (GMM) was used to identify latent class frailty trajectories, and Logistic Regression Models were used to explore the effect of social support on frailty trajectories.

Results: Two latent class frailty trajectories were identified among community-dwelling older adults, namely improving frailty (84.6%) and worsening frailty (15.4%). Subjective support, rather than objective support and support

utilization predicts the distinct trajectories of frailty, especially that from young children ($OR = 0.295, p = 0.003$) and friends ($OR = 0.455, p = 0.004$).

Conclusions: Older adults are heterogenous in frailty development over time, which could be attributed to subjective support. Specifically, older adults with adequate subjective support from their young children and friends are less likely to experience worsening frailty over time. This may provide a psychosocial perspective for frailty interventions.

Key words: frailty, objective support, subjective support, support utilization, trajectory

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青岛市医养结合机构老年人自评健康状况与生活方式相关因素的研究

A study on self-rated health status and life style related factors of the elderly in integrated medical and nursing institutions in Qingdao

司明舒 福建医科大学

【摘要】目的 了解青岛市医养结合机构老年人自评健康状况，探讨不同生活方式对老年人自评健康影响情况。方法 采用分层随机抽样方法，利用自制问卷于2017年6月-2018年8月在青岛市7个区抽取43家医养结合机构1907名老年人进行问卷调查。结果 青岛市1907名医养结合机构老年人中，有655人（34.35%）表示自评健康状况为健康，1252人（65.65%）表示自评健康状况为不健康；二项logistic逐步回归分析结果显示，吸烟、每天饮酒、不进行锻炼、感到一般或有焦虑抑郁感、对人际关系感到不满意、ADL障碍、更偏好“医中有养”或“医养并重”模式的老年人自评健康较差；每天睡眠时间为6-8小时或8-10小时的老年人自评健康状况较好。结论 吸烟、饮酒、睡眠时间、体育锻炼、焦虑抑郁感、人际关系等生活方式相关因素与老年人自评健康相关。应关注影响老年人健康的生活方式因素，提升老年人健康素养，维护和保障老年人身体健康水平。

Abstract Objective To investigate the self-rated health status of the elderly in integrated medical and nursing institutions in Qingdao, and to explore the influence of different life styles on the self-rated health of the elderly. **Methods** A total of 1907 elderly people from 43 medical and nursing institutions were selected from 7 districts of Qingdao from June 2017 to August 2018 by stratified random sampling method with a self-designed questionnaire. **Results** Among 1907 elderly people in medical and nursing institutions in Qingdao, 655 (34.35%) said that their self-rated health status was healthy, and 1252 (65.65%) said that their self-rated health status was unhealthy. The results of two logistic stepwise regression analysis showed that smoking, drinking every day, not exercising, feeling general or having anxiety and depression, dissatisfaction with interpersonal relationship, ADL disorder and more preference for " pension institution within the medical institution mode " and " medical pension institution mode " were found the self-rated health status of the

elderly is poor; the elderly people who sleep for 6-8 hours or 8-10 hours a day have better self-rated health status. **Conclusion** Smoking, drinking, sleep time, physical exercise, anxiety and depression, interpersonal relationship and other lifestyle related factors are related to self-rated health of the elderly. We should pay attention to the lifestyle factors that affect the health of the elderly, improve the health literacy of the elderly, and maintain and protect the health level of the elderly.

我国症状性 KOA 发病风险预测模型的构建与验证

王丽敏 北京大学

目的 构建我国症状性膝关节骨性关节炎(Knee osteoarthritis, KOA)发病风险模型并进行验证, 以实我国人群 KOA 发病风险预测和评估。

方法 本研究主要分为两部分:

1. 模型构建: 使用中国健康与养老追踪调查(China Health and Retirement Longitudinal Study, CHARLS)队列研究 2011 年全国基线调查和 2015 年全国纵向随访数据, 采用单因素 Logistic 回归和多因素 Logistic 回归方法, 构建我国症状性 KOA 发病风险预测模型。

2. 模型验证: 采用 Bootstrapping 方法重复 200 次迭代对模型进行内部验证; 使用美国膝关节骨性关节炎创始(Osteoarthritis initiative, OAI)队列中 KOA 发生子队列纵向数据, 对我国症状性 KOA 发病风险预测模型进行外部验证。

结果 本研究以 CHARLS 队列中 2011 年未发生症状性 KOA 的 8193 名研究对象的纵向数据, 构建了我国症状性 KOA 4 年发病风险预测模型, 并以 OAI 队列中 KOA 发生子队列 2815 名研究对象的纵向数据对模型进行了外部验证。

1. 最终模型包含 10 个变量: 包括年龄、性别、腰围、居住地、中等强度体力活动水平、有无日常生活活动或工具性日常生活活动困难、髌关节骨折史、抑郁症状、慢性病合并数量及自评健康状况。

2. 模型整体表现与内部验证: 受试者工作特征曲线(Receiver operating characteristic curve, ROC)曲线下面积(Area under curve, AUC)为 0.719, 95%可信区间(Confidence interval, CI)为 0.700-0.737; 经内部验证校准后 AUC=0.712。校准度曲线显示, 模型预测的 KOA 发生可能性与实际 KOA 发生可能性较为接近, 模型校准度良好。

3. 模型外部验证: 外部验证模型区分度 AUC = 0.668, 95% CI 为 0.660-0.677, 校准后 AUC = 0.665; 校准曲线显示, 经偏差校正的风险曲线较实际观测的风险曲线稍偏向理想曲线。

4. 为方便实际应用, 基于 10 个变量的症状性 KOA 发生风险预测模型, 本研究开发了简单的 KOA 发生风险评分模型及其使用手册。该风险评分模型总得

分 0-51，以 20.5 为症状性 KOA 高风险个体识别最佳切点值，根据公式：风险概率=总得分/51×100%，计算个体 4 年后 KOA 发生风险概率，评估症状性 KOA 发生风险。

结论 本研究构建了我国症状性 KOA 4 年发病风险预测模型，模型区分度和校准度良好，可用于我国人群症状性 KOA 发病风险的预测与评估。研究建立的易用、易理解的 KOA 风险评分模型，可作为症状性 KOA 4 年发生风险评估的可靠工具。

以心理弹性为焦点的养老机构老年人自杀意念及干预研究

张丹 山东大学

背景:老年人群是自杀发生的高危人群,且与居家和社区养老的老年人相比,养老机构老年人存在更多的自杀意念危险因素。心理弹性是自杀的重要保护因素,指的是个体“在逆境、创伤、不幸、威胁或重大压力源面前保持良好适应或从困难中‘反弹’的过程”。同时,心理弹性还具有可塑性,这为心理弹性的干预提供了可能。然而心理弹性与自杀意念关系的研究,以及心理弹性干预在自杀防控中的应用,仍然存在较大的人群局限性,尚未形成适合我国养老机构老年人的干预体系。

研究内容:本研究包含三个部分:

第一部分为横断面研究设计,以山东省济南市为调研场所,调查养老机构老年人的人口社会学特征、认知功能、患病情况、社会支持、躯体功能、心理弹性、抑郁症状和自杀意念,并分析心理弹性对自杀意念的保护作用机制。

第二部分为养老机构老年人自杀意念的心理弹性干预方案构建。

第三部分采用随机对照试验设计(RCT)评价干预方案的效果,并进行干预靶点的验证。

主要结果与结论:

1.共调查 538 位养老机构老年人,其中女性 321 人(59.7%),男性 217 人(40.3%);年龄范围为 60~99 岁,平均年龄为 78.13 ± 8.72 岁。在 538 位研究对象中,有最近一周自杀意念者占 14.9%(80 人)。表明养老机构老年人的自杀意念问题严峻,值得关注。

2.以有或无自杀意念为因变量的多元 Logistic 回归分析显示,心理弹性是自杀意念的保护因素。有调节的中介效应分析显示,心理弹性通过调节效应减弱远端风险因素、近端风险因素和自杀意念之间的关联,发挥保护作用,具体表现为:心理弹性对“躯体功能障碍—自杀意念”直接路径的调节效应显著,对“躯体功能障碍—抑郁症状”路径的调节效应显著,对“抑郁症状—自杀意念”路径的调节效应也显著。

3.基于心理弹性框架理论、“我有、我是、我能”的心理弹性干预策略和横

断面研究的结果，构建了养老机构老年人自杀意念的心理弹性干预方案，并采用专家函询法进行了修订，最终的干预方案得到了专家的一致认可。该干预方案共持续八周，干预形式为每周进行一次 60~90 分钟的一对一、面对面干预。

4.随机对照研究显示，本研究构建的心理弹性干预方案在提升养老机构老年人的心理弹性，降低其自杀意念和减轻其自杀相关心理问题（抑郁症状）方面有显著效果，且干预对自杀意念和抑郁症状的效果是由心理弹性的变化引起的，即干预以心理弹性为靶点，通过提升老年人的心理弹性，降低其自杀意念并减轻其自杀相关心理问题（抑郁症状）。

Relationships between types of UK national newspapers, illness classification, and stigmatizing coverage of mental disorders.

李妍 香港理工大学

Background Media coverage on mental health problems has been found to vary by newspaper type, and stigma disproportionately affects people with mental illness by diagnosis.

Objective This study investigated the relationships between types of UK national newspaper (tabloid vs. broadsheet), illness classification (SMI—severe mental illnesses vs. CMD—common mental disorders), and stigmatising coverage of mental disorders, and whether these relationships changed over the course of the Time to Change anti-stigma programmes in England and Wales.

Methods Secondary analysis of data from a study of UK newspaper coverage of mental illness was performed. Relevant articles from nine UK national newspapers in 2008–11, 2013, 2016 and 2019 were retrieved. A structured coding framework was used for content analysis. The odds an article was stigmatising in a tabloid compared to a broadsheet, and about SMI compared to CMD, were calculated. Coverage of CMD and SMI by newspaper type was compared using the content elements categorised as stigmatising or anti-stigmatising.

Results 2719 articles were included for analysis. Articles in tabloids had 1.32 times higher odds of being stigmatising than articles in broadsheet newspapers (OR 1.32, 95% CI 1.12–1.55). Odds of stigmatising coverage was 1.72 times higher for articles on SMI than CMD (OR 1.72, 95% CI 1.39–2.13). Different patterns in reporting were observed when results were stratified by years for all analyses. A few significant associations were observed for the portrays of stigmatising elements between tabloid and broadsheet newspapers regarding SMI or CMD.

Conclusions Tailored interventions are needed for editors and journalists of different newspaper types, to include specific strategies for different diagnoses.

基于决策模型的成本效果分析在护理学领域的应用：以一项基于网站的性健康干预对预防性传播感染为例

张雯 香港大学

背景：卫生经济学评价是从经济学的角度，对卫生资源的投入及产出相联系并进行比较，从而帮助决策者对有效卫生资源进行最优配置。决策模型能够帮助预测长期的健康结果，逐渐在健康干预的卫生经济学评价中得到显著应用。目前，护理学领域的健康干预往往只关注了干预的有效性，很少探讨干预的成本效果。本研究将对一项基于网站的交互式性健康干预措施（“智性女友”项目）进行经济学评估，以探讨其与对照措施（一页纸的避孕套相关知识的宣传单）相比的成本效果。

方法：本研究将采用基于模型的成本效果分析。模型的结构由决策树和一个含 6 个健康状态的 Markov 组成。模型中行为数据，干预的成本来源于智性女友项目的随机对照试验。模型中的各个状态的转移概率以及各个状态的效用值来自于过往针对中国人群的国内外已发表的文献或 Meta 分析结果。由于目前缺乏针对中国人群的性传播感染和相关并发症的直接医疗成本研究，我们根据香港医疗指南和医院管理局的公开的各类医疗项目的价格对直接医疗成本进行估计。从政府的角度计算成本，效果采用质量调整生命年(QALYs)，干预组和对照组之间的比较采用增量成本效果比。通过单因素敏感性分析和概率敏感性分析明确各参数的不确定性，绘制成本效果接受曲线，以评价结果的稳定性。

结果：在基础分析中，与对照组相比，干预组在 4 年的时间范围内节省了 HKD 3.8，效果增加了 0.007QALYs。相较于对照组，干预组每提高一个 QALY 可节约 HKD 5429 (RMB 4551)，即该干预具有绝对优势。进一步的单因素敏感性分析发现，当该网站有超过 572 个用户时，以香港 2019 年的人均 GDP (HKD 381714 or RMB 320025) 作为阈值，该干预具有成本-效果优势；当该网站有超过 8130 个用户时，该干预具有绝对优势。成本效果接受曲线显示，当每提高一个 QALY 愿意支付 HKD 381714 时，该干预具有成本效果优势的可能性为 99.9%。

结论：智性女友项目相较于简单的纸质宣传单更具有成本效果优势，未来可进行推广应用。

网络正念干预对围产期女性心理问题的干预效果研究

孙瑶瑶 山东大学

在围产期（自妊娠至产后 12 个月），女性往往经历巨大的生理、心理和社会角色改变，容易出现一系列心理问题，对女性及子代具有严重且持久的危害。正念是对此时此刻、有意识地、不加评判地觉察和注意。既往研究显示，正念干预在改善围产期女性的抑郁症状、焦虑症状、压力、分娩担忧等心理问题方面具有潜力，但研究结果多为初步探讨，循证证据不足。传统正念干预在我国推广时，面临着时间场地不便、专业治疗师不足、经济成本较高等局限，基于网络载体实施的网络正念干预可以解决以上问题，但其效果尚未得到验证。本研究通过 Meta 分析和随机对照试验两种循证方法，对网络正念干预改善围产期女性心理问题的干预效果进行探讨。一方面，通过系统综述和 Meta 分析，对六个常用数据库进行检索，综合既往循证依据，对网络正念干预改善围产期女性心理问题的干预效果进行量性评价。另一方面，通过两组平行设计随机对照试验，比较基于智能手机应用程序的网络正念干预组和对照组的组间差异，对网络正念干预改善围产期女性心理问题的干预效果进行实证评价。结合综述研究与实证研究的结果，对网络正念干预的干预效果得出高循证依据结论，指导我国围产期心理保健。

The effects of bibliotherapy on the mental well-being of informal caregivers of people with neurocognitive disorder: A systematic review and meta-analysis

王珊珊 香港理工大学

Background: The number of people with neurocognitive disorder is increasing, and the majority of them are cared for by informal caregivers in the community. Mental health problems are common among caregivers. However, professional support for them is often limited. Non-pharmacological self-help interventions, such as bibliotherapy, may improve mental well-being and has the potential for being integrated into clinical or social services.

Objectives: To explore what types of bibliotherapy have been used for improving the mental well-being of informal caregivers of people with neurocognitive disorders, and the effect on mental well-being out-comes.

Design: A systematic review and meta-analysis.

Review methods: Six databases were searched for relevant articles on July 1, 2019. Clinical trial registries and the reference lists of included studies were also searched. Both randomized controlled trials and quasi-experimental studies were included. The Cochrane Collaboration risk of bias tool for randomized controlled trials was used to assess the quality of studies. Review Manager 5.3 was used to analyze data. Standardized mean difference (SMD) and 95% confidence interval (CI) were used to estimate the pooled treatment effect. Random effects models were used for meta-analyses. Funnel plot was not performed due to the limited number of studies. This systematic review was registered at PROSPERO (CRD42019129152).

Results: Nine randomized controlled trials with 1036 informal caregivers were included. Most of the included studies had some aspects of bias. Three types of bibliotherapy were used. Bibliotherapy had a significant pooled medium to large effect on reducing depression at $Z = 1.99$ (SMD = -0.74, 95%CI = -1.47 to -0.01, $p = .05$), however, the heterogeneity was high ($I^2 = 94\%$). For the subgroups, only the video-based bibliotherapy significantly reduced depression at $Z = 2.78$ ($I^2 = 83\%$, SMD = -2.11, 95%CI = -3.6 to -0.62, $p = .005$). Bibliotherapy had a significant small

to medium effect on caregiver's self-efficacy for dealing with problem behaviours at $Z = 2.44$ ($I^2 = 0$, $SMD = 0.36$, $95\%CI = 0.05$ to 0.67 , $p = .02$), however, the effect on self-efficacy for obtaining respite was not significant ($I^2 = 0$, $SMD = 0.17$, $95\%CI = -0.16$ to 0.49 , $p = .32$). The effect on decreasing state anxiety was significant at $Z = 2.30$ ($I^2 = 22\%$, $SMD = -0.22$, $95\% CI = -0.41$ to -0.33 , $p = .02$).

Conclusions: Bibliotherapy showed positive effects on reducing depression, improving self-efficacy for dealing with problem behaviors, and reducing anxiety among informal caregivers. The effects on reducing depression should be viewed with caution due to high heterogeneity. The effects on other mental well-being outcomes are inconclusive due to limited number of studies, and this underscores the need for further research.

非药物干预对肌少性肥胖的管理效果系统性评价和 Meta 分析

Effectiveness of non-pharmacological interventions on the management of sarcopenic obesity: A systematic review and meta-analysis

殷月姮 香港理工大学

Background: Sarcopenic obesity is a combination of both sarcopenia and obesity, which potentiate each other and maximize the negative influences of each, such as physical disability, morbidity, or even mortality.

Objectives: To describe the criteria used to identify people with sarcopenic obesity and the components of the non-pharmacological interventions used to manage it, and to evaluate the effectiveness of those interventions.

Methods: Randomized controlled trials (RCTs) in Cochrane Library, Scopus, EMBASE, PscyINFO, CINAHL and PubMed were searched. The risk of bias was examined using the Cochrane risk of bias tool. The template for intervention description and replication (TIDieR) checklist was used to summarize the intervention components. Meta-analyses were conducted using random-effect models to pool estimates of the effects of the non-pharmacological interventions on body composition, BMI, grip strength, and gait speed.

Results: Sixteen papers (12 RCTs) with 863 participants were included. Diverse diagnostic criteria were used in the studies. Four categories of interventions were used: exercise (aerobic exercises, resistance exercises and exercise machines), nutritional interventions (supplements or dietary control), combined intervention and electrical acupuncture. Intervention durations varied from 8 to 28 weeks. Meta-analyses revealed that exercise with or without nutritional interventions had significant effects on grip strength (exercise: mean difference (MD): 1.63 kg, 95% confidence interval (CI): 0.94, 2.32, $P < 0.00001$; exercise + nutrition: MD: 1.24 kg, 95% CI: 0.48, 1.99, $P = 0.001$) and gait speed (exercise: MD: 0.13 m/s, 95% CI: 0.08, 0.18, $P < 0.00001$, $I^2 = 0\%$; exercise + nutrition: MD: 0.04 m/s, 95% CI: 0.02, 0.06, $P = 0.0002$). Exercise had significant effects on reducing the percentage of body fat (PBF) compared to usual care (MD: -1.08%, 95% CI: -1.99, -0.17, $P = 0.02$), while exercise combined

with nutritional interventions showed no superiority over exercise solely on decreasing PBF ($P=0.49$). Exercise combined with nutritional interventions had significant effects on increasing appendicular skeletal muscle mass (MD: 0.43 kg, 95% CI: 0.20, 0.66, $P=0.0003$). Low-caloric high-protein diets showed no superiority over low-caloric low-protein diets in increasing fat-free mass. Subgroup analyses showed that using different formulas to estimate the skeletal muscle mass index may lead to significant differences in determining the effects of exercise on grip strength.

Conclusion: The diagnostic criteria for sarcopenic obesity used in future studies should refer to the latest consensus definition. Exercise tended to be the most effective method of improving grip strength and physical performance (e.g. gait speed). The combined effects of exercise and nutritional interventions on muscle mass and muscle strength require further exploration.

Walking initiated 20 minutes before the time of individual postprandial glucose peak reduces the glucose response in young men with overweight or obesity: A randomized crossover study

张晓圆 香港中文大学

Title: Walking Initiated 20 Minutes before the Time of Individual Postprandial Glucose Peak Reduces the Glucose Response in Young Men with Overweight or Obesity: A Randomized Crossover Study

Background: Although a single bout of postmeal exercise can lower postprandial glucose (PPG), its optimal timing remains unclear.

Objective: This study aimed to investigate the effect of exercise timing using an individualized approach on PPG in overweight or obese young men.

Methods: Twentymen [age: 23.0 ± 4.3 y; BMI (kg/m^2): 27.4 ± 2.8] each completed three 240-min trials in a randomized order separated by 6–14 d: 1) sitting (SIT), 2) walking initiated at each participant's PPG-peak time (PPGP) (iP), and 3) walking initiated 20 min before the PPGP (20iP). For each participant, PPGP was predetermined using continuous glucose

monitoring. Walking was performed at 50% maximal oxygen consumption for 30 min. Venous blood was collected at 15- and 30-min intervals for 0–120 min and 120–240 min, respectively. The primary outcome was plasma PPG. Generalized estimating equations were used for comparison between trials.

Results: Compared with SIT, the 4-h incremental AUCs (iAUCs) for plasma PPG ($-0.6 \text{ mmol} \cdot \text{L}^{-1} \cdot \text{h}$; $P = 0.047$) and insulin (-28.7% , $P < 0.001$) were reduced in 20iP only, and C-peptide concentrations were lower after iP (-14.9% , $P = 0.001$) and 20iP (-28.7% , $P < 0.001$). Plasma insulin (-11.1% , $P = 0.006$) and C-peptide (-8.3% , $P = 0.012$) were lower due to the 20iP compared with iP treatment. Finally, PPG reductions due to iP and 20iP occurred only in men with a BMI $> 27.5 \text{ kg}/\text{m}^2$ (iP, -11.2% ; 20iP, -14.7% ; $P = 0.047$) and higher glucose iAUC values during SIT (iP, -25.5% ; 20iP, -25.7% ; $P < 0.001$).

Conclusions: Walking initiated 20 min before PPGP lowered PPG and plasma insulin and C-peptide concentrations in young men with overweight or obesity, in particular in those with high BMI or glucose iAUC values during SIT; it also lowered plasma insulin and C-peptide concentrations more effectively than did exercise initiated at PPGP.

邻里环境对加拿大儿童青少年体力活动与静坐行为的影响研究：一项研究计划

唐雨佳 麦吉尔大学

背景 国内外研究显示邻里环境会影响居民的生活方式。然而对于超重或肥胖的儿童青少年而言，邻里环境如何影响他们的生活方式，人们知之甚少。与成年人相比，肥胖的儿童青少年可能更容易受到邻里环境的影响，从而阻碍他们养成健康的行为方式。现有的少量研究利用地理信息系统，探究了宏观层面的邻里环境指标（例如道路密度、街道交叉路口密度等）对肥胖的儿童青少年生活方式变化的影响。目前尚无研究探讨微观层面的邻里环境指标（例如，是否有人行道、人行横道线等）对该人群生活方式变化的影响。

目的 基于社会生态学模型，本研究旨在探索邻里环境对参与体重管理的儿童青少年生活方式的影响：

（1）探究宏观层面的邻里环境对于儿童青少年 1 年体力活动和静坐行为变化的决定因素；

（2）探究微观层面的邻里环境对于儿童青少年 1 年体力活动和静坐行为变化的决定因素。

方法 本研究基于加拿大境内 9 个儿童体重管理项目的数据库，将 1335 名儿童青少年纳入分析，纳入标准为：年龄 2~17 岁，且体质量指数 \geq 标准生长曲线的第 85 百分位数。现有数据包括开始体重管理时（基线）和 1 年随访的人体测量学数据和生活方式数据（体力活动、屏幕时间）。研究对象的邻里信息通过邮政编码的前三位数获得。宏观层面的邻里环境将通过加拿大城市环境健康研究联合会获得，并与研究对象邮政编码串联，而得到步行指数、环境绿色指数和物质与社会剥夺指数的数据。微观层面的邻里环境将基于谷歌街景的虚拟街道核查工具，对研究对象邻里环境中约 20 个街道和交叉路口进行评估。测量指标有：是否有人行道、人行道的状况、交通稳净化措施、行人过街辅助设施和邻里混乱的迹象（例如垃圾等）。数据分析方法包括描述性统计分析和多元广义估计模型。

预期成果 研究结果将为寻求体重管理的儿童青少年提供有针对性的健康教育和干预提供依据。考虑到护士是开展健康教育、实施健康促进和肥胖防控措施的主体，护士将在多学科团队合作的儿童青少年肥胖预防研究中发挥重要作用。

从循证医学到系统医学：对健康照护研究范式的反思

赵俊强 渥太华大学

诚然，循证医学作为一套系统和标准化的研究方法学为临床实践产生了大量高质量的研究证据。然而基于实证主义的循证医学范式却存在着一些难以规避的问题或缺陷：1) 本体论层面：循证医学认为现实世界是客观唯一的，研究的目的是获取“最佳证据”。然而现实世界并不总是存在“唯一的真实”，更多的时候现实世界是多重真理和多重现实，基于不同的视角对现实世界会有不同的认识。此外在因果关系的探究上，循证医学基于哲学家休谟的因果关系论，其归根结底是线性的可观测变量之间相关性的探究。然而因果关系实质上源于实体的内在属性和倾向性，并非总是能够显现出来。所以循证医学的研究方法学难以揭示现实世界的因果关系。2) 认识论层面：循证医学核心是规避和控制偏倚，强调基于严格的标准化的方法学程序产生可推广的研究结论。然而由于现实世界的复杂性、多重性以及干预方案的情境依耐性，干预措施总是不断学习和调适的过程，所以理论在解释干预机制上发挥重要作用，而循证医学弱化了理论的作用和理论的可转移性。3) 方法论层面：循证医学将复杂的现实世界问题还原成事先预设的 PICO 问题，强调证据的等级性，它适用于有限的疗效问题，如药物治疗，但难以评估复杂干预措施（干预措施内部及其与外部环境之间存在复杂的互动和联系）的效果。4) 临床实践：人群研究数据应用在个体患者中存在的生态学谬误。

系统医学理论认为人体和健康照护都是复杂自适应系统。它是指系统中个体能够与环境中的其他个体进行交流，在交流的过程中“学习”并“积累经验”而不断演化，并且根据学到的经验改变自身的结构和行为方式。复杂自适应系统有着非线性、开放性、不确定性、涌现性和自组织性等特点。复杂科学在 1) 本体论层面：认为存在一个开放的深度本体。一个系统总是嵌套在另一个更大的系统内部而呈现开放（而非闭合）状态。最根本的现实世界是揭示各种自然或社会现象最深层的潜在结构和机制；2) 认识论层面：人类认识世界的途径无法脱离人的感知和经验。人类通过建立概念模型和理论来解释社会现象，洞悉真实世界的生成机制。然而人类不可能穷尽对现实的认识，所以任何对现实的陈述都不是绝对的，而是要基于一定的前提条件或情境；3) 方法论：摒弃线性的思维模式，接受不

确定性带来的创造性机遇，充分利用个体的自组织性，保障知识使用者的主体地位。个案研究、参与式行动研究、现实主义评估和社会网络分析等都是常用的研究方法。目前在干预性研究设计中也逐渐开始引入基于真实世界复杂系统思维的研究设计类型：适应性设计。4) 临床实践：充分利用多种推理方法开展临床实践，临床实践变革是不断学习和调适的过程。

循证医学在回答“简单”问题（如：药物疗效）上存在着优势，但是它难以回答复杂的系统性问题，而这些却是健康照护中的常态。研究者总试图明确干预措施的效应量并进行预测和推广，然而一方面干预措施本身并不具备解释因果关系的能力，所以干预措施总是难以推广；其次由于复杂系统的非线性和自组织性，干预措施不会有明确的效应量，其效果也常难以预测。研究者需要充分运用多种研究方法，尤其是质性方法探讨因果关系，充分利用后起之见（hindsight），不断学习、发展和调适干预措施。从小规模的安全试验开始（Safe-to-fail experiment）测试系统的反馈，通过及时觉察微弱信号，了解试验效果，进而进一步扩大/强化或减少/抑制干预措施。

The development of a situation-specific nurse-led culturally tailored self-management theory for Chinese patients with heart failure

金园园 威斯康辛大学-麦迪逊分校

Introduction: Self-management is essential for treating heart failure (HF). Culture influences the ability to cope, negotiate, and adopt self-management behaviors. However, current HF self-management interventions for Chinese patients do not take culture into consideration. The aim of this paper is to describe the development of a situation-specific nurse-led culturally tailored self-management theory for Chinese patients with HF.

Methodology: An integrative approach was used as theory development strategy for the situation-specific theory.

Results: Based on theoretical and empirical evidence, and theorists' experiences from research and practice, a nurse-led culturally tailored self-management theory for Chinese patients with HF was developed.

Discussion: Researchers addressing health phenomena often have difficulty defining, conceptualizing, and operationalizing culture. The situation-specific theory developed in this study has the potential to increase specificity (i.e., logical adequacy and usefulness) of existing theories while informing the application to nursing practice. Further critique and testing of the situation-specific theory is warranted.

Experience of intimate partner violence against Chinese women: A qualitative content analysis of a Chinese online forum

曹洁频 杜克大学

Abstract: Intimate partner violence (IPV) is a global health challenge leading to various detrimental health outcomes. Chinese women are a vulnerable population often overlooked in IPV research. The high IPV prevalence rate and its severe harm highlight the urgency of addressing IPV in this population while the knowledge of IPV among Chinese women is underrepresented in current research literature where the understanding of women's experiences of IPV is lacking. Chinese women tend to stay silent about their experiences of IPV due to the internal struggles to preserve "face" (dignity) and harmony of the family as well as the unfavorable social environment with a higher level of IPV tolerance, creating multiple challenges for us to learn about their IPV experiences. Online forum has successfully transcended multiple layers of difficulties in IPV disclosures and several characteristics of it including the supportive environment and anonymous nature can ease Chinese women's concerns about IPV disclosure. This study aims to describe the experiences of IPV against Chinese women using the qualitative content analysis of the posts shared on a public online forum on domestic violence. Data for this study were collected from the "Domestic violence" forum from Baidu Tieba. The posts posted within the one-year time interval, from Oct1st, 2017 to Oct 1st, 2018, in the DV forum were examined according to the following inclusion criteria: (1) original posts from women who self-identified to have experienced IPV themselves; (2) the contents of the post should be the personal experience of women who have experienced IPV; (3) the posts in the forum are made accessible to the general public without registration or account. A total of 675 posts were examined for their eligibility and 70 posts (10.37%) have met the inclusion criteria. Among the 70 posts meeting the inclusion criteria, only 51 of them were accessible at the time of date extraction and others were deleted. Conventional content analysis was used for data analysis. Two coders, native speakers of Chinese and trained in qualitative data analysis, analyzed

each post separately. Given that there is no guiding theory or existing literature available about the experience of IPV among Chinese women after the anti-domestic violence law was effective in 2016, no prior codes or coding schemes were applied to the coding process. Instead, a codebook was developed by the team throughout the coding process. After the initial codes regarding IPV experience have been developed, codes were categorized into various categories based on the similarities and differences of codes. Regular meetings were held in order to reach consensus about the categories and themes. NVivo were used for data analysis for this study. The analysis of 46 posts from 42 women who shared their experiences of IPV identified five overarching themes: “Trapped in fulfilling the responsibilities as a mother, a daughter and a daughter-in-law”, “I always give/sacrifice the most but still have no power in making decisions”, “The struggle is real, but I need to “Ren” (tolerate)”, “I want to leave but I have no help”, and “No matters what obstacles ahead, I will move forward”. The findings of the study have highlighted the multifaceted nature of Chinese women’s gender role and its impact on women’s IPV experiences as well as the lack of support in women’s informal and formal social networks where health professionals are missing in the picture. The implications for future research, program and policy are also discussed.

**Intervention to develop leadership of managers supervising nurses: A
mixed-method systematic review**

陈文俊 渥太华大学

Background: Uptake and sustainability of knowledge translation (KT) interventions in the complex health systems is paramount to ensure the long-term quality of care for patients today. Leadership of managers supervising nurses play critical roles in fulfilling the organizational visions and professional goals in the health system. Strong leadership of managers is considered a strong facilitator for the translation of research evidence into clinical practice for nurses. Numerous interventions have focused on developing the leadership of nursing managers, however studies have not been synthesized to understand the effectiveness and other outcomes of interventions for all managers supervising nurses. We are conducting a systematic review on interventions to develop leadership of managers supervising nurses. Specifically, we will: 1) identify components of existing interventions to develop leadership in managers supervising nurses, and 2) explore the effectiveness of, and other outcomes have been examined in those interventions.

Methods: The mixed-method systematic review were conducted. Five databases (i.e. Medline (Ovid), CINAHL, EmBase, Scopus, Nursing and Allied Health Database) were searched using terms such as nurse managers, leadership, intervention, knowledge, skills and behaviours. Articles were screened at two-stages (i.e. title and abstract, full-text) by two independent reviewers. We used McMaster Critical Review tools and the Mixed Methods Appraisal tool (MMAT) for quality assessment. We extracted study characteristics of reviewed papers, study design and methods, participant characteristics and study outcomes. The components of the intervention were extracted by using the Aim, Ingredient, Mechanism, Delivery (AIMD) framework. We conducted a narrative synthesis using Popay et al.'s procedures to produce a summary of the studies.

Results: 7829 titles/abstracts were screened resulting in 54 included manuscripts

reporting on 51 studies and 50 interventions. Among the 51 studies, there are 20 quantitative, 12 qualitative and 22 mixed method studies, respectively. The data extraction and analysis are under way. We will present the preliminary results at the Qilu Forum including characteristics of included studies, quality assessments results, intervention components and outcomes of the identified interventions.

Conclusions: The findings from this review will inform the next phase of this research, the design and development of an evidence-based intervention to develop leadership amongst managers supervising nurses in China. Given the uncertainty and the complexity of the health system today, leadership is imperative to translate research evidence into clinical and managerial practices to achieve organizational goals and achieve high quality patient care. We expect the findings from this systematic review to provide recommendations for developing leadership interventions that promote the uptake and sustainability of KT interventions in the complex health system.

Shared decision making regarding people diagnosed with schizophrenia in China:

A qualitative study

黄重梅 莫纳什大学

Although antipsychotic medication remains the most effective treatment for people diagnosed with schizophrenia, only about 50% of them adhere to the antipsychotic treatments. Shared decision making (SDM) between patients and health professionals has been proven successful in increasing adherence and effectiveness of treatments in serious mental illness in western countries. It may also have great potential to enhance treatment adherence for people diagnosed with schizophrenia in China. The aim of this study was to explore key stakeholders' perceptions of SDM regarding people with schizophrenia in China. Data collection and analysis were conducted under the guidance of principles of qualitative descriptive approach. We conducted individual interviews with 12 people diagnosed with schizophrenia, 16 family caregivers and 10 psychiatrists, as well as 4 focus group discussions with 25 mental health nurses. They were asked to share their perceptions of SDM regarding people diagnosed with schizophrenia. All interviews were transcribed then analyzed using an inductive thematic approach. Three themes were generated in qualitative phases: (1) Having a shared desire for SDM; (2) The role of different stakeholders in SDM; (3) Multiple level barriers to SDM. The majority of stakeholders had a supportive attitude toward SDM regarding people diagnosed with schizophrenia with many reporting difficulties in its implementation. The perceived barriers to SDM were related to three dynamic interacting (the individual/interpersonal/healthcare system) levels. The information generated in this study is important to understand the perceptions of SDM regarding people diagnosed with schizophrenia. It offers an empirical basis for development of effective clinical interventions to facilitate SDM and ultimately to help effect changes in mental health practice and policy that will improve treatment adherence and effectiveness for people diagnosed with schizophrenia.

PEACE 风险应对：乳腺癌患者一级亲属的探索性个案研究

PEACE risk coping: An exploratory multi-case study of the first-degree relatives of breast cancer survivors

陈少华 首都医科大学

Background: Breast cancer (BC) is the most major cause of morbidity worldwide. It has been confirmed that first-degree relatives (FDRs) of breast cancer survivors (BCSs) have a significantly increased risk of BC compared with those without family history. Studies have shown that they can reduce their risk by changing the controllable risk factors. Thus, understanding how women with family history respond to BC risk and providing them targeted education to assist reducing the risk of this disease according to their individual situations should be a priority.

Objective: To explore the experiences of FDRs of BCSs in coping with breast cancer risk.

Methods: A case study approach was adopted. A total of 23 FDRs of 9 BCSs were recruited. Data was collected by 32 individual semi-structured interviews of 23 FDRs and 9 BCSs. Additionally, 9 short interviews were performed with five professional staffs about these 9 families. Data was analyzed by thematic analysis via MAXQDA software.

Results: Six themes emerged to represent their experience of gambling with the real risk, including the coping types in facing with the BC risk, and its five related factors, they were Personal restrictions, Exposure hazards, Adverse circumstances, Coping ability, and Endorsement from social network. These factors form a “PEACE” scale risk model.

Conclusion and clinical implications: The study provides a comprehensive understanding of the experiences of FDRs coping with the risk of breast cancer. This knowledge will provide professionals with essential information for designing suitable risk communication and health promotion interventions to assist women with BC family history to better engage with their risk reduction behaviors to strengthen their health.