

2016

# Levevaneintervensjoner i spesialisthelsetjenesten

Systematisk litteratursøk med sortering



Utgitt av Folkehelseinstituttet

Avdeling for Kunnskapsoppsummering i Kunnskapssenteret

Tittel Levevaneintervensjoner i spesialisthelsetjenesten: et systematisk litteratursøk med

sortering.

**English title** Life style habit interventions in the specialist health care: systematic reference list.

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Secondary Care; Smoking Cessation

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# Hovedbudskap

Norsk sykepleierforbund ba Kunnskapssenteret i Folkehelseinstituttet å fremskaffe dokumentasjon for effekt av levevaneintervensjoner i spesialisthelsetjenesten. Oppdraget ble løst ved å gjøre et systematisk litteratursøk etter systematiske oversikter og sortere disse i ulike kategorier.

### Metode

Vi gjorde systematiske søk i ni databaser og gjennomgikk titler og sammendrag på alle de identifiserte publikasjonene. De publikasjonene vi vurderte som relevante sorterte vi så i ulike kategorier basert på populasjon, tiltak, type levevane og setting. De fleste publikasjonene ble plassert i mer enn en kategori. Vi innhentet ikke publikasjonene i fulltekst og vi gjorde ingen kvalitetsvurdering.

### Resultater

- Etter fjerning av dubletter gjennomgikk vi 4826 publikasjoner og vurderte 98 som relevante.
- 51 publikasjoner handlet om røyking, 30 om alkohol, 20 om vekt, kosthold eller fysisk aktivitet og seks om narkotika.
- I 42 publikasjoner var tiltaket rådgivning, i 33 korte intervensjoner, i 24 ulike former for pasientopplæring, i 18 motiverende intervju og i 16 atferdsterapi. Andre tiltak var screening, sekundærforebygging, informasjonsmateriell, kognitiv terapi, elektroniske verktøy og belønning. Fire publikasjoner tok spesielt for seg sykepleietiltak. Tre av disse handlet om røyking og en om alkoholbruk.

#### Tittel:

Levevaneintervensjoner i spesialisthelsetjenesten – systematisk litteratursøk med sortering

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# Publikasjonstype: Systematisk litteratursøk med sortering

Et systematisk litteratursøk med sortering er resultatet av å

- søke etter relevant litteratur ifølge en søkestrategi og
- eventuelt sortere denne litteraturen i grupper presentert med referanser og vanligvis sammendrag

### Svarer ikke på alt:

- Ingen kritisk vurdering av studienes kvalitet
- Ingen analyse eller sammenfatning av studiene
- Ingen anbefalinger

# Hvem står bak denne publikasjonen?

Folkehelseinstituttet har gjennomført oppdraget etter forespørsel fra Norsk Sykepleierforbund

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# Når ble litteratursøket utført?

Søk etter studier ble avsluttet i mars 2016.

# **Key messages**

The Norwegian Nurses Organisation asked the Knowledge Centre to provide documentation for the effect of life style habit interventions in the specialist health care. The request was answered by doing a systematic literature search for systematic reviews and sorting these in various categories.

### Methods

We performed systematic searches in nine databases and assessed titles and abstracts of all identified publications. The publications we considered relevant were then placed in categories based on population, intervention, type of living habit, and setting. The majority of publications were placed in more than one category. We did not get the full texts of the publications and we did not critically appraise the quality of the systematic reviews.

### **Results**

- After removal of duplicates we assessed 4826 publications and 98 were considered relevant.
- 51 publications were about smoking, 30 about alcohol, 20 about weight, diet or exercise, and 6 about drug abuse.
- In 42 publications the intervention was counselling, in 33 brief interventions, in 24 various forms of patient education, in 18 motivational interviewing, and in 16 behavioural therapy. Other interventions were screening, secondary prevention, information material, cognitive therapy, electronic tools, and rewards. Four publications were specifically about nursing interventions. Three of these were about smoking and the fourth about alcohol use.

#### Title:

Life style habit interventions in the specialist health care – systematic reference list

# Type of publication: Systematic reference list

A systematic reference list is the result of a search for relevant literature according to a specific search strategy. The references resulting from the search are then grouped and presented with their abstracts

# Doesn't answer everything:

- No critical evaluation of study quality
- No analysis or synthesis of the studies
- No recommendations

#### Publisher:

The Norwegian Institute of Public Health

# Updated:

Last search for studies: March 2016.

# **Forord**

Kunnskapssenteret i Folkehelseinstituttet fikk i oppdrag av Norsk sykepleierforbund å fremskaffe dokumentasjon om effekten av levevaneintervensjoner gitt i spesialisthelsetjenesten. Vi løste oppdraget ved å gjøre et systematisk litteratursøk etter systematiske oversikter og sortere disse i ulike kategorier. I denne typen produkt leser vi ikke publikasjonene i fulltekst og vi gjør heller ingen kvalitetsvurdering av de systematiske oversiktene vi presenterer. Sjekklister for vurdering av ulike typer av forskning finnes i Kunnskapssenterets håndbok "Slik oppsummerer vi forskning". Denne er foreløpig tilgjengelig på adressen <a href="http://www.kunnskapssenteret.no/verktoy/slik-oppsummerer-vi-forskning">http://www.kunnskapssenteret.no/verktoy/slik-oppsummerer-vi-forskning</a>, men vil i løpet av høsten 2016 flyttes til <a href="https://www.fhi.no">https://www.fhi.no</a>.

Signe Flottorp Liv Merete Reinar Hilde Strømme Avdelingsdirektør Seksjonsleder Prosjektleder

# **Innledning**

## **Bakgrunn**

I sin <u>forespørsel</u> til Kunnskapssenteret i Folkehelseinstituttet skriver Norsk sykepleierforbund at man gjerne er ekstra motivert for endring når man opplever akutt sykdom eller krise. Denne motivasjonen bør utnyttes for å bidra til varig endring av levevaner for å forebygge nye hendelser. Sykepleierforbundet sier videre at de har for liten kunnskap om effekten av ulike metoder for å lykkes med varig endring av levevaner, og at de søker belegg for helsegevinsten som ligger i å styrke helsetjenestene ved systematisk intervensjon på dette området.

# **Problemstilling**

Å finne og sortere systematiske oversikter om effekten av levevaneintervensjoner gitt i spesialisthelsetjenesten.

## Styrker og svakheter ved litteratursøk med sortering

I denne typen produkt gjør vi systematiske litteratursøk i en lang rekke bibliografiske databaser. Vi benytter imidlertid ikke andre metoder for å identifisere relevante publikasjoner som f.eks. gjennomgang av referanselister, kontakt med eksperter eller søk etter grå litteratur.

Vi gjennomgår alle titler og sammendrag i søkeresultatet for å identifisere relevante publikasjoner, men vi innhenter ikke publikasjonene i fulltekst og gjør heller ingen kvalitetsvurdering. Dette kan medføre at vi ekskluderer relevante publikasjoner fordi det ikke tydelig fremgår av tittel eller sammendrag at de tilfredsstiller inklusjonskriteriene eller at vi inkluderer publikasjoner som ikke oppfyller kriteriene, f.eks. ikke er systematiske oversikter. I dette tilfellet ble utvelgelsen av publikasjoner kun gjort av én person.

I en full systematisk oversikt ville vi etter utvelgelse basert på titler og sammendrag lest publikasjonene i fulltekst og foretatt en kvalitetsvurdering. Utvelgelse og kvalitetsvurdering ville blitt utført av to personer uavhengig av hverandre. Videre ville vi analysert, sammenstilt og diskutert resultatene fra de ulike publikasjonene samt angitt hvor stor tillit vi har til resultatene basert på vår kvalitetsvurdering av dokumentasjonen.

# Metode

Vi utførte systematiske søk etter systematiske oversikter i ni databaser. Søkeresultatene ble gjennomgått etter på forhånd definerte inklusjonskriterier.

# Inklusjonskriterier

Populasjon: Unge og voksne pasienter i spesialisthelsetjenesten

Tiltak: Systematisk veiledning og eventuelle andre intervensjoner for å

påvirke levevaner

Sammenligning: Annen intervensjon eller ingen intervensjon

Utfall: Endring i levevaner knyttet til kosthold, fysisk aktivitet, tobakk,

alkohol og rus

Studiedesign: Systematiske oversikter

Språk: Ingen begrensninger

### Litteratursøking

Prosjektleder og forskningsbibliotekar Hilde Strømme gjorde søk i følgende databaser:

- Cochrane Database of Systematic Reviews (Cochrane Library)
- Database of Abstracts of Reviews of Effects (Cochrane Library)
- Health Technology Assessment Database (Centre for Reviews of Dissemination)
- Epistemonikos
- POP-database (EUnetHTA)
- MEDLINE (Ovid)
- Embase (Ovid)
- PsycINFO (Ovid)
- CINAHL (EBSCO)

Alle søk ble gjennomført i midten av mars 2016. Vi hadde også planlagt å søke i PROSPERO, men denne var ute av drift på søketidspunktet. Vi søkte på en kombinasjon av begreper for veiledning og levevaner samt begreper som kunne identifisere tiltak i spesialisthelsetjenesten. For å ikke gå glipp av relevante treff valgte vi å gjøre et vidt søk, særlig når det gjaldt setting. Å avgrense til spesialisthelsetjenesten i selve søket var svært vanskelig ettersom mange av de samme betegnelsene brukes for både spesialistog primærhelsetjeneste. I MEDLINE, Embase, PsycINFO og CINAHL ble det brukt filtre

for systematiske oversikter og meta-analyser. Søkestrategiene ble fagfellevurdert av forskningsbibliotekar Ingvild Kirkehei. Fullstendige søkestrategier finnes i vedlegg 1.

# **Publikasjonsutvelging**

Alle referanser ble importert i EndNote og så i Covidence. Prosjektleder gjennomgikk alle titler og sammendrag for å velge relevante systematiske oversikter. Avgjørelser om inklusjon og eksklusjon ble i de aller fleste tilfeller kun gjort på bakgrunn av titler og sammendrag. Dette innebærer at vi kan ha inkludert publikasjoner som ikke er systematiske oversikter eller som ikke omfatter spesialisthelsetjenesten. På den annen side kan vi også ha kommet til å ekskludere relevante publikasjoner fordi det ikke fremgikk tydelig av titler og sammendrag at de tilfredsstilte inklusjonskriteriene.

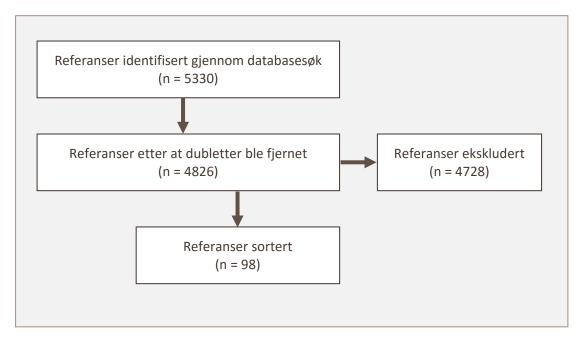
## **Sortering**

Publikasjonene som tilfredsstilte inklusjonskriteriene ble på nytt gjennomgått i End-Note og kategorisert etter de mest sentrale temaene i publikasjonene. Kategoriene var knyttet til populasjon (f.eks. alder eller diagnose), tiltak (f.eks. rådgivning, korte intervensjoner), type levevaner man ønsket å påvirke (f.eks. røyking, fysisk aktivitet) og setting (f.eks. akuttmottak). De fleste av publikasjonene ble plassert mer enn en kategori.

# Resultater

### Resultater av litteratursøket

Litteratursøket genererte totalt 5330 referanser som ble redusert til 4826 etter fjerning av dubletter.



Figur 1: Flytskjema over identifisert litteratur

# **Identifiserte kategorier**

Det var 98 publikasjoner som tilfredsstilte inklusjonskriteriene og i disse identifiserte vi 24 kategorier som vi sorterte etter populasjon, type tiltak, type levevaner og setting. De fleste av publikasjonene hørte hjemme i mer enn en kategori.

### **Populasjon**

Vi identifiserte fem ulike kategorier knyttet til populasjon (f.eks. diagnose eller alder). Tolv publikasjoner handlet om personer med psykiske lidelser, åtte om personer med hjerte-karsykdommer, syv om ulike kroniske sykdommer og fem publikasjoner handlet om infertilitet, graviditet og/eller barsel. Det var åtte publikasjoner der populasjonen utelukkende var tenåringer eller unge voksne, alle disse handlet om alkoholbruk.

Tabell 1: Identifiserte kategorier knyttet til populasjon sortert etter antall publikasjoner

Tema	Antall publikasjoner
Psykiske lidelser	12
Hjerte-kar	8
Unge	8
Kronisk sykdom	7
Infertilitet, graviditet, barsel	5

# Type tiltak

Vi fant 12 ulike kategorier knyttet til type tiltak. Den største kategorien var rådgivning (counselling) med 42 publikasjoner fulgt av korte intervensjoner (brief interventions) med 33 publikasjoner. Det var fire publikasjoner som spesifikt handlet om tiltak gitt av sykepleiere. Se tabell 2 under for full oversikt over alle kategorier og antall publikasjoner.

Tabell 2: Identifiserte kategorier knyttet til type tiltak sortert etter antall publikasjoner

Tema	Antall publikasjoner
Rådgivning	42
Korte intervensjoner	33
Pasientopplæring	24
Motiverende intervju	18
Atferdsterapi	16
Screening (som del av intervensjon)	10
Sekundærforebygging og tilbakefall	6
Informasjonsmateriell	5
Sykepleietiltak	4
Kognitiv terapi	4
Elektroniske verktøy	4
Belønning	3

# Type levevaner

Over halvparten av publikasjonene handlet om røyking. Det var 30 publikasjoner som handlet om alkohol og 20 som handlet om vekt, kosthold og/eller fysisk aktivitet. Seks omhandlet narkotika.

Tabell 3: Identifiserte kategorier knyttet til type levevaner sortert etter antall publikasjoner

Tema	Antall publikasjoner
Røyking	51
Alkohol	30
Vekt, kosthold og/eller fysisk aktivitet	20
Narkotika	6

# **Setting**

Vi har inkludert 18 publikasjoner der settingen var *emergency department* eller lignende. I en norsk setting ville sannsynligvis de fleste av pasientene disse publikasjonene omhandler blitt behandlet på legevakten, altså i primærhelsetjenesten. Vi har likevel valgt å ta dem med fordi *emergency department* som oftest er en del av sykehus. Svært mange av publikasjonene inkluderte både studier gjort i spesialisthelsetjenesten og studier gjort i primærhelsetjenesten. Disse har vi ikke kategorisert etter setting. Vi fant imidlertid 13 publikasjoner som spesifikt handlet om sykehuspasienter, og disse har vi plassert i en egen kategori. Vi fant fem publikasjoner som handlet om levevaneintervensjoner gitt i forbindelse med kirurgiske inngrep.

Tabell 4: Identifiserte kategorier knyttet til setting sortert etter antall publikasjoner

Tema	Antall publikasjoner
Akuttmottak eller legevakt (emergency department)	18
Sykehuspasienter	13
Kirurgi (f.eks. røykeslutt før operasjon)	5

# Sammendrag og tilgang til fulltekst

I vedlegg 2 finnes en liste over alle inkluderte publikasjoner. Vi har gjengitt sammendrag for de publikasjoner der slik gjengivelse er tillatt. For de øvrige referansene finnes lenker til sammendrag og/eller fulltekst.

# Publikasjoner sortert etter populasjon

## Psykiske lidelser

Baker AL, Hiles SA, Thornton LK, Hides L, Lubman DI. **A systematic review of psychological interventions for excessive alcohol consumption among people with psychotic disorders.** Acta psychiatrica Scandinavica 2012;126(4):243-55.

Baker AL, Thornton LK, Hiles S, Hides L, Lubman DI. **Psychological interventions for alcohol misuse among people with co-occurring depression or anxiety disorders:** a **systematic review.** Journal of Affective Disorders 2012;139(3):217-29.

Bonfioli E, Berti L, Goss C, Muraro F, Burti L. **Health promotion lifestyle interventions for weight management in psychosis: a systematic review and meta-analysis of randomised controlled trials.** BMC psychiatry 2012;12:78.

Bradshaw T, Lovell K, Harris N. **Healthy living interventions and schizophrenia: a systematic review.** Journal of Advanced Nursing 2005;49(6):634-54.

Cabassa LJ, Ezell JM, Lewis-Fernandez R. **Lifestyle interventions for adults with serious mental illness: a systematic literature review.** Psychiatric Services 2010;61(8):774-82.

Cimo A, Stergiopoulos E, Cheng C, Bonato S, Dewa CS. **Effective lifestyle interventions to improve type II diabetes self-management for those with schizophrenia or schizoaffective disorder: a systematic review.** BMC Psychiatry 2012;12(2):24.

El-Guebaly N, Cathcart J, Currie S, Brown D, Gloster S. **Public health and therapeutic aspects of smoking bans in mental health and addiction settings.** Psychiatric Services 2002;53(12):1617-22.

El-Guebaly N, Cathcart J, Currie S, Brown D, Gloster S. **Smoking cessation approaches for persons with mental illness or addictive disorders.** Psychiatric services (Washington, DC) 2002;53(9):1166-70.

Faulkner G, Cohn T, Remington G. **Interventions to reduce weight gain in schizo-phrenia.** Cochrane Database of Systematic Reviews [Internet]. 2007; (1). Tilgjengelig fra: http://onlinelibrary.wiley.com/doi/10.1002/14651858.CD005148.pub2/abstract

Hjorth P, Davidsen AS, Kilian R, Skrubbeltrang C. **A systematic review of controlled interventions to reduce overweight and obesity in people with schizophrenia.** Acta psychiatrica Scandinavica 2014;130(4):279-89.

Siru R, Hulse GK, Tait RJ. **Assessing motivation to quit smoking in people with mental illness: a review.** Addiction 2009;104(5):719-33 15p.

#### Hjerte- og karsykdommer

Auer R, Gaume J, Rodondi N, Cornuz J, Ghali WA. **Efficacy of in-hospital multidimensional interventions of secondary prevention after acute coronary syndrome: a systematic review and meta-analysis.** Circulation 2008;117(24):3109-17.

Commodore-Mensah Y, Himmelfarb CRD. **Patient education strategies for hospitalized cardiovascular patients: a systematic review.** The Journal of cardiovascular nursing 2012;27(2):154-74.

Dusseldorp E, Elderen T, Maes S, Meulman J, Kraaij V. **A meta-analysis of psychoeducational programs for coronary heart disease patients**. Health Psychology 1999;18(5):506-19.

Harbman P. Review: secondary prevention programmes with and without exercise reduced all cause mortality and recurrent myocardial infarction. Evidence Based Nursing 2006;9(3):77.

Huttunen-Lenz M, Song F, Poland F. Are psychoeducational smoking cessation interventions for coronary heart disease patients effective? Meta-analysis of interventions. British Journal of Health Psychology 2010;15(4):749-77.

Lee WW, Choi KC, Yum RW, Yu DS, Chair SY. **Effectiveness of motivational interviewing on lifestyle modification and health outcomes of clients at risk or diagnosed with cardiovascular diseases: A systematic review.** International journal of nursing studies 2015;53:331-41.

Lin JS, O'Connor EA, Evans CV, Senger CA, Rowland MG, Groom HC. **Behavioral Counseling to Promote a Healthy Lifestyle for Cardiovascular Disease Prevention in Persons With Cardiovascular Risk Factors: An Updated Systematic Evidence Review for the U.S. Preventive Services Task Force 2014**.

Narsavage G, Idemoto BK, Sarah Cole Hirsh Institute for Best Nursing Practices of the Bolton School of N. **Smoking cessation interventions for hospitalized patients with cardio-pulmonary disorders**. Online journal of issues in nursing 2003;8(2):8.

## Kronisk sykdom

Alvaro R, D'Agostino F, Cittadini N, Zannetti EB, Rao C, Feola M, et al. **Can Educational Interventions Improve Osteoporotic Women's Adherence to Treatment?** A Literature Review. Orthopedic nursing 2015;34(6):340-5.

Bartlett YK, Sheeran P, Hawley MS. **Effective behaviour change techniques in smoking cessation interventions for people with chronic obstructive pulmonary disease: a meta-analysis.** British Journal of Health Psychology 2014;19(1):181-203.

Cimo A, Stergiopoulos E, Cheng C, Bonato S, Dewa CS. **Effective lifestyle interventions to improve type II diabetes self-management for those with schizophrenia or schizoaffective disorder: a systematic review.** BMC Psychiatry 2012;12(2):24.

Coronini-Cronberg S, Heffernan C, Robinson M. **Effective smoking cessation interventions for COPD patients: a review of the evidence.** JRSM short reports 2011;2(10):78.

Dinh HT, Bonner A, Clark R, Ramsbotham J, Hines S. **The effectiveness of the teach-back method on adherence and self-management in health education for people with chronic disease: a systematic review.** Joanna Briggs Institute database of systematic reviews and implementation reports 2016;14(1):210-47.

Khan A, Tansel A, White D, Blais P, Lindsay J, El-Serag HB, et al. **Psychosocial interventions to achieve abstinence in patients with chronic liver disease and alcohol use disorders:** A systematic review. Gastroenterology 2015;148(4 SUPPL. 1):S649.

Mason J, Khunti K, Stone M, Farooqi A, Carr S. **Educational interventions in kidney disease care: a systematic review of randomized trials.** American Journal of Kidney Diseases 2008;51(6):933-51.

### Tenåringer og unge voksne

Grenard JL, Ames SL, Pentz MA, Sussman S. **Motivational interviewing with adolescents and young adults for drug-related problems**. International Journal of Adolescent Medicine and Health 2006;18(1):53-67.

Kohler S, Hofmann A. Can motivational interviewing in emergency care reduce alcohol consumption in young people? A systematic review and meta-analysis. Alcohol and alcoholism (Oxford, Oxfordshire) 2015;50(2):107-17.

Merz V, Baptista J, Haller DM. **Brief interventions to prevent recurrence and alcohol-related problems in young adults admitted to the emergency ward following** 

an alcohol-related event: a systematic review. Journal of epidemiology and community health 2015;69(9):912-7.

Newton AS, Dong K, Mabood N, Ata N, Ali S, Gokiert R, et al. **Brief emergency department interventions for youth who use alcohol and other drugs: a systematic review.** Pediatric emergency care 2013;29(5):673-84.

Patton R, Deluca P, Kaner E, Newbury-Birch D, Phillips T, Drummond C. **Alcohol screening and brief intervention for adolescents: the how, what and where of reducing alcohol consumption and related harm among young people.** Alcohol and alcoholism (Oxford, Oxfordshire) 2014;49(2):207-12.

Taggart IH, Ranney ML, Howland J, Mello MJ. **A systematic review of emergency department interventions for college drinkers.** The Journal of emergency medicine 2013;45(6):962-8.

Wachtel T, Staniford M. The effectiveness of brief interventions in the clinical setting in reducing alcohol misuse and binge drinking in adolescents: a critical review of the literature. Journal of Clinical Nursing 2010;19(5-6):605-20.

Yuma-Guerrero PJ, Lawson KA, Velasquez MM, von Sternberg K, Maxson T, Garcia N. Screening, Brief Intervention, and Referral for Alcohol Use in Adolescents: A Systematic Review. Pediatrics 2012;130(1):115-22.

# Publikasjoner sortert etter type tiltak

## Rådgivning

Screening, brief intervention, and referral to treatment (SBIRT) for alcohol misuse. Lansdale, PA: HAYES Inc; 2010.

Alvaro R, D'Agostino F, Cittadini N, Zannetti EB, Rao C, Feola M, et al. **Can Educational Interventions Improve Osteoporotic Women's Adherence to Treatment? A Literature Review.** Orthopedic nursing 2015;34(6):340-5.

Ammerman A, Lindquist C, Hersey J, Jackman AM, Gavin NI, Garces C, et al. **The efficacy of interventions to modify dietary behavior related to cancer risk. Volume 1: evidence report and appendices.** Agency for Healthcare Research and Quality, 2001:209.

Anderson K, Norman Robert J, Middleton P. **Preconception lifestyle advice for people with subfertility.** Cochrane Database of Systematic Reviews [Internet]. 2010; (4). Tilgjengelig fra: <a href="http://onlinelibrary.wi-">http://onlinelibrary.wi-</a>

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Babcock Irvin C, Wyer PC, Gerson LW. **Preventive care in the emergency department, Part II: Clinical preventive services--an emergency medicine evidence-based review.** Society for Academic Emergency Medicine Public Health and Education Task Force Preventive Services Work Group. Academic emergency medicine: official journal of the Society for Academic Emergency Medicine 2000;7(9):1042-54.

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Baldwin C, Weekes CE. **Dietary counselling with or without oral nutritional supplements in the management of malnourished patients: a systematic review and meta-analysis of randomised controlled trials.** Journal of human nutrition and dietetics: the official journal of the British Dietetic Association 2012;25(5):411-26.

Bellentani S, Dalle Grave R, Suppini A, Marchesini G, Fatty Liver Italian Network. **Behavior therapy for nonalcoholic fatty liver disease: The need for a multidisciplinary approach.** Hepatology (Baltimore, Md) 2008;47(2):746-54.

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# **Vedlegg**

## Vedlegg 1: Søkestrategier

# Cochrane Database of Systematic Reviews (CDSR) (Cochrane Library)

Dato for søk: 14. mars 2016

Antall treff: 130

((([mh Hospitals] or [mh "personnel, hospital"] or [mh inpatients] or [mh "Adolescent, Hospitalized"] or [mh "hospital units"]) or ((hospital\* or clinic or clinics or ward\* or unit\* or department\* or inpatient\*) or ((acute or emergency) next (care or health or department\* or room\* or setting\*) or ((secondary or specialist) next care) or ((secondary or specialist) near/3 ((health next care) or healthcare or healtservice or health service)))):ti,ab,kw) and (([mh Counseling] or [mh "Health Education"] or [mh ^"Weight Reduction Programs"] or [mh "Psychotherapy, Brief"] or [mh "Cognitive Therapy"] or [mh "Professional Role"] or [mh ^"Health Literacy"] or [mh ^"Health Promotion"]) or ((counsel\* or psychoeducat\* or motivat\* or cbt) or ((brief\* or short\*) next (advice or therap\* or treat\*)) or (cognitive near/3 therap\*) or ((health or patient\* or client\*) near/3 (educat\*)) or ((weight) next ((loss or reduct\* or manage\*) next (program\*))) or ((health) next (promotion or literacy))):ti,ab,kw) and (([mh ^"Health Behavior"] or [mh "Life Style"] or [mh Diet] or [mh "Food Habits"] or [mh ^"Weight Loss"] or [mh Exercise] or [mh ^"Motor Activity"] or [mh ^"Physical Fitness"] or [mh sports] or [mh "Tobacco Use"] or [mh "Tobacco Use Cessation"] or [mh "Substance-Related Disorders"] or [mh "Drinking Behavior"]) or ((tobacco\* or smok\* or snuff\* or alcohol\* or lifestyle\* or (life next style\*) or diet\* or exercis\* or sport\*) or ((health or healthy or drinking or food or risk\* or eat\*) near/3 (behavio\* or habit\* or attitude\*)) or ((drug\* or substance\*) next (use\* or abuse\* or addict\* or habit\* or behavio\*)) or ((weight) near/3 (los\* or reduc\* or decreas\* or manage\*)) or ((physical\* or motor\*) near/3 (activ\*))):ti,ab,kw)) in Cochrane Reviews (Reviews and Protocols)

## Database of Abstracts of Reviews of Effects (DARE) (Cochrane Library)

Dato for søk: 14. mars 2016

Antall treff: 600

((([mh Hospitals] or [mh "personnel, hospital"] or [mh inpatients] or [mh "Adolescent, Hospitalized"] or [mh "hospital units"]) or ((hospital\* or clinic or clinics or ward\* or unit\* or department\* or inpatient\*) or ((acute or emergency) next (care or health or department\* or room\* or setting\*) or ((secondary or specialist) next care) or ((secondary or specialist) near/3 ((health next care) or healthcare or healtservice or health service))))) and (([mh Counseling] or [mh "Health Education"] or [mh ^"Weight Reduction Programs"] or [mh "Psychotherapy, Brief"] or [mh "Cognitive Therapy"] or [mh "Professional Role"] or [mh ^"Health Literacy"] or [mh ^"Health Promotion"]) or ((counsel\* or psychoeducat\* or motivat\* or cbt) or ((brief\* or short\*) next (advice or therap\* or treat\*)) or (cognitive near/3 therap\*) or ((health or patient\* or client\*) near/3 (educat\*)) or ((weight) next ((loss or reduct\* or manage\*) next (program\*))) or ((health) next (promotion or literacy)))) and (([mh ^"Health Behavior"] or [mh "Life Style"] or [mh Diet] or [mh "Food Habits"] or [mh ^"Weight Loss"] or [mh Exercise] or [mh ^"Motor Activity"] or [mh ^"Physical Fitness"] or [mh sports] or [mh "Tobacco Use"] or [mh "Tobacco Use Cessation"] or [mh "Substance-Related Disorders"] or [mh "Drinking Behavior"]) or ((tobacco\* or smok\* or snuff\* or alcohol\* or lifestyle\* or (life next style\*) or diet\* or exercis\* or sport\*) or ((health or healthy or drinking or food or risk\* or eat\*) near/3 (behavio\* or habit\* or attitude\*)) or ((drug\* or substance\*) next (use\* or abuse\* or addict\* or habit\* or behavio\*)) or ((weight) near/3 (los\* or reduc\* or decreas\* or manage\*)) or ((physical\* or motor\*) near/3 (activ\*))))) in Other Reviews

# Health Technology Assessment Database (Centre for Reviews of Dissemination)

Dato for søk: 14. mars 2016

Antall treff: 62

(((MeSH DESCRIPTOR Hospitals EXPLODE ALL TREES OR MeSH DESCRIPTOR personnel, hospital EXPLODE ALL TREES OR MeSH DESCRIPTOR inpatients EXPLODE ALL TREES OR MeSH DESCRIPTOR Adolescent, Hospitalized EXPLODE ALL TREES OR MeSH DESCRIPTOR hospital units EXPLODE ALL TREES) OR ((hospital\* OR clinic OR clinics OR ward\* OR unit\* OR department\* OR inpatient\*) OR ((acute OR emergency) NEXT (care OR health OR department\* OR room\* OR setting\*) OR ((secondary OR specialist) NEXT care) OR ((secondary or specialist) NEAR3 ((health NEXT care) OR healthcare OR healtservice OR health service))))) AND ((MeSH DESCRIPTOR Counseling EXPLODE ALL TREES OR MeSH DESCRIPTOR Health Education EXPLODE ALL TREES OR MeSH DESCRIPTOR Weight Reduction Programs EXPLODE ALL TREES OR MeSH DE-SCRIPTOR Psychotherapy, Brief EXPLODE ALL TREES OR MeSH DESCRIPTOR Cognitive Therapy EXPLODE ALL TREES OR MeSH DESCRIPTOR Professional Role EXPLODE ALL TREES OR MeSH DESCRIPTOR Health Literacy EXPLODE ALL TREES OR MeSH DE-SCRIPTOR Health Promotion) OR ((counsel\* OR psychoeducat\* OR motivat\* OR cbt) OR ((brief\* OR short\*) NEXT (advice OR therap\* OR treat\*)) OR (cognitive NEAR3 therap\*) OR ((health OR patient\* OR client\*) NEAR3 (educat\*)) OR ((weight) NEXT (((loss OR reduct\* OR manage\*) NEXT (program\*)))) OR ((health) NEXT (promotion OR literacy)))) AND ((MeSH DESCRIPTOR Health Behavior EXPLODE ALL TREES OR MeSH DESCRIPTOR Life Style EXPLODE ALL TREES OR MeSH DESCRIPTOR Diet EX-PLODE ALL TREES OR MeSH DESCRIPTOR Food Habits EXPLODE ALL TREES OR MeSH DESCRIPTOR Weight Loss EXPLODE ALL TREES OR MeSH DESCRIPTOR Exercise EX-PLODE ALL TREES OR MeSH DESCRIPTOR Motor Activity EXPLODE ALL TREES OR [MeSH DESCRIPTOR Physical Fitness EXPLODE ALL TREES OR MeSH DESCRIPTOR sports EXPLODE ALL TREES OR MeSH DESCRIPTOR Tobacco Use EXPLODE ALL TREES OR MeSH DESCRIPTOR Tobacco Use Cessation EXPLODE ALL TREES OR MeSH DE-SCRIPTOR Substance-Related Disorders EXPLODE ALL TREES OR MeSH DESCRIPTOR Drinking Behavior EXPLODE ALL TREES) OR ((tobacco\* OR smok\* OR snuff\* OR alcohol\* OR lifestyle\* OR (life NEXT style\*) OR diet\* OR exercis\* OR sport\*) OR ((health OR healthy OR drinking OR food OR risk\* OR eat\*) NEAR3 (behavio\* OR habit\* OR attitude\*)) OR ((drug\* OR substance\*) NEXT (use\* OR abuse\* OR addict\* OR habit\* OR behavio\*)) OR ((weight) NEAR3 (los\* OR reduc\* OR decreas\* OR manage\*)) OR ((physical\* OR motor\*) NEAR3 (activ\*)))))

# **Epistemonikos**

Dato for søk: 16. mars 2016

Antall treff:

Systematic Review: 326Structured Summary: 11

• Broad Synthesis: 12

Søkt i title OR abstract:

((hospital\* OR clinic OR clinics OR ward\* OR unit\* OR department\* OR inpatient\* OR "acute care" OR "acute setting" OR "emergency care" OR "emergency department" OR "emergency room" OR "emergency setting" OR "secondary care" OR "specialist care" OR "specialist health") AND (counsel\* OR psychoeducat\* OR motivat\* OR cbt OR "cognitive therapy" OR "cognitive behavior" OR "cognitive behaviour" OR "cognitive behavioral" OR "health education" OR "patient education" OR "weight loss program" OR "weight loss programme" OR "health promotion" OR "health literacy") AND (tobacco\* OR smok\* OR alcohol\* OR lifestyle\* OR "life style" OR diet\* OR exercis\* OR sport\* OR "health behavior" OR "health behavior" OR "health behavior" OR "health habit" OR "healthy habit" OR "drinking behavior" OR "drinking behavior" OR "cating behavior" OR "cating behavior" OR "cating behavior" OR "risk behavior" OR "cating behavior" OR "drug abuse" OR "drug addict" OR "substance use" OR "substance abuse" OR "weight loss" OR "weight reduction" OR "weight management" OR "physical activity" OR "motor activity"))

# **POP-database (EUnetHTA)**

Dato for søk: 15. mars 2016

Antall treff: 193

tobacco\* smok\* alcohol\* lifestyle\* "life style" diet\* exercis\* sport\* "health behavior" "health behaviour" "healthy behaviour" "healthy behaviour" "health habit" "healthy habit" "drinking behavior" "drinking behaviour" "eating behavior" "eating behaviour" eating habit" "risk behavior" "risk behaviour" "drug use" "drug abuse" "drug addict" "substance use" "substance abuse" "weight loss" "weight reduction" "weight management" "physical activity" "motor activity"

Combined with OR

# Ovid MEDLINE(R) In-Process & Other Non-Indexed Citations, Ovid MEDLINE(R) Daily and Ovid MEDLINE(R) <1946 to Present>

Dato for søk: 14. mars 2016

Antall treff: 2596

(exp "Hospitals"/ or exp "personnel, hospital"/ or "inpatients"/ or "Adolescent, Hospitalized"/ or exp "hospital units"/ or (hospital\* or clinic or clinics or ward\* or unit\* or department\* or inpatient\* or (((acute or emergency) adj (care or health or department\* or room\* or setting\*)) or ((secondary or specialist) adj care) or ((secondary or specialist) adj3 (health care or healthcare or healtservice or health service)))).ab,ti.) and (exp "Counseling"/ or exp "Health Education"/ or "Weight Reduction Programs"/ or exp "Psychotherapy, Brief"/ or exp "Cognitive Therapy"/ or exp "Professional Role"/ or "Health Literacy"/ or "Health Promotion"/ or (counsel\* or psychoeducat\* or motivat\* or cbt or ((brief\* or short\*) adj (advice or therap\* or treat\*)) or (cognitive adj3 therap\*) or ((health or patient\* or client\*) adj3 educat\*) or (weight adj ((loss or reduct\* or manage\*) adj program\*)) or (health adj (promotion or literacy))).ab,ti.) and ("Health Behavior"/ or exp "Life Style"/ or exp "Diet"/ or exp "Food Habits"/ or "Weight Loss"/ or exp "Exercise"/ or "Motor Activity"/ or "Physical Fitness"/ or exp "sports"/ or exp "Tobacco Use"/ or exp "Tobacco Use Cessation"/ or exp "Substance-Related Disorders"/ or exp "Drinking Behavior"/ or (tobacco\* or smok\* or snuff\* or alcohol\* or lifestyle\* or life style\* or diet\* or exercis\* or sport\* or ((health or healthy or drinking or food or risk\* or eat\*) adj3 (behavio\* or habit\* or attitude\*)) or ((drug\* or substance\*) adj (use\* or abuse\* or addict\* or habit\* or behavio\*)) or (weight adj3 (los\* or reduc\* or decreas\* or manage\*)) or ((physical\* or motor\*) adi3 activ\*)).ab,ti.) and (systematic review.kw. or meta-analys\*.mp. or meta-analysis.pt. or review.pt. or ((systematic\* or literature) adj2 (overview or review\* or search\*)).ti,ab.) use pmoz

#### Embase <1974 to 2016 March 11>

Dato for søk: 14. mars 2016

Antall treff: 1422

(exp "hospital" / or exp "hospital personnel" / or exp "Exp hospital patient" / or "hospitalization"/ or exp "ward"/ or (hospital\* or clinic or clinics or ward\* or unit\* or department\* or inpatient\* or (((acute or emergency) adj (care or health or department\* or room\* or setting\*)) or ((secondary or specialist) adj care) or ((secondary or specialist) adj3 (health care or healthcare or healtservice or health service)))),ab,ti.) and (exp "counseling"/ or exp "health education"/ or exp "cognitive therapy"/ or "weight loss program"/ or exp "health education"/ or (counsel\* or psychoeducat\* or motivat\* or cbt or ((brief\* or short\*) adj (advice or therap\* or treat\*)) or (cognitive adj3 therap\*) or ((health or patient\* or client\*) adj3 educat\*) or (weight adj ((loss or reduct\* or manage\*) adj program\*)) or (health adj (promotion or literacy))).ab,ti.) and (exp "health behavior"/ or "lifestyle"/ or exp "diet"/ or exp "feeding behavior"/ or exp "weight reduction"/ or exp "exercise"/ or exp "physical activity"/ or "fitness"/ or exp "sport"/ or exp "addiction"/ or (tobacco\* or smok\* or snuff\* or alcohol\* or lifestyle\* or life style\* or diet\* or exercis\* or sport\* or ((health or healthy or drinking or food or risk\* or eat\*) adj3 (behavio\* or habit\* or attitude\*)) or ((drug\* or substance\*) adj (use\* or abuse\* or addict\* or habit\* or behavio\*)) or (weight adj3 (los\* or reduc\* or decreas\* or manage\*)) or ((physical\* or motor\*) adj3 activ\*)).ab,ti.) and ((meta-analys\* or systematic review\*).mp. or ((systematic\* or literature) adj2 (overview or review\* or search\*)).ti,ab.) use oemezd

## PsycINFO <1987 to March Week 2 2016>

Dato for søk: 14. mars 2016

Antall treff: 247

(exp "hospitals"/ or "hospitalized patients"/ or exp "hospitalization"/ or (hospital\* or clinic or clinics or ward\* or unit\* or department\* or inpatient\* or (((acute or emergency) adj (care or health or department\* or room\* or setting\*)) or ((secondary or specialist) adj care) or ((secondary or specialist) adj3 (health care or healthcare or healtservice or health service)))).ab,ti.) and (exp "counseling"/ or exp "health education"/ or "client education"/ or "brief psychotherapy"/ or exp "cognitive therapy"/ or exp "cognitive behavior therapy"/ or "Health literacy"/ or "Health education"/ or "Drug education"/ or "Health promotion"/ or (counsel\* or psychoeducat\* or motivat\* or cbt or ((brief\* or short\*) adj (advice or therap\* or treat\*)) or (cognitive adj3 therap\*) or ((health or patient\* or client\*) adj3 educat\*) or (weight adj ((loss or reduct\* or manage\*) adj program\*)) or (health adj (promotion or literacy))).ab,ti.) and ("Health behavior"/ or exp "lifestyle"/ or "Diets"/ or exp "eating behavior"/ or "Weight loss"/ or exp "physical activity"/ or "Physical fitness"/ or exp "Sports"/ or exp "drug usage"/ or exp "drug abuse" / or exp "Alcohol drinking patterns" / or "Smoking cessation" / or "Smokeless tobacco"/ or (tobacco\* or smok\* or snuff\* or alcohol\* or lifestyle\* or life style\* or diet\* or exercis\* or sport\* or ((health or healthy or drinking or food or risk\* or eat\*) adj3 (behavio\* or habit\* or attitude\*)) or ((drug\* or substance\*) adj (use\* or abuse\* or addict\* or habit\* or behavio\*)) or (weight adj3 (los\* or reduc\* or decreas\* or manage\*)) or ((physical\* or motor\*) adj3 activ\*)).ab,ti.) and (Systematic review.md. or meta-analysis.mp. or ((systematic\* or literature) adj2 (overview or review\* or search\*)).ti,ab.) use psyf

## **CINAHL (EBSCO)**

Dato for søk: 14. mars 2016

Antall treff: 634

(((MH Hospitals+ OR MH Inpatients OR MH Adolescent, Hospitalized OR MH Aged, Hospitalized OR MH Hospital units+) OR (TI ((hospital\* OR clinic OR clinics OR ward\* OR unit\* OR department\* OR inpatient\*) OR ((acute OR emergency) NO (care OR health OR department\* OR room\* OR setting\*) OR ((secondary OR specialist) NO care) OR ((secondary or specialist) N3 (health care OR healthcare OR healthservice OR health service)))) OR AB ((hospital\* OR clinic OR clinics OR ward\* OR unit\* OR department\* OR inpatient\*) OR ((acute OR emergency) NO (care OR health OR department\* OR room\* OR setting\*) OR ((secondary OR specialist) N0 care) OR ((secondary or specialist) N3 (health care OR healthcare OR healtservice OR health service)))))) AND ((MH Counseling+ OR MH Health Education+ OR MH psychotherapy, brief OR MH Cognitive therapy+ OR MH Professional Role+ OR MH Weight reduction programs OR MH Health promotion) OR ((TI (counsel\* OR psychoeducat\* OR motivat\* OR cbt) OR ((brief\* OR short\*) NO (advice OR therap\* OR treat\*)) OR (cognitive N3 therap\*) OR ((health OR patient\* OR client\*) N3 (educat\*)) OR ((weight) N0 (((loss OR reduct\* OR manage\*) N0 (program\*)))) OR ((health) NO (promotion OR literacy))) OR (AB ((counsel\* OR psychoeducat\* OR motivat\* OR cbt) OR ((brief\* OR short\*) NO (advice OR therap\* OR treat\*)) OR (cognitive N3 therap\*) OR ((health OR patient\* OR client\*) N3 (educat\*)) OR ((weight) N0 (((loss OR reduct\* OR manage\*) N0 (program\*)))) OR ((health) N0 (promotion OR literacy)))))) AND ((MH Life style+ OR MH Diet+ OR MH eating behavior+ OR MH Weight loss OR MH Physical activity OR MH Exercise+ OR MH Physical fitness OR MH Sports+ OR MH Substance use disorders+ OR MH Smoking cessation OR MH Drinking behavior+) OR (TI ((tobacco\* OR smok\* OR snuff\* OR alcohol\* OR lifestyle\* OR life style\* OR diet\* OR exercis\* OR sport\*) OR ((health OR healthy OR drinking OR food OR risk\* OR eat\*) N3 (behavio\* OR habit\* OR attitude\*)) OR ((drug\* OR substance\*) N0 (use\* OR abuse\* OR addict\* OR habit\* OR behavio\*)) OR ((weight) N3 (los\* OR reduc\* OR decreas\* OR manage\*)) OR ((physical\* OR motor\*) N3 (activ\*))) OR (AB (((tobacco\* OR smok\* OR snuff\* OR alcohol\* OR lifestyle\* OR life style\* OR diet\* OR exercis\* OR sport\*) OR ((health OR healthy OR drinking OR food OR risk\* OR eat\*) N3 (behavio\* OR habit\* OR attitude\*)) OR ((drug\* OR substance\*) NO (use\* OR abuse\* OR addict\* OR habit\* OR behavio\*)) OR ((weight) N3 (los\* OR reduc\* OR decreas\* OR manage\*)) OR ((physical\* OR motor\*) N3 (activ\*)))))) AND ((MH "Meta Analysis") OR (MH "Systematic Review") OR (TX (((systematic\* or literature) N3 (overview or review\* or search\*)) or (meta-analys\* or (meta W0 analys\*) or metaanalys\*)))))

# Vedlegg 2: Sammendrag og/eller lenker til sammendrag eller fulltekst

Referanse		Sammendrag og/eller lenke til sammendrag eller fulltekst	
1.	Screening, brief intervention, and referral to treatment (SBIRT) for alcohol misuse. Lansdale, PA: HAYES Inc; 2010.	http://www.hayesinc.com/hayes/publications/medical-technology-directory/dir-screening1788/ (Sammendrag)	
2.	Alvaro R, D'Agostino F, Cittadini N, Zannetti EB, Rao C, Feola M, et al. Can Educational Interventions Improve Osteoporotic Women's Adherence to Treatment? A Literature Review. Orthopedic nursing 2015;34(6):340-345.	http://www.ncbi.nlm.nih.gov/pubmed/26575506 (Sammendrag)	
3.	Ammerman A, Lindquist C, Hersey J, Jackman AM, Gavin NI, Garces C, et al. The efficacy of interventions to modify dietary behavior related to cancer risk. Vo-lume 1: evidence report and appendices. Agency for Healthcare Research and Quality, 2001:209.	http://onlinelibrary.wiley.com/o/cochrane/cldare/articles/DARE-12002008219/frame.html (Sammendrag)	
4.	Anderson K, Norman Robert J, Middleton P. Preconception lifestyle advice for people with subfertility. Cochrane Database of Systematic Reviews John Wiley & Sons, Ltd; 2010.	http://onlinelibrary.wiley.com/doi/10.1002/14651858.CD008189.pub2/full (Fulltekst)	

5.	Auer R, Gaume J, Rodondi N, Cornuz J, Ghali WA. Efficacy of in-hospital multidimensional interventions of secondary prevention after acute coronary syndrome: a systematic review and meta-analysis. Circulation 2008;117(24):3109-3117.	http://onlinelibrary.wiley.com/o/cochrane/cldare/articles/DARE-12008104935/frame.html (Sammendrag)
6.	Babcock Irvin C, Wyer PC, Gerson LW. Preventive care in the emergency department, Part II: Clinical preventive servicesan emergency medicine evidence- based review. Society for Academic Emergency Medicine Public Health and Education Task Force Preventive Services Work Group. Academic emergency medicine: official journal of the Society for Academic Emergency Medicine 2000;7(9):1042-1054.	http://www.ncbi.nlm.nih.gov/pubmed/11044002 (Sammendrag)
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8.	Baker AL, Thornton LK, Hiles S, Hides L, Lubman DI. Psychological interventions for alcohol misuse among people with co- occurring depression or anxiety disorders: a systematic review. Journal of Affective Disorders 2012;139(3):217-229.	http://onlinelibrary.wiley.com/o/cochrane/cldare/articles/DARE-12012029787/frame.html (Sammendrag)
9.	Baldwin C, Weekes CE. Dietary counselling with or without oral nutritional supplements in the management of malnourished patients: a systematic review and meta-analysis of randomised controlled trials. Journal of human nutrition and dietetics: the official journal of the British Dietetic Association 2012;25(5):411-426.	http://www.ncbi.nlm.nih.gov/pubmed/22672102 (Sammendrag)
10	Bartlett YK, Sheeran P, Hawley MS. Effective behaviour change techniques in smoking cessation interventions for people with chronic obstructive pulmonary disease: a meta-analysis. British Journal of Health Psychology 2014;19(1):181-203.	http://onlinelibrary.wiley.com/o/cochrane/cldare/articles/DARE-12014004866/frame.html (Sammendrag)
11	Bellentani S, Dalle Grave R, Suppini A, Marchesini G, Fatty Liver Italian Network. Behavior therapy for nonalcoholic fatty liver disease: The need for a multidisciplinary approach. Hepatology (Baltimore, Md) 2008;47(2):746-754.	http://www.ncbi.nlm.nih.gov/pubmed/18098321 (Sammendrag)

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14. Bonfioli E, Berti L, Goss C, Muraro F, Burti L. Health promotion lifestyle interventions for weight management in psychosis: a systematic review and meta-analysis of randomised controlled trials. BMC psychiatry 2012;12:78.

Background: Psychiatric patients have more physical health problems and much shorter life expectancies compared to the general population, due primarily to premature cardiovascular disease. A multi-causal model which includes a higher prevalence of risk factors has provided a valid explanation. It takes into consideration not only risks such as gender, age, and family history that are inherently non-modifiable, but also those such as obesity, smoking, diabetes, hypertension, and dyslipidemia that are modifiable through behavioural changes and improved care. Thus, it is crucial to focus on factors that increase cardiovascular risk. Obesity in particular has been associated with both the lifestyle habits and the side effects of antipsychotic medications. The present systematic review and meta-analysis aims at collecting and updating available evidence on the efficacy of non-pharmacological health promotion programmes for psychotic patients in randomised clinical trials. Methods: We systematically reviewed the randomised controlled trials from 1990 onward, in which psychoeducational and/or cognitive-behavioural interventions aimed at weight loss or prevention of weight gain in patients with psychosis had been compared to treatment as usual. We carried out a meta-analysis and pooled the results of the studies with Body Mass Index as primary outcome. Results: The results of the metaanalysis show an effect toward the experimental group. At the end of the intervention phase there is a -0.98 kg/m2 reduction in the mean Body Mass Index of psychotic subjects. Notably, prevention studies with individual psychoeducational programmes that include diet and/or physical activity seem to have the highest impact. Conclusions: When compared with treatment as usual in psychotic patients, preventive and individual lifestyle interventions that include diet and physical activity generally prove to be effective in reducing weight. Physical screening and monitoring programmes are well accepted by patients and can be implemented in a variety of settings. A weight loss of 0.98 points in the Body Mass Index corresponds to a loss of 3.12% of the initial weight. This percentage is below the 5% to 10% weight loss deemed sufficient to improve weight-related complications such as hypertension, type II diabetes, and dyslipidemia. However, it is reported that outcomes associated with metabolic risk factors may have greater health implications than weight changes alone. Therefore, in addition to weight reduction, the assessment of metabolic parameters to monitor other independent risk factors should also be integrated into physical health promotion and management in people with mental disorders.

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17.	Bray JW, Cowell AJ, Hinde JM. A systematic review and meta-analysis of health care utilization outcomes in alcohol screening and brief intervention trials. Medical Care 2011;49(3):287-294.	http://onlinelibrary.wiley.com/o/cochrane/cldare/articles/DARE-12011001731/frame.html (Sammendrag)
18.	Cabassa LJ, Ezell JM, Lewis-Fernandez R. Lifestyle interventions for adults with serious mental illness: a systematic literature review. Psychiatric Services 2010;61(8):774-782.	http://onlinelibrary.wiley.com/o/cochrane/cldare/articles/DARE-12010006123/frame.html (Sammendrag)
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http://onlinelibrary.wiley.com/o/cochrane/cldare/articles/DARE-12012024537/frame.html (Sammendrag)

22. Commodore-Mensah Y, Himmelfarb CRD. Patient education strategies for hospitalized cardiovascular patients: a systematic review. The Journal of cardiovascular nursing 2012;27(2):154-174.

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OBJECTIVES: To review the effectiveness of smoking cessation interventions offered to chronic obstructive pulmonary disease (COPD) patients, and identify barriers to quitting experienced by them, so that a more effective service can be developed for this group., DESIGN: A rapid systematic literature review comprising computerized searches of electronic databases, hand searches and snowballing were used to identify both published and grey literature., SETTING: A review of studies undertaken in north-western Europe (defined as: United Kingdom, Ireland, France, Germany, Benelux and Nordic countries)., PARTICIPANTS: COPD patients participating in studies looking at the effectiveness of smoking cessation interventions in this patient group, or exploring the barriers to quitting experienced by these patients., METHOD: Quantitative and qualitative papers were selected according to pre-specified inclusion and exclusion criteria, critically appraised, and quantitative papers scored against the NICE Levels of Evidence standardized hierarchy., MAIN OUTCOME MEASURE: Percentages of successful quitters and length of quit, assessed by self-report or biochemical analysis. Among qualitative studies, identified barriers to smoking cessation had to be explored., RESULTS: Three qualitative and 13 quantitative papers were finally selected. Effective interventions and barriers to smoking cessation were identified. Pharmacological support with Buproprion combined with counselling was significantly more efficacious in achieving prolonged abstinence than a placebo by 18.9% (95% CI 3.6-26.4%). Annual spirometry with a brief smoking cessation intervention, followed by a personal letter from a doctor. had a significantly higher >1 year abstinence rate at three years among COPD patient smokers, compared to smokers with normal lung function (P < 0.001; z = 3.93). Identified barriers to cessation included: patient misinformation, levels of motivation, health beliefs, and poor communication with health professionals., CONCLUSION: Despite the public health significance of COPD, there is a lack of high-quality evidence showing which smoking cessation support methods work for these patients. This review describes three effective interventions, as well as predictors of quitting success that service providers could use to improve quit rates in this group. Areas that would benefit from urgent further research are also identified. http://www.ncbi.nlm.nih.gov/pmc/articles/PMC3205559/ (Fulltekst)

24. Crawford MJ. Review: screening and intervention for alcohol misuse in emergency rooms reduces alcohol-related injuries.

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25.	Cropley M, Theadom A, Pravettoni G, Webb G. The effectiveness of smoking cessation interventions prior to surgery: a systematic review (Structured abstract). Nicotine and Tobacco Research 2008;10(3):407-412.	http://onlinelibrary.wiley.com/o/cochrane/cldare/articles/DARE-12008103414/frame.html (Sammendrag)
26.	Darker Catherine D, Sweeney Brion P, Barry Joe M, Farrell Michael F, Donnelly-Swift E. Psychosocial interventions for benzodiazepine harmful use, abuse or dependence. Cochrane Database of Systematic Reviews John Wiley & Sons, Ltd; 2015.	http://onlinelibrary.wiley.com/doi/10.1002/14651858.CD009652.pub2/full (Fulltekst)
27.	Dinh HT, Bonner A, Clark R, Ramsbotham J, Hines S. The effectiveness of the teach-back method on adherence and self-management in health education for people with chronic disease: a systematic review. Joanna Briggs Institute database of systematic reviews and implementation reports 2016;14(1):210-247.	http://www.ncbi.nlm.nih.gov/pubmed/26878928 (Sammendrag)
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Gloster S. Publi	Cathcart J, Currie S, Brown D, ic health and therapeutic king bans in mental health and ngs. Psychiatric Services 617-1622.	http://onlinelibrary.wiley.com/o/cochrane/cldare/articles/DARE-12003000059/frame.html (Sammendrag)

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39.	Grenard JL, Ames SL, Pentz MA, Sussman S. Motivational interviewing with adolescents and young adults for drug-related problems (Structured abstract). International Journal of Adolescent Medicine and Health 2006;18(1):53-67.	http://onlinelibrary.wiley.com/o/cochrane/cldare/articles/DARE-12006001627/frame.html (Sammendrag)
40.	Hajek P, Stead Lindsay F, West R, Jarvis M, Hartmann-Boyce J, Lancaster T. Relapse prevention interventions for smoking cessation. Cochrane Database of Systematic Reviews John Wiley & Sons, Ltd; 2013.	http://onlinelibrary.wiley.com/doi/10.1002/14651858.CD003999.pub4/full (Fulltekst)
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43.	Havard A, Shakeshaft A, Sanson-Fisher R. Systematic review and meta-analyses of strategies targeting alcohol problems in emergency departments: interventions reduce alcohol-related injuries. Addiction 2008;103(3):368-376.	http://onlinelibrary.wiley.com/o/cochrane/cldare/articles/DARE-12008104074/frame.html (Sammendrag)
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52. Lawrence M, Kerr S, McVey C, Godwin J. The effectiveness of secondary prevention lifestyle interventions designed to change lifestyle behavior following stroke: summary of a systematic review. International Journal of Stroke 2012;7(3):243-247.	

53.	Lee WW, Choi KC, Yum RW, Yu DS, Chair SY. Effectiveness of motivational interviewing on lifestyle modification and health outcomes of clients at risk or diagnosed with cardiovascular diseases: A systematic review. International journal of nursing studies 2015;53:331-341.	http://www.ncbi.nlm.nih.gov/pubmed/26493130 (Sammendrag)
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55.	Likis FE, Andrews JC, Fonnesbeck CJ, Hartmann KE, Jerome RN, Potter SA, et al. Smoking Cessation Interventions in Pregnancy and Postpartum Care. 2014. (Rockville, MD: Agency for Healthcare Research and Quality).	http://www.ncbi.nlm.nih.gov/books/NBK190501/ (Fulltekst)

56. Lin JS, O'Connor EA, Evans CV, Senger CA, Rowland MG, Groom HC. Behavioral Counseling to Promote a Healthy Lifestyle for Cardiovascular Disease Prevention in Persons With Cardiovascular Risk Factors: An Updated Systematic Evidence Review for the U.S. Preventive Services Task Force. US Preventive Services Task Force Evidence Syntheses, formerly Systematic Evidence Reviews 2014.

PURPOSE: We conducted a systematic evidence review of the benefits and harms of behavioral counseling interventions to prevent cardiovascular disease (CVD) in persons with established risk factors to assist the U.S. Preventive Services Task Force (USPSTF) in updating its previous recommendation statements. DATA SOURCES: We searched MEDLINE, PsycInfo, the Database of Abstracts of Reviews of Effects, and the Cochrane Central Register of Controlled Trials from 2001 through October 2013 to locate relevant trials for all key questions published since the previous reviews in support of prior recommendations. We supplemented our searches with reference lists from relevant existing systematic reviews, suggestions from experts, and information from Clinicaltrials.gov to identify ongoing trials. STUDY SELECTION: Two investigators independently reviewed 7,218 abstracts and 553 articles against a set of a priori inclusion criteria. Investigators also independently critically appraised each study using design-specific quality criteria based on USPSTF methods. We included fair- or good-quality trials evaluating behavioral counseling interventions to promote a healthy diet, physical activity, or both in persons with CVD risk factors, including hypertension, dyslipidemia, metabolic syndrome, and impaired fasting glucose or glucose tolerance. We resolved discrepancies by consensus. DATA EXTRACTION AND ANALYSIS: One investigator abstracted data from 74 included studies into evidence tables and a second reviewer checked these data. We conducted meta-analyses on 57 of the 71 trials that provided necessary data to estimate the effect size of counseling on intermediate health outcomes (lipids, blood pressure, weight measures, and glucose measures). We qualitatively summarized the evidence for effects on health outcomes, behavioral outcomes, and harms. DATA SYNTHESIS: Key Question 1. Do healthy lifestyle counseling interventions improve CVD health outcomes in adults with known CVD risk factors? Only a subset of trials (k=16) reported measures of patient health outcomes, including CVD events (k=5) and self-reported measures of quality of life (QOL) or depression symptoms (k=11). In general, intensive interventions that combined lifestyle interventions did not reduce CVD events or mortality at up to 10 years of followup, although event rates were generally low. In one early good-quality trial, a high-intensity behavioral counseling intervention in conjunction with a protocol to start medication reduced CVD events at 6.6 years compared with usual care (relative risk [RR], 0.71 [95% CI, 0.51 to 0.99]). This study was conducted in Swedish men at high risk for CVD (which included persons with diabetes and known CVD). Overall, combined lifestyle interventions did not appear to improve self-reported depression symptoms (k=4) in persons with impaired fasting glucose or glucose tolerance at 6 to 12 months. Findings that showed a benefit on self-reported OOL measures were mixed. While three combined lifestyle counseling trials showed improvement on selected QOL measures, two combined lifestyle counseling trials and two physical activity-only counseling trials showed no benefit on self-reported OOL at 6 to 12 months. Key Question 2. Do healthy lifestyle counseling interventions improve intermediate CVD outcomes in adults with known CVD risk factors? Medium- (31 to 360 minutes) to high-intensity (>360 minutes) combined lifestyle counseling in persons selected for CVD risk factors reduces total cholesterol, low-density lipoprotein (LDL)

cholesterol, blood pressure, fasting glucose, diabetes incidence, and weight outcomes. Overall, at 12 to 24 months, behavioral counseling appears to reduce total cholesterol (k=34) by an average of 4.48 mg/dL (95% CI, 6.36 to 2.59), LDL cholesterol (k=25) by 3.43 mg/dL (95% CI, 5.37 to 1.49), systolic blood pressure (k=31) by 2.03 mm Hg (95% CI, 2.91 to 1.15), diastolic blood pressure (k=24) by 1.38 mm Hg (95% CI, 1.92 to 0.84), fasting glucose (k=22) by 2.08 mg/dL (95% CI, 3.29 to 0.88), diabetes incidence (k=8) by an RR of 0.58 (95% CI, 0.37 to 0.89), and weight outcomes (k=34) by a pooled mean difference of 0.26, using standardized units (95% CI, 0.35 to 0.16). There was substantial statistical heterogeneity for weight outcomes. High-intensity combined lifestyle counseling in persons with impaired fasting glucose or glucose tolerance (k=5) can reduce diabetes incidence in the long term (RR, 0.55 [95% CI, 0.45 to 0.67]). Intensive diet-only counseling interventions primarily in persons with dyslipidemia who are not yet taking medications can also modestly lower total (k=8) and LDL (k=7) cholesterol at 12 to 24 months. In contrast, medium-intensity (k=8) physical activity-only counseling interventions (k=10) did not appear to improve intermediate CVD outcomes at 12 to 24 months. Findings from trials that could not be included in quantitative analyses were generally consistent with pooled findings. Key Question 3. Do healthy lifestyle counseling interventions improve diet and physical activity behavioral outcomes in adults with known CVD risk factors? Overall, objectively measured and selfreported changes in dietary intake and physical activity were concordant with intermediate outcome findings. Only three of the 61 trials that reported behavioral outcomes did not also report intermediate health outcomes. In selected trials conducted in persons who were already taking medications to lower cholesterol or blood pressure, counseling interventions appeared to improve dietary intake and physical activity despite a lack of benefit on lipid or blood pressure outcomes. Many physical activity-only counseling trials (k=9) had less than 12 months of followup. Four of five trials reporting behavioral outcomes at 12 to 24 months found statistically significant improvements in self-reported physical activity (i.e., number of persons meeting the recommended 50 minutes of moderate activity per week, minutes per week of total or moderate physical activity). Key Question 4. What are the adverse effects of healthy lifestyle counseling in adults with known CVD risk factors? We examined all included counseling trials for harms, including any paradoxical change in outcomes. While we searched for additional studies examining harms of healthy lifestyle counseling interventions, we did not find any. Overall, harms (or lack thereof) were not commonly reported (k=10). In general, included interventions did not have significant adverse effects, except for two persons who had serious events resulting from physical activity in one trial targeting older adults. Reported increases in carbohydrate intake (k=8) were accompanied by dietary improvements in fat, saturated fat, fiber, or fruits and vegetables, without an overall increase in sugar or total calories consumed. LIMITATIONS: Only a small subset of trials reported patient health outcomes, longer-term followup of intermediate and behavioral outcomes, and harms. We were unable to identify important contributors to statistical heterogeneity other than gross categorizations of type of population or intervention. CONCLUSIONS: Medium- and high-intensity

	diet and physical activity behavioral counseling in overweight or obese persons with CVD risk factors resulted in consistent improvements across a variety of important cardiovascular intermediate health outcomes up to 2 years. High-intensity combined lifestyle counseling reduced diabetes incidence in the longer term. The applicability of these findings depends largely on the availability of intensive counseling in practice and real-world fidelity and adherence to these interventions. <a href="https://www.ncbi.nlm.nih.gov/pubmedhealth/PMH0066955/">https://www.ncbi.nlm.nih.gov/pubmedhealth/PMH0066955/</a> (Fulltekst)
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