Health Technology Assessment 1999; Vol. 3: No. 1

Review

Informed decision making: an annotated bibliography and systematic review

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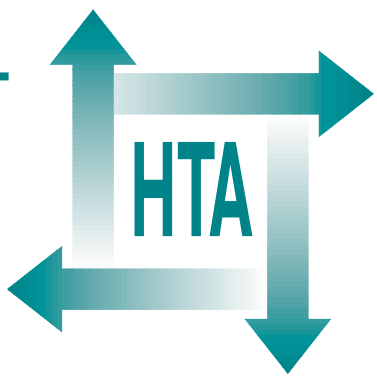

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Informed decision making: an annotated bibliography and systematic review

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Published February 1999

This report should be referenced as follows:

Bekker H, Thornton JG, Airey CM, Connelly JB, Hewison J, Robinson MB, *et al.* Informed decision making: an annotated bibliography and systematic review. *Health Technol Assess* 1999;**3**(1).

Health Technology Assessment is indexed in *Index Medicus*/MEDLINE and *Excerpta Medica*/EMBASE. Copies of the Executive Summaries are available from the NCCHTA web site (see overleaf).

NHS R&D HTA Programme

The overall aim of the NHS R&D Health Technology Assessment (HTA) programme is to ensure that high-quality research information on the costs, effectiveness and broader impact of health technologies is produced in the most efficient way for those who use, manage and work in the NHS. Research is undertaken in those areas where the evidence will lead to the greatest benefits to patients, either through improved patient outcomes or the most efficient use of NHS resources.

The Standing Group on Health Technology advises on national priorities for health technology assessment. Six advisory panels assist the Standing Group in identifying and prioritising projects. These priorities are then considered by the HTA Commissioning Board supported by the National Coordinating Centre for HTA (NCCHTA).

This report is one of a series covering acute care, diagnostics and imaging, methodology, pharmaceuticals, population screening, and primary and community care. It was identified as a priority by the Screening Panel and funded as project number 94/27/03.

The views expressed in this publication are those of the authors and not necessarily those of the Standing Group, the Commissioning Board, the Panel members or the Department of Health. The editors wish to emphasise that funding and publication of this research by the NHS should not be taken as implicit support for the recommendations for policy contained herein. In particular, policy options in the area of screening will be considered by the National Screening Committee. This Committee, chaired by the Chief Medical Officer, will take into account the views expressed here, further available evidence and other relevant considerations.

Reviews in *Health Technology Assessment* are termed 'systematic' when the account of the search, appraisal and synthesis methods (to minimise biases and random errors) would, in theory, permit the replication of the review by others.

The editors have tried to ensure the accuracy of this report but cannot accept responsibility for any errors or omissions. They would like to thank the referees for their constructive comments on the draft document.

ISSN 1366-5278

Published by Core Research, Alton, on behalf of the NCCHTA.
Printed on acid-free paper in the UK by The Basingstoke Press, Basingstoke.

Copies of this report can be obtained from:

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Contents

List of abbreviations

AA	Alcoholics Anonymous*
ACS	American Cancer Society*
A&E	accident and emergency
BPH	benign prostatic hypertrophy
BSE	breast self examination*
CF	cystic fibrosis*
CPR	cardiopulmonary resuscitation*
CVD	cardiovascular disease*
FOB	faecal occult blood*
GP	general practitioner*
HBM	health belief model*
HCP	healthcare professional
HIV	human immunodeficiency virus
HRT	hormone replacement therapy*
RCT	randomised controlled trial (In this study a, b and c are used to denote RCTs with a low risk of bias, an unknown risk of bias, and a high risk of bias, respectively.)
SLT	social learning theory
STD	sexually transmitted disease
TB	tuberculosis
TRA	theory of reasoned action
VI	verbal information
WI	written information

* Used only in appendices

Executive summary

Background

Everyone makes decisions about their health, and many healthcare interventions aim to encourage this. An informed decision is one where a reasoned choice is made by a reasonable individual using relevant information about the advantages and disadvantages of all the possible courses of action, in accord with the individual's beliefs.

Objectives

- To provide an unbiased bibliography of controlled studies evaluating interventions that may affect informed patient decision making.
- To classify studies by research design, decision-making theory, type of intervention and health setting.
- To describe the measures of informed patient decision making and other outcomes reported.
- To identify under-reported areas and direct future research.

Methods

Data sources

The electronic databases MEDLINE, BIDS (social science), and PsycLIT were searched for 1991–96. The journals *Medical Decision Making, Patient Education and Counseling,* and *Preventive Medicine* were handsearched for 1986–96.

Inclusion criteria

Studies were included if they reported the results of a controlled study of any intervention using real patients making a health decision. Specifically, randomised controlled trials (RCTs), non-randomised concurrent studies, historical studies, and same subject 'before and after' studies were included. Health decisions were defined to include any reported health behaviour change as well as explicit decisions. Interventions were defined broadly to include any that could reasonably be expected to affect informed decision making, such as changes in information provision, cost, or service provision. Patients were defined as any individual making a decision about health care. Experimental studies on healthy student volunteers, studies of health professionals making decisions about another individual's care, and articles not published in English were excluded.

Data extraction

This was performed using coding forms by a member of the project group and checked by a team member, with disagreements resolved by discussion. Abstracts were assessed and the articles retrieved if the review criteria were met. Final inclusion decisions were made by the first author of this report and verified by another member of the project group.

Articles were classified by study quality according to the hierarchy of evidence, underlying theory, the domain of health care, and the health decision. The comparison groups, other factors associated with the decision-making process, reported measures, and a summary of the findings were recorded.

Data synthesis

Descriptive summaries and qualitative analysis were performed. The health domains and decisions were too diverse for meaningful quantitative meta-analysis.

Results

Following handsearching and abstract evaluation 825 articles were distributed to the project group members and 547 were subsequently included within the bibliography.

Study quality

There were 336 RCTs, 114 non-randomised concurrent studies, 34 historical, and 63 'before and after' same-sample studies. Only 51 of the RCTs were classified as having a low risk of bias. A total of 267 studies claimed to have approached a representative sample of participants, but only 243 reported the number invited to take part. Few studies provided adequate descriptions of the intervention materials.

Theoretical context

A total of 206 studies referred to an underlying theory. Of these, 101 referred to theories explain-

ing decision making such as expected utility theory, prospect theory or social cognition models.

Health domain and the decision

A total of 251 studies were in general medicine, 114 cancer, 108 genitourinary medicine, 61 primary care, 31 paediatrics; 15 mental health, 10 dentistry, 11 surgery, seven genetics, and 31 obstetrics and gynaecology, and midwifery. The decision was classified as a life-style change in 357 studies, a screening decision in 114, a treatment decision in 107, a decision to participate in the consultation in 51, and as another type of decision in 26 studies.

Interventions

A total of 301 interventions were of information provision itself, 273 varied the delivery of information, 208 provided patient feedback, 94 manipulated information in some other way, 55 prompted active patient participation, and 89 of another intervention altogether.

Decision-making factors

A total of 512 studies assessed actual rather than hypothetical decisions, 476 involved decisions affecting the participant rather than a third party and in 525 studies the decision was made without time pressure. Only 26 studies explicitly made patients aware of their involvement in the decision-making process.

Measures assessed

Demographic details were recorded in 515 studies, knowledge in 181, decision-making measures in 169, measures of affect in 69, satisfaction in 60, self-efficacy in 75, personality trait in 20 and other variables in 111 studies.

Summary result

Only five studies were **theory** driven, assessed measures associated with **informed** decision making, **and** used a low risk of bias design. Although of disparate design these five studies suggest that information and education are relatively ineffective ways of facilitating informed decision making, compared with the context and social influences. Studies reporting manipulation of information, and provision of feedback, were the most likely to report an effect.

Conclusions

There is a paucity of well-designed, theoretically driven and adequately operationalised research assessing informed patient decision making. Given the small number of high-quality studies and the relatively slow increase in research in this area there is no need for the NHS to revisit this topic as a review for 5 years. Resources should be concentrated on better primary research.

Recommendations for research

Future primary research should work under an explicit theory of decision making, record process measures to permit evaluation of whether the decision was informed, and if evaluating experimental interventions use randomised trials with a low risk of bias.

A booklet describing the main decision-making theories, and an inventory of suitable outcome measures could be developed to help clinical researchers design appropriate studies.

Complementary systematic reviews would be valuable.

- The effect of interventions on patient preferences. (At least 50 trials were excluded from the present bibliography because no behaviour change was recorded.)
- Observational studies of real patient decision making. Studies using tape-recorded consultations, verbal thinking aloud protocols, and other written or computer-based process-tracing methods will predominate.
- Assessing the effect of additional information, manipulation of information, provision of feedback, and group delivery of information on informed patient decision making.

Primary research is a priority in areas such as genetics, prenatal diagnosis and where decisions are often made by proxy, such as paediatrics and mental health.

Primary research is required to evaluate the following types of interventions:

- decision aids, such as graphical and computer-based devices
- information manipulation, such as decision analysis, prompts, and feedback.

Chapter 1
Introduction

Everyone makes decisions about their health care, such as whether to brush their teeth, smoke, or take headache pills, and some have to make difficult decisions, such as whether to undergo a prenatal diagnosis test, or choosing between chemotherapy or surgery for cancer. Generally people want to make these decisions for themselves and to be given the information required to make them wisely. Many healthcare interventions aim to encourage this.

However, there is no agreed definition of an informed decision because it depends on the theoretical predisposition of the researcher. For some an informed decision is one where the final choice accords with an underlying theory, such as expected utility theory. For others it is the process that matters, and whether this follows a particular theory, that defines an informed decision. The two approaches cannot easily be reconciled, and the following is a compromise definition: an informed decision is one where a reasoned choice is made by a reasonable individual, using relevant information about the advantages and disadvantages of all the possible courses of action, in accord with the individual's beliefs. In practice individuals rarely make decisions this way. They have a limited processing capacity and overcome these by using modes of thinking and reasoning that simplify the issues. These heuristic modes of thinking determine which aspects are attended to and how they are interpreted.

Several models and theories have been developed to explain how individuals make decisions and how decision making may be facilitated. Some of the factors that affect an individual's ability to make an informed decision and theories of decision making are discussed in more detail below.

Factors associated with informed decision making

The factors associated with an individual's ability to make an informed health decision can be grouped into those pertaining to a) the decision context, b) the decision maker, and c) other influences. Only the last are directly alterable.

Decision context

The following features of the health decision suggest that different psychological evaluations are required, which may alter the extent to which an individual makes an informed decision.

- **Type of health decision**, for example, smoking or drinking alcohol; attending a physician appointment; adhering to medication; having a diagnostic test; participating in choice of treatment.
- **Seriousness of the outcome**, for example, choosing to take a headache pill, deciding whether to donate an organ or not.
- **Familiarity with the decision**, for example, deciding whether or not to exercise is more commonly experienced by people than deciding whether or not to have a genetic test.
- **Level of certainty**, for example, declining insulin **always** makes diabetic people ill, whereas declining prenatal screening only carries a **risk** of giving birth to a Down's syndrome child.
- **Health domain**, for example, making choices in medicine, in surgery or in primary care.
- **Recipient**, for example, deciding for yourself or for your child.

Decision maker

People vary in their preferred degree of involvement in health decisions.[1] Some want all possible information whereas others are happy to rely on a physician's recommendation or a more intuitive, 'gut reaction'. Personality traits, need for control, beliefs about the doctor–patient role, current state of health or illness, and the degree of anxiety or depression and an individual's ability to understand health information vary widely.[2] It is likely that these individual differences will affect the degree to which informed decisions are made.

Other influences

Individuals are often unable to deal systematically with large amounts of information, and employ heuristics to reduce the processing required. These often result in decisions being made from the context rather than the content of the information. Decisions may change when the same factual information is presented in slightly different ways, for example, by **framing** the information either positively or negatively, expressing figures as

percentages, risk, inverse risk, or verbally.[3,4] The context also affects whether a reasoned decision is made. For example, individuals under time pressure or experiencing extreme affect (e.g. frightened or angry), are more likely to use an heuristic, whereas those who perceive a need to justify the decision outcome or who are only moderately anxious are more likely to use all the information.

Decision aids such as memory prompts, repeating information, reducing the quantity or improving the clarity of information, and presenting information in different mediums may also affect decision making. It is likely that extra relevant prompt information will reduce the **cognitive load** and promote informed decision making. However, too much information may make people rely on an established heuristic and lead to worse decisions.

Finally, extraneous factors such as charging for a service, the availability of transport, the shape of an inhaler or the presence of a no-smoking policy will alter an individual's evaluation of the available information.

Measures of informed decision making

The most frequently used measures of informed decision making and their limitations are discussed below.

- Noting the **health behaviour** indicates a decision was made but no more than this.
- **Knowledge** assesses the individual's ability to recall information. Although, better-informed decision makers probably recall more, this does not mean the information was used.
- **Utilities** measure individual's values or attitudes towards the choices available rather than the decision outcome. Proponents of expected utility theory argue that a good decision is one consistent with the choice derived from an equation that integrates an individual's values for each outcome with the likelihood of the outcome occurring. As an informed decision should accord with a patient's attitudes, it is likely that an informed decision will be consistent with a decision derived from expected utility theory. However, deciding in accord with personal utilities is not sufficient for a decision to be classified as informed.
- **Affect** measures anxiety, satisfaction and regret, which are often reported. Although reduced affect may be desirable it is not necessarily associated with informed decision making. For example, moderately raised anxiety is associated with a more systematic evaluation of the information but great anxiety is associated with the application of heuristics.[5] Equally an individual is as likely to be satisfied with health care if the decision was made following a health professional's recommendation or after an in-depth evaluation of all the available information.

Most of these measures focus on the outcomes following the making of the health decision. It is likely that the effects of memory and the need to continue with the same healthcare team will affect their validity. Equally, few of these measures evaluate the decision-making process, that is, the type and way information was used by the individual when making the decision. It is also necessary to ensure that the final decision was based on an unbiased evaluation of all the available information including the risks and alternatives. A number of **process-tracing** techniques are available. These include: verbal protocols; analysis of tape-recorded consultations following the application of a technique like content analysis to the transcripts; and the use of information boards or computer programmes to track the information used.

Perhaps because of these issues of measurement, little is known about the impact of encouraging informed decision making on the individual. There is some evidence to suggest that too much evaluation of the available information leads to reduced post-decision satisfaction.[6] However, the application of heuristics is more likely to lead to poorer outcomes than adequately surveying all the alternatives.[7] Such conflicts can be resolved only in the light of an underlying theory.

Decision-making theory

There are three broad types of decision-making theory.[8] The first, **normative theory** describes what people ought to do if they wish to be rational decision makers. These axiomatic theories are based on mathematical and statistical proofs.[9] The most important, classical decision theory, assumes that people are perfectly informed, and are familiar with all the alternatives that are available to them, as well as their beliefs and preferences associated with these alternatives. The rational or best course of action is the one that maximises expected utility.[7]

Descriptive theories, in contrast, describe how people actually make decisions.[10] At least since

the early 1950s it has been clear that people rarely do this in accord with normative theories.[11] Simon suggested that because of their limited processing capacity, or bounded rationality, individuals adopted more simplistic modes of thinking that are generally good, but can lead to poor decision making.[12,13]

The third type of decision-making theory, **prescriptive theory**, recognises that human beings can be poor decision makers and is concerned with the development of decision aids to help them.[14] Early approaches were based on a modified normative theory, taking into consideration evidence from how people actually make decisions unaided. For example, social cognition models[15] and prospect theory[4] maintain that an individual's behaviour is logically related to their values and beliefs. However, by describing the underlying cognitive processes such as attitudes, biases or schemas, they permit the development of more effective decision aids.

An understanding of informed decision making in patients depends, in part, on knowing how patients currently make decisions (descriptive theory) and how they can be assisted to make better decisions (prescriptive theory). There are many descriptive theories relevant to this issue. One concerns the simplistic modes of thinking (heuristics) used when judging risk and uncertainty,[7,12,16] which can lead to misperceptions of risk and poor decisions. Similarly framing, the way a problem is presented, for example, emphasising gains rather than losses, affects risk-taking propensity (preference for a safe over an equivalent risky option).[4,17] Another sub-optimal way in which people tend to gather and interpret information is illustrated by the confirmation bias, involving the selective processing of information that confirms initial expectations.[7] Both professionals and the lay-population are subject to these simplistic modes of thinking.[18,19]

People's commitments to different courses of action are affected by the procedure used to establish their preferences. They often judge one alternative as more attractive but select another when asked to choose between them.[16] This suggests that preferences are not necessarily a good guide to final choices, and challenges the view that people have stable preferences for decision outcomes.

People adopt a range of different underlying information processing strategies for different problems, with each strategy differentiated in terms of the mental effort required and the accuracy/quality of the decision.[13] Many factors, such as fatigue, time pressure, stress and other emotional states, and lack of engagement with the problem, induce the use of simpler sub-optimal strategies.[5,20,21] Similarly the school of naturalistic decision making has shown that people make decisions in very different ways when they have expertise and experience to draw on.[23]

Not surprisingly such theories have given rise to many different ways to improve decision making. One approach has involved specifying a **structured sequence** of activities similar to those specified by normative theories, for example, decision analysis and the use of decision trees for risky decisions, or Analytical Hierarchy Process for riskless ones.[14,24] A second approach, **scenario planning**[25] has been developed for strategic decisions involving outcomes that occur only in the medium-to-long term, and which cannot be ascribed probabilities. This involves developing positive and negative scenarios that describe how the future could unfold, and choosing the action that is best, regardless of which does occur. A third approach involves training people to reason more effectively such that they follow rules based on formal models from statistics, logic and probability theory.[26] All such approaches recognise that different types of decision require different types of prescriptive solution.[27]

Taken together, this body of theory provides a rich source of information for judging patient decision making, and the development of evidence-based medicine has provided the impetus for a critical evaluation of decision aids. Interventions aimed at supporting patient decision making should be developed in the context of these bodies of theory, and a primary function of this review is to assess the extent to which the published literature on informed decision making in patients achieves this. In addition, this body of knowledge provides a base for evaluating the existing research on informed decision making, and to determine whether the implicit and explicit models of decision making underlying this research are coherent and appropriate.

Aims of review

The aim is to provide a comprehensive, annotated bibliography of controlled studies of interventions that might plausibly inform patient healthcare decision making. Studies have been classified by the hierarchy of evidence and by theoretical context. Information about the type of intervention,

health setting, measures reported and main research findings are recorded. The bibliography provides a summary of the evidence describing patient decision making, factors associated with decision making, evaluated interventions and theory-driven research. Such a review will enable identification of under-reported areas and aim to provide answers to the following questions.

- Can decision making be facilitated?
- Do people who have more information make better decisions?
- Does the way in which we present information change the effectiveness of the decision?
- Does the context affect decision making?
- Does the effectiveness of information on decision making vary by medical setting?

Chapter 2
Methods

Search strategy

Studies considered for inclusion within the systematic review were first identified from abstracts generated from one of two sources: electronic databases and handsearches of complete sets of journals. Articles were retrieved if the review criteria were met or the abstract contained insufficient information to assess the review criteria.

Electronic databases

Over 6 months a search strategy was developed for the electronic databases MEDLINE, PsycLIT, and BIDS (social science). A pilot strategy had been developed for inclusion within the initial protocol from a set of keywords chosen by the project group. Additional keywords were included within the strategy derived from: 17 articles considered relevant to the field of informed patient decision making (appendix 1); and 100 articles considered for inclusion within the review following application of the pilot strategy to MEDLINE and handsearching of the journal *Medical Decision Making*. The keywords of the final strategy were modified and expanded within each of the electronic databases by the research officer experienced in electronic searches and systematic reviews (appendix 2). The final strategy included terms from three categories: decision making field or healthcare users and comparative study designs (appendix 3).

The sensitivity of the search strategy was evaluated by comparing the number of articles identified by handsearching a second journal, *Patient Education and Counseling*. The pilot strategy identified 7% of articles considered for inclusion while the final strategy identified 62%. This sensitivity figure was considered satisfactory as electronic searches identify between 17–82% of relevant articles.[28] However, these efforts to increase sensitivity resulted in significantly reducing the specificity of the final strategy, as 17,860 abstracts were generated for the years 1991–96 alone. Consequently, the application of the strategy was limited to articles published between these years to ensure completion of a review considering the resources available.

Handsearching

Three journals were selected for handsearching because of their relevance to the healthcare users decision making area: *Medical Decision Making*, *Patient Education and Counseling*, and *Preventive Medicine*. In the handsearch, every abstract within every volume was read and considered for inclusion. All volumes were handsearched for the years 1986–96 inclusive.

Inclusion criteria

The review inclusion criteria were developed over 4 months, during which over 300 abstracts downloaded from the pilot MEDLINE and PsycLIT search strategies were circulated to all project group members. At monthly meetings, each group member fed back the inclusion or exclusion status of each abstract. When members disagreed a discussion took place until a set of working rules was developed. At the end of this development phase, agreement between group members on the inclusion and exclusion criteria was reached. Nevertheless, in this area there are no pre-defined or obvious boundaries to be used for selection criteria, and some of the cut-off categories may appear arbitrary. For inclusion, each study published within an article had to fulfil the following criteria.

- Study participants must be patients. A patient was defined as any individual making a health decision. Studies using university student participants were excluded. Studies assessing health professional decision making about another individual's care were excluded.

- A study must report a behavioural measure of the health decision made. This measure of reported or observed behaviour assesses decision making, a more inclusive category than informed decisions. This broad health behaviour outcome measure incorporates many decisions including: smoking; adherence to medication; attendance for screening; and choices between treatments like chemotherapy or surgery. The issue of whether to include such lifestyle decisions was debated extensively by the group. Some members considered these to be often affected more by other factors than the inform-

ation and decision process itself; others argued that this is only a qualitative difference from other health decisions and an arbitrary line would have to be drawn if they were to be excluded. We decided to include such studies. The health behaviour included real, in the sense that an event happened, intended or hypothetical outcomes. Studies were excluded if the health behaviour measure assessed the effectiveness of a pharmacological treatment such as one comparing the effects of placebo gum with nicotine gum on smoking cessation. Additionally, studies that did not assess actual or reported behaviour were excluded, such as those that only reported biophysiological measures, knowledge, satisfaction, preferences or utilities, and changes in affect.

- A study must assess an experimental intervention. The definition of an experimental study was interpreted broadly to include any design that evaluated an experimental group with a comparison group. Studies with one of six designs were included: randomised controlled trial (RCT) with a low risk of bias (RCTa); RCT with an unknown risk of bias (RCTb); RCT with a high risk of bias (RCTc); non-randomised concurrent; historical studies or 'before and after' intervention with different samples; and, 'before and after' intervention with the same sample. Studies assessing predictors of a behaviour such as factors associated with breast screening attendance, were excluded. The definition of an intervention was broad to incorporate the many factors that may alter decision making: offering additional information; framing figures in different ways; patient use of a decision aid; comparison of information mediums; offers of free transportation; introduction of fluoride to water supplies; and so on.

- The study must be published in English.

All abstracts generated from the search strategies were assessed for inclusion by the first author of this report. Articles were retrieved if the review criteria were met or the abstract contained insufficient information. Batches of ten articles were sent in rotation to each member of the project group. The inclusion criteria were again assessed by that member of the project group and, if included, a data extraction coding form was completed for each study of each article. Completed forms were returned to the first author of this report and checked. Classification disagreements were resolved by discussion. All review details and extracted information were entered into the project electronic database.

Data extraction

To ensure consistent information was extracted from each study of each article, a data extraction sheet or coding form was developed over a 6-month period (appendix 4). The categories within the coding form were informed with reference to the decision making and integration of research literature, and the expertise of members of the project group. Each draft coding frame was piloted on articles derived from the search strategies and modifications agreed within the group monthly meetings. Following piloting, several categories were simplified or omitted because it proved impossible to achieve consistency between articles, as the information published was not described or presented in a format compatible with the review's research question.

There follows a brief explanation of the information extracted from each article.

Study identification number

Each study was allocated a unique number. If more than one study was reported in one article, each study was given a separate identification number and coding form. If a study was published more than once in different articles, this too was treated as a separate study.

Location of research

This meant the country where the study was undertaken.

Domain of health care

The area of health in which the decision was made was recorded. Responses within this free-text box were later categorised into 11 medical domains: dentistry; cancer; general medicine and infectious diseases; HIV and sexually transmitted diseases (STDs); mental health; paediatrics; genetics; obstetrics and gynaecology, and midwifery; surgery and accident and emergency (A&E); primary care; other (alternative medicine, marital counselling).

Participants

The person making the health decision whom may or may not receive the health care was recorded.

Age groups

Participants were classified as child, adult, or elderly by the reviewer.

Health status

Participants were classified by the reviewer as well, physically impaired, or mentally impaired by the reviewer. For example, participants attending for: health promotion programmes were classified as

'well'; athletes foot, cancer follow-up, and surgery were classified as 'physically impaired'; depression, anxiety, and schizophrenia were classified as 'mentally impaired'. If the decision maker was a spouse or relative, the health status recorded was that of the person making the decision not the recipient of the decision. So, the decision maker carer of a person with Alzheimer's disease was classified as 'well'.

Decision associated factor 1

Decisions were classified as real, hypothetical or intended. Real decisions were those health actions carried out by the participant such as attending for mammography or using an inhaler. Hypothetical and intended decisions were later combined and included decisions made based on an option becoming available in the future, a vignette based on imaginary decisions and intentions about future behaviours. For example, a non-pregnant woman making a decision to have a test for Down's syndrome in a future pregnancy, or an individual intending to use a condom during the next sexual encounter.

Decision associated factor 2

Decisions were classified as implicit or explicit according to whether the researchers and decision makers were aware that they were making a health decision.

Decision associated factor 3

Studies were classified into those where the decision maker was the recipient of the decision outcome or those where the recipient was a third party. For example, a decision to be immunised compared with having a child immunised. Some decisions were more difficult to classify and minor rules were established: decisions made by pregnant women were classified as participant even though decisions about amniocentesis and termination would impact on a foetus; and use of condoms was said to affect both the participant and other.

Decision associated factor 4

Studies were classified into those where the decision was time restrained, made at the same time as the intervention, and those that were not time restrained, made some while after the intervention. The important difference being whether the participant was given the opportunity to reflect on, and change, the decision.

Health decision

A free-text box was provided to write the type of health decision made. These decision types were then classified into one of six decision categories:

- to use a health service
- to make a lifestyle change
- to attend for testing (screening and diagnostic)
- to adhere to treatment regimens
- to actively participate within the consultation (e.g. question asking and research)
- other (e.g. organ donation and willingness to pay).

Theoretical context

This noted the authors' references to a theoretical framework that informed the study design or intervention. Any type of theory alluded to was noted in the free-text box and subsequently classified into one of the following four categories:

- no theory
- explanation decision-making theory (social cognition models, prospect theory and expected utility theory)
- health-promotion theories (social learning theory and skill acquisition theories)
- other psychological models (illness representation, attribution theory and stress coping models).

The project group did not assess the adequacy of the operationalisation of theories nor infer whether the research was theory driven if the authors did not explicitly mention a theory.

Measures described

This table was used to record any measure described within the published paper other than the health behaviour outcome measure. As noted in the introduction, several measures have been used to assess informed patient decision making, and others are associated with the process of decision making. A free-text box was used to list all the measures the authors described. Before piloting, the project group aimed to note the type of analysis associated with each measure. However, little consistency was achieved across papers in the type of measures used and the reporting of results. Subsequently, only the description of the type of measures referred to was classified and grouped as follows:

- **demographic variable**s: age, sex, level of education, social class, marital status, religion
- **personal history**: sexual orientation, medical history, law infringements, health insurance, reproductive history, physiological assessment
- **decision-making process measures**: attitudes, utilities, reasons, preferences, variables of operationalised models, perception of risk, perception of severity, autonomy, intention, motivation

- **efficacy**: efficacy and self-efficacy
- **knowledge measures**
- **satisfaction**: usefulness of information, satisfaction with information
- **affect**: anxiety, depression, regret, worry
- **personality factors**: need for cognition, need for cognitive closure, locus of control
- **other variables**: perception of well being, perception of disability, social support, alienation, memory, willingness to pay.

Intervention groups

This table provided a description of the main components of each group assessed within the experimental intervention. It was assumed that a routine health encounter would include the provision of verbal information by a health professional to a patient. Any variation from this norm was noted in the free-text box. For example, comparison group: routine care; Group 1: routine care plus leaflet; Group 2: routine care plus leaflet plus free test. The main components were subsequently categorised within the following groups:

- additional information (leaflet, video, computer, posters)
- group-delivery information (media, classroom based, group counselling)
- information manipulation (framing, directiveness, more/less information)
- patient-prompted information (decision aid, memory prompt, pre-consultation rehearsal questions)
- service change (additional contact by health professional, free service)
- environmental change (introduction of no-smoking policy, shops altering food displays)
- other (incentives, alternative treatment offered).

Quality of the study 1

Study designs were classified according to the hierarchy of evidence (Cochrane handbook) as follows:

- RCTa (e.g. randomisation from serially numbered, opaque sealed envelopes, third party or computer; low risk of bias)
- RCTb (e.g. unclear how randomised; unknown risk of bias)
- RCTc (e.g. tossed coins or approached patients on alternate days; high risk of bias)
- non-randomised concurrent (e.g. intervention community compared with comparative community)
- non-randomised historic (e.g. assessed uptake of cervical screening before and after remuneration of doctors)
- 'before and after' studies with same sample (e.g. assessed cessation smoking before and after a workplace intervention).

Quality of the study 2

This assessed the level of intervention. Studies were classified into those where the unit of intervention was the individual patient, and those where some other unit of allocation such as hospitals, communities, or patients allocated by health professional.

Quality of the study 3

Where possible, details of the sample approached were recorded in order to collect details on the representativeness of the sample. First, whether the sample invited to participate included: all available participants; a systematic sample; a volunteer or convenience sample; or, not adequately described. Second, the actual number of participants was recorded: those who were invited to participate, those who participated, and those who were included within the final analysis. The latter was often difficult to extract from the published information.

Quality of the study 4

A free-text box was provided for reviewers to highlight additional causes for concern, such as inappropriate use of statistics, confounds between group allocation, and so on. However, as there was so much diversity between the types of study designs and application of analyses, the comments within this box became meaningless, and it was subsequently omitted from the final bibliography.

Quality of the study 5

Within the area of informed patient decision making, the issue of the readability and accessibility of intervention materials is of particular importance when aiming to explain variations in understanding. In an attempt to describe the quality of intervention materials a category was created to document whether or not the intervention materials had been piloted or evaluated for readability. Unfortunately the information pertaining to this extraction was inconsistently reported, if mentioned at all, and was omitted from the final coding of articles.

Data synthesis

Four new variables were calculated to encourage integration of the research findings with the review objectives.

- The **theoretical context variable** combined information on reference to a theory-driven study with reference to a decision-making measure. Four classifications were created: theory and decision-making measure; theory only; decision-making measure only; neither theory nor decision-making measure.
- The **summary of reported effects variable** was a crude record of whether the authors reported an effect size between the intervention and health behaviour outcome measure: effect reported; no effect reported; mixed effects reported (e.g. different interventions did not show differential effects but an effect over time or some behaviour changes showed an effect and others did not).
- The **single variable for health domain** was created to maximise the efficiency of subsequent chi-square analysis. A few studies classified as being associated with more than one area of health were modified to force this information into one mutually exclusive category.
- The **single variable for health decision** was created to maximise the efficiency of subsequent chi-square analysis. A few studies classified as being associated with more than one type of decision were modified to force this information into one mutually exclusive category.

First, the results were presented as descriptive summaries and listings of articles by study number, grouped by health domain, decision and theoretical context.

Second, the review identified five studies that were described as 'good' studies because they fulfilled the following criteria: design reported as RCTa; referred to a theory when designing the study or intervention; and assessed at least one decision-making measure. The findings of these studies are discussed in detail with reference to the reviews objectives. However, no meaningful quantitative meta-analysis have been applied as the reported information was too diverse.

Third, non-parametric analyses were used in an attempt to answer the five questions outlined within the aims. The associations between the reported effect of the intervention on the health behaviour and health domain, health decision, and type of intervention were assessed.

The trajectory of knowledge

The number of studies using different types of methodology, using a decision-making theory, and recording an informed decision outcome were analysed by publication year. Results were plotted for the 5 years 1991, 1992, 1993, 1994 and 1995, for which both a full-year computer-based search and handsearch had been done.

Chapter 3
Results

A total of 547 reports fulfilled the inclusion criteria and formed the bibliography. They are listed by study number in appendix 5 and alphabetically by author in appendix 6.

As the amount of extracted information is large, there are several ways to synthesise and present the results. The remaining format of this section summarises the information in accordance with the research aim of this review. The bibliography is available in electronic format from JG Thornton, Centre for Reproduction, Growth and Development, 34 Hyde Terrace, Leeds, LS2 9LN.

Summaries of extracted information by study

Appendices 7 and 8 summarise all the information extracted following application of the coding form. Appendix 7 includes information on: health decisions; domain of health care; health status and age of participants; reported theoretical context; intervention groups; and, reported measures. Appendix 8 includes: level of intervention; sample size; representativeness of sample; and summary of reported results.

Both tables follow the order of: study design (RCTa, RCTb, RCTc, non-randomised concurrent, non-randomised historical, and 'before and after' same sample); theory (did or did not report a theory); and health domain.

Summary by frequency tables

The following tables describe the number of studies within each of the following coding frame categories: study design; type of intervention; health decision; health area; theory; decision associated factors; reported measures; theoretical context; and, reported effects. Two tables are reported for each category. The first table shows the number of studies within each level of the category. As this review has referred to the hierarchy of evidence as a means of quality assessment, the second table reports the number of studies within each level of category by study design.

Study design

Table 1 describes the number of studies by one of six study designs.

Type of intervention

Tables 2 and *3* describe the number of studies using a particular type of intervention such as written leaflet or the provision of free transport. Note that these categories are not mutually exclusive. For example, one study may have assessed a number of written leaflets framed in different ways, or a media intervention compared with leaflet distribution in clinics. For example, 67% of RCTa studies compared the effects of additional information with the health decision whereas only 10% evaluated the impact of patient prompt.

Health decision

Tables 4 and *5* describe the number of studies looking at a particular health decision or health behaviour. Note that these categories are not mutually exclusive and a study may be classified more than once. For example, a healthy diet programme may have two stages involving cholesterol screening and change in food choice resulting in both the lifestyle and testing health-promotion categories being recorded. Seventy-one per cent of concurrent studies looked at lifestyle change decisions.

The frequencies for the modified, mutually exclusive health decision variable were: lifestyle change, 275 (50%); attendance testing, 103 (19%); adherence treatment, 92 (17%); utilisation of services, 51 (9%); and, other, 26 (5%).

TABLE 1 *Frequency of study design (n = 547)*

	RCTa low-risk bias	RCTb unknown bias	RCTc high-risk bias	Concurrent	Historical	Before/after same sample
Number of studies	51	208	77	114	34	63

TABLE 2 *Frequency of intervention type*

Type of intervention	Examples	n
Used additional information	Written leaflet, audio-tape, video-tape, computer	301
Manipulated information	Illustrations, framing, graphics	94
Changed delivery of information	Letter, telephone, physicians versus nurse	273
Provided feedback	Demonstrate learnt skills, results of screening test	208
Used patient prompt	Decision aid, memory	55
Used group-delivery information	Media, classroom, community programmes	273
Manipulated environment	No-smoking policy, design inhaler, free service	109
Other	Patient incentives, health professional prompt	89

TABLE 3 *Frequency of studies by type of interventions and design*

	RCTa	RCTb	RCTc	Concurrent	Historical	Before/after same sample
Used additional information	34	105	52	58	16	36
Manipulated information	15	50	17	11	0	1
Changed delivery of information	27	111	47	50	10	28
Provided feedback	14	81	33	47	5	28
Used patient prompt	5	19	15	9	2	5
Used group-delivery information	11	48	21	63	14	31
Manipulated environment	12	29	11	30	13	14
Other	4	38	9	20	7	11

TABLE 4 *Frequency of studies by type of health decision*

Type of decision	Examples	n
Utilisation of services	Attendance at appointment, use call-out service	51
Health promotion – changes lifestyle	Smoking, drinking, exercise, substance use, safe sex	357
Health promotion – attendance testing	Breast, colorectal, cervical screening	114
Adherence to treatment	Medication, surgery, behavioural therapy	107
Active participation	Question asking within consultation, taking part in research	20
Other	Organ donation, willingness to pay	6

TABLE 5 *Frequency of studies by health decision and study design*

	RCTa	RCTb	RCTc	Concurrent	Historical	Before/after same sample
Utilisation of services	8	20	9	7	4	3
Health promotion – changes lifestyle	28	128	47	81	21	52
Health promotion – attendance testing	14	39	18	22	10	11
Adherence to treatment	12	46	14	18	6	11
Active participation	3	11	3	0	1	2
Other	0	3	1	2	0	0

Health domain

Tables 6 and *7* describe the number of studies within a particular health domain. Note that these categories are not mutually exclusive and a study may be classified more than once. For example, a study looking at postnatal depression may be classified as both midwifery and mental health, or a smoking study may come under both general medicine and cancer. Eighteen per cent of 'before and after' same-sample studies assessed an intervention associated with cancer care or prevention.

The frequencies for the modified, mutually exclusive health domain variable were: general medicine, 189 (35%); cancer, 109 (20%); the human immunodeficiency virus (HIV) and STDs, 103 (19%); primary care, 55 (10%); obstetrics, 29 (5%); and, other, 62 (11%).

Theory

Tables 8 and *9* describe the number of studies that referred to a theory to drive the research. These show that 85% of historical studies were not theory driven.

Decision associated factors

As there was little variation between studies on these four variables, the frequencies are reported within the text, and no 'by design' frequencies are given.

TABLE 6 *Frequencies of studies by health domain*

Health domain	Examples	n
Cancer	Breast, testicular, colorectal, cervical	114
Dentistry	Oral hygiene	10
Genetics	Huntington's chorea, cystic fibrosis (CF), sickle cell	7
General medicine	Cardiovascular disease (CVD) risk (smoking, exercise, alcohol), chronic illness (asthma, diabetes)	251
HIV and STD	Condom use, needle exchange	108
Mental health	Depression, scizophrenia, anxiety	15
Obstetrics, gynaecology and midwifery	Prenatal care, breast feeding, infertility	31
Paediatrics	Sudden infant death syndrome	6
Primary care	Coughs, colds, immunisations	61
Surgery and A&E	Urology, ophthalmology	11
Other	Alternative medicine, marital difficulties	13

TABLE 7 *Frequency of studies by health domain and design*

	RCTa	RCTb	RCTc	Concurrent	Historical	Before/after same sample
Cancer	13	44	16	22	8	11
Dentistry	0	5	0	2	3	0
Genetics	1	1	2	2	1	0
General medicine	22	104	36	54	8	27
HIV and STD	6	32	12	28	8	22
Mental health	3	8	1	2	0	1
Obsetrics, gynaecology and midwifery	6	8	6	4	3	4
Paediatrics	0	3	0	1	2	0
Primary care	5	30	9	8	3	6
Surgery and A&E	2	3	2	3	1	0
Other	0	2	5	3	2	1

TABLE 8 *Frequency of studies by theory reported*

Type of theory	Examples	n
No theory reported		341
Decision-making theory	Prospect theory, framing bias, health belief model (HBM), stages change, theory planned behaviour	101
Health promotion theory	Social learning theory (SLT), skill-based theory	63
Other theories	Attribution, stress-coping model, illness representation	42

TABLE 9 *Frequency studies by theory reported and study design*

	RCTa	RCTb	RCTc	Concurrent	Historical	Before/after same sample
No theory reported	36	116	41	67	29	52
Decision-making theory	7	48	20	19	2	5
Health promotion theory	2	26	7	23	1	4
Other theories	6	18	9	5	2	2

- Number of studies that referred to real of hypothetical decision: real decisions, 512 (94%).
- Number of studies that encouraged patients to play an active part or increase awareness of the decision-making process: explicit decision-making process encouraged, 26 (5%).
- Number of studies where the recipient of the decision outcome was the participant or a third party: recipient same as decision maker, 476 (87%).
- Number of studies wither with or without time restraint: no time restraint, 525 (96%).

Reported measures

Tables 10 and *11* describe all the measures reported by the study authors within the text. Note that these categories are not mutually exclusive. One study may have reported demographic variation, assessed anxiety and described reasons for choosing the final behaviour.

Theoretical context

This derived variable describes the number of studies that reported a theoretical framework and a decision-making process and outcome measures *(Tables 12* and *13)*. It attempts to provide an informed decision-making variable classification. Only five (10%) of RCTa studies referred to a theory and measured some aspect of 'informed' decision making such as attitudes or reasons.

Reported effects

Tables 14 and *15* describe the number of studies that reported as association, or not, between the intervention and the health decision outcome. This is a crude measure based on the results reported by the study authors and no independent verification of the quality of the study has been incorporated.

Summary by study number listings

To facilitate identification of studies, the study numbers of articles are listed by various categories in *Tables 16–20*. The study number suffixes (indicating the number of studies within an article) have been omitted for this summary unless required to avoid ambiguity. Study numbers in *Tables 16–19* are grouped into the following categories:

- type of intervention
- health decision
- health area
- theoretical context.

Study numbers in *Table 20* are all RCT studies classified as most likely to assess informed patient decision making. That is to say, studies that have referred to a decision-making theory and assessed a decision-making process measure. the studies in *Table 20* are grouped according to type of intervention.

Synthesising findings

Two techniques were used in an attempt to synthesise the review findings. First, the integration of research findings from the five good studies that fulfilled the specific criteria. Second, the application of chi-square analysis to the crude measure of reported effect with the following variables:

TABLE 10 *Frequency of studies by measures reported*

Measures	Examples	n
Demographics	Sex, age, level of education, marital status, religion	515
Personal history	Medical and family history, physiological assessment	386
Decision making	Attitudes, reasons, preferences, perception of risk, social norms	169
Self-efficacy	Perception of efficacy and self-efficacy	75
Knowledge	Knowledge	181
Satisfaction	Perceived satisfaction and usefulness	60
Affect	Depression, anxiety, worry, relief	69
Trait	Type A, locus control, cognitive closure	20
Other	Social support, coping, health professional measures	111

TABLE 11 *Frequencies of studies by measures reported and study design*

	RCTa	RCTb	RCTc	Concurrent	Historical	Before/after same sample
Demographics	51	198	76	106	28	56
Personal history	43	159	52	78	17	37
Decision making	11	63	27	35	9	24
Self-efficacy	6	32	11	19	0	7
Knowledge	12	57	27	49	9	27
Satisfaction	9	24	12	5	18	4
Affect	7	39	10	5	0	6
Trait	2	7	3	6	0	2
Other	9	45	16	29	5	7

TABLE 12 *Frequency of studies by theoretical context*

	n
Theory and decision-making measures	96
Theory only	110
Decision-making measures only	73
No theory or decision-making measure	268

TABLE 13 *Frequency of studies by theoretical context and study design*

	RCTa	RCTb	RCTc	Concurrent	Historical	Before/after same sample
Theory and decision-making measures	5	47	16	21	1	6
Theory only	10	45	20	26	4	5
Decision-making measures only	6	16	11	14	8	18
No theory or decision-making measures	30	100	30	53	21	34

TABLE 14 *Frequency of studies reporting finding an effect or not*

	n
Effect reported	294
No effect reported	173
Mixed effects reported	80

TABLE 15 *Frequency of studies by reported finding an effect or not and design*

	RCTa	RCTb	RCTc	Concurrent	Historical	Before/after same sample
Effect reported	29	100	38	61	20	46
No effect reported	15	79	31	33	7	8
Mixed effects reported	7	29	8	20	7	9

design; intervention; health domain; health decision; and, theoretical context.

Five good studies

The following five studies used an RCT with low risk of bias, reported 'informed' decision-making variables and referred to a theory.

- 197 - 1 Plaskon PP, Fadden MJ. Cancer screening utilisation: is there a role for social work in cancer prevention? *Social Work in Health Care* 1995;**21**(4):59–70.
- 310 - 1 Quaid K, Faden R, Vining E, Freeman J. Informed consent for a prescription drug: impact of disclosed information on patient understanding and medical outcomes. *Patient Education and Counseling* 1990;**15**:249–59.
- 325 - 1 Schultz S. Educational and behavioural strategies related to knowledge of and participation in an exercise program after cardiac positron emission tomography. *Patient Education and Counseling* 1993;**22**:47–57.
- 542 - 1 Simel DL, Feussner JR. A randomised controlled trial comparing quantitative informed consent formats. *Journal of Clinical Epidemiology* 1991;**44**(8):771–7.
- 799 - 1 DiClemente RJ, Wingwood GM. A randomised controlled trial of an HIV sexual risk-reduction intervention for young African-American women. *JAMA* 1995;**274**(16):1271–6.

A formal integrative review of these five studies would not be useful as each study evaluates a different decision, refers to a different theory and considers different interventions. Some participants were well and others physically ill, and some samples were selected systematically and others by convenience *(Table 21)*.

Nevertheless, it appears that information and education are not the most effective ways of facilitating informed decision making. One study found that changing the amount of information about risks and side-effects of a drug did not affect patients' adherence to the treatment (Quaid *et al)*. In another, varying the quantitative information used to introduce a new medication made no difference to the decision to participate in a research trial in 55% of out-patients (Simel and Feussner), though it did influence the choice of the 45% who cited this information in their decision. Although an education intervention was found to increase exercise amongst patients at risk of heart disease over a 12-week period, this included behavioural planning (Schultz). When other behavioural strategies of goal setting, self-monitoring, positive reinforcement and telephone follow-up were added, frequency of exercise was significantly increased after 6 weeks. The importance of situational factors was demonstrated in the decision of general practice patients to use a kit for colorectal cancer screening. All patients were given educational information, but screening increased from 0% to 51% when patients were given a free kit rather than told to go to the general practice office or to one of three pharmacies to buy a kit (Plaskon and Fadden). The role of cognitive and social, as well as behavioural, factors in influencing decision making is evident in an intervention aimed at reducing HIV sexual risk amongst African–American women (DiClemente and Wingwood). Although an educational intervention did not bring about change, a social skills intervention, based on social cognitive theory and theory of gender and power, increased condom use.

Although these studies are of disparate populations making disparate decisions, they show the importance of the context and social influences on individual's decision making.

TABLE 16 *Study numbers (without suffix unless necessary) by type of intervention*

Type of intervention and study design	No. of studies	Study numbers
Additional information – written	258	
RTCa	30	39, 50, 64, 67, 85, 101, 118, 120, 122, 196, 197, 200, 216, 275, 299, 301, 316, 325, 333, 350, 387, 393, 483, 509, 542, 648, 724, 741, 778, 793
RCTb	87	19, 22, 28, 48, 63, 104, 110, 114, 135, 140, 143, 150, 157, 158, 158, 167, 176, 183, 207, 210, 211, 213, 216, 232, 233, 234, 241, 259, 265, 268, 269, 277, 279, 285, 288, 295, 302, 327, 332, 337, 357, 372, 376, 414, 420, 434, 454, 465, 469, 482, 490, 491, 506, 511, 520, 525, 530, 533, 541, 572, 587, 600, 616, 632, 632, 635, 639, 644, 652, 667, 668, 671, 675, 679, 683, 690, 693, 700, 705, 706, 728, 732, 747, 757, 783, 794, 796
RCTc	46	58, 72, 83, 98, 115, 154, 169, 170, 181, 242, 248, 254, 287, 296, 303, 320, 324, 329, 343, 349, 354, 360, 363, 375, 381, 407, 442, 459, 471, 472, 473, 484, 507, 508, 528, 601, 640, 646, 649, 712, 717, 743, 752, 754, 790, 792
Concurrent	53	3, 44, 125, 136, 146, 171, 177, 180, 203, 205, 205, 206, 215, 237, 243, 245, 246, 251, 253, 261, 273, 280, 283, 312, 315, 367, 370, 373, 386, 391, 394, 404, 418, 440, 446, 448, 453, 463, 464, 504, 515, 516, 579, 628, 631, 663, 665, 709, 726, 740, 780, 791, 813
Before/after different samples	16	26, 97, 149, 192, 193, 294, 340, 383, 462, 495, 514, 575, 619, 658, 670, 765
Before/after same sample	26	35, 42, 111, 126, 133, 162, 163, 218, 244, 262, 266, 270, 348, 384, 449, 450, 467, 480, 522, 526, 544, 573, 676, 770, 809, 815
Additional information – audiotape	10	
RCTa	2	117, 581
RCTb	4	264, 371, 465, 488
RCTc	3	154, 472, 754
Concurrent	1	663
Additional information – video-tape	74	
RCTa	3	23, 585, 741
RCTb	27	28, 55.1, 55.2, 155, 207, 241, 289, 341, 376, 424, 438, 454, 458, 491, 502, 533, 616, 635, 639, 644, 705, 728, 742, 758, 776, 789, 794
RCTc	15	37, 181, 254, 287, 293, 310, 329, 354, 484, 528, 640, 646, 696, 720, 762
Concurrent	13	184, 205, 205, 240, 246, 261, 311, 313, 464, 579, 628, 631, 791
Before/after different samples	3	26, 294, 658
Before/after same sample	13	35, 49, 79, 123, 364, 450, 467, 526, 594, 610, 651, 655, 746
Additional information – computer based	7	
RCTb	5	327, 396, 488, 493, 667
Concurrent	1	40
Before/after same sample	1	795
Manipulated information – illustration or graphic	14	
RCTa	2	50, 117
RCTb	5	19, 150, 305, 357, 371
RCTc	4	324, 459, 473, 649
Concurrent	2	177, 448
Before/after same sample	1	723
Manipulated information – framing or quantity	84	
RCTa	14	39, 67, 101, 117, 118, 275, 301, 393, 542, 724, 755, 778, 793, 799
RCTb	47	19, 55, 86, 105, 137, 158, 167, 176, 183, 211, 226, 288, 295, 305, 321, 327, 332, 341, 420, 426, 434, 438, 482, 490, 491, 494, 533, 587, 600, 634, 636, 644, 653, 667, 668, 671, 683, 685, 690, 693, 727, 742, 747, 757, 772, 783, 789
RCTc	14	115, 310, 377, 380, 381, 471, 473, 481, 507, 512, 684, 691, 752, 788
Concurrent	9	136, 257, 280, 386, 453, 586, 748, 760, 822

continued

TABLE 16 contd *Study numbers (without suffix unless necessary) by type of intervention*

Type of intervention and study design	No. of studies	Study numbers
Change in delivery of information – community or hospital	10	
RCTa	1	39
RCTb	3	47, 234, 564
RCTc	3	485, 752, 790
Concurrent	3	586, 748, 775
Change in delivery of information – alter contact with health professional	183	
RCTa	18	52, 64, 117, 196, 200, 202, 325, 333, 350, 585, 606, 638, 648, 678, 724, 778, 781, 799
RCTb	70	1, 4, 10, 22, 63, 102, 135, 139, 140, 147, 157, 165, 174, 207, 211, 212, 241, 249, 259, 263, 268, 269, 276, 277, 285, 289, 291, 304, 328, 336, 341, 353, 365, 369, 403, 439, 447, 458, 465, 479, 491, 494, 503, 511, 525, 527, 530, 533, 553, 554, 576, 616, 622, 629, 632, 632, 635, 636, 639, 659, 693, 702, 707, 728, 742, 766, 776, 783, 807, 814
RCTc	23	58, 80, 98, 169, 170, 181, 320, 329, 354, 375, 407, 411, 442, 470, 472, 528, 601.2, 640, 695, 720, 754, 763, 792
Concurrent	36	71, 82, 89, 95, 136, 171, 177, 194, 205.1, 205.2, 206, 237, 246, 251, 253, 256, 260, 273, 284, 312, 313, 367.2, 373, 416, 453, 456, 464, 504, 529, 555, 570, 579, 628, 726, 740, 791
Before/after different samples	8	26, 239, 340, 462, 575, 619, 623, 674
Before/after same sample	28	35, 38, 49, 84, 111, 123, 162, 218, 244, 262, 270, 367, 449, 480, 521, 544, 621, 650, 651, 654, 723, 729, 746, 770, 798, 809, 815, 821
Change in delivery of information – letter	83	
RCTa	10	39, 41, 52, 101, 216, 275, 299, 316, 378, 648
RCTb	39	110, 143, 158.1, 158.2, 167, 213, 216, 259, 265, 269, 285, 352.1, 352.2, 352.3, 372, 395, 414, 420, 426, 439, 447, 469, 543, 566, 572, 589, 620, 630, 634, 652, 653, 668, 683, 727, 728, 747, 757, 783, 784
RCTc	19	56, 115, 154, 172, 248, 296, 320, 349, 363, 381, 412, 484, 507, 512, 640, 712, 717, 752, 790
Concurrent	14	61, 146, 237, 253, 257, 394, 404, 446, 516, 546, 631, 740, 760, 813
Before/after different samples	1	100
Change in delivery of information – telephone	47	
RCTa	7	52, 196, 202, 299, 325, 638, 714
RCTb	23	63, 139, 143, 168, 233, 265, 288, 304, 352.2, 353, 369, 403, 408, 414, 420, 482, 572, 576, 600, 622, 668, 702, 783
RCTc	9	287, 380, 475, 481, 512, 640, 711, 754, 788
Concurrent	3	257, 394, 446
Before/after different samples	4	26, 239, 514, 619
Before/after same sample	1	218

continued

TABLE 16 contd *Study numbers (without suffix unless necessary) by type of intervention*

Type of intervention and study design	No. of studies	Study numbers
Provision of feedback or skills acquisition	208	
RCTa	14	64, 107, 120, 275, 316, 325, 387, 393, 585, 648, 714, 755, 781, 799
RCTb	81	4, 10, 20, 22, 104, 110, 114, 135, 140, 145, 147, 157, 165, 174, 207, 210, 212, 216, 217, 220, 223, 226, 233, 241, 247, 263, 264, 268, 269, 277, 291, 295, 307, 327, 328, 341, 371, 396, 414, 424, 439, 454, 458, 478, 479, 491, 492, 502, 503, 511, 525, 527, 530, 533, 541, 553, 562, 576, 616, 630, 632, 632, 635, 636, 644, 660, 667, 668, 679, 685, 690, 700, 705, 707, 742, 758, 766, 772, 776, 783, 814
RCTc	33	72, 80, 98, 115, 154, 287, 293, 320, 329, 354, 360, 375, 377, 381, 405, 407, 442, 472, 475, 481, 601, 640, 646, 649, 684, 696, 708, 720, 749, 754, 788, 792, 817
Concurrent	47	3, 17, 18, 89, 125, 136, 177, 184, 222, 240, 246, 251, 253, 273, 283, 284, 311, 313, 315, 335, 345, 367, 370, 373, 385, 386, 394, 404, 416, 440, 448, 453, 486, 504, 515, 555, 628, 631, 663, 726, 731, 740, 759, 760, 791, 813, 823
Before/after different samples	5	26, 149, 619, 623, 765
Before/after same sample	28	35, 42, 46, 49, 84, 99, 123, 132, 133, 159, 162, 270, 355, 361, 364, 384, 449, 450, 480, 521, 522, 526, 594, 621, 654, 676, 688, 729
Patient prompt – use of decision aid	5	
RCTb	2	396, 493
RCTc	1	472
Before/after same sample	2	42, 594
Patient prompt – use of memory or information aid	45	
RCTa	4	85, 333, 378, 387
RCTb	13	157, 269, 372, 420, 447, 469, 482, 506, 576, 700, 707, 783, 794
RCTc	14	115, 154, 172, 254, 303, 343, 360, 381, 481, 601, 640, 691, 712, 763
Concurrent	9	44, 243, 246, 253, 315, 394, 448, 631, 760
Before/after different samples	2	340, 421
Before/after same sample	3	162, 449, 544
Patient prompt – shared health professional/patient decision making	5	
RCTa	1	678
RCTb	4	27, 279, 337, 564
Group delivery of information	163	
RCTa	11	50, 107, 117, 120, 200, 483, 585, 648, 724, 778, 799
RCTb	46	1, 4, 22, 96, 143, 145, 147, 174, 207, 211, 212, 223, 241, 255.2, 263, 264, 269, 277, 285, 328, 341, 414, 424, 438, 478, 479, 489, 491, 492, 494, 530, 533, 553, 564, 616, 632, 632, 635, 636, 659, 660, 705, 736, 766, 807, 814
RCTc	21	58, 72, 80, 98, 254, 303, 320, 354, 375, 405, 407, 442, 485, 640, 649, 684, 696, 720, 743, 749, 792
Concurrent	46	3, 18, 44, 45, 95, 125, 136, 146, 180, 184, 203, 222, 238, 240, 253, 258, 261, 273, 280, 283, 284, 335, 370, 373, 385, 416, 440, 448, 453, 456, 463, 515, 555, 570, 579, 608, 628, 665, 686, 709, 731, 740, 759, 760, 780, 825
Before/after different samples	11	97, 149, 192, 340, 383, 461, 514, 662, 670, 680, 765
Before/after same sample	28	38, 42, 49, 79, 99, 123, 132, 133, 159, 262, 270, 348, 355, 361, 364, 467, 521, 522, 526, 573, 621, 650, 651, 654, 657, 723, 746, 809

continued

TABLE 16 contd *Study numbers (without suffix unless necessary) by type of intervention*

Type of intervention and study design	No. of studies	Study numbers
Change in health service provision	83	
RCTa	9	39, 41, 52, 64, 197, 425, 509, 714, 741
RCTb	21	47, 48, 135, 143, 213, 234, 269, 285, 289, 352.3, 372, 376, 439, 454, 554, 566, 683, 732, 736, 768, 769
RCTc	10	56, 254, 287, 293, 296, 412, 470, 484, 646, 752
Concurrent	22	3, 75, 136, 146, 177, 180, 203, 237, 243, 256, 312, 397, 448, 452, 455, 464, 516, 529, 618, 686, 726, 822
Before/after different samples	8	340, 383, 421, 462, 575, 737, 765, 767.1
Before/after same sample	13	38, 163, 218, 244, 342, 355, 537, 655, 729, 770, 795, 798, 809
Manipulation of the environment	23	
RCTa	2	216, 229
RCTb	1	220
RCTc	2	56, 442
Concurrent	10	18, 75, 180, 206, 215, 235, 251, 284, 390, 464
Before/after different samples	6	142, 149, 423, 462, 550, 563
Before/after same sample	2	270, 537
Group delivery – use of media	70	
RCTb	6	22, 135, 143, 217, 285, 705
RCTc	2	58, 792
Concurrent	38	3, 18, 44, 45, 146, 171, 180, 184, 203, 205.1, 205.2, 206, 215, 222, 237, 238, 243, 246, 251, 258, 280, 311, 312, 323, 335, 367.2, 391, 448, 463, 464, 608, 631, 665, 686, 709, 726, 740, 780
Before/after different samples	14	97, 149, 192, 340, 383, 461, 462, 514, 619, 658, 662, 670, 680, 765
Before/after same sample	10	38, 42, 49, 162, 218, 367, 522, 657, 746, 809
Other – health professional prompts for action	14	
RCTa	1	724
RCTb	1	395
Concurrent	5	205, 404, 455, 791, 822
Before/after different samples	4	34, 192, 401, 413
Before/after same sample	3	466, 522, 809
Other – patient incentives	32	
RCTa	2	64, 200
RCTb	12	22, 102, 135, 156, 165, 216, 269, 352, 424, 644, 652, 814
RCTc	2	106, 115
Concurrent	7	18, 44, 184, 280, 283, 367, 515
Before/after different samples	3	149, 462, 765
Before/after same sample	6	162, 179, 262, 367, 450, 688

TABLE 17 *Study numbers (without suffix unless necessary) by health decision*

Health decision and study design	No. of studies	Study numbers
Decision to use a service e.g. attend an appointment, use a call-out service	51	
RCTa	8	196, 202, 333, 425, 606, 638, 678, 714
RCTb	20	10, 20, 27, 28, 167, 302, 337, 369, 372, 376, 426, 439, 494, 511, 520, 554, 706, 733, 769, 796
RCTc	9	83, 106, 172, 248, 320, 470, 481, 717, 788
Concurrent	7	75, 82, 323, 331, 394, 504, 748
Before/after different samples	4	97, 294, 563, 737
Before/after same sample	3	42, 537, 676
Decision to make a lifestyle change (health promotion) e.g. stop smoking, exercise	357	
RCTa	28	23, 50, 64, 85, 101, 107, 118, 120, 196, 200, 216, 229, 299, 316, 325, 333, 350, 378, 393, 581, 585, 648, 724, 741, 755, 781, 793, 799
RCTb	128	1, 4, 22, 24, 27, 32, 47, 55, 55, 63, 86, 102, 104, 110, 135, 139, 140, 143, 145, 147, 156, 157, 158, 158, 165, 174, 183, 207, 210, 211, 212, 213, 216, 217, 220, 223, 226, 233, 234, 241, 247, 249, 255, 259, 263, 264, 265, 268, 269, 276, 277, 279, 288, 289, 291, 295, 305, 307, 308, 321, 327, 328, 336, 341, 356, 365, 371, 372, 376, 395, 396, 398, 402, 403, 408, 414, 424, 426, 454, 457, 458, 465, 478, 489, 490, 491, 492, 503, 511, 525, 533, 541, 553, 562, 564, 572, 574, 576, 600. 616, 620, 632, 632, 633, 635, 636, 639, 644, 659, 660, 668, 679, 685, 690, 705, 707, 732, 733, 736, 742, 758, 766, 768, 772, 776, 783, 807, 814
RCTc	47	72, 80, 98, 115, 154, 170, 181, 242, 254, 287, 293, 296, 310, 320, 324, 329, 360, 363, 375, 405, 407, 442, 459, 471, 472, 473, 475, 484, 485, 512, 528, 601, 601, 640, 646, 649, 684, 696, 708, 720, 749, 752, 754, 762, 777, 792, 817
Concurrent	81	3, 17, 18, 40, 71, 89, 95, 125, 136, 146, 161, 171, 177, 180, 184, 194, 206, 209, 215, 222, 235, 237, 238, 240, 245, 246, 251, 253, 255, 256, 257, 258, 260, 261, 273, 280, 283, 284, 311, 312, 313, 345, 367, 370, 373, 385, 386, 390, 391, 392, 409, 416, 440, 453, 455, 456, 463, 464, 515, 529, 555, 570, 579, 618, 628, 631, 663, 665, 709, 726, 731, 740, 759, 773, 775, 779, 780, 791, 813, 822, 823
Before/after different samples	21	26, 97, 100, 142, 149, 239, 340, 421, 423, 461, 462, 514, 550, 619, 623, 647, 658, 662, 680, 765, 767
Before/after same sample	52	35, 38, 49, 79, 84, 91, 123, 126, 132, 133, 159, 162, 163, 179, 198, 218, 244, 262, 266, 270, 342, 348, 355, 364, 367, 384, 450, 466, 467, 480, 521, 522, 526, 544, 545, 573, 610, 621, 650, 651, 654, 655, 657, 676, 688, 723, 729, 746, 770, 798, 815, 821

continued

TABLE 17 contd *Study numbers (without suffix unless necessary) by health decision*

Health decision and study design	No. of studies	Study numbers
Decision to attend for testing (health promotion) e.g. breast/colorectal screening	114	
RCTa	14	39, 41, 52, 85, 101, 108, 117, 122, 197, 275, 316, 333, 509, 778
RCTb	39	48, 86, 114, 232, 285, 288, 289, 305, 307, 352, 352, 352, 353, 372, 395, 420, 438, 439, 482, 491, 543, 566, 587, 589, 620, 630, 634, 652, 653, 675, 683, 690, 713, 727, 728, 747, 757, 784, 789
RCTc	18	37, 56, 154, 248, 296, 354, 377, 380, 381, 412, 484, 507, 508, 695, 712, 743, 752, 790
Concurrent	22	44, 45, 61, 171, 203, 205, 205, 243, 246, 257, 394, 397, 404, 418, 446, 448, 516, 546, 608, 686, 760, 813
Before/after different samples	10	34, 192, 193, 294, 383, 401, 421, 575, 670, 737
Before/after same sample	11	46, 99, 126, 133, 348, 384, 466, 746, 795, 809, 815
Decision to adhere to treatment regimen e.g. drugs, surgery, behaviour therapy	107	
RCTa	12	53, 202, 216.2, 229, 299, 301, 333, 378, 427, 483, 714, 781
RCTb	46	6.1, 6.2, 6.3, 51, 57, 63, 88, 96, 104, 105, 137, 139, 150, 167, 168, 176, 234, 291, 304, 327, 328, 332, 357, 369, 395, 402, 414, 434, 447, 469, 479, 488, 502, 527, 530, 564, 572, 612, 622, 633, 671, 693, 698, 702, 768, 794
RCTc	14	98, 169, 170, 181, 303, 349, 363, 380, 411, 471, 512, 691, 711, 763
Concurrent	18	18, 71, 82, 95, 124, 146, 313, 315, 323, 331, 335, 452, 455, 486, 586, 618, 775, 825
Before/after different samples	6	193, 239, 413, 563, 674, 767
Before/after same sample	11	42, 74, 342, 361, 449, 466, 522, 544, 594, 655, 676
Decision to take an active part in consultation or participate in research	20	
RCTa	3	67, 387, 542
RCTb	11	155, 216, 434, 488, 493, 506, 600, 629, 667, 700, 816
RCTc	3	343, 472, 601
Before/after different samples	1	495
Before/after same sample	2	111, 594
Other decisions e.g. donate an organ, pay for treatment	6	
RCTb	3	19, 176, 408
RCTc	1	58
Concurrent	2	190, 430

TABLE 18 *Study numbers (without suffix unless necessary) by health domain*

Health domain and study design	No. of studies	Study numbers
Cancer	114	
RCTa	13	23, 39, 41, 52, 85, 101, 108, 117, 122, 197, 275, 316, 509
RCTb	44	48, 86, 114, 140, 207, 232, 263, 269, 285, 288, 307, 352.1, 352.2, 352.3, 353, 395, 420, 434, 438, 458, 482, 488, 491, 527, 533, 541, 543, 566, 587, 630, 653, 667, 675, 683, 690, 700, 705, 713, 727, 728, 757, 784, 789, 816
RCTc	16	37, 154, 248, 296, 310, 354, 377, 380, 412, 484, 507, 508, 691, 695, 712, 752
Concurrent	22	44, 61, 136, 171, 180, 203, 205.1, 205.2, 237, 243, 246, 385, 386, 397, 404, 418, 446, 448, 546, 608, 686, 760
Before/after different samples	8	34, 100, 192, 383, 401, 421, 575, 765
Before/after same sample	11	46, 99, 126, 133, 198, 266, 466, 746, 795, 809, 815
Dentistry	10	
RCTb	5	371, 457, 562, 576, 758
Concurrent non-randomised	2	529, 618
Before/after different samples	3	97, 563, 737
Genetics	7	
RCTa	1	778
RCTb	1	20
RCTc	2	743, 790
Concurrent	2	430, 516
Before/after different samples	1	294
General medicine	251	
RCTa	22	50, 53, 64, 67, 118, 120, 196, 200, 216.2, 229, 301, 325, 350, 483, 542, 581, 648, 714, 724, 755, 781, 793
RCTb	104	1, 10, 20, 27, 28, 32, 47, 55.1, 55.2, 57, 63, 88, 102, 104, 105, 110, 137, 139, 140, 143, 145, 147, 155, 157, 158.1, 158.2, 168, 174, 183, 207, 210, 211, 213, 216, 217, 220, 223, 226, 233, 241, 247, 249, 255.2, 259, 263, 264, 265, 268, 269, 276, 277, 279, 291, 295, 304, 305, 308, 321, 327, 328, 332, 336, 341, 356, 365, 372, 376, 395, 396, 398, 402, 414, 426, 439, 447, 469, 489, 490, 502, 503, 527, 530, 541, 564, 574, 600, 612, 620, 622, 629, 644, 652, 659, 668, 671, 679, 693, 702, 707, 769, 772, 783, 807, 814
RCTc	36	56, 72, 80, 115, 169, 170, 242, 254, 287, 303, 310, 320, 329, 343, 360, 375, 381, 405, 411, 442, 459, 471, 472, 473, 475, 481, 485, 601.1, 601.2, 640, 708, 711, 752, 754, 763, 792
Concurrent	54	45, 82, 89, 184, 194, 206, 209, 215, 222, 235, 237, 238, 245, 251, 253, 255, 256, 257, 258, 260, 261, 273, 280, 283, 284, 311, 312, 313, 315, 323, 345, 367, 370, 390, 394, 409, 416, 418, 440, 452, 453, 456, 464, 504, 586, 631, 709, 726, 731, 740, 759, 779, 813, 823
Before/after different samples	8	340, 423, 461, 462, 495, 514, 550, 658
Before/after same sample	27	42, 74, 79, 84, 111, 133, 162, 179, 218, 244, 262, 270, 348, 355, 367, 384, 449, 466, 521, 522, 544, 594, 621, 657, 676, 798, 821

continued

TABLE 18 contd *Study numbers (without suffix unless necessary) by health domain*

Health domain and study design	No. of studies	Study numbers
HIV and STD	108	
RCTa	6	107, 202, 393, 585, 741, 799
RCTb	32	4, 22, 24, 156, 165, 212, 223, 226, 247, 277, 289, 341, 424, 454, 465, 478, 492, 525, 600, 632, 632, 635, 636, 639, 660, 685, 732, 733, 736, 742, 766, 776
RCTc	12	181, 360, 407, 528, 646, 649, 684, 696, 720, 749, 762, 817
Concurrent	28	17, 18, 71, 125, 161, 177, 240, 251, 311, 373, 391, 392, 453, 455, 463, 486, 515, 555, 579, 628, 663, 665, 748, 759, 780, 791, 822, 823
Before/after different samples	8	142, 423, 550, 619, 647, 662, 670, 680
Before/after same sample	22	35, 38, 49, 91, 123, 159, 364, 450, 467, 480, 526, 537, 545, 610, 650, 651, 654, 655, 688, 723, 729, 770
Mental health	15	
RCTa	3	67, 427, 606
RCTb	8	28, 96, 479, 493, 494, 511, 554, 794
RCTc	1	717
Concurrent	2	124, 825
Before/after same sample	1	361
Obstetrics and gynaecology, and midwifery	31	
RCTa	6	196, 200, 425, 678, 724, 778
RCTb	8	135, 137, 403, 616, 634, 698, 733, 768
RCTc	6	83, 106, 115, 293, 329, 788
Concurrent	4	3, 71, 190, 486
Before/after different samples	3	26, 514, 623
Before/after same sample	4	132, 163, 621, 650
Paediatrics	6	
RCTb	3	167, 520, 706
Concurrent	1	335
Before/after different samples	2	193, 239
Primary care	61	
RCTa	5	299, 333, 378, 387, 638
RCTb	30	6.1, 6.2, 6.3, 19, 27, 32, 47, 51, 167, 174, 234, 302, 337, 357, 369, 395, 408, 414, 426, 506, 520, 553, 572, 589, 620, 633, 706, 747, 769, 796
RCTc	9	98, 172, 363, 470, 512, 601, 601, 752, 777
Concurrent	8	95, 146, 190, 257, 331, 418, 775, 813
Before/after different samples	3	193, 413, 767
Before/after same sample	6	62, 342, 348, 466, 537, 573

continued

TABLE 18 contd *Study numbers (without suffix unless necessary) by health domain*

Health domain and study design	No. of studies	Study numbers
Surgery/A&E	11	
RCTa	2	581, 714
RCTb	3	150, 490, 622
RCTc	2	80, 777
Concurrent	3	40, 75, 394
Before/after different samples	1	674
Other area of health care	13	
RCTb	2	176, 288
RCTc	5	58, 170, 293, 324, 349
Concurrent	3	194, 570, 773
Before/after different samples	2	149, 461
Before/after same sample	1	84

TABLE 19 *Study numbers (without suffix unless necessary) by reported theory and measure of informed decision making*

Theory, measures and study design	No. of studies	Study numbers
Theory and measure reported	96	
RCTa	5	197, 301, 325, 542, 799
RCTb	47	24, 86, 114, 140, 145, 176, 210, 211, 217, 220, 232, 255.2, 276, 277, 288, 321, 371, 376, 420, 424, 426, 434, 438, 454, 458, 478, 492, 502, 525, 616, 620, 622, 632.1, 632.2, 635, 659, 660, 667, 668, 690, 700, 742, 758, 766, 768, 776, 784
RCTc	16	72, 115, 242, 354, 360, 380, 472, 507, 640, 691, 696, 717, 749, 762, 792, 817
Concurrent	21	89, 180, 238, 240, 253, 255, 313, 345, 370, 373, 391, 416, 453, 515, 516, 608, 663, 709, 759, 760, 822
Before/after different samples	1	26
Before/after same samples	6	46, 126, 198, 364, 526, 594
Theory only	110	
RCTa	10	101, 107, 117, 120, 275, 333, 387, 427, 483, 585
RCTb	45	1, 4, 19, 20, 27, 104, 157, 158.1, 158.2, 165, 167, 207, 223, 226, 233, 241, 247, 264, 269, 291, 295, 305, 307, 332, 357, 403, 457, 469, 490, 493, 503, 506, 541, 576, 600, 633, 636, 644, 685, 707, 757, 789, 794, 814, 816
RCTc	20	56, 58, 80, 98, 169, 181, 248, 254, 287, 324, 329, 375, 405, 442, 484, 508, 528, 601.1, 601.2, 646
Concurrent	26	17, 18, 95, 136, 184, 190, 209, 237, 251, 261, 311, 367, 386, 404, 440, 446, 456, 463, 464, 486, 618, 628, 631, 726, 780, 823
Before/after different samples	4	462, 647, 658, 765
Before/after same sample	5	179, 262, 367, 450, 654
Measure only	73	
RCTa	6	39, 316, 350, 509, 581, 678
RCTb	16	102, 105, 135, 147, 183, 212, 249, 302, 336, 341, 489, 494, 520, 562, 698, 783
RCTc	11	154, 310, 343, 381, 459, 473, 649, 684, 712, 720, 743
Concurrent	14	3, 44, 45, 177, 243, 256, 385, 430, 504, 570, 665, 686, 773, 825
Before/after different samples	8	193, 239, 383, 413, 423, 514, 619, 662
Before/after same sample	18	35, 49, 79, 111, 132, 159, 163, 218, 244, 342, 467, 480, 573, 610, 621, 650, 655, 688

TABLE 20 *Study numbers (without suffix unless necessary) by intervention from informed decision-making RCTs*

Intervention and study design	No. of studies	Study numbers
Additional information	45	72, 114, 115, 140, 176, 197, 210, 211, 232, 242, 277, 288, 301, 325, 354, 360, 371, 376, 420, 424, 434, 438, 454, 458, 472, 502, 507, 525, 542, 616, 632.1, 632.2, 635, 640, 667, 668, 690, 696, 700, 717, 742, 758, 762, 776, 792
Additional written information	35	72, 114, 115, 140, 176, 197, 210, 211, 232, 242, 277, 288, 301, 325, 354, 360, 376, 420, 434, 454, 472, 507, 525, 542, 616, 632.1, 632.2, 635, 640, 667, 668, 690, 700, 717, 792,
Manipulation of information	20	86, 115, 176, 211, 288, 301, 321, 380, 420, 426, 434, 438, 507, 542, 667, 668, 690, 691, 742, 799
Provision of feedback/ skills acquisition	40	72, 114, 115, 140, 145, 210, 217, 220, 277, 325, 354, 360, 371, 424, 454, 458, 472, 478, 492, 502, 525, 616, 632.1, 632.2, 635, 640, 660, 667, 668, 690, 696, 700, 742, 749, 758, 766, 776, 792, 799, 817
Use of patient prompts	7	115, 360, 420, 472, 640, 691, 700
Group delivery of information	22	72, 145, 211, 255.2, 277, 354, 424, 438, 478, 492, 616, 632.1, 632.2, 635, 640, 659, 660, 696, 749, 766, 792, 799
Manipulation of the environment	1	220
Incentives	2	115, 424

TABLE 21 *Results information for five RCTa studies assessing informed decision making*

	Health decision and intervention	Impact of intervention on health decision	Process measures (other measures)	Impact intervention on process and other measures
197	Utilisation screening kit: 1 – verbal information (VI) 2 – VI + free kit provided	0% uptake VI only 51% uptake VI + kit	Perception of risk of having colorectal cancer (none)	Not used in analysis
301	Adherence to medication: 1 – routine written information (WI) 2 – enhanced risk (WI)	No group differences to adherence drug	Perceived seriousness risks and side-effects (anxiety, knowledge) enhanced WI)	Enhanced WI associated greater perceived seriousness risks (no effect anxiety, greater knowledge
325	Uptake exercise: 1 – VI + screening results 2 – VI + screening results + encouraged to self-monitor by writing down goals, diary of exercise	No group differences on exercise uptake and maintenance. Both groups increased over time	Perception of health (knowledge)	Not used in analysis (no group differential effect knowledge, increase over time)
542	Consent to participate in research: 1 – WI framed as a drug working 'twice as fast' 2 – WI framed as a drug working 'half as fast'	Participation greater in 'twice as fast' group	Type of information used for decision, reasons participation (none)	'Twice as fast' used more 'quantitative' information, not analysed by group
799	Changes risky sex: 1 – delayed intervention 2 – VI about HIV prevention (culturally) framed (one session) 3 – VI + social skills (five sessions)	Social skills group only associated greater safer sex practices Note: differential attrition rates	Perception of partner norms (knowledge, perceived self-efficacy)	Social skills group associated changes in perception of partner norms (no group differences knowledge, social skills greater perceived self-efficacy)

TABLE 22 *Eight chi-square analyses for type of intervention by reported health behaviour effect*

	Effect (n = 294)	No effect (n = 173)	Mixed effect (n = 80)	Chi-square value (d.f. = 2)	Significance
Additional information	157	93	51	2.89	$p = 0.236$
Manipulation of information	42	31	11	1.30	$p = 0.524$
Change in delivery of information	161	75	37	6.17	$p = 0.046$
Provision of feedback	99	70	39	6.70	$p = 0.035$
Use of patient prompts	33	17	5	1.74	$p = 0.420$
Use of group-delivery information	92	61	35	4.42	$p = 0.110$
Manipulation of environment	11	5	7	5.00	$p = 0.082$
Other	52	23	14	1.65	$p = 0.439$

d.f. = degrees of freedom

TABLE 23 *Chi-square analysis for health domain by reported health behaviour effect*

	Effect	No effect	Mixed effect	Chi-square value (d.f. = 10)	Significance
General medicine	87	68	34	18.7	$p = 0.044$
Cancer	70	31	8		
HIV	55	27	21		
Primary care	28	19	8		
Obstetrics	15	9	5		
Other	19	19	4		

TABLE 24 *Chi-square analysis for type of health decision by reported health behaviour effect*

	Effect	No effect	Mixed effect	Chi-square value (d.f. = 8)	Significance
Lifestyle change	129	93	53	24.1	$p = 0.002$
Attendance testing	66	28	9		
Adherence to treatment	58	27	7		
Utilisation of service	23	17	11		
Other	18	8	0		

Non-parametric analyses

Non parametric chi-square analyses were carried out between the crude reported effect variable and intervention used, health domain, and health decision.

Intervention

Because many studies involved more than one manipulation within the intervention, such as written information and delivery of information, individual analyses were carried out for each intervention. All eight chi-square analyses assessing the association between the type of intervention employed and the likelihood of reporting an effect size for the health behaviour described are reported in *Table 22*. As several analyses were carried out, the results ought to be interpreted with caution.

Health domain

Table 23 describes the chi-square analysis for health domain by reported health behaviour effect. It assesses the association between the health domain of the decision and the likelihood of reporting an effect for the health behaviour described.

Type of health decision

Table 24 describes the chi-square analysis for the type of health decision by reported health behaviour effect. It assesses the association between the type of decision context with the likelihood of reporting an effect for the health behaviour described.

The trajectory of knowledge

The number of included studies by year of publication is shown in *Figures 1–4*. The total is shown in *Figure 1*, trials broken down by quality of randomisation in *Figure 2*, non-randomised studies in *Figure 3* and studies using a decision theory or recording an informed decision measure are shown in *Figure 4*.

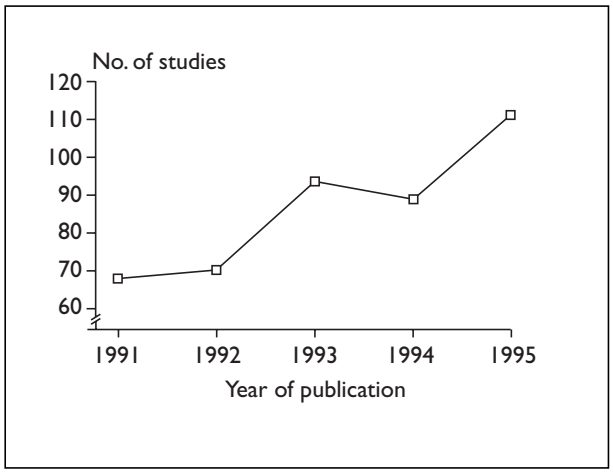

FIGURE 1 *Number of studies by year of publication*

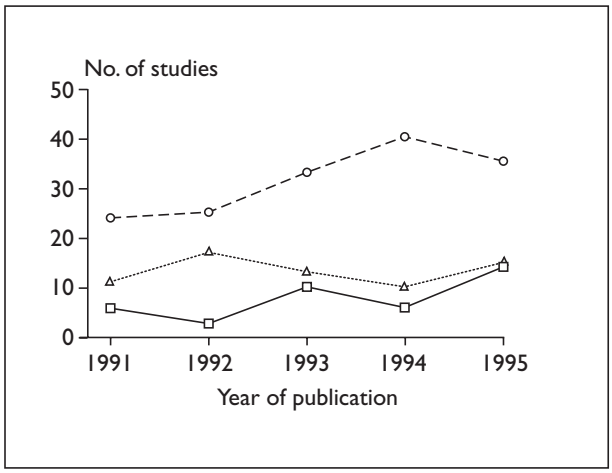

FIGURE 2 *Number of studies by quality of randomisation (□, RCTa; ○, RCTb; △, RCTc)*

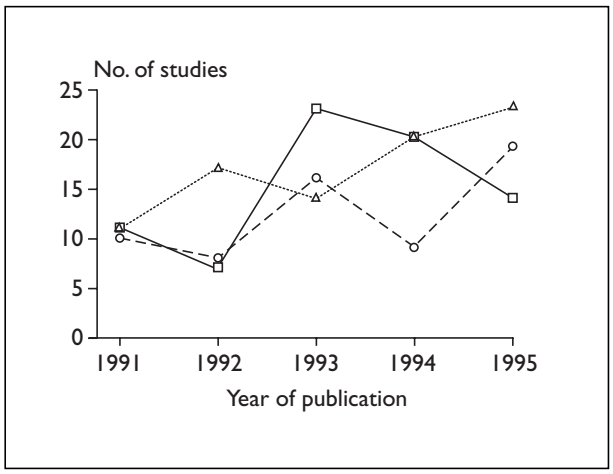

FIGURE 3 *Number of studies using a decision theory or recording an informed decision measure (□, decision theory only; ○, informed decision measure only; △, theory and informed decision measure)*

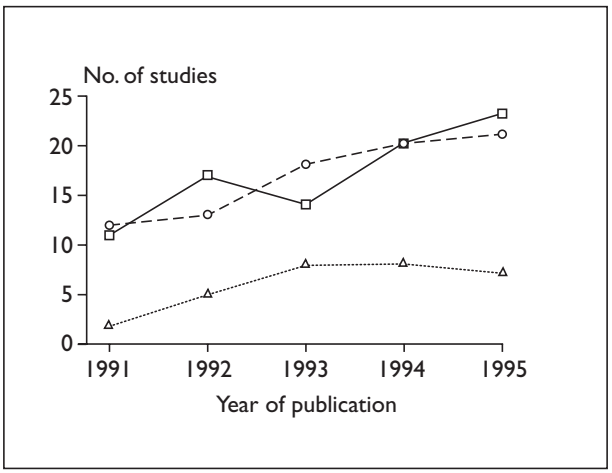

FIGURE 4 *Number of observation studies by year (□, concurrent; ○, before/after same sample; △, before/after different samples)*

Chapter 4
Discussion

This bibliography summarises 547 controlled studies evaluating the effect of a range of interventions on real patient decision making. The strengths are the systematic method of compilation, the quality classifications using the hierarchy of evidence and by theory, the categorisation of all measures recorded, and the classification by health domain and by type of intervention. We have identified under-researched areas for future empirical work and well-studied areas to which quantitative systematic reviews can be applied. The following discussion is divided into four parts: an evaluation of our methods; an overview of the findings; suggested uses of the review; and recommendations for further research.

Evaluating the methods

Systematic identification

The advantage of integrating research by the systematic application of set criteria to all eligible articles is reduced bias. Other types of review tend to be guided by specific research agendas and may preferentially include studies supporting this. Recommendations drawn from this type of systematic review will be based on a fairer representation of the literature. The main disadvantage of a rigid methodology is the systematic exclusion of information from studies that do not fulfil the inclusion criteria.

Three areas of related research were excluded for this reason: studies of patient's preferences for health care; studies assessing changes in knowledge without recording behaviour; and comparative studies describing predictors of behaviour. Studies measuring preferences were excluded because these are only weakly associated with the final treatment choice or health decision. Nevertheless, as the patient is not committed to the final choice, they provide an excellent opportunity to evaluate more theoretically driven interventions.[29–31] Many such studies exist and their integration should be a priority for a future systematic review. Likewise, studies describing only knowledge change were excluded because knowledge alone is not a direct measure of informed patient decision making. Comparative studies describing predictors of behaviour such as the reasons why individual's attend or do not attend for screening, were omitted because there is no evaluation of an intervention. Reviews in all three of these areas would probably increase understanding of how individuals make decisions, and which measures best assess informed decision making but would not evaluate intervention to facilitate informed patient decision making.

Although, this review systematically applied the pre-defined criteria to a large number of studies (n = 17,860), not all the available evidence was evaluated. Resource constraints resulted in three electronic databases being searched for publications from only 5 years, and three journals handsearched for papers from a 10-year period. The complete electronic databases and reference sections from included articles or 'grey literature' were not searched. This deficit will have reduced the number of studies in the review. However, it was clear from the handsearching that patient rather than expert or professional decision making is a more recent area of interest.

Overview of results

Describing the area researched

Although the search strategy effectively generated a high proportion of studies with an RCT design *(Table 1),* less than 10% of studies were classified as having a low risk of bias. Although some studies in which the randomisation procedures were not adequately explained may also have had a low risk of bias, this is disappointing. The number of such studies is rising only slowly and as a proportion of all studies, rising not at all *(Figure 2).*

The majority of interventions involved providing patients with more information (55%) and/or changing the delivery of information (50%). Few evaluated the manipulation of information (17%) or the effectiveness of patient prompts or decision aids (10%). This is disappointing as it is manipulation of information and the application of decision aids rather than additional information that are more likely to be associated with changes in informed patient decision making.[32]

The majority of decisions were concerned with health promotion. For example, decisions

regarding healthy eating or attendance for screening. There were few comparative studies evaluating decision making within the area of adherence to treatment, genetics, or active participation within the consultation. The least-researched areas of health appear to be genetics, obstetrics, surgery, dentistry and mental health. This is surprising as both prenatal and genetic testing particularly emphasise the importance of autonomy and informed patient decision making within their aims. Although there is an established literature evaluating the impact and uptake of such testing[33] few studies have used experimental designs to evaluate facilitation of informed patient decision making. The lack of studies in mental health is also particularly striking and should be remedied.

Over 90% of studies recorded some demographic details of participants. By identifying consistent variations within populations, interventions can be appropriately targeted. However, unless researchers investigate why these variations occur it is unlikely that interventions will be sufficiently informed. The results of *Table 10* suggest that few studies are able to explain any between-participant variations. Less than a third assess decision-making process measures or knowledge and less than an eighth assess affect so that few conclusions can be drawn about either the impact or interaction between emotion and decision making. Finally, only 4% assess any trait variations that may account for individual differences for preferences for amount of information or styles in utilising the information.

Only 18% of studies referred to both a theory to inform their study and assessed measures associated with the decision-making process. This figure is, if anything, over-generous. Any theory referred to within the study was recorded whether or not it was adequately operationalised. Additionally, less than 15% of studies were concerned with other factors that have been associated with the decision-making process such as time pressure and proxy decision making. As so few studies actually employed a theory that may explain variations in patient decision-making behaviour, it is not unreasonable to conclude that few experimental studies have actually evaluated informed patient decision making. The absolute rate of studies using a theory and recording a measure of informed decision making is rising only slowly in proportion to the overall rise in studies generally *(Figure 3)*.

Only five studies were identified that were theory driven, assessed measures associated with informed decision-making, and used a randomised trial design with a low risk of bias. This suggests that future NHS research effort in this area should concentrate on better quality primary research rather than on secondary reviews of existing evidence. As the rate of production of such good quality studies is low *(Figures 2* and *3)*, the Health Technology Assessment programme need not repeat this systematic review for at least 5 years.

Synthesising the review data

Can decision making be facilitated?

The ideal evidence to answer this question could be provided by the five studies that assessed informed patient decision making using an RCT design with low risk of bias *(Table 21)*. However, of these only three assessed the association between the intervention and decision making process measures. Although research exists evaluating the application of decision-making techniques to professionals' decision making and explaining patient decision making, it is clear that interventions aimed at facilitating patient informed decision making are under-researched.

Do people who have more information make better decisions?

It is impossible to give a single answer to this apparently simple question because it implies that some decisions may be better than others and suggests that there is an external way of validating whether the decision made was correct. The criteria by which a decision is evaluated depends on the underlying theory. In the absence of theory it is not obvious for example whether an intervention that increases knowledge, alters behaviour, but also causes anxiety, is resulting in a more informed decision.

In this review, we assess whether additional information was associated with the health behaviour, but note that few studies operationalised a theory or aimed to manipulate factors associated with the decision process and outcome. Note also that because there was little consistency in the presentation of findings between studies, only a crude measure of intervention effect was created for this latter analysis. This indicated whether the study reported a change (effect), no change (no effect) or a mixture of change and no change (mixed effect) in the health behaviours. Consequently, the findings from this analysis are tentative.

Interventions, then, usually included two or more factors that may be associated with decision-making measures. Subsequent analysis could not compare the effectiveness of different interventions with health decision, as this classification did not have

mutually exclusive categories. Independent chi-square analysis had to be carried out for each intervention and the likelihood of reporting an effect *(Table 22)*. The reporting of an effect did not mean that the decision was any more or less informed. The results of the analysis for interventions using additional information are located on row 1 *(Table 22)*.

Half of the 301 studies evaluating additional information reported an effect of information on the decision behaviour. However, studies were no more likely to report an effect than report no or mixed effects. So, additional information may or may not be associated with decision behaviour. A more detailed breakdown of the additional information studies would be needed before conclusions could be drawn. For example, what information medium was used? Was the intervention comparing information with no information or information with another type of intervention? What was the quality of the information? All the study numbers of informed decision making studies using RCT designs (good quality) are listed *(Table 20)* to provide the basis for any reader attempting a quantitative review in these areas. For example, 45 studies were recorded under the additional information intervention. Of these 21 (47%) reported an effect on the decision behaviour, 17 (38%) no effect, and 7 (16%) mixed effects.

Does the way in which we present information change the effectiveness of the decision?

There were a number of interventions that may be referred to when answering this question: additional intervention; manipulation information; delivery information; group delivery information; and, patient prompts. Those studies that altered the delivery of information were more likely to report an effect. Twenty good quality trials manipulated the delivery of the information *(Table 20)*, 11 (55%) reported an effect on decision behaviour. Studies that provided feedback and social skills training were more likely to report mixed effects on behaviour. If the 40 good-quality trials using feedback *(Table 20)* were more closely categorised, some reliable differences between effective and ineffective feedback interventions may be illustrated.

Does the effectiveness of information on decision making vary by medical setting?

The analysis suggests there is an association between the health domain in which the research is carried out and the likelihood of reporting of an effect *(Table 23)*. Studies evaluating cancer related decisions were more likely to report an effect on behaviour. Such a finding may mean that interventions within the cancer domain are more refined so impacting on the behaviour or that there is something about cancer that interacts with the decision. It is probably not justified to extrapolate findings from studies in cancer to other health areas, and researchers need to be aware that the setting may affect the informed decision making process.

Does the context of the decision affect decision making?

The analysis suggests an association between the type of health decision and the likelihood of studies reporting an effect *(Table 24)*. There is an effect from the type of health decision *(Table 23)* with studies concerned with lifestyle and utilisation of services being less likely to report a treatment effect than others. Similarly studies that showed little or no effect of interventions on lifestyle or service utilisation decisions should not be extrapolated to other types of decisions where more effects may be seen.

Suggested applications of the review

Identification of under-researched areas

Certain health areas and types of decisions have been more extensively researched than others and the studies in *Table 20* provide the basis for a number of systematic reviews. Bekker has embarked on two: a review of the effect of manipulation of information, and a review of the effect of the effect of provision of feedback and skills acquisition. Clinical genetics and prenatal diagnosis are other obvious under-researched areas. Work in these areas should be a priority, not only because patient decision making is widely recognised to be important here, but also because the strong scientific base provides an excellent test bed for improving our understanding of real patient decision making generally.

Design of the ideal study

All studies in this area would benefit from reference to one of the decision-making theories, which were described in the chapter 1, at the design stage. A study evaluating how people make decisions ought to include a measure of the individual's decision-making process such as a description of the information used to make the decision. Knowledge measures alone are not sufficient. Explanatory studies will find a cross-sectional design the most useful, and a process tracing technique applied to the transcript of a consultation will usually provide the best understanding of how decisions were made.

Studies evaluating decision facilitation may use observational methods to formulate the research question, but must eventually use the best-quality experimental design, the RCT. Typically, the comparison should be against routine care, as there are no well-evaluated and clearly effective interventions in this area. The following is a description of an unpublished study carried out by Bekker. It is an example of an ideal study to evaluate the facilitation of informed decision making.

Question: **Does decision analysis increase informed decision making by women – choosing to have a diagnostic test in pregnancy after a screen positive?**

Theory: Decision analysis is a decision aid derived from expected utility theory. Expected utility theory, the theory of planned behaviour, and reasoned-based models of decision making informed the evaluation measures.

Design: RCT with a low risk of bias – numbered, sealed, opaque envelopes were opened for allocation to either a routine information consultation or a decision-analysis consultation.

Measures: The consultation was audio-tape recorded, transcribed and coded. A questionnaire was completed after the decision was made and 4 weeks later. The following variables were assessed:
- informed decision making: study specific coding frame and computer programme applied to transcripts assessing thinking words and information utilised
- reasoning: questionnaire included measures of beliefs, attitudes, perception of risk, and knowledge
- affect: anxiety and decisional conflict assessed by questionnaires, use of emotion-laden words assessed by the computer programme analysis of transcripts
- clinical: consultation length recorded and perceived usefulness of information
- behaviour: decision to be or not be tested
- other: demographic variations, reproductive history and individual differences in information processing assessed by questionnaires.

In summary the ideal study should randomise using a method with a low risk of bias, be designed with reference to decision-making theory, and include measures of the decision-making process and outcome.

Recommendations for research

- Future primary research should not simply rely on behavioural or psychometric outcomes but should work under a theory of decision making, and record decision process measures that permit evaluation of whether the decision was informed. If evaluating experimental interventions, they must use RCT methods with a low risk of bias.
- A booklet describing the main decision-making theories, and an inventory of suitable questionnaires and interview-based outcome measures could be developed to help clinical health researchers design appropriate studies.
- Complementary systematic reviews of the following topics would be valuable:
  - trials evaluating the effect of interventions on patient preferences. At least 50 such studies were excluded from the present bibliography because no behaviour change was recorded.
  - observational studies furthering the understanding of real patient decision making. Three process-tracing methodologies will predominate: tape-recorded consultations; verbal protocols of thinking aloud techniques; and information boards or computer programmes to document the information referred to by patients.
  - assessing the effect of additional information, manipulation of information, provision of feedback, and group delivery of information on subsequent informed patient decision making.
- Primary research is required in the following health areas:
  - genetics and prenatal diagnosis. This area is a good place to begin because the nature of the information base, with relatively simple clearly-defined options with known risks corresponds closely to the terms that decision theories use.
  - areas where decisions are often made by proxy such as paediatrics and mental health.
- Primary research is required to evaluate the following types of interventions:
  - Decision aids, such as graphical, pictorial, computer and Internet-based devices.
  - Information manipulation, such as decision analysis, patient prompts and provision of feedback, and scenario-based approaches to informing choice of treatments.

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Appendix 2

The principle of the search strategy

Decision-making terms
Career choice
Decision making
Communication
Cybernetics
Advertising
Decision support techniques
Thinking
Creativeness

OR

Patient terms
Psychological models
Psychological theory
Probability
Risk
Patient acceptance health care
Patient participation
Knowledge, attitudes, practice
Truth disclosure
Treatment refusal
Fees, charges, willingness to pay
Consumer satisfaction
Consumer participation
Health education
Professional–patient relations
Public opinion
Sick role
Counselling
Genetic counselling
Applied psychology

PLUS

Comparative-study terms
Comparative study
Cross-sectional study
Data collection
Statistics
Evaluation studies
Feasibility studies
Cohort studies
Random allocation
Clinical trials
Control trials
Research study design
Pilot projects
Intervention studies
Measures

Appendix 3

MEDLINE search strategy

career choice/
exp decision making/
2 not 1
exp communication/
exp cybernetics/
exp advertising/
exp animal communication/
5 or 6 or 7
4 not 8
exp decision support techniques/
"neural networks (computer)"/
10 not 11
informed consent/
exp thinking/
exp autism/
creativeness/
exp esthetics/
15 or 16 or 17
14 not 18
models, psychological/
exp probability/
exp risk/
risk-taking/
exp psychological theory/
exp patient acceptance of health care/
exp patient participation/
exp knowledge, attitudes, practice/
exp truth disclosure/
exp treatment refusal/
(patient adj3 decision).ti,ab.
fee$ charg$.ti,ab.
willing$ to pay.ti,ab.
or/3,9,12-13,19-32
exp consumer participation/
exp consumer satisfaction/
exp health education/
health status/
exp professional-patient relations/
exp patient acceptance of health care/
exp public opinion/
sick role/
genetic counseling/
exp counseling/
psychology, applied/
(referral and consultation).ti,ab,sh.
exp attitude to health/
(patient adj3 decision).ti,ab.
or/34-47
comparative study/
cross-sectional studies/
exp data collection/
exp statistics/
exp evaluation studies/
exp feasibility studies/
exp cohort studies/
exp random allocation/
exp clinical trials/
exp research/
exp "study design (non mesh)"/
exp pilot projects/
exp intervention studies/
(clinical adj2 trial).ti,ab.
(control$ adj2 trial$).ti,ab.
measure$.ti,ab.
or/49-64
33 and 48 and 65

Appendix 4

Data extraction coding forms

Page 1, Table 1 — Article identification details

Field	*Details*
Article review number **number studies** **project number** **number of duplicate**	....
Authors	.....
Title	.....
Journal details	.....
Included/excluded (reasons exclude)	**included** **excluded** .....
Database	MEDLINE ☐ PsycLIT ☐ BIDS ☐ handsearch ☐
Date downloaded	_____ /_____
Date sent to reviewer	_____ /_____
Date returned reviewer	_____ /_____
Initials reviewer	**MA** ☐ **HB** ☐ **JC** ☐ **JH** ☐ **JM** ☐ **MM** ☐ **SM** ☐ **AP** ☐ **MR** ☐ **JT** ☐

Page 2, Table 1 – Describing health decision and quality study

Summary health decision (free text)		
Location research: unknown ☐ UK ☐ North America ☐ S. Africa ☐ Australia/NZ ☐ other ☐ (write ....)	**Participants:** unknown ☐ adult ☐ well ☐ pregnant ☐ physically impaired ☐ elderly (> 65) ☐ mentally impaired ☐ child (< 17) ☐ non-English speaking ☐	**The nature of the decision is:** A) real ☐ intended ☐ hypothetical ☐ B) implicit ☐ explicit ☐ C) affects – participant ☐ other ☐ D) made at – time intervention ☐ later ☐
Domain of health care: Write type of illness or health domain research located (e.g. cervical/breast cancer, asthma, health promotion, cardiovascular risk factors, HIV/condom use, smoking cessation, drug use, tuberculoses, malaria, etc.)	**Defining type of health decision:** Write type of health decision (e.g. screening, diagnostic testing, medication/ drug therapy, surgical treatment, behavioural therapy, willingness to pay, research, cessation, etc.)	**Authors awareness theory:** ***Decision making theory:*** 0 = no theory referred to Write in the name of theory referred to in the introduction or methods section ... .
Quality of study: ***Design of study:*** randomised (RCT) a ☐ b ☐ c ☐ non-randomised concurrent ☐ before/after different sample ☐ before/after same sample ☐ Other (e.g. matched case-controlled) ☐	**Quality of study continued...** ***Level of intervention:*** patient level ☐ other level ☐ not rec. ☐ ***Sample invited to participate:*** total 'population' available ☐ stratified/systematic sample ☐ volunteer/non-systematic sample ☐ not adequately described ☐	**Quality of study continued...** ***Sample size:*** total number available _____ not rec. ☐ total number invited _____ not rec. ☐ number participated _____ not rec. ☐ number excluded _____ not rec. ☐ number in final analysis _____ not rec. ☐
Quality of study continued... ***Causes for concern:*** no/not obvious causes for concern ☐ yes (please write any concerns) ☐	**Quality of study continued...** ***Development intervention materials:*** piloted intervention: no ☐ yes ☐ in part ☐ piloted measures: no ☐ yes ☐ in part ☐ readability score: no ☐ yes ☐ in part ☐	**Reference to be accessed ...**

Page 3, Table 1 – Description of intervention groups

Nature of intervention:	**explicit information ☐ change in service ☐ other ☐**		
Comparative group	**Description of intervention (write ...)**	**Code**	**Number in group (n)**
Group 1	....	[ ] [ ] [ ] [ ]	
Group 2	....	[ ] [ ] [ ] [ ]	
Group 3	....	[ ] [ ] [ ] [ ]	
Group 4	....	[ ] [ ] [ ] [ ]	
Group 5	....	[ ] [ ] [ ] [ ]	

Page 3, Table 2 – Variables described within article

Variable	**Code**	**Descriptives**	**Main effect analysis**	**Interaction analysis**
Write variables described within the study (e.g. age, gender, attitudes, social support)				
Alongside each variable, tick whether the analysis of the variable was descriptive, main effect or interaction.				

Page 4, Table 1 – Description health decision outcome

Description (write...)	**Continuous/categorical**	**Validated, piloted, study specific**	**Description validated measure (write):**
		val ☐ pil ☐ study ☐	
		val ☐ pil ☐ study ☐	

Page 4, Table 2 – Results evaluating the association of the intervention and decision outcome

Variable	**Categorical level/group** *e.g. adhere 1 not adhere 2*	**Group 1** *not available or 'n' or mean (sd) n*	**Group 2** *not available or 'n' or mean (sd) n*	**Group 3** *not available or 'n' or mean (sd) n*	**Group 4** *not available or 'n' or mean (sd) n*	**Group 5** *not available or 'n' or mean (sd) n*
sd = standard deviation						

Page 4, Table 3 –Text box summarising the results of the intervention

Write summary results of intervention on decision outcome and author's main outcome measures.

Appendix 5

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Appendix 6

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Appendix 7

Decision details by study design

(grouped by health area)

TABLE 25 *Description of the decision, the interventions, and the measures recorded in studies: RCTa*

Study number	Summary decision and area of health	Theory	Health area	Comparison groups	Variables referred to
23 - 1	Adherence to self-care behaviour in adults undergoing radiotherapy	None	Cancer	Control – routine care for radiation therapy patients Group 1 – routine plus video	Age, sex, level of education, marital status, ethnicity, knowledge, usefulness of information
39 - 1	Uptake of cervical cancer screening in adult well women	None	Cancer	Control – no additional information Group 1 – general practitioner (GP) reminder letter Group 2 – letter headed by clinic Group 3 – additional information leaflet posted	Age, level of education, social class, marital status, actual risk status, medical history, health behaviours-general knowledge, perception of risk, intention
41 - 1	Uptake of mammography in adult well women	None	Cancer	Control – letter not signed by GP Group 1 – letter signed by GP posted to women 'refusers'	Age, social class, health behaviours-general
52 - 1	Uptake of mammography in well adult women	None	Cancer	Control – no additional information Group 1 – physician reminder telephone calls Group 2 – medical assistant telephone call Group 3 – reminder letter	Age, social class, marital status, actual risk status, health insurance
85 - 1	Adherence to breast self-examination (BSE) in adult, well women	None	Cancer	Group 1 – information only Group 2 – information BSE and prompt on contraceptive pill packet	Age, level of education, ethnicity, health behaviours-general, self-efficacy
108 - 1	Uptake of faecal occult blood (FOB) screening in well adults	None	Cancer	Control – usual screening pad: manipulation of stools Group 1 – experimental testing stools: pad dangled in toilet after bowel movement	Age, sex, health insurance
122 - 1	Colorectal screening in well adults	None	Cancer	Group 1 – haemoccult kit: manipulation stools and information on diet Group 2 – early detector pad: used like toilet paper. Information about diet Group 3 – coloscreen: tissue paper placed in toilet after use. Information on diet	Age, sex
316 - 1	Uptake of colorectal screening in well adults (workplace)	None	Cancer	Control – letter: availability of FOB testing at work Group 1 – risk appraisal form assessing personal risk plus letter invite colorectal screening at work	Age, sex, level of education, marital status, ethnicity, actual risk status, family history, health behaviours-general, knowledge, attitudes, perception of risk, intention
509 - 1	Uptake of mammography in well adult women	None	Cancer	Group 1 – one-to-one counselling, leaflet plus free mammography voucher Group 2 – same information as Group 1, no voucher	Age, level of education, social class, marital status, actual risk status, family history, medical history, health behaviours-general, health insurance, living arrangements, knowledge, reasons, health professional measures, efficacy
101 - 1	Uptake of mammography in well women	Framing information	Cancer	Control – routine letter invitation Group 1 – letter plus section on worrisome facts about breast cancer (anxiety condition) Group 2 – letter plus encouraging (coping) things about breast cancer	Age, family history, health behaviours-general

continued

TABLE 25 contd *Description of the decision, the interventions, and the measures recorded in studies: RCTa*

Study number	Summary decision and area of health	Theory	Health area	Comparison groups	Variables referred to
117 - 1	Uptake of colorectal screening in elderly well adults	Health promotion	Cancer	Control – routine slide plus tape presentation Group 1 – elderly information giver gave talk before slide show (close identity participants) Group 2 – adapted slide show, more accessible, more procedural information about screening Group 3 – elderly educator and modified slide show	Age, sex, level of education, social class, marital status, ethnicity
197 - 1	Uptake of colorectal cancer screening in well adults	Social cognition model	Cancer	Group 1 – verbal plus written information about colorectal cancer and screening Group 2 – Group 1 plus free screening kit	Sex, level of education, ethnicity, health behaviours-general, perception of risk
275 - 1	Uptake of mammography in well adult women	Social cognition model	Cancer	Control – routine letter invitation Group 1 – letter plus more explanation risk breast cancer Group 2 – risk invitation plus self-evaluation risk questionnaire Group 3 – risk invitation, risk questionnaire plus personalised risk letter	Age, family history, medical history, reproductive history, health behaviours-general
53 - 1	Adherence to medication in adults with hypertension	None	Medicine	Control – routine medical care Group 1 – telephone link, regular care plus weekly calls using computerised voice and touch tone answers for feedback	Age, sex, level of education, social class, marital status, actual risk status
50 - 1	Adherence to health lifestyle, cessation of unhealthy lifestyle in well adults	None	Medicine	Group 1 – illustrated leaflet about cardio-vascular disease (CVD) risk-reducing factors Group 2 – group counselling (1–2 hours), goal achievement, weight loss programmes	Age, sex, level of education, social class, actual risk status, physiological/ psychological assessment
64 - 1	Cessation of smoking, alcohol and uptake of exercise in medicine well adults	None	Medicine	Control – routine CVD risk examination plus leaflet Group 1 – paid GPs, routine examination plus additional counselling, follow-up visit plus patient reimbursement	Age, sex, social class, marital status, ethnicity, actual risk status, health behaviours-general, health insurance
118 - 1	Cessation of smoking in well adults with asthmatic children	None	Medicine	Control – routine smoking risk information plus quit smoking in home advice Group 1 – child's physician gave information on passive smoking plus leaflet plus ways reducing child exposure smoke	Age, level of education, marital status, ethnicity, actual risk status
216 - 2	Adherence to cessation of smoking/fatty food programme in well adults	None	Medicine	Group 1 – invitation letter, leaflet on smoking and weight programmes, cost US$5 flat fee Group 1 – letter invitation, leaflet and refundable deposit US$60	Age, sex, level of education, actual risk status, physiological/psychological assessment
229 - 1	Cessation of smoking in well adults	None	Medicine	Group 1 – verbal information on smoking and nicotine gum plus free gum Group 2 – verbal information on smoking and gum plus gum cost US$6 Group 3 – information on smoking and gum plus gum cost US$20	Age, sex, level of education, social class, actual risk status
350 - 1	Cessation of smoking in well patients	None	Medicine	Group 1 – two appointments to discuss quitting and progress, offered gum plus leaflet Group 2 – same Group 1 plus offered additional visit	Age, sex, level of education, marital status, actual risk status, health behaviours-general, usefulness information, intention, social reinforcement/norms, motivation
483 - 1	Adherence to medication in elderly adults	None	Medicine	Control – pharmacists informed study but training deferred Group 1 – pharmacists trained in workshops in identifying problems with adherence plus leaflets for patients	Age, sex, level of education, social class, marital status, actual risk status, attitudes, usefulness of information

continued

TABLE 25 contd *Description of the decision, the interventions, and the measures recorded in studies: RCTa*

Study number	Summary decision and area of health	Theory	Health area	Comparison groups	Variables referred to
648 - 1	Cessation of smoking in well adults (worksite)	None	Medicine	Group 1 – minimal counselling: leaflet plus told to wear nicotine patch (22 mg or 44 mg strength) Group 2 – individual counselling: leaflet plus motivational message by physician plus quit letter Group 3 – group counselling: leaflet plus attend clinic for counselling and skill acquisition	Age, sex, level of education, ethnicity, actual risk status, medical history, physiological/psychological assessment,
793 - 1	Cessation of in well adults	None	Medicine	Group 1 – nicotine patch plus usual leaflet Group 2 – nicotine patch plus additional information Group 3 – placebo patch plus leaflet Group 4 – placebo patch plus additional information	Age, sex, actual risk status, perception of well-being
781 - 1	Adherence to self-management in adult with asthma	None	Medicine	Control – routine clinic care Group 1 – verbal information self-management, asthma, therapies, feedback on inhaler use	Age, sex, actual risk status, health behaviours-general, physiological/psychological assessment
755 - 1	Changes to CVD risk factors in well adults	None	Medicine	Control 1 – another company delayed intervention Control 2 – delayed intervention within company Group 1 – health information Group 2 – health information plus cholesterol score feedback Group 3 – health information plus cholesterol risk figure Group 4 – health information plus cholesterol level plus risk score	Age, sex, social class, actual risk status, health behaviours-general, physiological/psychological assessment
67 - 1	Intention to have cardio-pulmonary resuscitation (CPR) in well adults	None	Medicine	Control – no additional information Group 1 – leaflet CPR, framed in terms of senility Group 2 – leaflet CPR, framed in terms of Alzheimers disease	Age, sex, level of education, social class, marital status, religion, ethnicity, living arrangements knowledge
196 - 1	Cessation of smoking, adherence to diet, use of services in well, pregnant women	None	Medicine, obstetrics and gynaecology (midwifery)	Control – routine leaflet Group 1 – leaflet plus weekly phone call from interviewer	Age, marital status, ethnicity, reproductive history anxiety – state/trait, depression, other affect, social support/stress
714 - 1	Utilisation of care in parents of children recently attended emergency	None	Medicine, surgery (A&E)	Control – assessment only Group 1 – health professional follow-up phone call to parents to answer any questions	Age, sex, level of education, social class, marital status, ethnicity, actual risk status, health insurance, perceived satisfaction
200 - 1	Adherence to exercise, cessation of poor diet in adult well premenopausal women	None	Medicine, obstetrics and gynaecology (midwifery)	Control – no additional information Group 1 – group programmes by dietician: meal plans, exercise information, goal setting, newsletter	Age, level of education, social class, marital status, ethnicity, reproductive history, health behaviours-general, physiological/psychological assessment, health professional measures, worry, attitudes, social support/communication, usefulness of information, coping
724 - 1	Cessation of smoking in pregnant women	None	Medicine, obstetrics and gynaecology (midwifery)	Control – assessment only Group 1 – routine information plus explanation on leaflet use plus follow-up session plus note prompt plus buddy	Age, level of education, ethnicity, reproductive history
581 - 1	Cessation of smoking in adults undergoing minor surgery	None	Medicine, surgery	Control – blank tape played during surgery Group 1 – suggestion to give up smoking tape played during surgery	Age, sex, actual risk status, medical history, motivation, awareness of intervention

continued

TABLE 25 contd *Description of the decision, the interventions, and the measures recorded in studies: RCTa*

Study number	Summary decision and area of health	Theory	Health area	Comparison groups	Variables referred to
542 - 1	Participation in clinical trial in ambulatory adult patients	Framing information	Medicine	Group 1 – treatment A twice as effective Group 2 – treatment A half as effective	Age, level of education, social class, ethnicity, medical history reasons
120 - 1	Cessation of alcohol in school children	Health promotion	Medicine	Control – control group Group 1 – modified 'alcohol misuse prevention study' information: more role-play against social pressure, interactive sessions with feedback	Sex, knowledge, attitudes, efficacy
301 - 1	Compliance with medication in well and epileptic adults	Communi-cation	Medicine	Group 1 – information medication using standard 'medical practice' form Group 2 – modified information written for lay person plus risk and side-effect information	Age, sex, level of education, marital status, actual risk status, anxiety – state, knowledge, perception of risk
325 - 1	Uptake of exercise in adults with CVD	Shared consult-ation	Medicine	Group 1 – leaflet and verbal information on exercise, checking pulse Group 2 – Group 1 plus behavioural strategies: goal setting, reinforcement (phone) and diary	Age, sex, level of education, social class, marital status, actual risk status, health behaviours-general, physiological/ psychological assessment, knowledge, social reinforcement/norms
202 - 1	Uptake of appointment in adult substance users	None	STDs (HIV)	Control – no additional contact Group 1 – telephone call emphasising importance of attendance	Age, sex, social class, ethnicity, actual risk status, medical history, perceived satisfaction
393 - 1	Cessation of/adherence to risky/safe sex in adolescents with STD	None	STDs (HIV)	Control – individual risk assessment HIV, leaflet and counselling on condom use/HIV prevention Group 1 – routine information plus physician asking about knowledge and skills to modify behaviour	Age, sex, ethnicity, actual risk status, medical history, health behaviours-general
741 - 1	Cessation of risky sex/ uptake of safe sex in adults with STD	None	STDs (HIV)	Control – counselling only on HIV risk factors plus blood test for STD Group 1 – HIV counselling plus STD blood plus HIV test	Age, sex, level of education, social class, marital status, ethnicity, actual risk status, medical history, worry, perception of well-being, knowledge
107 - 1	Use of condoms/safer sex in school children	Social cognition model	STDs (HIV)	Control – no additional information Group 1 – verbal information: sexual development, STD, contraception, skill acquisition in groups and communication skills	Age, sex, social class, actual risk status, health behaviours-general, knowledge, attitudes, self-efficacy
585 - 1	Adherence to safe sex in well adolescents	Social cognition model, health promotion	STDs (HIV)	Group 1 – video information: HIV risks and behaviour and discussion groups Group 2 – information structured by protection-motivation theory, skill acquisition	Age, sex, actual risk status, knowledge
799 - 1	Changes HIV risky behaviour in well adult women	Social cognition model	STDs (HIV)	Control – delayed information Group 1 – social skills acquisition, culturally appropriate information on HIV Group 2 – HIV information only	Age, level of education, social class, actual risk status, reproductive history, health behaviours-general, living arrangements knowledge, perception of control, self-efficacy, social reinforcement/norms
299 - 1	Uptake of immunisation in well adults	None	Primary care	Control – routine Group 1 – physician reminder – printed on 'bill' after consultation Group 2 – telephone call made by nurse Group 3 - letter signed by physician	Age, sex, actual risk status, reproductive history
378 - 1	Uptake of immunisation in well adults	None	Primary care	Control – routine care Group 1 – reminder postcard to visit physician	Age, sex, social class
638 - 1	Utilisation of services in adult male patients primary care	None	Primary care	Control – usual care Group 1 – re-appointment times made and telephone contact made at three time points by physician	Age, marital status, actual risk status, medical history, health behaviours-general, perception of well-being, perceived satisfaction

continued

TABLE 25 contd *Description of the decision, the interventions, and the measures recorded in studies: RCTa*

Study number	Summary decision and area of health	Theory	Health area	Comparison groups	Variables referred to
387 - 1	Increased participation in consultation in adult general practice patients	Shared consult-ation	Primary care	Control – health eating leaflet, note examples high fat foods Group 1 – leaflet encouraging patients to be more active in consultation, note concerns for doctor, ask questions diagnosis and treatment (piloted)	Age, sex, social class, health professional measures perception of control, perceived satisfaction, self-efficacy, usefulness of information
333 - 1	Adherence to immunogens in elderly well adults	Health promotion	Primary care	Control – assessment only Group 1 – verbal information about medication, appointments, illness	Age, sex, level of education, social class, marital status, actual risk status, medical history, health behaviours-general, physiological/psychological assessment, depression
425 - 1	Uptake of prenatal services in pregnant well women	None	Obstetrics and gynaecology (midwifery)	Control – usual 13 visits with health professional Group 1 – reduced to seven visits with health professional	Age, level of education, social class, marital status, ethnicity, reproductive history, health behaviours-general, physiological/ psychological assessment, health professional measures, worry, attitudes, social support communication, usefulness of information, coping
778 - 1	Uptake of prenatal screening in well pregnant women	None	Obstetrics and gynaecology (midwifery), genetics	Control – routine care Group 1 – additional individual session plus leaflet and verbal information serum screening, ultrasound, carrier testing for cystic fibrosis (CF) Group 2 – women attended group sessions plus leaflets	Age, social class, ethnicity, reproductive history, anxiety – state, depression, worry
678 - 1	Uptake of antenatal care in well pregnant women	None	Obstetrics and gynaecology (midwifery)	Control – usual antenatal care: attend clinics by different professionals Group 1 – team-care: known team of midwives provided continuity care throughout pregnancy	Age, social class, marital status, reproductive history, physiological/ psychological assessment, autonomy in decision making, perception of informed consent, perceived satisfaction, usefulness of information
606 - 1	Uptake of appointments in adults who attempted suicide	None	Mental health	Control – usual care: patients contact clinic Group 1 – nurse visit to patients not attending follow-up appointment	Age, sex, level of education, social class, marital status, actual risk status, medical history, anxiety – state, depression
427 - 1	Adherence to medication in psychotic adults	Health promotion	Mental health	Control – supportive (listening) counselling Group 1 – counselling guided by 'compliance' therapy: beliefs, coping, attitudes to drug use	Age, sex, ethnicity, actual risk status, medical history, attitudes, disability scale

TABLE 26 *Description of the decision, the interventions, and the measures recorded in studies: RCTb*

Study number	Summary decision and area of health	Theory	Health area	Comparison groups	Variables referred to
352 - 1	Uptake of mammography in well women	None	Cancer	Control – routine reminder postcard Group 1 – routine reminder postcard plus voucher on attendance (US$2)	Age
352 - 2	Uptake of mammography in well women	None	Cancer	Control – routine reminder postcard Group 1 – telephone reminder	Age
352 - 3	Uptake of mammography in well adults	None	Cancer	Control – clinic-based reminder letter Group 1 – signed letter physician reminder	Age
353 - 1	Uptake of mammography in well women	None	Cancer	Control – no additional contact Group 1 – volunteers 'taught' about purpose mammography and to contact five acquaintances to encourage their attendance	Age, level of education, social class, marital status, ethnicity, health behaviours-general
420 - 1	Uptake of colorectal screening in well adults	None	Cancer	Control: letter invitation, FOB test plus leaflet plus reminder letter: half receive gain frame, half loss frame information Group 1 – routine care plus reminder phone call: gain/loss framed information Group 2 – routine plus information leaflet (readability score) about efficacy screening plus phone reminder: gain/loss framing Group 3 – routine plus additional leaflet plus reminder phone with additional information on use: gain/loss frame information	Age, sex, reasons
482 - 1	Uptake of colorectal screening in well adults	None	Cancer	Control – routine care: letter invitation plus testing kit Group 1 – routine care plus reminder phone call Group 2 – routine care plus leaflet plus reminder call Group 3 – routine care plus leaflet plus 'how to use test' call plus reminder call	Age, sex
653 - 1	Uptake of mammography in well adult women	None	Cancer	Control – routine letter invitation Group 1 – letter invitation plus information on taking part study for 'additional scientific investigation'	Age, marital status, ethnicity, living arrangements
675 - 1	Uptake of colorectal screening in well adults	None	Cancer	Group 1 – perform test over 3 days without diet restriction Group 2 – perform test over 6 days without diet restriction Group 3 – perform test over 3 days with diet restriction Group 4 – perform test over 6 days with diet restriction	Age, sex
683 - 1	Uptake of colorectal cancer screening in well adults	None	Cancer	Group 1 – signed GP letter plus diet restrictions plus FOB test Group 2 – signed GP letter plus faecal kit Group 3 – signed letter, leaflet plus FOB testing kit Group 4 – signed letter plus instructions to phone for free kit Group 5 – letter signed by 'professor' and FOB testing kit	Age, sex, marital status
491 - 1	Uptake of BSE in well women (work)	None	Cancer	Control – group session on BSE, video plus leaflet plus practice movement Group 1 – control plus feedback on BSE on model Group 2 – control plus Group 2 plus individual session plus intensive feedback	Age, level of education, marital status, ethnicity, health behaviours-general, physiological/psychological assessment
533 - 1	Uptake of BSE in well women	None	Cancer	Control – verbal, video and leaflet information on BSE and 'over-clothing' technique Group 1 – control plus individual supervision on model with lumps Group 2 – Group 1 plus individual counselling	

continued

TABLE 26 contd *Description of the decision, the interventions, and the measures recorded in studies: RCTb*

Study number	Summary decision and area of health	Theory	Health area	Comparison groups	Variables referred to
566 - 1	Returning colorectal screening cards in well adults	None	Cancer	Control – hemoccult cards by post, no stamped addressed envelope Group 1 – hemoccult cards sent with stamped addressed envelopes	Age, sex, marital status, ethnicity, health insurance
705 - 1	Adherence to safe-sun behaviours in well adolescents	None	Cancer	Control – questionnaire only Group 1 – read through leaflet Group 2 – read leaflet plus video Group 3 – read leaflet plus designed poster Group 4 – leaflet plus discussion one week later	Age, sex, actual risk status, knowledge, attitudes
728 - 1	Uptake of cervical smear in well women	None	Cancer	Control – usual care Group 1 – leaflet plus fact sheet by post (available in several Asian languages) Group 2 – personal visit plus fact sheet plus video Group 3 – personal visit plus fact sheet plus leaflet	Age, social class, marital status, religion, ethnicity, actual risk status, usefulness of information
630 - 1	Uptake of breast screening well women non-attendees	None	Cancer	Group 1 – home visits by nurse, ascertained reasons non-attendance and information on screening Group 2 – home visit nurse, ascertained reasons non-attendance Group 3 – signed reminder letter GP	Age, perception of control, self-esteem
285 - 1	Uptake of colorectal cancer screening in well adults	None	Cancer	Group 1 – letter to all households plus leaflet information colorectal cancer screening, media campaign plus refund for buying test Group 2 – Group 1 plus given free test at surgery Group 3 – Group 1 plus test sent by post to non-attendees	Age, sex
727 - 1	Uptake of mammography in well women	None	Cancer	Group 1 – free screening plus media information plus open invitation letter to non attendees Group 2 – Group 1 plus fixed appointment letter	Age
543 - 1	Uptake of cervical smear in well women	None	Cancer	Control – routine breast screening appointment Group 1 – timed cervical screening appointment as well as breast screening	Age, ethnicity, health behaviours-general
587 - 1	Uptake of in prostate screening in well male adults	None	Cancer	Group 1 – verbal information availability screening Group 2 – description of procedure screening	Age, level of education, social class, ethnicity, family history, health insurance
713 - 1	Uptake of cervical smears in well women with screen-positive smears	None	Cancer	Control – routine care Group 1 – information leaflet	Age, level of education, marital status, worry, knowledge
48 - 1	Uptake of cervical screening in well women	None	Cancer	Control – comparison women in hospital ward Group 1 – offered smear in hospital Group 2 – offered leaflet when discharged	Age, level of education, marital status, ethnicity, reproductive history, health professional measures
488 - 1	Uptake of hypothetical medication trial in adults with cancer	None	Cancer	Group 1 – audio-tape plus verbal information cancer, trial and treatment provided Group 2 – computer screen touch control, programme same information as Group 1	Age, sex, level of education, knowledge, perceived satisfaction, usefulness of information
86 - 1	Uptake of breast and cervical screening in well adult women	Health promotion	Cancer	Control – information about community living Group 1 – information about the importance of screening, BSE, nutrition and attending health centres	Age, level of education, social class, marital status, ethnicity, attitudes, health behaviours-general, service utilisation of, health insurance, knowledge, reasons, self-efficacy
114 - 1	Uptake of mammography in adult well women	Social cognition model	Cancer	Control – no additional information Group 1 – belief intervention: 'stages of change/ HBM' assessment, tailored belief intervention plus leaflet plus professional contact Group 2 – information only: facts, timing and procedure mammography Group 3 – Group 1 plus 2: facts on procedure plus targeted beliefs	Age, level of education, ethnicity, health behaviours-general, knowledge, attitudes, perception of risk, reasons, operationalised model, motivation

continued

TABLE 26 contd *Description of the decision, the interventions, and the measures recorded in studies: RCTb*

Study number	Summary decision and area of health	Theory	Health area	Comparison groups	Variables referred to
232 - 1	Uptake of mammography in well women	Social cognition model	Cancer	Control – leaflet by post: breast cancer plus thank you for questionnaire completion Group 1 – extra leaflet: importance screening, procedure and attendance encouragement plus thank you note	Age, education, social class, marital status, ethnicity, health behaviours, insurance, knowledge, attitudes, perception of risk, reasons, intent, efficacy
438 - 1	Uptake of mammography in well adult women (workplace)	Framing information	Cancer	Group 1 – video: positive frame mammography screening (saves lives) Group 2 – video: negative frame mammography screening (not attend is life threatening)	Age, level of education, social class, marital status, religion, ethnicity, family history, health behaviours-general, knowledge, attitudes, perception of risk, self-efficacy, intention , efficacy, other affect
784 - 1	Uptake of mammography in well women	Social cognition model	Cancer	Control – women not interviewed until after screening Group 1 – women interviewed before screening Group 2 – postal questionnaire sent before screening	Age, level of education, social class, marital status, religion, ethnicity, family history, medical history, health behaviours-general, physiological/psychological assessment, living arrangements, reproductive history, perception of well-being, attitudes, perception of risk, perception of susceptibility, intention, efficacy
700 - 1	Participation in consultation in adults with cancer	Shared consultation	Cancer	Group 1 – informed cancer services are available Group 2 – information encouraged writing questions down before consultation	Age, sex, actual risk status, medical history, living arrangements, anxiety – state, knowledge, preference consultation style, perceived satisfaction, disability scale, coping
789 - 1	Uptake of mammography in well women	Attribution theory	Cancer	Group 1 – neutral information video about breast screening Group 2 – video plus internal responsibility frame to get mammography Group 3 – video plus external (physician) responsibility frame to order mammography	Age, level of education, social class, marital status, religion, ethnicity, actual risk status, family history, medical history, perception of well-being, relief/reassurance, regret/responsibility, knowledge, attitudes, usefulness of information
207 - 1	Cessation of smoking/ adherence to diet in well children	Social learning theory	Cancer, medicine	Control – questionnaire only Group 1 – verbal information: tobacco prevention plus culturally appropriate peer volunteer in school Group 2 – information to improve diet Group 3 – information aimed at diet and smoking	Age, sex, knowledge, attitudes
288 - 1	Uptake of radon testing in well adults	Social cognition model	Cancer, other	Group 1 – telephoned adults plus leaflet plus advised to test home Group 2 – telephoned adults plus leaflet plus encourage house testing plus told high risk area and house likely to have radon	Age, sex, level of education, reproductive history, health behaviours-general, perception of risk, perception of susceptibility, reasons
690 - 1	Uptake of BSE	Social cognition model	Cancer	Control – data collection only Group 1 – belief targeted verbal plus leaflets (HBM): breast cancer and BSE Group 2 – routine information plus skills on BSE Group 3 – Groups 1 plus 2	Age, level of education, ethnicity, attitudes, perception of risk, perception of susceptibility, reasons, operationalised model, motivation
458 - 1	Cessation of skin cancer risks in well adolescents	Social cognition model	Cancer	Control – assessment only Group 1 – videotape risks skin cancer, self-assessment form, feedback and ways change behaviour	Age, sex, level of education, actual risk status, health behaviours-general, knowledge, attitudes, perception of susceptibility, intention, social reinforcement/norms
307 - 1	Uptake of BSE in older well women	Social cognition model	Cancer	Control – basic one-to-one BSE instruction Group 1 – peer BSE 'buddy' selected Group 2 – women brought partner of choice for BSE buddy	Age, level of education, marital status, attitudes, self-efficacy
140 - 1	Cessation of smoking in adults with cancer	Social cognition model	Cancer, medicine	Control – routine care Group 1 – leaflet plus quit smoking sessions plus trained health professional	Age, sex, level of education, marital status, actual risk status, medical history, physiological/psychological assessment, knowledge, attitudes, operationalised model

continued

TABLE 26 contd *Description of the decision, the interventions, and the measures recorded in studies: RCTb*

Study number	Summary decision and area of health	Theory	Health area	Comparison groups	Variables referred to
757 - 1	Uptake of mammography in well women	Framing information	Cancer	Control – no assessment Control 2 – assessment only Group 1 – leaflet mammography negatively framed plus invitation letter Group 2 – leaflet positively framed plus letter	Age, level of education, ethnicity, actual risk status, medical history
434 - 1	Uptake of trial cancer treatment in adults with cancer	Framing information	Cancer	Group 1 – scenario: surgical removal intestine followed by chemotherapy, neutrally framed Group 2 – scenario: surgery followed by chemotherapy positively framed Group 3 – scenario: surgery followed by chemotherapy negatively framed	Age, sex, level of education, actual risk status, medical history, attitudes, autonomy in decision making
816 - 1	Participation in clinical trials in adults with cancer	Shared consult-ation	Cancer	Control – routine informed consent procedures Group 1 – control plus follow-up phone calls by research nurses (information giving)	Age, sex, level of education, marital status, actual risk status, medical history, anxiety – state, perceived satisfaction, memory, awareness intervention
667 - 1	Participation in decision making in women with breast cancer	Shared consult-ation	Cancer	Group 1 – leaflet breast cancer treatments and others experience Group 2 – computer interaction, pictures and text	Age, level of education, ethnicity, actual risk status, knowledge, autonomy in decision making
671 - 1	Cancellation surgery in adults with CVD	None	Medicine	Group 1 – information: procedure, side-effects and complications Group 2 – more information risks and complications	Age, sex, level of education, actual risk status, medical history, anxiety – state, disability scale, usefulness of information
1 - 1	Uptake of exercise in well adults with risk factors for CVD	None	Medicine	Control – usual care: GP suggests changes weight, exercise, and smoking Group 1 – control plus attendance at local group session led by a health professional	Age, sex
10 - 1	Use of health care by medicine male patients	None	Medicine	Control – internist recommends specialist to patients when attend primary care Group 1 – evaluation patient's needs, develop personalised care plan, nurse coordinated care from clinic.	Age, level of education, social class, marital status, ethnicity, actual risk status, depression, perception of well-being, disability scale, social support/communication
28 - 1	Use of health services in adult patients with Parkinson's disease	None	Medicine, mental health	Control – usual care Group 1 – propath programme: provide in-depth advice on coping with Parkinson's disease, use leaflet and video.	Age, sex, level of education, social class, marital status, ethnicity, actual risk status, perception of well-being, other affect, perceived satisfaction, disability scale
63 - 1	Uptake of exercise in adult back pain patients	None	Medicine	Control – routine care Group 1 – control plus leaflet information on back pain and coping techniques Group 2 – Group 1 information delivered by nurse plus telephone call for additional information	Age, sex, level of education, social class, marital status, ethnicity, actual risk status, health behaviours-general, depression, perception of well-being, knowledge, perceived satisfaction
47 - 1	Uptake of immunisations and CVD risk factor reduction in well adults	None	Medicine, primary care	Group 1 – health screening by local hospital Group 2 – health screening by physician	Age, sex, level of education, social class, marital status, medical history, health insurance, living arrangements
55 - 1	Cessation of smoking in adult well children	None	Medicine	Control – routine information giving video Group 1 – culturally sensitive video	Age, sex, level of education, social class, knowledge, usefulness of information
55 - 2	Cessation of smoking in adult well children	None	Medicine	Control – discussion group about smoking Group 1 – showing previously developed videos	Age, sex, level of education, social class, ethnicity, self-efficacy, usefulness of information
57 - 1	Adherence to medication in adults with hypertension	None	Medicine	Group 1 – medication once per day Group 2 – medication twice a day	Age, sex, physiological/psychological assessment
88 - 1	Adherence to medication in adult medicine physically ill sample	None	Medicine	Control – medication only Group 1 – medication plus information about side-effects, name, adherence to regimen	Age, medical history, knowledge

continued

TABLE 26 contd *Description of the decision, the interventions, and the measures recorded in studies: RCTb*

Study number	Summary decision and area of health	Theory	Health area	Comparison groups	Variables referred to
102 - 1	Cessation of smoking in well adults	None	Medicine	Control – smoking status assessed Group 1 – US$10 incentive plus win 'ex-smoker of the month' money	Age, sex, level of education, social class, actual risk status, intention
105 - 1	Adherence to medication in medicine adults	None	Medicine	Control – usual medication regimen Group 1 – same packaging but twice daily pill taking Group 2 – modified information and twice daily dosing	Age, sex, ethnicity, actual risk status, perception of well-being, perception of risk, disability scale
110 - 1	Cessation of smoking/ adherence to healthy lifestyle in medicine well population	None	Medicine	Control – informed that a programme running and health claims monitored Group 1 – underwent risk appraisal, personalised risk feedback, letters, leaflets Group 2 – underwent risk appraisal only	Age, sex, level of education, actual risk status, health behaviours-general, physiological/psychological assessment, stress
147 - 1	Cessation of fatty diet in well adults	None	Medicine	Control – recorded and weighed food Group 1 – group counselling by nutritionist, feedback on fat intake, asked to make changes	Age, sex, actual risk status, attitudes, reasons
155 - 1	Consent to participate in well adults	None	Medicine	Group 1 – patient consent to observation only Group 2 – consent to observation plus videotape	Age, sex, level of education, other affect, perceived satisfaction
183 - 1	Cessation of alcohol use in well adult women	None	Medicine	Control – newsletters of 'dummy' interests Group 1 – newsletter included articles on alcohol use and abuse	Age, level of education, social class, marital status, ethnicity, actual risk status, knowledge, attitudes, reasons
216 - 1	Adherence to cessation of smoking and poor diet in well adults	None	Medicine	Group 1 – letter invitation, leaflet smoking and weight loss programme, incentive (US$) option and/or flat fee payment to programme Group 2 – invitation letter, programme leaflets sent if returned further information card	Age, sex, level of education, actual risk status, physiological/psychological assessment
217 - 1	Cessation of smoking in well adolescents	None	Medicine	Control – no intervention Group 1 – group sessions: smoking, skills to resist smoking, feedback Group 2 – media intervention Group 3 – health information plus Group 1 Group 4 – Group 1 plus Group 2 plus Group 3	Sex, level of education, ethnicity, actual risk status, knowledge, self-efficacy, intention, coping
249 - 1	Cessation of smoking in well adults	None	Medicine	Control – routine physician advice Group 1 – routine plus two-part counselling with trained 'smoking' counsellor	Age, sex, level of education, social class, actual risk status, medical history, health behaviours-general, perception of well-being, self-efficacy, intention, motivation, stress
259 - 1	Cessation of alcohol use in well adult women	None	Medicine	Control – no additional contact Group 1 – leaflet information about alcohol level screen positive, cessation of, follow-up letter Group 2 – reasons screen positive, asked about drinking habits, monthly consultations	Age, sex, level of education, social class, actual risk status, health behaviours-general, physiological/psychological assessment
279 - 1	Cessation of smoking/ adherence to healthy lifestyle in well children	None	Medicine	Control – screening only Group 1 – verbal and leaflet information on diet, exercise regimens and smoking ; obese children additional counselling	Actual risk status, physiological/ psychological assessment
356 - 1	Cessation of salt in diet – adults with hypertension	None	Medicine	Control – no intervention Group 1 – nurses trained information on: addition salt, diet and hypertension, take blood pressure	Age, level of education, marital status
574 - 1	Cessation of smoking in well adults	None	Medicine	Group 1 – immediate cessation of counselling Group 2 – tailored cessation of plus placebo gum Group 3 – tapered quitting plus active gum	Age, sex, actual risk status, depression, perception of well-being, other affect
652 - 1	Attendance of follow-up cholesterol screening appointment in well adults (mobile unit in car-park)	None	Medicine	Control – routine testing plus leaflet Group 1 – letter plus notification receive US$17 food coupon on attendance Group 2 – reminder letter to attend	Age, sex, level of education, social class, marital status, actual risk status, medical history, health behaviours-general

continued

TABLE 26 contd *Description of the decision, the interventions, and the measures recorded in studies: RCTb*

Study number	Summary decision and area of health	Theory	Health area	Comparison groups	Variables referred to
679 - 1	Uptake of exercise in well children	None	Medicine	Control – routine health instruction and assessment Group 1 – trained teacher, leaflets on: diet, smoking and exercise plus extra exercise classes	Age, sex, social class, ethnicity, health behaviours-general, physiological/ psychological assessment, living arrangements, knowledge
489 - 1	Uptake of cessation of lifestyle change in adults with hyperlipidaemia	None	Medicine	Control – content unclear Group 1 – patient-designed intervention to reduce CVD risk factors delivered by health professionals Group 2 – professional-designed programme carried out by same health professionals, no further information given	Age, sex, level of education, marital status, actual risk status, family history, medical history, health behaviours-general, perception of risk, reasons, self-efficacy, operationalised model
772 - 1	Cessation of drinking in adult problem drinkers	None	Medicine	Control – waiting list control Group 1 – directive style consultation: drinking defined as a problem, advice total giving up Group 2 – patient-centred: reflective listening, not labelled alcoholics, not confront problem	Age, sex, level of education, marital status, actual risk status, family history, attitudes
807 - 1	Adherence to self-management in adults with medicine	None	Medicine	Control – training programme only Group 1 – training programme plus support groups	
447 - 1	Adherence to medication in adults with hypertension	None	Medicine	Control – health education package Group 1 – letter before appointment, follow-up on non-attendance plus card with clinic details	Age, sex, social class, marital status, medical history, health behaviours-general, physiological/psychological assessment
783 - 1	Cessation of smoking in well adults	None	Medicine	Control – enhanced usual care: leaflet and access self-help materials Group 1 – leaflet plus self-quitting guidelines: coping techniques plus manual plus no smoking prompts plus feedback cards to return Group 2 – Group 1 plus letter encouraging adoption smoker buddy Group 3 – Group 2 plus additional telephone contact with counsellor	Age, sex, level of education, marital status, ethnicity, actual risk status, medical history, health behaviours-general, attitudes, reasons, self-efficacy, intention
336 - 1	Cessation of/adherence to lifestyle CVD factors in well adolescents	None	Medicine	Control – assessment only Group 1 – assessment plus screening Group 2 – know your body information: lifestyle behaviours and changes in diet, exercise, smoking Group 3 – assessment plus screening plus Group 2	Age, sex, ethnicity, physiological/ psychological assessment, knowledge, attitudes, social reinforcement/norms
530 - 1	Compliance with medication in adults with asthma	None	Medicine	Control – assessment only Group 1 – four asthma management sessions: lectures, leaflet and feedback skills	Age, sex, level of education, marital status, ethnicity, physiological/ psychological assessment knowledge
564 - 1	Cessation of drinking in adults with drinking habit (workplace)	None	Medicine	Group 1 – hospitalisation plus attendance AA on release Group 2 – attended AA only Group 3 – offered choice of AA, hospitalisation, alternative counselling or no treatment	Age, sex, social class, ethnicity, actual risk status, health behaviours-general, law infringements
702 - 1	Adherence to medication in medicine patients	None	Medicine	Control – routine care Group 1 – teaching session plus pill review Group 2 – Group 1 plus follow-up phone call	Age, actual risk status
213 - 1	Cessation of smoking in elderly adults	None	Medicine	Control – delayed intervention group Group 1 – physician trained on quitting plus leaflet for older adults (readability) plus letter	Age, sex, actual risk status
327 - 1	Adherence to self-care in adults with asthma	None	Medicine	Control – routine verbal plus leaflet information: house mites and asthma Group 1 – control plus computer programme feedback given on responses (piloted)	Sex, level of education, social class, marital status, actual risk status

continued

TABLE 26 contd *Description of the decision, the interventions, and the measures recorded in studies: RCTb*

Study number	Summary decision and area of health	Theory	Health area	Comparison groups	Variables referred to
328 - 1	Adherence to self-care in adults with medicine	None	Medicine	Control – delayed intervention Group 1 – verbal information by health professional: diet, exercise, self-monitoring, adherence to medication plus skills plus group meetings	Age, sex, actual risk status, medical history, physiological/psychological assessment, self-efficacy
612 - 1	Adherence to minor surgical therapy in adults with sleep apnoea	None	Medicine	Group 1 – oral 'snore-guard' used when sleeping Group 2 – use nasal continuous positive airway pressure treatment	Age, sex, actual risk status, physiological/psychological assessment perception of well-being, attitudes, perceived satisfaction
629 - 1	Uptake of advance directives in elderly adults with acute illness	None	Medicine	Control – routine care Group 1 – counsellor information on health proxy, noted in charts	Age, sex, ethnicity, actual risk status, health insurance, physiological/psycho logical assessment, perception of well-being
268 - 1	Cessation of CVD risk factors in men at increased risk CVD and families	None	Medicine	Control – screened but not informed at risk Group 1 – physician letter about family risk by lifestyle plus physician/ dietician counselling plus newsletter prompt	Actual risk status, health behaviours-general, physiological/psychological assessment
395 - 1	Uptake of screening/ immunisation in well adults	None	Medicine, cancer, primary care	Control – routine care Group 1 – computer/note prompt for physician Group 2 – computer/note prompt plus patient reminder letter Group 3 – patient reminder letter	Age, sex, ethnicity, health behaviours-general, health insurance
396 - 1	Self-management/diet in adults with medicine	None	Medicine	Control – delayed information Group 1 – use of computer and diet package to check diet	Age, sex, social class, actual risk status, medical history, physiological/ psychological assessment knowledge, perceived satisfaction
398 - 1	Diet/exercise adherence to in adults with medicine	None	Medicine	Group 1 – behaviour therapy plus low calorie diet (1200 kcal per day) Group 2 – behaviour therapy plus very low calorie diet (500 kcal on alternate days)	Age, sex, level of education, actual risk status, medical history, physiological/ psychological assessment depression
402 - 1	Adherence to treatment in adult alcoholics	None	Medicine	Group 1 – all patients offered same behavioural programme Group 2 – patients randomised to either psychiatric or behavioural therapy	
439 - 1	Uptake of CVD screening/ utilisation of service in well elderly adults	None	Medicine	Control – routine Group 1 – staff training, counselling about CVD risks and prevention, Medicaid voucher, free screening	Age, sex, level of education, social class, marital status, actual risk status, health insurance, health behaviours-general, living arrangements anxiety – state, depression, perception of well-being
527 - 1	Adherence to medication in adults with chronic obstructive pulmonary disease	None	Medicine, cancer	Control – yearly assessment plus inhaler Group 1 – intensive smoking cessation of, health professional contact and feedback every 4 months plus inhaler with medication or placebo	Age, sex, level of education, ethnicity, actual risk status, medical history
168 - 1	Adherence to medication in adults with hyper-cholesterolaemia	None	Medicine	Control – routine drug allocation Group 1 – drug allocation plus five phone calls	Age, ethnicity, actual risk status, medical history, physiological/psychological assessment
265 - 1	Cessation of CVD risks in children with family history CVD	None	Medicine	Control – re-assessed at one year only (and matched) Group 1 – home visits, letter and phone calls: information shopping, cooking, signing diet contracts Group 2 – Group 1 but delayed start intervention	Age, sex, actual risk status, knowledge, health behaviours-general, physiological/ psychological assessment
365 - 1	Dietary change in well men	None	Medicine	Control – assessment only Group 1 – information from nutritionist – dietary changes	Age, level of education, social class, actual risk status, family history, medical history, health behaviours-general
372 - 1	Utilisation of services/ lifestyle change in adults screened positive for cholesterol	None	Medicine	Control – usual care Group 1 – patient level: personalised risk letter, reminder for doctor, fridge magnet Group 2 – doctor received patient pack: letter for patient, result screening test Group 3 – Group 1 plus Group 2	Age, sex, level of education, social class, marital status, ethnicity, actual risk status, family history, physiological/ psychological assessment, health insurance

continued

TABLE 26 contd *Description of the decision, the interventions, and the measures recorded in studies: RCTb*

Study number	Summary decision and area of health	Theory	Health area	Comparison groups	Variables referred to
263 - 1	Changes in diet in well women at risk for breast cancer	None	Medicine, cancer	Control – assessment only Group 1 – group sessions – weekly sessions with nutritionist	Age, level of education, social class, actual risk status, family history, physiological/psychological assessment
693 - 1	Adherence to medication in elderly patients	None	Medicine	Group 1 – leaflet Group 2 – leaflet plus researcher explaining information Group 3 – Group 2 plus medication prompt plus additional home visits Group 4 – Group 3 plus additional information about medication	Age, sex, level of education, physiological/psychological assessment, knowledge
137 - 1	Adherence to medication in breast-feeding women requiring antibiotics	None	Medicine, obstetrics and gynaecology (midwifery)	Group 1 – information about safety antibiotics while breast feeding Group 2 – Group 1 plus information about diarrhoea in babies as side-effect	Age, sex
139 - 1	Adherence to self-management in elderly adults with medicine	None	Medicine	Control – routine care Group 1 – monthly phone calls reminding clinic appointments, encouragement healthy lifestyle and drug adherence	Age, sex, ethnicity, actual risk status, physiological/psychological assessment perceived satisfaction
143 - 1	Cessation of smoking in well adults	None	Medicine	Group 1 – television-based information and leaflet Group 2 – Group 1 plus monthly newsletters plus support line numbers	Age, sex, level of education, social class, ethnicity, actual risk status, self-efficacy, awareness intervention
668 - 1	Cessation of smoking	Social cognition model	Medicine	Group 1 – routine smoking leaflet by post Group 2 – 'appropriate' leaflet to stages of change of smoker Group 3 – 'appropriate' leaflet plus report of progress Group 4 – 'appropriate' leaflet plus feedback progress plus phone call	Age, sex, social class, marital status, ethnicity, actual risk status, reasons
332 - 1	Uptake of living will in well elderly adults	Framing inform-ation (prospect theory)	Medicine	Group 1 – positively framed information: PVS, stroke, dementia and living wills (vignettes readability) Group 2 – Group 1 information, negatively framed Group 3 – Group 1 information, in style of medical guidelines	Age, sex, level of education, religion, living arrangements
20 - 1	Use of services in adults with sickle cell	Health promotion	Medicine, sickle cell	Control – disease education information Group 2 – disease information plus training in cognitive coping skills for pain	Age, sex, level of education, social class, marital status, actual risk status, disability scale, coping
27 - 1	Adherence to self-care behaviour in adult patients with arthritis	Shared consult-ation	Medicine, primary care	Control – patients only contacted for assessment Group 1 – symptom monitoring (placebo): asked about symptoms, no mention arthritis Group 3 – counselling group: skills talking with doctor plus clarifying information about disease and medication plus reality therapy focusing on behaviour change	Age, sex, level of education, ethnicity, actual risk status, other affect, disability scale, social support/communication
104 - 1	Self-maintenance in adults with medicine	Health promotion	Medicine	Control – routine clinic care Group 1 – compliance: focus on medication behaviours Group 2 – behavioural: focus on behavioural strategies to change behaviour Group 3 – Group 2 plus instruction: focus on behaviour strategies plus write contract	Age, sex, social class, marital status, actual risk status, physiological/ psychological assessment
220 - 1	Adherence to exercise and healthy diet in well children	Social cognition model	Medicine	Control – school-based health education only Group 1 – Child and Adolescent Trial for Cardiovascular Health (CATCH) programme: specific CVD risk factor information plus feedback over 3 years plus no smoking policy plus alter food available in school	Age, sex, ethnicity, actual risk status, knowledge, attitudes, self-efficacy, social support/communication, intention, social reinforcement/norms

continued

TABLE 26 contd *Description of the decision, the interventions, and the measures recorded in studies: RCTb*

Study number	Summary decision and area of health	Theory	Health area	Comparison groups	Variables referred to
233 - 1	Adherence to exercise and healthy diet in well adults	Health promotion	Medicine	Control – assessment only: no feedback or information Group 1 – assessment plus face-to-face information plus feedback on adherence to exercise and diet plus phone call	Age, sex, level of education, social class, marital status, ethnicity, actual risk status, medical history, physiological/ psychological assessment
241 - 1	Adherence to exercise in well adults	Social learning theory	Medicine	Control – leaflet plus video plus lectures: exercise, diet, smoking, use gym Group 1 – tailored self-efficacy theory information: log exercise achieved plus feedback from instructor plus social modelling plus further explanation exercises plus buddy groups	Age, sex, actual risk status, health behaviours-general, physiological/ psychological assessment, self-efficacy
276 - 1	Cessation of smoking in well adolescents	Health promotion	Medicine	Control – no additional information Group 1 – information given by older students plus skills to resist smoking plus no smoking contract	Sex, actual risk status, knowledge, attitudes, social reinforcement/norms
295 - 1	Adherence to diet in adults with hypertension	Health promotion	Medicine	Control – no additional information Group 1 – task-centred instruction (Glaser): less emphasis on knowledge disease more on ways of coping/functioning Group 2 – task centred plus goal setting plus self-monitoring (use contract)	Age, sex, level of education, actual risk status, physiological/psychological assessment, knowledge
305 - 1	Adherence to screening/ healthy lifestyle in adults with hypertension (workplace)	Lay model illness	Medicine	Control – routine information hypertension: definition, link with disease, importance health checks, reduction lifestyle behaviours Group 1 – action plan message: control plus leaflet plus illustrations on reducing risk factors Group 2 – wellness thinking: routine plus information on experience of hypertension (no symptoms) plus emphasis on health, feeling good, visual information on enjoying exercise	Age, sex, ethnicity, actual risk status, health behaviours-general, physiological/ psychological assessment, knowledge, attitudes, self-efficacy, coping
321 - 1	Adherence to exercise in well women	Social learning theory	Medicine	Group 1 – exercise instruction plus verbal reinforcement Group 2 – exercise instruction plus verbal reinforcement plus positive cognitive statements	Age, physiological/psychological assessment, anxiety – state/trait, depression, perception of control, motivation, personality type
157 - 1	Cessation of smoking in well women with children (effects passive smoking)	Health promotion	Medicine	Control – data collection only Group 1 – social learning theory verbal plus leaflet (piloted): skills to maintain smoke-free environment plus memory prompt plus feedback plus nurse home visits	Age, level of education, ethnicity, actual risk status, medical history, reproductive history, health behaviours-general
376 - 1	Attendance at smoking cessation programme in well adults	Social cognition model	Medicine	Control – physician advise to quit plus health counsellor session Group 1 – control plus quitting leaflets Group 2 – control plus video cessation of group from former quitter plus told sessions free plus additional leaflets Group 3 – control plus video plus choice of self-quitting leaflets or group counselling	Age, sex, ethnicity, actual risk status, perception of well-being, self-efficacy, operationalised model, motivation
469 - 1	Medication compliance in adults with hypertension	Health promotion	Medicine	Control 1 – new patients: no additional information Group 1 – new patients: medication plus leaflet: importance adhering and lifestyle change plus monthly newsletter Control 2 – existing patients: no additional information Group 2 – existing patients plus Group 1 information	Age, sex, actual risk status
502 - 1	Self-management in children with medicine	Framing information	Medicine	Control – small group instructions: lecture plus video plus feedback Group 1 – video plus lecture framed using anchored instructions and context patient's life	Age, sex, actual risk status, knowledge, reasons

continued

TABLE 26 contd *Description of the decision, the interventions, and the measures recorded in studies: RCTb*

Study number	Summary decision and area of health	Theory	Health area	Comparison groups	Variables referred to
503 - 1	Uptake of/adherence to lifestyle in adults with medicine	Social cognition model	Medicine	Control – no details Group 1 – nurse counselling: modifying eating/ exercise plus monitor calorie intake plus social support plus identify barriers	Age, sex, level of education, social class, marital status, ethnicity, actual risk status, health behaviours-general, physiological/psychological assessment, perception of well-being, knowledge, social support/communication
707 - 1	Cessation of/adherence to lifestyle behaviours in adults following infarction	Social learning theory	Medicine	Control – usual care verbal information: smoking, nutrition and exercise Group 1 – self-efficacy based information: feedback, skill acquisition, additional contact. HCP.	Age, sex, level of education, social class, ethnicity, actual risk status, physiological/psychological assessment
158 - 1	Cessation of smoking in well adults	Social cognition model, attrib. theory	Medicine	Control – generic health letter Group 1 – personalised, theoretically driven leaflet plus signed letter	Age, sex, actual risk status
158 - 2	Cessation of smoking in well adults	Social cognition model, attrib. theory	Medicine	Control – questionnaires only Group 1 – tailored letter and personal details	Age, sex, level of education, actual risk status
210 - 1	Uptake of/cessation of healthy diet in well adults (workplace)	Social learning theory	Medicine	Group 1 – standard healthy eating leaflets Group 2 – information tailored to results preliminary questionnaire	Age, sex, level of education, actual risk status, attitudes, physiological/ psychological assessment, usefulness of information, intention
211 - 1	Cessation of smoking in well adults (church based)	Social cognition model	Medicine	Group 1 – 'fair' to provide health feedback self-help leaflet Group 2 – fair, sermons, additional volunteers, audio-tapes, script-guided information	Age, sex, level of education, actual risk status, operationalised model
644 - 1	Cessation of smoking/ CVD risk factor reduction in well adults (workplace)	Social cognition model	Medicine	Group 1 – risk assessment and feedback Group 2 – Group 1 plus leaflet and video information: risk factors Group 3 – Group 2 plus behavioural counselling: target setting based on stages change model Group 4 – Group 3 plus financial incentives	Age, sex, level of education, social class, marital status, physiological/ psychological assessment
269 - 1	Adherence to diet in elderly well adults	Health promotion	Medicine, cancer	Control – routine letter to double fibre rate Group 1 – leaflet plus free fibre supplement plus group counselling plus newsletters plus recipe competitions Group 2 – letter plus fibre supplement free for 3 months	Age, sex
291 - 1	Adherence to self-management in parents of children with asthma	Social learning theory	Medicine	Control – routine medical care Group 1 – family counselling: self-management, feedback and skill acquisition	Age, sex, ethnicity, worry
541 - 1	Adherence to/cessation of healthy diet in women with breast cancer	Social learning theory	Medicine, cancer	Control – routine nutritional information Group 1 – fat content information common foods plus food diary plus counselled to reduce fat intake	Age, actual risk status, medical history, health behaviours-general, physiological/ psychological assessment
255 - 2	Cessation of smoking in well adolescents	Health promotion	Medicine	Control Group 1 – Minnesota smoking prevention campaign (social influences model) Group 2 – shorter version Group 1 Group 3 – smoke free generation programme	Age, sex, actual risk status, social reinforcement/norms
145 - 1	Cessation of smoking in well adolescents	Social cognition model, health promotion	Medicine	Control – assessment smoking behaviour only Group 1 – group lessons: smoking, skill acquisition, changing social norms over 3 years	Age, sex, actual risk status, other affect, perception of risk, social reinforcement/ norms, stress, personality type

continued

TABLE 26 contd *Description of the decision, the interventions, and the measures recorded in studies: RCTb*

Study number	Summary decision and area of health	Theory	Health area	Comparison groups	Variables referred to
264 - 1	Cessation of/adherence to diet and exercise in well adults	Social learning theory	Medicine	Control – exercise intervention programme Group 1 – information about healthy diet and food preparing skills Group 2 – information about healthy diet Group 3 – information weight management and exercise	Age, sex, level of education, actual risk status, health behaviours-general, physiological/psychological assessment
659 - 1	Change in diet in well men	Expected utility theory	Medicine	Control – assessment only Group 1 – women attended small group sessions weekly	Age, education, social class, risk status, medical history, health behaviours, perception of well-being, knowledge, attitudes, social reinforcement/norms
622 - 1	Adherence to treatment in adults with acute and chronic illness	Social cognition model	Medicine, surgery (A&E)	Control – routine care Group 1 – routine care plus phone call information based on HBM Group 2 – routine care plus HBM clinic intervention Group 3 – routine plus HBM clinic intervention plus phone call	Age, sex, level of education, marital status, ethnicity, actual risk status, medical history, knowledge, perception of risk, perception of susceptibility, reasons, operationalised model
814 - 1	Uptake of exercise in well adult women	Social learning theory	Medicine	Control – exercise classes only Group 1 – information based on relapse prevention plus exercise class Group 2 – Group 1 plus incentive	Age, physiological/psychological assessment
490 - 1	Uptake of rehabilitation exercise in adults with hip replacements	Stress – coping model	Medicine, surgery	Control – routine 'pre surgery' information Group 1 – routine 'pre-surgery' information plus further information on hip replacement	Age, sex, anxiety – state, perceived satisfaction, waiting time/consultation, usefulness of information, stress
22 - 1	Uptake of condoms in well adults	None	STDs (HIV)	Control – no health information Group 1 – house campaigns plus community plus calendars/T-shirts plus posters plus leaflets: HIV, condom use and prevention information	Age, sex, level of education, anxiety – state, knowledge
732 - 1	Cessation of risky risk in well adults	None	STDs (HIV)	Control – comparison, delayed intervention community Group 1 – STD information plus leaflets plus medication plus free condoms	Sex, actual risk status, medical history
736 - 1	Cessation of risky HIV behaviours/uptake of safer practices in adult drug users	None	STDs (HIV)	Control – waiting list control Group 1 – group education session on HIV Group 2 – group counselling session plus opportunity to be tested	Age, sex, level of education, social class, marital status, actual risk status, medical history, health behaviours-general
341 - 1	Cessation of drug use in adult substance users	None	STDs (HIV)	Control – interview plus waiting list Group 1 – information HIV (video, feedback) plus waiting list for test counselling Group 2 – HIV information plus counselling about having test plus test	Age, sex, level of education, marital status, ethnicity, actual risk status, health behaviours-general, knowledge, attitudes, perception of risk
156 - 1	Cessation of drug use in adult drug users	None	STDs (HIV)	Control – reward for 'drug free' behaviour delayed 3 months Group 1 – high reward: 4 stars for a prize for drug free behaviour Group 2 – low reward: 8 stars for a prize for drug free behaviour	Age, sex, marital status, ethnicity, actual risk status, physiological/psychological assessment
212 - 1	Cessation of drug use in well adolescents	None	STDs (HIV)	Control – school curriculum: might be similar to intervention group Group 1 – Drug Abuse Resistance Education (DARE) project: skill acquisition, drug use lesson-based information	Sex, ethnicity, actual risk status, health behaviours-general, attitudes, social reinforcement/norms
639 - 1	Cessation of/adherence to HIV behaviours in well mothers	None	STDs (HIV)	Group 1 – leaflets and opportunity to ask questions Group 2 – video-tape information Group 3 – nurse educator	Age, level of education, ethnicity, reproductive history, worry, knowledge, attitudes
289 - 1	Adherence to safe sex/ uptake of HIV testing in well young adults	None	STDs (HIV)	Control – assessment plus free condoms Group 1 – anticipatory guidance: lecture plus video: efficacy condoms, individual counselling plus free condoms Group 2 – Group 1 plus individual counselling by peer plus free condoms	Age, sex, social class, actual risk status

continued

TABLE 26 contd *Description of the decision, the interventions, and the measures recorded in studies: RCTb*

Study number	Summary decision and area of health	Theory	Health area	Comparison groups	Variables referred to
465 - 1	Cessation of/adherence to risky/safe sex in well women	None	STDs (HIV)	Group 1 – peer educator information, video, leaflet Group 2 – health professional trained to provide brief information	Age, ethnicity, knowledge, attitudes
733 - 1	Cessation of drug use/ attendance post-natal care in women drug-abusers	None	STDs (HIV), obstetrics and gynaecology (midwifery)	Control – no additional visits Group 1 – health professional visited client for 18 months: support plus information plus problem solving	Age, level of education, marital status, actual risk status, medical history, health behaviours-general, other affect, attitudes, reproductive history, stress
4 - 1	Cessation of cocaine/ adherence to therapy sessions in adult cocaine users	Social cognition model, health promotion	STDs (HIV)	Control – 90-min counselling session twice a week Group 1 – 120-min session, five times a week	Sex, level of education, social class, ethnicity, actual risk status, family history, health behaviours-general, personality
24 - 1	Intention to use condoms in adult well males	Health promotion	STDs (HIV)	Control – given non-alcoholic drink Group 1 – given alcoholic drink	Age, level of education, marital status, ethnicity, health behaviours, knowledge, attitudes, perception of susceptibility, reasons, efficacy
223 - 1	Cessation of drug use in female adolescent users	Health promotion	STDs (HIV), medicine	Control – verbal information: prevalence drug use, teenage development and sexual behaviour Group 1 – group plus individual sessions tailored to drug use, skills acquisition, problem solving	Age, level of education, social class, marital status, ethnicity, actual risk status, reproductive history
226 - 1	Cessation of drug use in well adolescents	Health promotion	STDs (HIV), medicine	Control – information: health and social consequences drug use Group 1 – information: consequences drugs plus resistance skills Group 2 – information aimed at beliefs: drug use, norms within school Group 3 – resistance skills plus targeted information	Sex, social class, ethnicity, actual risk status
247 - 1	Cessation of drug use in well adolescents	Health promotion	STDs (HIV), medicine	Group 1 – social skills: resist drug taking Group 2 – affect management: focus decision making skills plus stress management Group 3 – social skills plus affect management	Sex, ethnicity, actual risk status, health behaviours-general
277 - 1	Cessation of drug use in well adolescents	Health promotion	STDs (HIV), medicine	Control – no additional information Group 1 – health belief model information by teachers: smoking, marijuana and alcohol use, resistance skills Group 2 – Group 1 information plus peer volunteer	Sex, level of education, ethnicity, actual risk status, knowledge, attitudes, perception of risk, self-efficacy, intention, social reinforcement/norms
424 - 1	Cessation of/adherence to risky/safe sex in children (school)	Social cognition model	STDs (HIV)	Control – delayed programme Group 1 – video plus classroom information: HIV and skill acquisition plus competitions plus feedback plus training teacher Group 2 – Group 1 plus parents encouraged to attend and help child with homework	Sex, ethnicity, actual risk status, knowledge, attitudes, health behaviours-general, reasons, intention, social reinforcement/norms
478 - 1	Cessation of/adherence to risky/safe sex in well adolescents (school)	Social learning theory	STDs (HIV)	Control – routine curriculum Group 1 – information based on social learning theory: contraception plus role-play plus skill acquisition	Sex, education, religion, ethnicity, family history, knowledge, attitudes, self-efficacy, social support/communication, intention, social reinforcement/norms
600 - 1	Participation in research/ cessation of substance abuse in well adolescents	Social cognition model	STDs (HIV), medicine	Group 1 – letter plus leaflet plus questionnaire completion plus option to take part in counselling (TRS) Group 2 – Group 1 information plus no choice about counselling	
685 - 1	Uptake of condoms in well female adolescents	Social cognition model	STDs (HIV)	Control – family planning professional information: condom use plus demonstration Group 1 – control plus encouraged client to handle condom Group 2 – Group 1 plus feedback plus elicitation clients condom use self-efficacy	Age, actual risk status, reproductive history, knowledge, attitudes, self-efficacy

continued

TABLE 26 contd *Description of the decision, the interventions, and the measures recorded in studies: RCTb*

Study number	Summary decision and area of health	Theory	Health area	Comparison groups	Variables referred to
742 - 1	Cessation of/uptake of safer sex in pregnant women	Social learning theory	STDs (HIV)	Control – no additional information Group 1 – general health promotion video plus role play plus peer volunteer Group 2 – Group 1 delivery information but specifically about AIDS	Age, level of education, social class, ethnicity, actual risk status, reproductive history, health behaviours-general, knowledge, perception of risk, social support/communication, intention
492 - 1	Cessation of/adherence to risky sex in well adolescents	Social cognition model, social learning theory	STDs (HIV)	Control – delayed intervention Group 1 – information: HIV and condoms plus overcoming barriers plus skill acquisition	Age, sex, ethnicity, health behaviours-general, knowledge, attitudes, perception of risk, self-efficacy, intention
766 - 1	Cessation of/adherence to risky/safe sex in well adolescents	Health promotion, social learning theory	STDs (HIV)	Group 1 – Group discussion information: HIV and AIDS Group 2 – information plus skills acquisition: decision making and communication plus support and exposure to peers with HIV	Age, sex, actual risk status, health behaviours-general, knowledge, attitudes, reasons, self-efficacy, social support/communication, efficacy
776 - 1	Change of sex behaviour in 'high risk' women	Social cognition model	STDs (HIV)	Control – 'placebo' information: nutrition, child and family care Group 1 – HIV-AIDS information plus skill acquisition plus support	Actual risk status, health behaviours-general, knowledge, perception of risk, social support/communication
165 - 1	Cessation of risky drug use in drug users	Social learning theory	STDs (HIV)	Control – no group sessions Group 1 – Group session information AIDS Group 2 – Group 1 plus additional sessions on skill acquisition	Age, sex, level of education, social class, ethnicity, actual risk status, health insurance, living arrangements, law infringements
632 - 1	Cessation of/adherence to HIV risk behaviours in adult drug users	Social cognition model, social learning theory	STDs (HIV)	Group 1 – leaflets Group 2 – leaflets plus group discussion information: HIV and prevention, skill acquisition plus homework	Age, sex, level of education, social class, marital status, ethnicity, actual risk status, anxiety – state, knowledge, attitudes, perception of susceptibility, self-efficacy, social support/communication, sexual orientation, efficacy
632 - 2	Cessation of/adherence to for drug using adults	Social cognition model, social learning theory	STDs (HIV)	Group 1 – leaflets Group 2 – group discussion plus leaflet information (social learning theory): HIV risks and prevention plus homework	Age, sex, level of education, social class, marital status, ethnicity, actual risk status, anxiety – state, knowledge, attitudes, perception of susceptibility, self-efficacy, social support/communication, alienation
635 - 1	Cessation of risky sex/drug use in black, male adult drug users	Social cognition model, social learning theory	STDs (HIV)	Group 1 – group information session viewing video plus leaflets Group 2 – psychologist led group session plus leaflet plus skill acquisition plus feedback	Age, education, physiological/psychological assessment, anxiety – state, knowledge, perception of susceptibility, self-efficacy, social support/communication, efficacy
636 - 1	Cessation of risky sex/drugs in adult drug users	Social cognition model	STDs (HIV)	Group 1 – HIV information in first week Group 2 – HIV information in second week Group 3 – enhanced theory-based group information plus additional counselling	Age, sex, education, ethnicity, actual risk status, living arrangements, law infringements
525 - 1	Cessation of risky drug use in adult substance users	Social cognition model, health promotion	STDs (HIV)	Control – assessment of risk Group 1 – stages change assessment to tailor cognitive-behaviour intervention	Age, sex, education, social class, marital status, actual risk status, health behaviours-general, living arrangements, reasons, operationalised model
660 - 1	Change in HIV risk factors amongst well adolescents	Social cognition model, social learning theory	STDs (HIV)	Control – assessment only Group 1 – group information guided by theory plus skill acquisition	Age, sex, level of education, ethnicity, knowledge, attitudes, self-efficacy, social reinforcement/norms

continued

TABLE 26 contd *Description of the decision, the interventions, and the measures recorded in studies: RCTb*

Study number	Summary decision and area of health	Theory	Health area	Comparison groups	Variables referred to
454 - 1	Changes in HIV risks in well women	Stress – coping model	STDs (HIV)	Control – information: culturally sensitive HIV prevention plus free condoms plus free test plus free bleach Group 1 – control plus more information specific to the woman's problems plus skill acquisition plus leaflet	Age, level of education, social class, marital status, ethnicity, actual risk status, anxiety – trait, depression, worry, knowledge, attitudes, perception of risk, reproductive history, stress, coping
706 - 1	Utilisation of primary care in mothers of children with childhood illnesses	None	Primary care, paediatrics	Control – no information or questionnaire Group 1 – questionnaire plus leaflet (readability plus piloting)	Age, level of education, marital status, reproductive history
6 - 1	Adherence to medicine in physically ill children	None	Primary care	Control – 'official' drug Group 1 – generic or alternative to official drug	Age, sex
6 - 2	Adherence to medication in physically ill children	None	Primary care	Control – official drug Group 1 – generic product, not official	Age, sex
6 - 3	Adherence to medication in physically ill children	None	Primary care	Control – official drug Group 1 – generic, 'non-official' group	Age, sex
32 - 1	Compliance with healthier diet in adult obese women	None	Primary care, medicine	Group 1 – regular food/time: usual food depends on weeks of treatment Group 2 – regular food/weight: usual food depending on reaching target weight Group 3 – stimulus/time: new diet depends on weeks of treatment Group 4 – stimulus/weight: new diet depends on reaching target weight	Age, level of education, actual risk status, medical history, attitudes, perception of control, disability scale, social support/communication
51 - 1	Adherence to medication in children with pneumonia	None	Primary care	Group 1 – medication given a syrup and cup to take medication Group 2 – medication in the form of a syrup and a spoon Group 3 – medication in tablet form Group 4 – medication given as a powdered sachet	Age, sex, level of education, actual risk status, living arrangements
174 - 1	Uptake of exercise and diet in obese women	None	Primary care, medicine	Control – cancer screening plus information plus option to attend delayed intervention Group 1 – group plus one-to-one counselling: weight issues plus ways to change diet/ increase exercise plus feedback plus problem solving plus buddy support system	Age, level of education, social class, marital status, ethnicity, physiological/ psychological assessment, knowledge, self-efficacy
302 - 1	Utilisation of service in well adult parents	None	Primary care	Control – kept diary children's illnesses Group 1 – diary children's illness plus leaflet on management common illness (piloted)	Age, level of education, social class, family history, reproductive history, reasons
589 - 1	Uptake of health screening in well adults	None	Primary care	Group 1 – signed letter invitation with fixed appointment Group 2 – prompt on GPs notes to encourage screening	Health behaviours-general, physiological/psychological assessment, worry, attitudes, usefulness of information
572 - 1	Uptake of immunisation well children	None	Primary care	Control – non-attendees sent reminder letter Group 1 – letter plus leaflet plus phone call	
747 - 1	Uptake of osteoporosis screening in well women	None	Primary care	Group 1 – fixed time letter plus leaflet Group 2 – fixed appointment but needed to confirm plus leaflet Group 3 – letter requiring women to make appointment plus leaflet	Social class
769 - 1	Use of primary care service in patients attending A&E	None	Primary care, medicine	Group 1 – patient in A&E seen by GP Group 2 – A&E patient seen by senior house officer Group 3 – A&E patient seen by registrar	Perceived satisfaction
520 - 1	Utilisation of doctor in parents of ill children	None	Primary care, paediatrics	Control – usual care Group 1 – leaflet on common childhood illnesses and symptoms	Age, level of education, social class, medical history, living arrangements, worry, perception of well-being, perception risk, perception of susceptibility,

continued

TABLE 26 contd *Description of the decision, the interventions, and the measures recorded in studies: RCTb*

Study number	Summary decision and area of health	Theory	Health area	Comparison groups	Variables referred to
234 - 1	Uptake of influenza vaccine in elderly well patients	None	Primary care	Control – newsletter on vaccine plus results of health status Group 1 – newsletter on vaccine plus free immunisation at hospital Group 2 – newsletter on vaccine plus free immunisation by primary care physician	Age, sex, level of education, marital status, medical history, health insurance
337 - 1	Utilisation of physician in adults with coughs	None	Primary care	Control – assessment only Group 1 – leaflet: causes coughs, self-care remedies, when contact physician plus explained by nurse/physician	Age, sex, actual risk status, health insurance
796 - 1	Utilisation of primary care in adults with coughs	None	Primary care	Control – no additional information after contact GP Group 1 – doctor explained leaflet in consultation	Age, sex, actual risk status, health insurance
414 - 1	Adherence to therapy/ diet in obese adults	None	Primary care, medicine	Group 1 – exercise classes plus leaflet weight loss plus group discussion diet plus minimum support: weekly letter and feedback weight loss Group 2 – Group 1 plus 2 plus booster sessions: feedback and skill acquisition plus phone contact	Age, sex, health behaviours-general, physiological/psychological assessment, depression
553 - 1	Adherence to exercise in adults with arthritis	None	Primary care	Control – usual treatment: relaxation Group 1 – aerobic walking: exercise to increase heart rate Group 2 – water aerobics: same as Group 1 but in water	Age, sex, ethnicity, actual risk status, physiological/psychological assessment, anxiety – state, depression, perception of well-being, disability scale, social support/communication
408 - 1	Uptake of immunisation in well children	None	Primary care	Control – routine information Group 1 – telephone reminder recorded message	Age, sex, ethnicity, actual risk status
19 - 1	Uptake of hypothetical treatments in male geriatric patients	Framing inform-ation	Primary care	Group 1 – survival data of therapies presented as point estimates Group 2 – survival data presented in the form of a curve	Age, sex, level of education, medical history
167 - 1	Adherence to well-child clinic in well parents	Social cognition model	Primary care, paediatrics	Control – no additional information Group 1 – letter reminder informed by HBM Group 2 – postcard reminder prompt	Age, level of education, social class
357 - 1	Adherence to medication in women with children acute otitis media	Health promotion	Primary care	Control – routine care: verbal information plus explanation syringe use in Spanish Group 1 – written leaflet (readability score) plus leaflet with pictures plus verbal information	Age, ethnicity, reproductive history
426 - 1	Uptake of health screening in well adults	Social cognition model	Primary care, medicine	Control – letter invite to make an appointment Group 1 – letter invite with fixed appointment	Attitudes, perception of risk, perception of susceptibility, reasons, intention, efficacy
506 - 1	Participation in consultation in physically ill patients	Communi-cation	Primary care	Control – placebo leaflet: description clinics available Group 1 – leaflet encouraging question asking (readability)	Age, sex, level of education, social class, health insurance, perceived satisfaction, awareness intervention
633 - 1	Uptake of flu vaccine in well elderly	Social cognition model	Primary care	Control – nurse visit plus information on safety Group 1 – nurse visit plus vaccine information	Age, sex, actual risk status, perception of well-being
369 - 1	Adherence to medication in adults with osteoarthritis	Stress – coping model	Primary care	Control – routine care Group 1 – monthly phone call Group 2 – information within clinic Group 3 – information in clinic plus phone call	Age, sex, level of education, social class, ethnicity, perception of well-being, perceived satisfaction, disability scale, social support/communication
620 - 1	Uptake of health check in well adult males	Social cognition model	Primary care, medicine	Group 1 – invitation letter Group 2 – invitation within surgery	Age, worry, attitudes, perception of control, perception of susceptibility, reasons, operationalised model, intention, efficacy

continued

TABLE 26 contd *Description of the decision, the interventions, and the measures recorded in studies: RCTb*

Study number	Summary decision and area of health	Theory	Health area	Comparison groups	Variables referred to
135 - 1	Decision to breast feeding in pregnant well women	None	Obstetrics and gynaecology (midwifery)	Control – usual care groups: breast feeding vs. formula feeding plus leaflets on breast pump plus T-shirts plus posters Group 1 – feedback groups: fears, misperceptions and positioning advice plus breast pump and wipes plus free football ticket for husband plus peer counsellor	Knowledge, attitudes, social support/communication, intention
698 - 1	Adherence to hormone replacement therapy (HRT) in well women	None	Obstetrics and gynaecology (midwifery)	Control – no HRT Group 1 – HRT that induces cyclical withdrawal menorrhoea Group 2 – HRT induces complete amenorrhoea	Age, medical history, reproductive history, physiological/psychological assessment, perception of well-being, reasons
634 - 1	Uptake of osteoporosis screening in well women	None	Obstetrics and gynaecology (midwifery)	Group 1 – open letter: contact clinic to make appointment Group 2 – letter with fixed appointment time	Social class
768 - 1	Maintenance of breast feeding in well women	Expected utility theory	Obstetrics and gynaecology (midwifery)	Group 1 – commercial pack containing formula only Group 2 – pack contained breast pump, pads and cream (no formula)	Age, level of education, social class, marital status, religion, ethnicity, actual risk status, attitudes, intention
616 - 1	Uptake of breast feeding in well women	Health promotion	Obstetrics and gynaecology (midwifery)	Control – leaflets only Group 1 – culturally sensitive video-tape plus three group discussions	Age, level of education, social class, marital status, ethnicity, health behaviours-general, knowledge, attitudes, reproductive history, intention
403 - 1	Uptake of breast feeding in well women	Health promotion	Obstetrics and gynaecology (midwifery)	Control – routine information Group 1 – women phoned by nurses Group 2 – women visited by nurse	Age, level of education, social class, medical history, reproductive history, attitudes, stress
562 - 1	Adherence to teeth hygiene in well children	None	Dentistry	Control – no additional information Group 1 – school lecture to parents and children, small group discussion and feedback skills for children Group 2 – lecture information only	Knowledge, reasons
576 - 1	Adherence to oral hygiene in well adults	Health promotion	Dentistry	Control – routine dental care Control 2 – routine plus patient phone in results of 'plaque test' Group 1 – additional consultation plus feedback from health professional Group 2 – Group 1 plus checklist of tasks	
758 - 1	Uptake of oral hygiene in adults with gingivitis	Social cognition model	Dentistry	Control – routine dental hygiene instructions Group 1 – video-tape information plus feedback session with hygienist	Age, sex, social class, actual risk status, physiological/psychological assessment, self-efficacy, attitudes, perception of risk, intention, social reinforcement/norms, motivation
371 - 1	Adherence to dental care in well adolescents	Social cognition model	Dentistry	Control – information about teeth Group 1 – verbal information: teeth, prevention, health and social factors	Knowledge, intention
457 - 1	Adherence to dental hygiene in well adults	Social learning theory	Dentistry	Control – toothbrush only Group 1 – electric toothbrush and gel toothpaste Group 2 – shower-based oral hygiene system: toothbrush, paste and mouth rinse	Attitudes, perceived satisfaction
304 - 1	Adherence to medication in children screened positive for tuberculosis (TB) bacteria	None	Infectious disease	Control – no additional information Group 1 – telephone call every 3 months to encourage drug adherence Group 2 – nurse visited child's home every 3 months Group 3 – child saw doctor every 3 months	

continued

TABLE 26 contd *Description of the decision, the interventions, and the measures recorded in studies: RCTb*

Study number	Summary decision and area of health	Theory	Health area	Comparison groups	Variables referred to
308 - 1	Adherence to anti-malaria procedures in well children	None	Infectious disease	Control – assessment only Group 1 – small group teaching about malaria	Age, actual risk status, knowledge
96 - 1	Adherence to medication in adult psychotic patients	None	Mental health	Group 1 – counselling about schizophrenia with family: one family per clinician Group 2 – counselling about schizophrenia: six families per counsellor	Age, sex, level of education, social class, marital status, ethnicity, medical history, utilisation of services
479 - 1	Adherence to medication in adults with schizophrenia	None	Mental health	Control – routine medication Group 1 – medication plus family counselling: group meetings plus visit by health professional	Age, sex, actual risk status, medical history, physiological/psychological assessment, attitudes, disability scale plus supervision
511 - 1	Adherence to exercise/ health care/utilisation of in adults with Parkinson's disease	None	Mental health	Control – delayed onset trial Group 1 – signed physician letter plus leaflet: exercise, diets and side-effects plus bi-monthly feedback by physician	Age, actual risk status, medical history, health behaviours-general, self-efficacy, stress
494 - 1	Utilisation of services in adult carers of patients with Alzheimer's disease	None	Mental health	Control – non-active counselling: carers told where to obtain information Group 1 – counselling on getting support plus obtained information plus counselling with carer plus family plus directive means to encourage attendance	Age, sex, level of education, social class, religion, ethnicity, actual risk status, depression, perception of well-being, perception of risk, disability scale, social support/communication
554 - 1	Utilisation of services in adults with mental health disabilities	None	Mental health	Control – usual services of Medicaid beneficiaries Group 1 – Medicaid beneficiaries enrolled in pre-paid services and advice on selecting services	Age, sex, level of education, social class, marital status, ethnicity, actual risk status, living arrangements anxiety – state, depression, perception of well-being, social support/communication
794 - 1	Adherence to medication in adults with depression	Health promotion	Mental health	Control – routine care Group 1 – trained physicians plus patient watched video plus question form for participation in consultation	Age, sex, level of education, social class, marital status, actual risk status, anxiety – state, depression, other affect, perceived satisfaction
493 - 1	Decision confidence/skill in carers of people with Alzheimer's disease	Expected utility theory	Mental health	Control – assessment only Group 1 – trained to use computer decision programme: information, decision tree, elicitation utilities and best outcome plus computer installation	Age, sex, depression, other affect, perception of control, usefulness of information, alienation
176 - 1	Choice of hypothetical medication in adult well patients	Framing (prospect theory)	Other	Group 1 – choice of two medications for hypothetical disease framed risk figures using either relative or absolute figures.	Age, sex, level of education, actual risk status, medical history, reasons
150 - 1	Adherence to wound care in adults with emergency lacerations	None	Surgery (A&E)	Control – leaflet on wound care (readability formula applied) Group 1 – leaflet plus cartoon illustration	Age, sex, level of education, ethnicity, waiting time/consultation, perceived satisfaction

TABLE 27 *Description of the decision, the interventions, and the measures recorded in studies: RCTc*

Study number	Summary decision and area of health	Theory	Health area	Comparison groups	Variables referred to
37 - 1	Uptake of cervical cancer screening in adult well women	None	Cancer	Control – no additional information Group 1 – video information (culturally sensitive) displayed in waiting area before physician appointments	Age, ethnicity, health insurance
154 - 1	Uptake of mammography in well women with family history breast cancer	None	Cancer	Control – letter invitation plus questionnaire Group 1 – written plus audio-tape information: screening, breast cancer plus feedback BSE plus decision making kit (reasons for having mammography: information aid not decision aid)	Age, level of education, marital status, actual risk status, family history, health behaviours-general, attitudes, perception of risk, efficacy
296 - 1	Adherence to colorectal screening in well adults	None	Cancer	Control – no additional information Group 1 – physician trained plus verbal information plus screening leaflet plus free kit Group 2 – Group 1 plus reminder letter	Age, sex, actual risk status, health professional measures
377 - 1	Uptake of cervical screening in well women	None	Cancer	Group 1 – immediate offer smear by physician, if refused made appointment to re-attend Group 2 – physician offered smear immediately plus discussion about refusal plus encouragement to have test immediately	Age, marital status, actual risk status, medical history, attitudes
412 - 1	Uptake of colorectal screening in well adults	None	Cancer	Control – return hemoccult cards in person Group 1 – return in addressed envelope Group 2 – return in stamped addressed envelope	Age, sex, ethnicity, health behaviours-general, health insurance
695 - 1	Uptake of mammography in well Asian women	None	Cancer	Control – routine invitations only Group 1 – volunteer attend women's home plus verbal information breast cancer	Age, ethnicity, knowledge
712 - 1	Uptake of mammography in well women	None	Cancer	Group 1 – reminder card and appointment date Group 2 – Group 1 plus additional reminder letter Group 3 – reminder letter Group 4 – verbal recommendation to attend for follow-up	Age, reasons, usefulness of information
310 - 1	Cessation of smoking in well adults (workplace)	None	Cancer, medicine	Control – placebo video: seat-belt use Group 1 – video: man with lung cancer explains risks Group 2 – Group 1 video plus increase self-efficacy message Group 3 – Group 1 video with 'gruesome' scene taken out Group 4 – information about smoker who had both legs amputated from smoking	Age, sex, social class, perception of risk, intention
752 - 1	Colorectal cancer screening/health checks in well adults	None	Cancer, medicine, primary care	Group 1 – hemoccult test posted Group 2 – Group 1 plus letter invite health check Group 3 – invite health check plus explanation hemoccult test Group 4 – invite health check	Age, sex
691 - 1	Choice irradiation therapy in women with breast cancer	Shared consult-ation	Cancer	Control – routine consultation Group 1 – clinician given checklist prompt Group 2 – consultation plus checklist plus women used a decision board	Age, level of education, marital status, actual risk status, knowledge, attitudes autonomy in decision making, preference consultation style, reasons, usefulness of information
248 - 1	Attendance for follow-up appointment in adult women with screen-positive cervical smear	Social cognition model	Cancer	Control – routine letter invitation Group 1 – letter plus leaflet explaining cervical smear results	Age, level of education, social class, marital status, ethnicity, medical history, reproductive history, health behaviours-general
354 - 1	Uptake of mammography in well women	Social cognition model, health promotion	Cancer	Control – letter about survey plus incentive to return questionnaire Group 1 – letter plus video plus group discussions plus leaflets (piloted and informed by health belief model) plus times mammography	Age, level of education, marital status, ethnicity, actual risk status, family history, health behaviours-general knowledge, attitudes, perception of risk, reasons

continued

TABLE 27 contd *Description of the decision, the interventions, and the measures recorded in studies: RCTc*

Study number	Summary decision and area of health	Theory	Health area	Comparison groups	Variables referred to
380 - 1	Adherence to colposcopy in women with screen-positive smears	Communi-cation	Cancer	Control – routine phone call to reschedule appointment Group 1 – counselling confronting barriers to attendance	Age, level of education, marital status, ethnicity, reasons
484 - 1	Uptake of cervical smears in well women	Social cognition model	Cancer	Group 1 – signed letter plus brief explanation smear plus leaflet Group 2 – free bus tickets mailed plus letter Group 3 – video in waiting room on cervical screening	Age, level of education, marital status, ethnicity, actual risk status, health insurance
507 - 1	Uptake of mammography in well adult women	Social cognition model	Cancer	Control – routine leaflet plus letter Group 1 – tailored leaflet (social cognition model): positive framing previous screening experiences Group 2 – Group 1 plus opinion of GP and peer member in glossier leaflet	Age, level of education, marital status, attitudes, perceived satisfaction, self-efficacy, intention, social reinforcement/norms
508 - 1	Uptake of cervical screening in adult women with dysplasia/atypia	Expected utility theory	Cancer	Control – routine consultation Group 1 – piloted leaflets explaining about dysplasia/atypia	Age, level of education, marital status, ethnicity, actual risk status, reproductive history, health behaviours-general, health insurance
303 - 1	Adherence to medication in elderly patients	None	Medicine	Control – general health information given by nurse in groups Group 1 – control plus leaflet plus personalised prompt of current medication	Age, sex, marital status, actual risk status, knowledge, self-efficacy
320 - 1	Cessation of/adherence to healthy lifestyle and attendance clinic in adults with hypertension	None	Medicine	Control – routine clinic visit Group 1 – letter invitation for patient plus relatives plus written and verbal information. hypertension, medication, diet plus feedback	Age, sex, actual risk status, health behaviours-general, physiological/ psychological assessment
381 - 1	Attendance referral appointment in adults with raised cholesterol (workplace)	None	Medicine	Control – leaflet plus screening plus feedback on raised cholesterol level Group 1 – screening leaflet plus feedback screen positive plus letter of cholesterol figure plus leaflet explaining link between cholesterol and CVD	Age, sex, actual risk status, family history, medical history, health behaviours-general, reasons, intention
471 - 1	Cessation of alcohol use in well adults	None	Medicine	Group 1 – self-help leaflet: steps to sensible drinking plus routine therapy session Group 2 – brief summary information in leaflet during routine therapy sessions Group 3 – additional counselling as required	Age, sex, level of education, social class, marital status, actual risk status, physiological/psychological assessment
473 - 1	Cessation of smoking in well adults	None	Medicine	Control – no additional information Group 1 – quit for good illustrated leaflets: reasons for quitting, minimising weight increase, people to contact, coping skills Group 2 – quit and win illustrated leaflets: identify problems, structured quitting	Age, sex, level of education, social class, marital status, actual risk status, perception of risk, self-efficacy, usefulness of information, intention, social reinforcement/norms, awareness intervention, coping
475 - 1	Uptake of self-care in elderly adults with medicine	None	Medicine	Control – no additional information Group 1 – patients contacted by phone for 4 weeks after discharge, additional information given as needed	Age, sex, level of education, social class, marital status, ethnicity, actual risk status, health behaviours-general, physiological/psychological assessment, knowledge
485 - 1	Cessation of alcohol use in well adults	None	Medicine	Group 1 – inpatient rehabilitation Group 2 – advised attend alcoholics anonymous Group 3 – advice from counsellors plus offered either AA or hospital	Age, sex, level of education, social class, marital status, ethnicity, actual risk status, health behaviours-general, depression, perceived satisfaction, stress
763 - 1	Adherence to medication in elderly discharged hospital patients	None	Medicine	Control – routine care: medication administered by nurses Group 1 – pharmacist discussed medication patients plus nurse supervised patient self-medication plus memory prompt	Age, sex, marital status, actual risk status, waiting time/consultation, knowledge

continued

TABLE 27 contd *Description of the decision, the interventions, and the measures recorded in studies: RCTc*

Study number	Summary decision and area of health	Theory	Health area	Comparison groups	Variables referred to
459 - 1	Cessation of smoking in women with children	None	Medicine	Group 1 – leaflet for young mothers on quitting (readability) Group 2 – general giving up smoking leaflet Group 3 – illustrated and coloured leaflets	Age, level of education, ethnicity, actual risk status, reasons, usefulness of information
754 - 1	Changes diet in children with high cholesterol	None	Medicine	Control – screened negative controls Control 2 – screened positive control group Group 1 – leaflet information (social cognitive theory): diet and cholesterol plus audio-taped feedback Group 2 – counselling with dietician plus specific dietary instructions plus leaflets plus phone contact	Age, sex, ethnicity, knowledge
708 - 1	Changes CVD risk factors in well adults	None	Medicine	Control – health information plus cholesterol test (no feedback) Group 1 – health information plus reading plus feedback of cholesterol	Age, sex, social class
711 - 1	Adherence to treatment in adult substance users	None	Medicine	Group 1 – routine care Group 2 – introduction of a follow-up telephone call for patients	Age, sex, social class, marital status
170 - 1	Accident prevention in well parents	None	Medicine, other	Control – no additional information Group 1 – counselling by nurse plus leaflets: cessation of smoking, effects passive smoking and prevention home injuries	Level of education, social class
343 - 1	Uptake of advance directives in geriatric patients	None	Medicine	Control – notes used for analysis Group 1 – information advance directives, copies forms, reminder card to discuss with physician	Age, sex, social class, marital status, ethnicity, actual risk status, medical history, health insurance perception of well-being, attitudes, reasons
56 - 1	Attendance for CVD risk screening in adult well males	Social cognition model	Medicine	Group 1 – invitation to attend free screening for CVD risk factors Group 2 – invitation to attend for screening but charged US$40	Age, social class, marital status, actual risk status, health behaviours, physiological/psychological assessment
472 - 1	Involvement in consultation in adults with diabetes	Shared consult-ation	Medicine	Control – routine consultation Group 1 – health professional consultation plus decision tree plus active role in treatment information plus skill acquisition plus audio and leaflet home package plus prompt for next consultations	Age, sex, level of education, social class, actual risk status, medical history, physiological/psychological assessment, depression, worry, need cognition, autonomy in decision making, preference consultation style, perceived satisfaction, alienation
72 - 1	Cessation of smoking well adults via school-based programme	Social cognition model	Medicine	Control – screening session only Group 1 – screening plus leaflet plus group counselling plus feedback	Age, sex, level of education, marital status, ethnicity, actual risk status, health behaviours-general, health insurance, knowledge, operationalised model
242 - 1	Cessation of smoking in well male adults	Social cognition model	Medicine	Control – usual care Group 1 – self-help leaflet tailored to stages of change on smoking	Age, actual risk status, medical history, operationalised model, usefulness information
254 - 1	Cessation of smoking in well adults	Social cognition model	Medicine	Control – 'stop smoking' statement plus leaflet Group 1 – self-quit advice statement plus decision to quit video plus quitting aids plus calendar prompt plus leaflet Group 2 – group recruitment: advice statement plus attendance group video plus offer free group plus leaflet Group 3 – Group 1 plus 2	Age, sex, level of education, social class, ethnicity, actual risk status, physiological/psychological assessment, perception of well-being
375 - 1	Adherence to exercise in adults with CVD	Social learning theory	Medicine	Control – routine group information on medication, diet and exercise Group 1 – additional control information by health professional plus an exercise contract	Age, sex, actual risk status, knowledge, disability scale

continued

TABLE 27 contd *Description of the decision, the interventions, and the measures recorded in studies: RCTc*

Study number	Summary decision and area of health	Theory	Health area	Comparison groups	Variables referred to
792 - 1	Cessation of smoking in adolescents	Social cognition model	Medicine	Control – usual lesson Group 1 – media plus school-based information based on social cognition models	Age, level of education, social class, ethnicity, health behaviours-general, attitudes, reasons, social reinforcement/ norms
640 - 1	Cessation of smoking in well adolescents	Social learning theory	Medicine	Control – no additional information Group 1 – peer volunteer group information: tobacco use plus T-shirts plus skill acquisition plus video plus feedback plus competitions plus letter plus phone booster messages	Age, sex, ethnicity, actual risk status, social reinforcement/norms
287 - 1	Cessation of smoking in adult hospital patients	Social cognition model	Medicine	Control – assessment only Group 1 – stage of change assessed and targeted video plus verbal plus leaflet information plus free gum plus telephone contact	Age, sex, level of education, actual risk status, medical history
169 - 1	Adherence to medication in elderly patients	Communi-cation	Medicine	Control – routine verbal plus leaflet information Group 1 – leaflet plus contact pharmacist to discuss medication	Age, sex, level of education, actual risk status, medical history, living arrange-ments, knowledge, disability scale
405 - 1	Cessation of smoking in well adolescents	Health promotion	Medicine	Control – assessment only Group 1 – peer volunteer group information on cessation of smoking plus skill acquisition	Sex, knowledge, attitudes
442 - 1	Changes in CVD risk factors in well adults (work)	Social cognition model	Medicine	Control – delayed intervention Group 1 – assessed stage of change plus target information: CVD risks plus skill acquisition plus changes workplace	Sex, social class, ethnicity, health behaviours-general
360 - 1	Cessation of alcohol, smoking and drug use in well children	Health promotion	Medicine, STDs (HIV)	Control – waiting list control Group 1 – weekly lessons: alcohol, tobacco and marijuana plus skill refusal acquisition plus key-ring prompts plus stickers	Age, sex, level of education, ethnicity, actual risk status, knowledge, attitudes, self-efficacy, social reinforcement/norms
115 - 1	Adherence to healthy diet in pregnant women	Social cognition model	Medicine, obstetrics and gynaecology (midwifery)	Group 1 – self-assessment 'quiz' plus leaflet plus shopping list pad plus stickers Group 2 – letter from GP plus leaflet with recipes and stickers	Age, social class, marital status, reproductive history, health behaviours-general, knowledge, attitudes, reasons, intention, social reinforcement/norms
329 - 1	Cessation of smoking in pregnant women	Social cognition model	Medicine, obstetrics and gynaecology (midwifery)	Control – routine no smoking information by physician Group 1 – health professional explained no smoking leaflet plus feedback Group 2 – video informed by HBM (piloted) plus leaflet plus opportunity for feedback	Age, level of education, marital status, ethnicity
80 - 1	Adherence to healthy lifestyles, cessation of unhealthy lifestyle in coronary artery by-pass graft patients	Health promotion	Medicine, surgery	Control – routine care and assessments Group 1 – routine plus behavioural education programme: goal setting, feedback, additional contact, group exercise sessions	Age, sex, level of education, social class, marital status, physiological/ psychological assessment, anxiety – state, depression, perception of well-being
649 - 1	Uptake of safer sex in well adults	None	STDs (HIV)	Control – questionnaires only Group 1 – comic of 'real-life' stories plus leaflet plus group discussions plus feedback plus skill acquisition	Age, sex, actual risk status, knowledge, attitudes, intention
684 - 1	Uptake of safe sex in adult drug abusers	None	STDs (HIV)	Group 1 – information about HIV Group 2 – enhanced information: emphasis on skill acquisition	Age, level of education, marital status, ethnicity, actual risk status, health behaviours-general, living arrangements, attitudes, perception of susceptibility, self-efficacy, social support/communication, social reinforcement/norms
720 - 1	Cessation of HIV risk in adult substance users	None	STDs (HIV)	Control – video and group routine information about HIV Group 1 – control plus additional sessions plus feedback plus skills	Age, sex, level of education, social class, marital status, ethnicity, actual risk status, reproductive history, health behaviours-general, social support/ communication, social reinforcement/ norms, living arrangements

continued

TABLE 27 contd *Description of the decision, the interventions, and the measures recorded in studies: RCTc*

Study number	Summary decision and area of health	Theory	Health area	Comparison groups	Variables referred to
407 - 1	Cessation of risky HIV behaviours in adult substance users	None	STDs (HIV)	Control – usual counselling Group 1 – HIV skill information: use condoms, bleaching and risk reduction	Age, sex, level of education, actual risk status
181 - 1	Adherence to oral contraception in female adolescents	Communi-cation	STDs (HIV)	Control – routine contraception information Group 1 – additional nurse information: examine barriers to adherence, ways of coping	Age, marital status, actual risk status, attitudes, efficacy
762 - 1	Cessation of/adherence to sexual and drug behaviour in adult well women	Social cognition model, framing information	STDs (HIV)	Control – usual public health video (white males in video) Group 1 – video: black women gave information Group 2 – video: black women with more culturally specific message (piloted)	Age, level of education, social class, marital status, actual risk status, health behaviours-general, anxiety – state, knowledge, attitudes, perception of risk, usefulness of information
528 - 1	Cessation of risky HIV behaviours in adult drug users	Social cognition model	STDs (HIV)	Group 1 – verbal plus leaflet plus video information (HBM): HIV test, condom and safe drug use Group 2 – Group 1 plus additional follow-up visits plus specialist information	Age, sex, level of education, social class, ethnicity, actual risk status, health behaviours-general, living arrangements
646 - 1	Cessation of risky HIV behaviours in Latino adult female drug users	Health promotion, stress – coping model	STDs (HIV)	Control – routine video information: HIV and risk reduction Group 1 – culturally sensitive video plus peer volunteer plus leaflet plus discussion: coping and skill acquisition plus leaflet plus free condoms and bleach	Age, level of education, social class, marital status, religion, actual risk status, health behaviours-general, depression, worry, perception of well-being, knowledge, attitudes, stress, coping, self-esteem
696 - 1	Uptake of condoms in adults with STDs	Social cognition model	STDs (HIV)	Control – routine clinic information Group 1 – watched video based on theory reasoned action Group 2 – video plus group discussion	Sex, ethnicity, knowledge, attitudes, perception of risk, self-efficacy
817 - 1	Cessation of risky drug use in adult substance users	Social cognition model	STDs (HIV)	Group 1 – information based on HBM, TRA Group 2 – enhanced information (relapse prevention): additional contact plus skill building	Sex, level of education, ethnicity, actual risk status, health behaviours-general, knowledge, attitudes, perception of risk, perception of susceptibility, self-efficacy
749 - 1	Adherence to/cessation of risky sex behaviour in well male adolescents	Social cognition model	STDs (HIV)	Control – career planning and opportunities information Group 1 – information HIV, skill acquisition, feedback	Age, level of education, actual risk status, health behaviours-general, knowledge, attitudes, intention, personality type
777 - 1	Uptake of face washing in children treated for trachoma	None	Primary care, surgery	Control – treatment trachoma only Group 1 – treatment trachoma plus face-washing information	Age, sex, actual risk status
172 - 1	Attendance for appointment in well adults (primary care)	None	Primary care	Control – no additional invitation Group 1 – postcard reminder	Satisfaction, health insurance, health professional measures, awareness of intervention
363 - 1	Uptake of immunisation rates in well women with children	None	Primary care	Control – no additional information Group 1 – discussion with nurse and GP plus leaflet (readability) plus reminder letter	Age, ethnicity, reproductive history
470 - 1	Uptake of primary care health services in well adults	None	Primary care	Control – routine 'new patient' treatment Group 1 – new patients interviewed by physician and nurse	
512 - 1	Uptake of immunisation in well children	None	Primary care	Control – no additional information Group 1 – pre-recorded general reminder plus recall message Group 2 – pre-recorded specific recall plus reminder message	Age, sex, ethnicity, actual risk status, living arrangements
98 - 1	Adherence to self-management in adult patients with arthritis	Health promotion	Primary care	Control – saw physiotherapist only Group 1 – physiotherapist plus group sessions, feedback, information on arthritis, coping and problem solving, relaxation	Age, sex, actual risk status, medical history, physiological/psychological assessment, anxiety – state, depression, knowledge, self-efficacy, disability scale
601 - 1	Request information/ change lifestyle in well adults	Shared consult-ation	Primary care, medicine	Control – consent form only Group 1 – prompt card asking questions/ brief information CVD	Age, sex

continued

TABLE 27 contd *Description of the decision, the interventions, and the measures recorded in studies: RCTc*

Study number	Summary decision and area of health	Theory	Health area	Comparison groups	Variables referred to
601 - 2	Request information/ change lifestyle in well adults	Shared consult-ation	Primary care, medicine	Control – consent only Group 1 – nurse prepared patients for consultation using script to discuss health behaviours	Age, sex
83 - 1	Utilisation of (prenatal) services amongst pregnant women	None	Obstetrics and gynaecology (midwifery)	Control – routine visits from health professionals plus informed study Group 1 – reduced visits: consultation focused on 'prenatal milestones' plus leaflets	Age, medical history, reproductive history, physiological/psychological assessment, health insurance, knowledge, usefulness of information
106 - 1	Attendance postpartum appointment in adolescents	None	Obstetrics and gynaecology (midwifery)	Control – routine care Group 1 – routine care plus teddy bear	Age, marital status, ethnicity, reproductive history, health behaviours-general, health insurance, alienation
788 - 1	Utilisation of postnatal care in new mothers	None	Obstetrics and gynaecology (midwifery)	Control – routine nursery care Group 1 – health professional information: caring new-born plus feedback plus 24 hour phone access plus appropriate utilisation of services	Age, level of education, ethnicity, medical history, reproductive history, anxiety – state, depression, knowledge, social support/communication
481 - 1	Attendance for appointment in adults with TB	None	Infectious disease	Control – no reminder message Group 1 – pre-recorded telephone message with appointment time plus clinic number Group 2 – pre-recorded message plus time appointment plus emphasis government scheme (authority) Group 3 – recorded message plus appointment time plus emphasis importance attending (importance) Group 4 – recorded message plus appointment time plus both authority and importance	Age, sex, ethnicity, attitudes
411 - 1	Adherence to treatment in adults with TB	None	Infectious disease	Control – routine information given by clinic staff Group 1 – additional information given by another professional	Age, sex, level of education, social class, marital status, religion, ethnicity, health insurance, living arrangements, knowledge, attitudes
743 - 1	Uptake of CF carrier screening in pregnant/ well adults	None	Genetics	Group 1 – leaflet plus counselling plus offer of stepwise screening Group 2 – leaflet plus counselling plus couple testing only	Age, sex, social class, marital status, family history, anxiety – state, perception of well-being, knowledge, attitudes, perception of risk, reproductive history, social support/communication, intention
790 - 1	Uptake of carrier testing (CF) in well adults	None	Genetics	Group 1 – letter in year 1 Group 2 – letter plus leaflet Group 3 – leaflet at clinic Group 4 – approached researcher plus leaflet plus explanation plus test Group 5 – invite at clinic plus leaflet plus explanation plus test appointment Group 6 – letter year 2	Age, sex, anxiety – state, knowledge
293 - 1	Uptake of infant car seat in well mothers	None	Other, obstetrics and gynaecology (midwifery)	Control – routine care only Group 1 – car seat plus information video Group 2 – car seat plus video plus instructions	Age, level of education, social class, ethnicity
349 - 1	Attendance for sexual-difficulties clinic in well adults	None	Other	Control – sent appointment times Group 1 – questionnaire plus information sheet plus stamped addressed envelope plus appointment	Age, sex, living arrangements, health professional measures
58 - 1	Having donor card in well adults	Social cognition model	Other	Control – no specific information Group 1 – leaflet plus inclusion donor cards by post Group 2 – trained health professionals to participate in meetings and promote donor cards plus media Group 3 – Group 1 plus 2	Age, sex, social class, religion, knowledge, attitudes
324 - 1	Adherence to safety advice in well mothers	Social learning theory	Other	Control – questionnaire only Group 1 – illustrated leaflet (readability)	Age, level of education, ethnicity, reproductive history, knowledge, attitudes, self-efficacy, social desirability
717 - 1	Utilisation of health care in adults with mental health problems	Communi-cation	Mental health – general	Control – appointment letter only Group 1 – letter plus information about services	Anxiety – state, preference consultation style, perceived satisfaction

continued

TABLE 28 *Description of the decision, interventions and measures recorded in concurrent studies*

Study number	Summary decision and area of health	Theory	Health area	Comparison groups	Variables referred to
44 - 1	Uptake of mammography in adult well women	None	Cancer	Control – community comparison Group 1 – community intervention: posted leaflets plus calendar prompts plus trained health professionals	Age, level of education, social class, family history, health behaviours-general, health insurance, knowledge, perception of risk, awareness of intervention
61 - 1	Uptake of cervical cancer screening in well adult women	None	Cancer	Control – no additional information Group 1 – letter invitation sent to eligible women	Age
203 - 1	Uptake of mammography in adult well women	None	Cancer	Control – comparative community Group 1 – increasing awareness in community (variety methods) plus health professionals (by letter) Group 2 – increase community awareness plus women leaflet posted	Age
243 -1	Uptake of mammography in adult well women	None	Cancer	Control – no additional programme Group 1 – trained physicians plus leaflet plus community groups plus memory prompts	Age, level of education, social class, actual risk status, family history, health behaviours-general, health insurance, knowledge, attitudes, reasons, social support/communication
246 - 1	BSE in well adult women	None	Cancer	Control – pre- and post-test measurements only Control 2 – annual survey's only Group 1 – trained nurse information at women's community groups plus video plus feedback plus calendar reminder plus skill acquisition plus media Group 2 – Group 1 plus second maintenance reminder programme	Age, level of education, social class, self-efficacy, social support/ communication, awareness of intervention
385 - 1	Cessation of tobacco (not smoking) use in well children	None	Cancer	Control – completed measures Group 1 – school-based intervention plus acquisition skills (resisting) plus drug information Group 2 – Group 1 plus parental education plus community leader 'enforcers'	Age, sex, level of education, actual risk status, reproductive history, health behaviours-general, depression, attitudes, perceived satisfaction, intention, social reinforcement/norms
686 - 1	Uptake of mammography in well adult women	None	Cancer	Control – comparison community Group 1 – physician information breast cancer screening plus media plus community campaigns plus cheaper mammograms	Age, level of education, social class, ethnicity, health insurance, health professional measures, knowledge, attitudes, intention, awareness intervention
171 - 1	Uptake of general cancer prevention in well adult women	None	Cancer	Control – no additional information Group 1 – cancer-related consultations made priority plus group discussions: self-examination and prevention plus leaflet plus newsletter	Age, level of education, ethnicity, knowledge, awareness of intervention
205 - 1	Uptake of mammography in well women	None	Cancer	Group 1 – media promotion organised by hospitals Group 2 – community: elected representatives from business and social groups plus show videos plus leaflet distribution	Age, awareness of intervention
205 - 2	Uptake of mammography screening in well women	None	Cancer	Group 1 – community: elected organisers from business and social groups plus show video plus leaflet distribution Group 2 – family practitioner recommend attendance plus notes prompt plus leaflets plus posters in surgery	Age, awareness of intervention
397 - 1	Uptake of cervical/breast screening in well women	None	Cancer	Control – no additional information Group 1 – opportunistically nurse invitation: information plus free screening plus appointment for next day	Age, ethnicity, actual risk status, knowledge, awareness of intervention
546 - 1	Uptake of cervical screening in well women	None	Cancer	Control – routine invitation by national programme Group 1 – control plus letter invitation from GP	Age, medical history, living arrangements

continued

TABLE 28 contd *Description of the decision, interventions and measures recorded in concurrent studies*

Study number	Summary decision and area of health	Theory	Health area	Comparison groups	Variables referred to
448 - 1	Uptake of colorectal cancer screening in elderly well adults	None	Cancer	Control – routine slide show offer plus free hemoccult kit plus diet change Group 1 – control plus elderly framed information plus memory prompts Group 2 – Group 1 plus demonstration hemoccult test using peanut butter	Age, sex, level of education, social class, marital status, ethnicity, family history, medical history, physiological/ psychological assessment, perception of well-being, disability scale
418 - 1	Uptake of screening tests in well adults	None	Cancer, primary care, medicine	Control – north clinic: no information Group 1 – south clinic: no information Group 2 – north clinic: leaflet on screening and health preventive behaviours (readability)	Age, sex, level of education
386 - 1	Uptake of BSE in well women	Health promotion	Cancer	Control – verbal information on placebo topic Group 1 – American Cancer Society (ACS) leaflet and verbal information: BSE, cancer plus model demonstration Group 2 – ACS information plus additional feedback session	Age, level of education, actual risk status, family history, medical history, reproductive history, health behaviours-general, knowledge, efficacy
760 - 1	Uptake of mammography in well adult women	Social cognition model	Cancer	Control – assessment only Group 1 – group information (HBM): breast cancer and screening Group 2 – Group 1 information plus arguments for and against plus role model plus planning action plus letter	Age, level of education, social class, marital status, ethnicity, health behaviours-general, knowledge, attitudes, perception of risk, perception of susceptibility, reasons, operationalised model, intention
608 - 1	Uptake of mammography in well adults women	Social cognition model	Cancer	Control – usual offer mammography with mobile vans Group 1 – routine offer plus media campaign	Age, level of education, social class, ethnicity, living arrangements, worry, knowledge, attitudes, perception of risk, perception of susceptibility, awareness of intervention
404 - 1	Uptake of mammography in well women	Health promotion	Cancer	Control – routine breast screening Group 1 – leaflets plus free screening plus faster feedback reports plus reminder letters plus training staff plus staff feedback	Age, level of education, social class, marital status, ethnicity, family history, health professional measures
446 - 1	Uptake of mammography in well women	Social cognition model	Cancer	Control – no information Group 1 – information leaflet plus GP reminder letter plus counselling by phone	Age, level of education, social class, marital status, ethnicity, health insurance
136 - 1	Adherence to sun protection in well children	Health promotion	Cancer	Control – assessment only Group 1 – group information plus posters plus free sunscreen Group 2 – Group 1 plus skill acquisition plus leaflets plus continued information from teachers	Age, sex, social class, actual risk status, knowledge, attitudes
237 - 1	Adherence to/cessation of to healthy lifestyle in well adults	Social cognition model	Cancer, medicine	Control – assessment only Group 1 – trained group leaders plus leaflet plus verbal group information plus media plus letter plus activities	Age, sex, level of education, social class, marital status, actual risk, health behaviour
180 - 1	Uptake of safer sun in well adults	Social cognition model	Cancer	Control – routine information through schools and media, information on wearing protective clothing and sunscreen Group 1 – more intensive programme using more media, message based on theory of identification/ attitude confronting, more shady spaces, reduction in sunscreen prices	Age, sex, knowledge, attitudes, perception of risk, social reinforcement/ norms, motivation, efficacy
45 - 1	Uptake of cholesterol screening in well adults	None	Medicine	Control – no additional information Group 1 – package intervention: media plus setting up network in community plus workplace plus trained health professionals	Age, sex, ethnicity, medical history, health behaviours-general knowledge, perception of risk
82 - 1	Health care utilisation in asthma patients	None	Medicine	Control – no exposure to information Group 1 – teaching session on asthma: knowledge and management	Age, sex, actual risk status, medical history, physiological/psychological assessment, knowledge, quality of life

continued

TABLE 28 contd *Description of the decision, interventions and measures recorded in concurrent studies*

Study number	Summary decision and area of health	Theory	Health area	Comparison groups	Variables referred to
218 - 1	Cessation of smoking in adult smokers	None	Medicine	Control – comparison community Group 1 – trained volunteers plus media plus quit-line plus leaflet plus group sessions	Sex, age, level of education, health behaviour, self-efficacy, social norm, awareness of intervention
222 - 1	Cessation of/adherence to healthy/risky lifestyle in well adolescents	None	Medicine	Control – matched no intervention schools Group 1 – teachers screened/feedback	Age, sex, level of education, social class, ethnicity, marital status, medical history, physiological/psychological assessment, health behaviours, attitude
235 - 1	Cessation of smoking in well adults	None	Medicine	Group 1 – no restrictions on smoking Group 2 – employees agree smoking contract within workplace Group 3 – smoking ban imposed	Age, sex, level of education, marital status
245 - 1	Cessation of smoking in CVD adult patients	None	Medicine	Group 1 – motivational counselling: health and well-being, anticipation quitting problems Group 2 – behavioural counselling: quit date set, abrupt quitting, compliance contract, self-reward and relaxation Group 3 – behavioural counselling plus nicotine fading: gradual quitting	Age, sex, level of education, social class, marital status, actual risk status, health behaviours-general, anxiety – trait, depression, social support/ communication, coping
256 - 1	Cessation of smoking in well adults	None	Medicine	Control – physician advice only Group 1 – advice plus cessation counselling by physicians (behaviour oriented model) Group 2 – Group 1 plus prescription nicotine gum	Age, sex, marital status, ethnicity, actual risk status, medical history, health behaviours-general, self-efficacy, social support/communication, intention
258 - 1	Cessation of/adherence to lifestyle in well adults and children	None	Medicine	Control – Group 1 – intervention 1980–1986 involved school plus community plus media information	Age, sex, level of education, actual risk status, physiological/psychological assessment
260 - 1	Cessation of smoking in well adult males	None	Medicine	Control – usual smoking cessation information by physicians Group 1 – intervention by research staff: dosage reduction and coping 'risky' situations	
280 - 1	Cessation of smoking in well adults	None	Medicine	Control – television based smoking cessation programme Group 1 – North Karelia intervention plus control plus best 'non smoker' competition Group 2 – control plus competition in Turku community	Sex, level of education, actual risk status, awareness of intervention
283 - 1	Cessation of smoking	None	Medicine	Group 1 – group meetings – behavioural strategies to reduce smoking, buddy system, stress management, relaxation, leaflet, gum Group 2 – all information Group 1 plus competition for best 'no smoker'	Age, sex, level of education, social class, actual risk status, stress
284 - 1	Cessation of smoking in well adults	None	Medicine	Control – health screen only for smokers and non smokers Group 1 – health screen plus programmes on healthy lifestyle plus attend in own time programmes about diet, smoking, stress, etc. (buddy systems, ways coping smoking cessation, etc.), smoking areas plus no smoking signs	Age, sex, level of education, social class, actual risk status, medical history, perception of well-being
315 - 1	Adherence to medication in elderly adults	None	Medicine	Control – medication prompt card, feedback on taking medication (pills from a bottle) Group 1 – medication card, feedback on taking medication and pills in foil packet – dates marked so know if taken pill	Age, sex, actual risk status
390 - 1	Cessation of/adherence to healthy lifestyle in well adults (workplace)	None	Medicine	Control – health education plus exercise classes (none attendance) Group 1 – workplace introduced a well publicised fitness room Group 2 – counselling to high risk factor employees plus encouraged to take up exercise Group 3 – counselling plus organised exercise sessions plus buddy system plus fitness facility	Actual risk status, health behaviours-general, physiological/psychological assessment

continued

TABLE 28 contd *Description of the decision, interventions and measures recorded in concurrent studies*

Study number	Summary decision and area of health	Theory	Health area	Comparison groups	Variables referred to
504 - 1	Uptake of services in parents with asthmatic children	None	Medicine	Control – waiting list control Group 1 – trained GPs plus parent leaflet (piloted) plus consultation content prompt plus feedback	Age, sex, actual risk status, medical history, perception of risk
657 - 1	Cessation of smoking in well adults	None	Medicine	Control – smokers exposed to the 'kick the habit' TV programme Group 1 – control plus asked for self-quit leaflet	Sex, level of education, social class, ethnicity, actual risk status, medical history
731 - 1	Cessation of smoking in well adolescents	None	Medicine	Control – no planned intervention Group 1 – family smoking education (no details) Group 2 – adolescent focused smoking intervention Group 3 – Group 1 plus 2	Age, sex, social class, family history, health behaviours-general, knowledge, attitudes, perception of control, reproductive history, self-esteem
740 - 1	Cessation of smoking in well adults	None	Medicine	Control – cholesterol screening result letter, contact physician Group 1 – control plus media campaign: change diet, smoking cessation, exercise uptake. Group 2 – Group 1 plus managing risk leaflet plus public meetings plus health professional contact	Age, sex, actual risk status, physiological/ psychological assessment, knowledge
779 - 1	Cessation of smoking in well adults	None	Medicine	Control – comparison village (monk smoking norm) Group 1 – monk discourages smoking in ceremonies and asks all new monks to give up smoking	Age, sex, level of education, social class, actual risk status
206 - 1	Cessation of CVD risk factors in well adults	None	Medicine	Control – national population sample Group 1 – health centre/community/social groups plus leaflets plus meetings plus poster information: CVD change, diet, changes in canteens and shops	Age, sex, physiological/ psychological assessment
215 - 1	Cessation of fatty diet in well adults	None	Medicine	Control – comparison community Group 1 – health screenings plus school information plus prompts and healthy changes in grocery stores Group 2 – media information plus changes grocery stores Group 3 – information diet change at community and health centre levels	
409 - 1	Change diet in well adolescents	None	Medicine	Control – routine school nutrition information Group 1 – trained teachers: nutrition for life programme	Knowledge, attitudes, health professional measures
312 - 1	Change diet in well adults	None	Medicine	Control – comparison community Group 1 – community plus media plus health centres plus workplace plus schools information: reduction CVD risk factors	Age, sex, social class
273 - 1	Cessation of smoking in well adolescents	None	Medicine	Control – no additional information Group 1 – media and school-based information plus leaflets plus peer volunteers	Age, sex, ethnicity, living arrangements
394 - 1	Uptake of eye checks in adults with medicine	None	Medicine, surgery	Control – interviewed only Group 1 – examined eyes at home plus leaflet plus result letter plus phone call reminder	Age, sex, level of education, social class, marital status, ethnicity, medical history, health behaviours-general, physiological/ psychological assessment, knowledge
194 - 1	Intention to drive safely in school children	None	Medicine, other	Control – Group 1 – information plus skills teaching about driving safety	Sex, level of education, knowledge, attitudes
89 - 1	Adherence to exercise in adult well population	Social cognition model	Medicine	Control – no information about control Group 1 – pre-intervention group (same workplace as post-intervention group) Group 2 – post intervention group information: feedback risk factors, screening, and CVD risks plus encouraged to attend GP	Age, sex, attitudes, health behaviours-general, physiological/psychological assessment, self-efficacy, intention, social reinforcement/norms
184 - 1	Cessation of smoking in well adolescents	Social cognition model	Medicine	Group 1 – school intervention plus video plus peers volunteer information plus skill acquisition Group 2 – media intervention aimed at adolescents plus competition	Age, sex, social class, ethnicity, actual risk status, health behaviours-general, knowledge, social support/communi-cation, awareness of intervention

continued

TABLE 28 contd *Description of the decision, interventions and measures recorded in concurrent studies*

Study number	Summary decision and area of health	Theory	Health area	Comparison groups	Variables referred to
253 - 1	Cessation of/adherence to healthy diet in well parents of school children	Social learning theory	Medicine	Control – assessment only Group 1 – trained teachers plus verbal plus leaflet information: change salt, fibre and diet plus parent information plus feedback Group 2 – letter information plus newsletter plus classes plus fridge magnet prompt Group 3 – Group 1 plus 2	Level of education, social class, living arrangements, ethnicity, knowledge, intention, attitude, self-efficacy, social support
345 - 1	Cessation of smoking in well adults	Social cognition model	Medicine	Control – routine clinic advice on smoking cessation of Group 1 – trained physician assessed and targeted information to patient's stages change smoking cessation	Age, sex, ethnicity, actual risk status, health behaviours-general, health professional measures, reasons, operationalised model, awareness of intervention
416 - 1	Adherence to exercise/ diet in overweight adults	Social cognition model	Medicine	Control – assessments only Group 1 – self-directed change group information: exercise and diet plus skill acquisition plus feedback problem solving plus support Group 2 – Group 1 plus individual counselling with health professional Group 3 – Group 1 plus individual counselling with peer	Age, sex, level of education, actual risk status, physiological/psychological assessment, health behaviours-general, anxiety – state/trait, perception of control, self-efficacy, social support/ communication, motivation, awareness of intervention, stress, coping
440 - 1	Cessation of smoking and CVD risk factors in well adults	Social learning theory	Medicine	Control – no additional information Group 1 – social learning theory based community group leader information: risk factors and skill acquisition plus support groups	Age, sex, level of education, social class, ethnicity, physiological/psychological assessment
209 - 1	Uptake of exercise in well adults	Social cognition model	Medicine	Control – routine doctor information on hepatitis B Group 1 – counselling by doctor (stages of change) on exercise uptake	Age, sex, social class, marital status, ethnicity, actual risk status
631 - 1	Adherence to/cessation of diet in well adults	Social learning theory	Medicine	Control – no media information Group 1 – information informed by SLT: media plus leaflet plus group meetings plus letters plus school-based information plus memory aids	Age, sex, level of education, physiological/psychological assessment knowledge
464 - 1	Uptake of exercise in well adults	Social learning theory	Medicine	Control – assessment only Group 1 – Stanford five city project 6 year dissemination information: verbal plus leaflets plus media plus posters plus leaders community groups	Age, sex, ethnicity, actual risk status, physiological/psychological assessment, knowledge, attitudes, self-efficacy
658 - 1	Cessation of/uptake of lifestyle change in well adults	Social cognition model, social learning theory	Medicine	Control – comparison community Group 1 – school-based, community-based, grocery shop changing, healthy restaurant menus, walking clubs, videos, newspapers	Age, sex, level of education, social class, ethnicity, actual risk status, medical history, health behaviours-general, physiological/psychological assessment, awareness of intervention
726 - 1	Cessation of smoking/ adherence to exercise in well adults	Social learning theory	Medicine	Control – assessment only Group 1 – group leaders plus institutions trained about CVD risk and prevention plus introduction screening plus media plus school plus health centres plus communities	Age, sex, actual risk status, medical history, physiological/ psychological assessment, knowledge, attitudes, awareness of intervention
255 - 1	Cessation of smoking in well adolescents	Health promotion	Medicine	Control – comparison community Group 1 – trained teachers school-based intervention	Age, sex, social reinforcement/norms
313 - 1	Adherence to self-management in adults with medicine	Social cognition model	Medicine	Control – assessment only Group 1 – health professional provided information on self-care Group 2 – peer provided information about self-care	Age, sex, actual risk status, anxiety – state, knowledge, attitudes, perception of risk, perception of control, operationalised model, intention, social reinforcement/norms
367 - 2	Cessation of smoking in well adults	Social learning theory	Medicine	Group 1 – quit and win programme Group 2 – attendees of heart check programme	Age, sex, level of education, marital status, actual risk status

continued

TABLE 28 contd *Description of the decision, interventions and measures recorded in concurrent studies*

Study number	Summary decision and area of health	Theory	Health area	Comparison groups	Variables referred to
370 - 1	Cessation of alcohol use in well adolescents	Social learning theory	Medicine	Control – school-based assessment information only Group 1 – group lessons: alcohol use plus skill acquisition plus booster session	Actual risk status, knowledge, perception of control, social reinforcement/norms
238 - 1	Cessation of smoking in well adolescent	Social learning theory	Medicine	Control – comparison community Group 1 – leaflet plus verbal information: risks smoking and skill acquisition plus trained teachers plus ban smoking	
261 - 1	Change CVD risk factors in well adolescents	Social learning theory	Medicine	Control – assessment only Group 1 – video plus group information (social learning theory) plus posters plus feedback	Actual risk status, physiological/ psychological assessment knowledge
456 - 1	Change CVD risks in well elderly adults	Social learning theory	Medicine	Control – assessment only Group 1 – peer-led group information sessions on diet, exercises and stressors	Age, sex, level of education, marital status, medical history, knowledge, self-efficacy
709 - 1	Change CVD risk behaviours in well adults	Social learning theory	Medicine	Control – assessment only Group 1 – community leaders diffuse information plus media plus exercise classes	Age, sex, level of education, marital status, self-efficacy, social reinforcement/ norms, awareness of intervention
311 - 1	Cessation of substance use in well adolescents	Health promotion	Medicine, STDs (HIV)	Control – no additional information Group 1 – information framed by social influences behaviour plus skill acquisition plus media Group 2 – information framed to control affect plus stress management plus decision making	Sex, ethnicity
125 - 1	Cessation of drug use, adherence to safe sex in adolescent drug users	None	STDs (HIV)	Control – waiting list control Group 1 – Group format health information HIV plus application problem solving therapy	Age, social class, ethnicity, actual risk status, health behaviours-general, sexual orientation, law infringements
161 - 1	Cessation of/adherence to safer sex in adults with HIV	None	STDs (HIV)	Control – counselling for HIV test only (clinic 1) Group 1 – counselling HIV test plus information by trained counsellors on risk reduction (clinic 2)	Age, sex, level of education, marital status, actual risk status, health behaviours-general attitudes
177 - 1	Cessation of drug use and risky sex in drug users	None	STDs (HIV)	Group 1 – illustrated, leaflet plus verbal information presented by sex worker on HIV risks and prevention plus free condoms plus transport to health centre Group 2 – Group 1 plus additional contact sex worker and provide feedback on changes	Age, sex, level of education, social class, ethnicity, actual risk status, health behaviours-general, knowledge, perception of risk
392 - 1	Uptake of safe sex in well, married women	None	STDs (HIV)	Control – routine government family planning project Group 1 – information: family planning plus child and parental immunisations plus re-hydration therapy for diarrhoea	Age, level of education, actual risk status, reproductive history, health behaviours-general, perceived satisfaction
791 - 1	Adherence to/cessation of risky sex in adult well female sex workers	None	STDs (HIV)	Control – routine care Group 1 – video plus leaflet plus group discussion: HIV risk factors tailored sex workers plus free condoms plus posters plus feedback	Age, level of education, ethnicity, actual risk status, medical history, reproductive history, knowledge, self-efficacy
555 - 1	Cessation of/adherence to risky sex in well adolescents	None	STDs (HIV)	Control – no additional HIV/STD information Group 1 – HIV/STD information given to classes by nurse plus skill acquisition plus free condoms	Age, sex, actual risk status, living arrangements, knowledge, attitudes
665 - 1	Change in sexual practice in well gay adult males	None	STDs (HIV)	Control – routine leaflets plus posters Group 1 – identify group leaders and train about HIV risk factor, prevention and skill acquisition plus place in clubs to disseminate information	Age, ethnicity, knowledge, social reinforcement/norms
579 - 1	Cessation of risky sex in adult well women (sex workers)	None	STDs (HIV)	Control – delayed intervention group Group 1 – group plus leaflet plus video information: STD and condoms	Age, level of education, ethnicity, knowledge
748 - 1	Utilisation of services in adults with HIV	None	STDs (HIV)	Group 1 – physician actively involved in patient's health care Group 2 – physician unaware patient HIV Group 3 – patients not registered GP Group 4 – mixed group of motivated patients and GPs	Age, sex, social class, ethnicity, actual risk status

continued

TABLE 28 contd *Description of the decision, interventions and measures recorded in concurrent studies*

Study number	Summary decision and area of health	Theory	Health area	Comparison groups	Variables referred to
455 - 1	Adherence to contraception in well adolescent girls	None	STDs (HIV)	Control – assessment only Group 1 – trained staff on adolescent behaviours plus introduction consultation protocols	Age, religion, ethnicity, knowledge, perceived satisfaction
71 - 1	Cessation of cocaine use, attendance sessions in adult, pregnant cocaine users	None	STDs (HIV), obstetrics and gynaecology (midwifery)	Control – routine collection urine samples plus counselling plus coping Group 1 – control plus additional management counselling	Level of education, social class, ethnicity, actual risk status, reproductive history, attitudes
486 - 1	Reduction pregnancies in well adolescents	Conflict theory (Janis and Mann)	STDs (HIV), obstetrics and gynaecology (midwifery)	Control – baseline measures control group Group 1 – counselling (Janis and Mann): decision-making skills plus prenatal care plus adoption plus future pregnancies	Age, level of education, social class, marital status, ethnicity, actual risk status, reproductive history, self-efficacy
17 - 1	Cessation of risky sex, adherence to condoms in school children	Social cognition model	STDs (HIV)	Control – question and answers on AIDS Group 1 – presentation by person with AIDS Group 2 – role-play (feedback) plus skill acquisition	Knowledge, attitudes
18 - 1	Cessation of steroids, male school children	Health promotion	STDs (HIV)	Control – delayed intervention Group 1 – Adolescents Training and Learning to Avoid Steroids (ATLAS) classroom information: diet and alternatives to steroids plus skill acquisition plus weight room plus incentives	Level of education, social class, ethnicity, knowledge, attitudes, self-efficacy
240 - 1	Uptake of condoms/ cessation of risky sex in well adolescents	Social cognition model	STDs (HIV)	Control – no additional HIV information Group 1 – trained teachers skill-based information plus feedback plus video plus skills acquisition	Age, sex, ethnicity, actual risk status, health behaviours-general, knowledge, attitudes, perception of risk, intention
251 - 1	Cessation of drug use in well adolescents	Health promotion	STDs (HIV), medicine	Control – no additional information Group 1 – school and community based information plus acquisition skills plus norms non-drug use plus media plus peers volunteers	Age, level of education, social class, ethnicity, actual risk status, health behaviours-general, living arrangements
391 - 1	Uptake of safe sex in adult well males	Health promotion	STDs (HIV)	Control – comparative community Group 1 – male motivation project plus leaflets plus radio drama plus group discussion	
515 - 1	Cessation of risky sex in well adolescents	Social cognition model	STDs (HIV)	Control – delayed intervention Group 1 – trained teachers group information (theory planned behaviour) plus feedback plus skill acquisition plus parental involvement plus T-shirts	Age, sex, health behaviours-general, living arrangements, knowledge, attitudes, social support/ communication, social reinforcement/ norms, awareness of intervention
759 - 1	Adherence to safe sex in well adolescents	Social learning theory	STDs (HIV), medicine	Control – routine sex education – matched schools Group 1 – verbal group information on puberty, contraception, reproduction and relationships and empowerment skills	Sex, level of education, social class, actual risk status, health behaviours-general, living arrangements, knowledge, attitudes, usefulness of information, social reinforcement/norms
628 - 1	Cessation of/adherence to risky sex	Health promotion	STDs (HIV)	Control – usual information for runaways Group 1 – additional counselling plus video: HIV risk and prevention plus feedback plus skills	Age, sex, ethnicity, actual risk status, sexual orientation
780 - 1	Cessation of/adherence to risky/safe sex in well adults	Social learning theory	STDs (HIV)	Control – comparison community Group 1 – comics plus newsletters plus free condoms plus house call information on HIV risk factor cessation	Age, sex, level of education, social class, marital status, ethnicity, actual risk status, reproductive history, knowledge, self-efficacy
463 - 1	Cessation of risky sex in gay well males	Health promotion	STDs (HIV)	Control – delayed onset intervention Group 1 – leaflets plus posters in bars plus university and community areas	Age, level of education, marital status, ethnicity, actual risk status, sexual orientation, self-efficacy, awareness of intervention
663 - 1	Adherence to/cessation of risky/safe sex in well adolescents	Health promotion	STDs (HIV)	Control – assessment only Group 1 – trained teachers group lessons plus leaflet plus audio-tape plus skill acquisition	Age, sex, level of education, social class, religion, health behaviours-general, knowledge, attitudes, reasons

continued

TABLE 28 contd *Description of the decision, interventions and measures recorded in concurrent studies*

Study number	Summary decision and area of health	Theory	Health area	Comparison groups	Variables referred to
373 - 1	Change sexual activity in well adolescents	Social cognition model	STDs (HIV)	Control – routine sex information Group 1 – verbal plus leaflet plus group information (HBM/SLT) plus skill acquisition plus feedback	Age, sex, ethnicity, reproductive history, knowledge, attitudes, perception of susceptibility, reasons, self-efficacy, operationalised model
453 - 1	Cessation of drug use in well adolescents	Social learning theory	STDs (HIV), medicine	Control – assessment only Group 1 – peer volunteer verbal information plus skill acquisition Group 2 – Group 1 plus booster sessions	Age, sex, ethnicity, actual risk status, living arrangements, health behaviours-general, knowledge, attitudes, social reinforcement/norms
822 - 1	Cessation of risky sex in well adolescents	Social cognition model, social learning theory	STDs (HIV)	Group 1 – brief verbal information about safe sex (school clinic) Group 2 – peer volunteer verbal information: HIV and prevention pregnancy (school clinic) Group 3 – pregnancy prevention information plus vouchers for contraception (school clinic) Group 4 – target high-risk groups plus provision contraception plus prompt repeat prescriptions (school clinic) Group 5 – pregnancy prevention information plus contraception prescribed plus prompt for repeat prescription (school clinic) Group 6 – all sex-related information available plus school dispensed contraception	Age, sex, reasons, awareness intervention
823 - 1	Change CVD/HIV risk factors in well adolescents	Health promotion	STDs (HIV), medicine	Control – assessment only Group 1 – school based module on teenage health plus skill acquisition	Age, sex, health behaviours-general knowledge, attitudes
813 - 1	Change in CVD risk behaviours in elderly adults	None	Primary care, medicine	Control – assessment only Group 1 – letters plus leaflets plus newsletter plus feedback CVD risk from physician	Age, sex, level of education, actual risk status, health behaviours-general, physiological/psychological assessment
146 - 1	Uptake of influenza vaccination in well elderly adults with a history pneumonia	None	Primary care	Control – cases documented before intervention Group 1 – cases documented after intervention: trained physicians plus reimbursed for vaccine plus patient letter plus media plus leaflet	Age, sex, actual risk status, health behaviours-general
257 - 1	Adherence to health checks in elderly well adults	None	Primary care, medicine	Group 1 – letter invitation Group 2 – letter plus phone call Group 3 – letter plus phone call plus fixed appointment time Group 4 – Group 3 plus elicited reasons non-attendance plus encouraged attendance	Age, sex, level of education, medical history, physiological/psychological assessment, health insurance
775 - 1	Uptake of immunisation in parents of well children	None	Primary care	Group 1 – children registered with general practice Group 2 – children registered with health clinics	Age, living arrangements
331 - 1	Uptake of immunisation in parents of children attended A&E	None	Primary care	Control – children attended A&E not immunised Group 1 – children attended A&E immunised	Age, sex, actual risk status, physiological/psychological assessment, health insurance
95 - 1	Adherence to self-management in adults with arthritis	Social learning theory	Primary care	Control – no additional information Group 1 – group counselling information session for over 6 weeks	Age, sex, level of education, actual risk status, physiological/psychological assessment, self-efficacy, disability scale
3 - 1	Uptake of breast feeding in adult well women	None	Obstetrics and gynaecology (midwifery)	Control – no additional information Group 1 – trained health workers gave verbal information breast feeding plus posters plus leaflets at routine post-natal care visits	Age, level of education, marital status, religion, ethnicity, reproductive history, knowledge, perception of risk
529 - 1	Uptake of xylitol chewing gum in adolescents	None	Dentistry	Control – no information Group 1 – xylitol and oral hygiene information by dental assistance plus free chewing gum	Sex, knowledge
618 - 1	Uptake of dental services in well children and young adults	Marketing model	Dentistry	Control – no change in dentistry practices Group 1 – reimbursement costs for children/adults under 26 years	Age, sex, level of education, health insurance

continued

TABLE 28 contd *Description of the decision, interventions and measures recorded in concurrent studies*

Study number	Summary decision and area of health	Theory	Health area	Comparison groups	Variables referred to
430-1	Reproductive decision in Tay–Sachs carriers	None	Genetics	Group 1 – genetic counselling information Tay–Sachs and reproductive options	Marital status, ethnicity, attitudes, perception of risk, affect, intentions, autonomy decision making
516 - 1	Uptake of carrier testing in well adults	Social cognition model	Genetics	Group 1 – letter invitation plus if interested counsellor appointment plus leaflet Group 2 – approached patients in health centre plus leaflet plus counselled and tested	Age, sex, level of education, marital status, ethnicity, reproductive history, knowledge, attitudes, perception of risk, need cognition/certainty, need cognitive closure/ambiguity, intention
323 - 1	Adherence to medication and attendance clinic in symptomatic adults	None	Infectious disease	Control – no additional information Group 1 – social network group, researchers attend community group meetings: information plus offer free health centre treatment Group 2 – media group: posters plus town criers give same information	Age, sex, social class
586 - 1	Adherence to treatment in adolescents with TB	None	Infectious disease	Group 1 – directly observed preventive therapy taken within school Group 2 – hospital based medication (not observed)	Age, sex, ethnicity
452 - 1	Adherence to treatment in patients with TB	None	Infectious disease	Routine – routine patient care for TB Group 1 – staff training and supervision on TB	Age, sex, actual risk status, medical history, living arrangements
124 - 1	Adherence to medication in adults with schizophrenia	None	Mental health	Control – remained on oral medication Group 1 – patients changed from oral to injecting medication	Sex, ethnicity, actual risk status
825 - 1	Adherence to medication in adults with schizophrenia	None	Mental health	Control – no information about control group Group 1 – only told group meetings	Actual risk status, medical history, attitudes, reasons
335 - 1	Adherence to medication in parents of children with diarrhoea	None	Paediatrics	Control – interviewed only Group 1 – posters plus demonstration how to mix salt-sugar solution plus feedback	Age, level of education, social class, religion, reproductive history, knowledge
570 - 1	Adherence to safety in well adolescents	None	Other	Control – assessment only Group 1 – peer presented information: accidents, disabilities and risk taking Group 2 – Group 1 information given by health professional	Age, sex, level of education, actual risk status, medical history, knowledge, perception of risk, perception of control, reasons, self-efficacy, intention, awareness of intervention
773 - 1	Uptake of bicycle safety in well children plus parents	None	Other	Control – letter to parents and children plus teen magazine plus voucher for bike shop Group 1 – control plus high profile in school: posters, stickers, stunt bike rider demonstration	Age, sex, social class, family history, health behaviours-general, reasons, knowledge, attitudes, intention, social reinforcement/norms
40 - 1	Reporting symptoms in adult women with bladder complaints	None	Surgery	Control – paper-pen diary of symptom recording Group 1 – computer symptom reporting	Age, ethnicity, actual risk status, depression, other affect
75 - 1	Use of health care in adult well patients	None	Surgery	Group 1 – medical assistance and no health insurance Group 2 – private insurance	Age, sex, social class, marital status, health insurance attitudes

TABLE 29 *Description of decision, intervention and measures recorded in studies: before/after different samples*

Study number	Summary decision and area of health	Theory	Health area	Comparison groups	Variables referred to
34 - 1	Uptake of mammography in adult well women	None	Cancer	Group 1 – prompt on patient's notes	
100 - 1	Uptake of mammography in well women	None	Cancer	Group 1 – letter of invitation	Age, actual risk status, health insurance
192 - 1	Uptake of cervical screening in adult well women	None	Cancer		Age
383 - 1	Uptake of mammography in well based adult women	None	Cancer	Group 1 – reduced-fee mammogram plus media plus presentations in workplaces/health centres	Age, ethnicity, social class, level of education, medical history, knowledge, awareness of intervention
421 - 1	Uptake of mammography/ BSE in well women	None	Cancer	Group 1 – health professional encouragement plus monthly clinics plus calendar prompts plus self-referral contact number	Age, level of education, social class, attitude
575 - 1	Uptake of cervical screening in well women	None	Cancer	Group 1 – introduction mobile screening unit plus information	Age, marital status, level of education, social class, knowledge
401 - 1	Uptake of mammography in well women	None	Cancer	Group 1 – trained staff plus reminder system implemented plus prompt sheet in reviewed notes plus noted women's breast cancer history	Age
765 - 1	Adherence to sun protective behaviours in well adults	Social learning theory	Cancer	Group 1 – poster plus leaflet: skin cancer and protection plus feedback plus peer volunteers plus raffle plus free sunscreen	
495 - 1	Uptake of living will in recently hospitalised adults	None	Medicine	Group 1 – leaflet on patient self-determination act and information on living will	Age, sex, level of education, social class, ethnicity, knowledge, attitudes
340 - 1	Cessation of smoking in well adults	None	Medicine	Group 1 – community intervention: media plus posters plus leaflets plus volunteers plus free cessation classes plus prize-draw	Age, sex, level of education, ethnicity, knowledge, awareness of intervention
423 - 1	Cessation of smoking in drug dependent adults	None	Medicine, STDs (HIV)	Group 1 – change in hospital policy to no-smoking zone plus patients sign no-smoking contract	
550 - 1	Cessation of drug use in elderly substance using men	None	Medicine, STDs (HIV)	Group 1 – introduction no-smoking ban in hospital	Age, level of education, social class, marital status, actual risk status, medical history, health behaviours-general
514 - 1	Cessation of smoking in pregnant well women	None	Medicine, obstetrics and gynaecology (midwifery)	Group 1 – media campaign plus trained professionals plus quitline: emphasis quitting not cutting down	Age, social class, level of education, reproductive history, knowledge, attitudes, awareness of intervention
461 - 1	Cessation of drink-driving in well adults	None	Medicine, other	Group 1 – media campaigns increase seat belt use, maintain speed limits, reduce drunk driving, fines	Awareness of intervention
462 - 1	Cessation of/adherence to CVD risk factors in well adults	Social cognition model, social learning theory	Medicine	Group 1 – information based social learning theory: group leaders plus increase exercise clubs plus health fairs plus health checks plus school competitions	Age, sex, level of education, ethnicity
670 - 1	Uptake of HIV screening in well adults	None	STDs (HIV)	Group 1 – all media campaigns over 4-year period	Sexual orientation
680 - 1	Uptake of safe sex/ cessation of risky sex in adults with STDs	None	STDs (HIV)	Group 1 – media campaigns advocating condom use	Sex, ethnicity, sexual orientation, medical history, social class

continued

TABLE 29 contd *Description of decision, intervention and measures recorded in studies: before/after different samples*

Study number	Summary decision and area of health	Theory	Health area	Comparison groups	Variables referred to
662 - 1	Adherence to safer sex in adults with STDs	None	STDs (HIV)	Group 1 – announcement 'magic johnson' (basketball player) as HIV positive	Age, sex, level of education, marital status, ethnicity, actual risk status, health behaviours-general, reasons, living arrangements knowledge, attitudes, perception of risk, perceived satisfaction
142 - 1	Change HIV risks in adult substance users	None	STDs (HIV)	Group 1 – introduction of sale syringes in pharmacies within France	Age, sex, level of education, social class, marital status, ethnicity, actual risk status, medical history, reproductive history, health behaviours-general, living arrangements, knowledge
619 - 1	Change HIV behaviours in well adult men	None	STDs (HIV)	Group 1 – media plus posters plus group information and feedback sessions	Age, social class, reasons, living arrangements, sexual orientation
647 - 1	Cessation of risky sex in well gay men	Health promotion	STDs (HIV)	Group 1 – 'trend-setter' peer trained to give information in clubs, identified by eye-catching badge to start conversations	Age, sex, ethnicity, knowledge, social norms
193 - 1	Uptake of immunisation in mothers of new-borns	None	Primary care, paediatrics	Control – noted attendance at clinics Group 1 – leaflets about childhood immunisations	Age, level of education, social class, ethnicity, reproductive history, health behaviours-general, memory, reasons
767 - 1	Uptake of immunisation in parents of well children	None	Primary care	Group 1 – region-based intervention: feedback non attendees to health professional plus trained health professionals	Deprivation indices
413 - 1	Uptake of immunisation in well adults (high-risk influenza)	None	Primary care	Group 1 – introduction of immunisation status in notes	Reasons
623 - 1	Uptake of breast feeding in well women	None	Obstetrics and gynaecology (midwifery)	Group 1 – introduction new staff position for baby feeding and changes on ward	Perceived satisfaction
26 - 1	Breast feeding in adult well women	Marketing model	Obstetrics and gynaecology (midwifery)	Group 1 – trained health professionals plus leaflets and video in clinic increased profile breast screening plus prompts in notes	Age, social class, religion, reproductive history, health insurance, perception of risk, reasons
97 - 1	Adherence to dental hygiene in well adults	None	Dentistry	Group 1 – large public campaign media plus posters plus leaflets	Knowledge
737 - 1	Attendance for dental check ups in well adults	None	Dentistry	Group 1 – verbal information on importance periodontal care plus made fixed appointments	
563 - 1	Utilisation of services and uptake of dental treatment in well children	None	Dentistry	Group 1 – changed examination/treatment from attending fixed clinic to attending mobile unit	Age, ethnicity
239 - 1	Adherence to sleeping position baby in adolescent mothers	None	Paediatrics	Group 1 – home visit midwife information plus feedback plus telephone contact	Age, marital status, level of education, social class, health behaviour, physiological/psychological assessment, reasons, knowledge
294 - 1	Utilisation of services plus testing for fragile X in well adults	None	Genetics	Group 1 – dissemination fragile X video and leaflet information by agencies	Usefulness information
674 - 1	Attendance for surgery in women undergoing hysterectomies	None	Surgery	Group 1 – introduction nurse information at pre-operative assessment clinic	Satisfaction, anxiety
149 - 1	Uptake of bicycle helmet in school children	None	Other	Group 1 – media plus posters plus leaflets plus community events plus verbal information plus feedback plus reduction price helmets plus changing roads for bike paths	Age, sex

TABLE 30 *Description of decision, intervention and measures recorded in studies: before/after same sample*

Study number	Summary decision and area of health	Theory	Health area	Comparison groups	Variables referred to
99 - 1	Uptake of mammography in adult well women	None	Cancer	Group counselling with feedback and ways to overcome barriers to screening (devised a board game)	Age, knowledge, attitudes
266 - 1	Adherence to safe sun in adults with skin cancer	None	Cancer	Verbal plus leaflet information on sun protection following removal of non-melanoma skin cancer plus feedback own behaviour	Age, sex, ethnicity, medical history, actual risk
746 - 1	Uptake of breast and cervical screening in well adult women	None	Cancer	Trained volunteers plus community workshops plus posters plus media plus video	Age, sex, ethnicity, knowledge, reasons
815 - 1	Uptake of testicular self-examination in well adolescents	None	Cancer	Leaflet plus lecture from health professional on testicular self-examination	Knowledge, attitudes
795 - 1	Uptake of cervical screening in well women	None	Cancer	GP contract plus computerised systems	Age
809 - 1	Uptake of mammography in well women	None	Cancer	One-to-one counselling plus trained health professional plus posters plus leaflets plus media plus prompt on notes plus reminders	Age, health insurance
133 - 1	Adherence to/cessation of healthy lifestyle in school children	None	Cancer, medicine	Schools funded projects, trained teachers information: heart disease, cancer nutrition and exercise programmes	Actual risk status, health behaviours-general, physiological/psychological assessment, knowledge, attitudes
466 - 1	Uptake of screening/ immunisation in well adults	None	Cancer, primary care, medicine	Group 1 – prompt in notes for GP: screenings and immunisations	Age, sex, ethnicity, health insurance
46 - 1	Uptake of mammography in adult well women (family history breast cancer)	Self-regulation theory	Cancer	Group 1 – targeted women family history breast cancer: diet, BSE, and mammography	Knowledge, attitudes, perception of risk
126 - 1	Uptake of mammography and BSE in well women	Expected utility theory	Cancer	Group 1 – leaflets about mammography and BSE	Age, level of education, ethnicity, attitudes, perception of susceptibility, efficacy
198 - 1	Adherence to safe sun in adults with skin cancer	Social cognition model	Cancer	Group 1 – trained volunteer plus leaflet information skin care	Age, sex, level of education, social class, health behaviour, knowledge, attitudes, self-esteem, perception of control, perception of risk
42 - 1	Utilisation of services and adherence to medication	None	Medicine	Patient chart with personalised medication details, symptoms and course of action	Actual risk status, health behaviours-general
74 - 1	Adherence to medication adult patients with medicine	None	Medicine	Self-management educational control programme	Age, sex, physiological/psychological assessment knowledge
79 - 1	Adherence to lifestyle in school children	None	Medicine	Video information: diet, exercise, smoking cessation plus additional exercise activities	Age, sex, level of education, ethnicity, actual risk status, family history, health behaviours-general, physiological/ psychological assessment, attitudes, perception of risk, stress
111 - 1	Completion advance directives in patients with haemodialysis	None	Medicine	Leaflet on advance directives plus opportunity to talk with nurse	Age, sex, level of education, marital status, religion, ethnicity, actual risk status, medical history, knowledge, attitudes, reasons
244 - 1	Uptake of exercise in well adults	None	Medicine	Trained physicians plus leaflet plus verbal information exercise plus follow-up phone call plus note prompt	Age, sex, level of education, social class, marital status, living arrangement, health insurance, social norms, self-efficacy

continued

TABLE 30 contd *Description of decision, intervention and measures recorded in studies: before/after same sample*

Study number	Summary decision and area of health	Theory	Health area	Comparison groups	Variables referred to
270 - 1	Smoking cessation of in well adults	None	Medicine	Group 1 – verbal information plus group sessions plus self-monitoring plus skill acquisition	Age, sex, ethnicity, level of education, social class, affect, reasons, perceived satisfaction
355 - 1	Uptake of exercise in well men (worksite)	None	Medicine	Group 1 – free exercise classes plus group activities plus feedback plus prize for weight loss	Age, level of education, social class, ethnicity, marital status, health behaviour, physiological/ psychological assessment
384 - 1	Uptake of screening, cessation of/adherence to healthy lifestyle in well adults (workplace)	None	Medicine	Group 1 – free screening plus health professional feedback on blood pressure, cholesterol levels and lifestyles changes	Age, sex, ethnicity, social class, family history, medical history, physiological/ psychological assessment
521 - 1	Self-care in elderly adults with medicine	None	Medicine	Group 1 – group counselling plus self care skill acquisition for medicine	Physiological/psychological assessment, knowledge, affect, coping
676 - 1	Self-management in adults with asthma	None	Medicine	Group 1 – self-management 'credit card' to record peak flow rates and other self-management behaviours	Age, sex, ethnicity, actual risk status, physiological/ psychological assessment
522 - 1	Adherence to self-management in adults with asthma	None	Medicine	Group 1 – asthma action plan: checklist for patients and GPs to assess together plus media	Age, sex, physiological/psychological assessment
544 - 1	Adherence to self-management in adults with asthma	None	Medicine	Group 1 – self-monitoring skills plus information asthma plus summary management plan	Age, sex, social class, actual risk status, medical history, knowledge
262 - 1	Smoking cessation of in well adults (workplace)	None	Medicine	Group 1 – smoking cessation information plus buddy system plus gum	Age, sex, social class, ethnicity, actual risk status, physiological/ psychological assessment
449 - 1	Adherence to medication in children with asthma	None	Medicine	Group 1 – leaflet plus diary card plus feedback on medication within daily routine	Age, sex, medical history
798 - 1	Change in CVD behaviours in well adult males	None	Medicine	Group 1 – information about CVD risks and screening	Age, actual risk status, health behaviours-general, physiological/ psychological assessment
821 - 1	Uptake of exercise/ cessation of smoking in adults with CVD	None	Medicine	Group 1 – information CVD risk and prevention plus exercise programme	Age, sex, actual risk status, medical history, physiological/psychological assessment
621 - 1	Uptake of weaning food in children of well adults	None	Medicine, obstetrics and gynaecology (midwifery)	Group 1 – piloted and culturally appropriate information on making weaning food, groups, skill acquisition	Age, level of education, social class, actual risk status, reproductive history, reasons, knowledge, attitudes, awareness of intervention
348 - 1	Uptake of/cessation of lifestyle and osteo-porosis screening in women	None	Medicine, primary care	Group 1 – leaflet plus opportunity group information plus free screening	Age, level of education, social class, family history, health behaviours, health insurance knowledge
162 - 1	Adherence to healthy diet in elderly, physically ill adults	None	Medicine, primary care	Group 1 – nurse education programme plus memory prompts plus media plus change menu in residential home plus social reinforcement plus incentive game	Age, sex
84 - 1	Cessation of drink-driving in adolescents	None	Medicine, other	Nurse information on car crashes injuries plus interactive sessions on prevention	
594 - 1	Adherence to medication in adults with hypertension	Framing inform-ation, shared consult-ation	Medicine	Group 1 – interactive video, content depends on disease type: mild hypertension, alter risk through lifestyle change; BPH, encouraging systematic decision making of all alternatives	Age, sex, level of education, actual risk status, medical history, physiological/ psychological assessment, worry, atti-tudes, perception of risk, need cognitive closure, autonomy in decision making, usefulness of information

continued

TABLE 30 contd *Description of decision, intervention and measures recorded in studies: before/after same sample*

Study number	Summary decision and area of health	Theory	Health area	Comparison groups	Variables referred to
179 - 1	Cessation of smoking in adults with asthmatic children	Health promotion	Medicine	Group 1 – counselling sessions advising patients risk smoking plus coping strategies	Actual risk status
367 - 1	Cessation of smoking in well adults	Social learning theory	Medicine	Group 1 – up in smoke – no-smoking groups, lottery incentive, recruited through media	Age, sex
91 - 1	Use of condoms, cessation of risky sex in adults with HIV	None	STDs (HIV)	HIV patients counselled about HIV and high-risk behaviours	Age, sex, ethnicity, knowledge
38 - 1	Uptake of condoms, cessation of risky sex in school children	None	STDs (HIV)	Introduction health centres at schools plus routine visits scheduled plus information about safer sex	Age, social class, medical history, reproductive history, health behaviours-general
49 - 1	Cessation of risky sex, uptake of condoms in school children	None	STDs (HIV)	AIDS information given by medical students plus interactive sessions plus video	Age, sex, knowledge, attitudes, perception of risk
123 - 1	Adherence to safer sex, cessation of drug use in adolescent gay males	None	STDs (HIV)	Peer volunteer plus video plus group information: on safe sex and drug use	Age, level of education, social class, marital status, ethnicity, actual risk status, health behaviours-general knowledge, attitudes
159 - 1	Cessation of/adherence to safer sex in well adult men	None	STDs (HIV)	Group 1 – workshops discussing risky sex plus skills acquisition	Age, ethnicity, level of education, social class, marital status, sexual orientation, religion, health behaviours, actual risk attitudes, knowledge, self-efficacy, intentions
480 - 1	Cessation of/adherence to safe sex in well adolescent women	None	STDs (HIV)	Group 1 – peer volunteer individual counselling plus leaflet on HIV risks	Age, ethnicity, health insurance, level of education, social class, knowledge
651 - 1	Adherence to safe sex/ HIV testing in adult well plus seropostive women	None	STDs (HIV)	Group 1 – video plus Group discussions led by physician plus free condoms plus spermicides	Age, marital status, actual risk status, medical history
655 - 1	Uptake of contraception in well women	None	STDs (HIV)	Group 1 – contraception video plus free contraception	Age, marital status, actual risk status, reproductive history, reasons
688 - 1	Condom use in sero-positive adults (work)	None	STDs (HIV)	Group 1 – counselling couples to use condoms plus free condoms plus calendar to mark off when used condoms	Age, sex, marital status, medical history, reasons
729 - 1	Cessation of risky needle behaviour in drug using adults	None	STDs (HIV)	Group 1 – verbal information on HIV, drug and sex behaviour plus clean needles and cleaning kit	Age, sex, ethnicity, actual risk knowledge
770 - 1	Change HIV behaviours in drug using adults	None	STDs (HIV)	Group 1 – trained outreach workers plus additional visits to drug users plus free bleach and condoms plus leaflets plus free transport to centre	Age, sex, level of education, social class, actual risk
610 - 1	Cessation of/adherence to risky sex in well adults	None	STDs (HIV)	Group 1 – use of puppets show: seriousness, transmission, avoidance of HIV (shows video)	Age, sex, ethnicity, worry, knowledge, perception of risk, usefulness of information
467 - 1	Adherence to/cessation of HIV risk factors in well adolescents	None	STDs (HIV)	Group 1 – video plus leaflet plus group discussion about HIV	Age, sex, social class, knowledge, attitudes, perception of risk
723 - 1	Use condoms in female sex workers with STD	None	STDs (HIV)	Group 1 – free condoms plus group discussions plus design poster	Age, level of education, marital status, knowledge, living arrangements, efficacy
545 - 1	Cessation of risky sex in adults with HIV	None	STDs (HIV)	Group 1 – HIV counselling and testing plus scheduling follow-up visit (no details information)	Age, sex, ethnicity, actual risk status
650 - 1	Cessation of risky HIV behaviours in pregnant women	None	STDs (HIV), obstetrics and gynaecology (midwifery)	Group 1 – group session HIV/AIDS transmission and testing	Age, marital status, ethnicity, knowledge, attitudes, intention

continued

TABLE 30 contd *Description of decision, intervention and measures recorded in studies: before/after same sample*

Study number	Summary decision and area of health	Theory	Health area	Comparison groups	Variables referred to
537 - 1	Attendance clinic in adults with HIV	None	STDs (HIV), primary care	Group 1 – separate waiting area for women and children plus increase female staff plus free transport plus onsight colposcopy	Age, sex, ethnicity, actual risk status
35 - 1	Uptake of condoms, cessation of risky sex in school children	None	STDs (HIV)	Group 1 – video plus leaflets plus large and small group information plus peer volunteer plus skills training	Age, sex, ethnicity, actual risk status, health behaviours-general, reproductive history, attitudes, social reinforcement/ norms
364 - 1	Adherence to safer sex in adult well women	Social learning theory	STDs (HIV)	Group 1 – small group plus video social cognition theory driven information (piloted): skill acquisition plus exercises plus HIV and condom use	Age, level of education, religion, knowledge, attitudes, self-efficacy, perception of norms
526 - 1	Adherence to/ cessation of risky sex in gay adolescent males	Social cognition model, social learning theory	STDs (HIV)	Group 1 – video plus small group information plus art plus skill acquisition plus confronting barriers information plus access to services	Age, actual risk, health behaviour, knowledge, perception of risk, self efficacy, perception of control, social support, perception of norms, stress, coping, anxiety, depression
654 - 1	Cessation of/ adherence to HIV behaviours in gay well adult males	New model testing	STDs (HIV)	Group 1 – Stop AIDS project: group information HIV and testing plus skill acquisition plus feedback plus 'contract' to change behaviour	Age, ethnicity, knowledge, attitudes, self-efficacy
450 - 1	Change HIV risks in women with substance using partners	Social cognition model, social learning theory	STDs (HIV)	Group 1 – HIV information plus skill acquisition plus free bleach plus condoms plus incentives	Level of education, social class, ethnicity, actual risk status, reproductive history, perception of control
573 - 1	Uptake of immunisation in well adults	None	Primary care	Group 1 – lecture plus group discussions plus leaflet	Knowledge, attitudes
342 - 1	Uptake of immunisation (influenza) in well adults	None	Primary care	Group 1 – information by physician at day health centre plus free vaccine	Social class, attitudes, reasons
132 - 1	Uptake of breast feeding in well women	None	Obstetrics and gynaecology (midwifery)	Trained health professionals on breast feeding and skills plus encourage 'rooming in' in hospital plus encourage support groups	Reasons
163 - 1	Adherence to handwashing in pregnant women with children	None	Obstetrics and gynaecology (midwifery)	Group 1 – information on transmission of cytomegalovirus and affects fetus plus provision latex gloves plus liquid soap	Age
361 - 1	Adherence to behavioural therapy programme in mentally ill adults	None	Mental health	Group 1 – discussion of patient targets within group plus problem solving	Age, sex, marital status, level of education, actual risk

Appendix 8

Intervention details by study design

(grouped by health area in same order as appendix 7)

TABLE 31 *Description of the quality of the study and summary results: RCTa*

Study number	Intervention level	Sample size	Summary of results
23 - 1	Patient	? / 69 / ? Convenience sample	Intervention associated with increase in amount of self-care behaviours
39 - 1	Patient	878 / 659 / ? Total sample available	Signed letter by GP more likely to increase self-report smear attendance than letter sent by clinic or information alone
41 - 1	Patient	? / 465 / 450 Total sample available	Signed letter by GP increased uptake of refusers from 10% to 21%
52 - 1	Patient	151 / 151 / 151 Total sample available	Uptake of mammography greater with telephone call reminder irrespective of identity caller. Medical assistant group most cost-effective
85 - 1	Patient	907 / 722 / 722 Total sample available	Authors claim prompt on contraceptive packet increased performance of BSE (57% vs. 49% at 6 months). Both interventions increased adherence to BSE after intervention. Note: large attrition and only a random sample of women's results reported
108 - 1	Patient	? / 283 / 283 Convenience sample	Uptake of FOB testing not associated with manipulation of stools or simplification of screening technique
122 - 1	Patient	? / 1842 / 1842 Not adequately described	Uptake of colorectal cancer screening not associated with type of screening method
316 - 1	Patient	1455 / 278 / 212 Systematic sample	No significant increase in attendance for colorectal screening following the letter-based information intervention (4% vs. 9%)
509 - 1	Patient	153 / 119 / 105 Total sample available	Voucher intervention increased attendance for mammography (44% vs. 10%)
101 - 1	Patient	150 / 150 / 150 Total sample available	Intervention not associated with uptake of mammography. Note: positively framed message associated with greater intention to attend than the routine letter
117 - 1	Other	228 / 171 / 171 Total sample available	Elderly educator and modified information was associated with increased adherence to screening
197 - 1	Patient	100 / 81 / 81 Systematic sample	Supplying screening kit plus information increased uptake of colorectal screening from 0% to 51%. HBM operationalised
275 - 1	Patient	2076 / 2076 / 1476 Total sample available	Interventions not associated with differential uptake rates (49%, 41%, 42%, 45%)
53 - 1	Patient	? / 267 / ? Total sample available	Adherence to self-report medication improved from 12% to 18% with use of the computerised telephone ($p = 0.03$)
50 - 1	Patient	184 / 184 / ? Total sample available	Counselling group reported changes in exercise uptake (16% vs. 50%), diet (19% vs. 33%) but no changes for smoking or alcohol intake. Biophysical markers not associated with changes
64 - 1	Patient	5282 / 4195 / 1098 Total sample available	Trend towards significance for smoking cessation but no significant difference on alcohol use and exercise uptake
118 - 1	Other	92 / 72 / 72 Systematic sample	Intervention associated with increase in number of quit attempts and a trend towards significance for smoking outside the home
216 - 2	Not recorded	? / ? / ? Not adequately described	Flat fee intervention had higher uptake than refundable deposit intervention ($p < 0.0001$)

continued

TABLE 31 contd *Description of the quality of the study and summary results: RCTa*

Study number	Intervention level	Sample size	Summary of results
229 - 1	Patient	386 / 106 / 106 Total sample available	No differences in number people quitting smoking. Note, increasing cost of nicotine gum associated with decreasing attempts at obtaining gum and quit attempts
350 - 1	Patient	? / 647 / 647 Convenience sample	Both physician-based information intervention groups associated with the same rate of cessation (approximately 11%)
483 - 1	Other	762 / 410 / 352 Convenience sample	No association between training pharmacists and patient adherence
648 - 1	Patient	? / 504 / 398 Convenience sample	No differential effects groups on smoking cessation (56% vs. 66% vs. 68%). Caution: two work-site samples differed at baseline
793 - 1	Patient	1772 / 1686 / 1686 Not adequately described	Additional information not associated with smoking cessation. Nicotine patch associated with increase in cessation (11% to 19%)
781 - 1	Patient	? / 122 / 115 Systematic sample	Self-management associated with reduction in use of antibiotics, ambulatory care and days taken off work ($p < 0.05$)
755 - 1	Not recorded	1600 / 1381 / 1053 Systematic sample	Analysis performed control 2 and Group 4: Group 4 associated changes in alcohol and fat consumption, increase fruit and vegetables ($p < 0.01$) but no change in smoking or exercise
67 - 1	Patient	1581 / 661 / ? Systematic sample	Information intervention not associated with changes in preferences for CPR. Analysis suggested knowledge Alzheimer's disease, age, income and ethnicity were associated with reduced rates of resuscitation
196 - 1	Patient	221 / 131 / 122 Total sample available	Telephone support associated with adherence to more regular meals and use of community resources but no change in smoking cessation
714 - 1	Patient	190 / 190 / 184 Total sample available	Intervention associated with fewer missed appointments and increased adherence to treatment ($p < 0.01$)
200 - 1	Patient	? / 535 / 520 Total sample available	Intervention associated with increase in physical activity and reductions in CVD risk factors
724 - 1	Patient	1171 / 994 / 814 Total sample available	Intervention associated with increase in smoking cessation (9% vs. 14%; $p < 0.01$). Cost calculation provided
581 - 1	Patient	? / 363 / 326 Convenience sample	Information intervention not associated with changes in smoking cessation (8% vs. 10%)
542 - 1	Patient	? / 100 / 100 Convenience sample	Positive frame associated with increased consent to study (67% vs. 42%; $p < 0.01$). Interaction with reasons for choice
120 - 1	Other	3989 / 3704 / 2082 Total sample available	Participants in control group less likely to respond. No association between the intervention and self-report of alcohol use. Note: little description of control group so difficult to interpret findings
301 - 1	Patient	46 / 41 / 28 Total sample available	Increased information on side-effects not associated with changes in adherence to medication. Caution: small sample size
325 - 1	Patient	74 / 54 / 54 Convenience sample	No reliable differential effects between intervention groups on increased uptake of exercise. Both interventions increased uptake over time ($p < 0.001$)
202 - 1	Patient	80 / 80 / 80 Total sample available	Intervention not associated with increased attendance (68% vs. 53%). However, those failing to attend first appointment more likely to respond to a reminder phone call (84% vs. 52%)
393 - 1	Patient	97 / 90 / 83 Total sample available	Intervention not associated with changes in risky or safe sex
741 - 1	Patient	500 / 256 / 186 Total sample available	Attendance at STD clinic associated with reduction in sexual partners, HIV testing intervention and associated increased use condoms ($p = 0.05$). Purpose of study to assess impact of offering HIV testing
107 - 1	Other	? / 1213 / 808 Systematic sample	Intentions to engage in safer sex greater in intervention group ($p < 0.0001$). Operationalising social cognitive framework
585 - 1	Other	383 / 138 / 98 Convenience sample	Authors claim intervention associated with increase in condom use
799 - 1	Patient	? / 128 / 100 Convenience sample	Social skills and culturally appropriate information associated with increase in safer sex ($p < 0.05$)
299 - 1	Other	8069 / 5242 / ? Total sample available	All reminders associated with increase in attendance for tetanus immunisation ($p < 0.0001$). Letter reminder produced greater attendance than physician or nurse reminder

continued

TABLE 31 contd *Description of the quality of the study and summary results: RCTa*

Study number	Intervention level	Sample size	Summary of results
378 - 1	Patient	1068 / 1068 / 1068 Total sample available	Postcard reminder increased immunisation rates from 9% to 25%
638 - 1	Patient	? / 497 / 434 Not adequately described	Telephone intervention associated with less utilisation of primary and hospital care, shorter stays in hospital, less medication. Cost calculation provided
387 - 1	Patient	163 / 120 / 120 Total sample available	Intervention associated with greater question-asking by patient. Results presented with socio-economic status interaction
333 - 1	Patient	5132 / 254 / 254 Systematic sample	Intervention associated with increase in immunisation and need for physician, decrease in use of medication ($p < 0.01$)
425 - 1	Patient	3252 / 2794 / ? Total sample available	Intervention associated with fewer scans, day admissions and decreased satisfaction with service
778 - 1	Patient	3368 / 1691 / 1691 Total sample available	Individual information increased attendance for serum screening. General information reduced attendance for CF carrier testing. Note: low attendance at classes (52%)
678 - 1	Patient	854 / 814 / 814 Total sample available	Team care intervention associated with increased attendance to ante-natal clinic and perception of more informed choice for patient decision making
606 - 1	Patient	516 / 516 / 516 Total sample available	Nurse intervention associated with greater attendance at follow-up (51% vs. 40%) and reduced number of attempted suicides (11% vs. 17%)
427 - 1	Patient	68 / 47 / ? Total sample available	Adherence to medication more likely to be achieved in medication group

TABLE 32 *Description of the quality of the study and summary results: RCTb*

Study number	Intervention level	Sample size	Summary of results
352 - 1	Patient	187 / 187 / 187 Total sample available	Small incentive not associated with increased uptake of mammography
352 - 2	Patient	184 / 184 / 184 Total sample available	No differential effect of telephone and postcard reminder with uptake of mammography
352 - 3	Patient	63 / 63 / 63 Total sample available	Signed physician letter associated with increased attendance for mammography and breast screening clinic ($p < 0.05$)
353 - 1	Other	? / 769 / 594 Convenience sample	Phone call reminders by acquaintances associated with increased uptake of mammography (49% vs. 34%; $p < 0.001$)
420 - 1	Patient	? / 2201 / 2201 Systematic sample	Intervention associated with increased uptake of colorectal screening (Group 3 significantly greater than other groups: 48% vs. 27%, 37%, 37%). Gain/loss framing of messages not associated with uptake of colorectal screening
482 - 1	Patient	? / 2201 / 1565 Systematic sample	Interventions not associated with increase adherence to colorectal screening
653 - 1	Patient	? / 3726 / 3726 Systematic sample	Informing women about research project not associated with uptake of breast cancer screening (53% vs. 53%)
675 - 1	Patient	153 / 153 / 153 Total sample available	Completion colorectal screening not associated with length of time to take samples (3 or 6 days). Adherence associated with dietary restrictions (28% vs. 53%)
683 - 1	Patient	? / 966 / 966 Total sample available	Differential effects in uptake rate (Group 1: 48%; Group 2: 55%; Group 3: 46%; Group 4: 31%: Group 523%). Cost–benefit analysis carried out
491 - 1	Patient	? / 614 / 439 Convenience sample	Interventions not associated with differential effect self-report BSE. Increase in self-report over time. Inappropriate statistics and erroneous exclusion of subjects
533 - 1	Patient	? / 614 / 479 Convenience sample	Differential effects associated with intervention, individual feedback on own breast associated with better BSE technique ($p < 0.01$)
566 - 1	Patient	? / 325 / 325 Convenience sample	Stamped addressed envelope increased return rate from 61% to 74%. Interaction reported with whether insured or not
705 - 1	Other	? / 543 / 262 Total sample available	Interventions not associated with changes in safe-sun behaviour
728 - 1	Patient	1143 / 834 / 834 Systematic sample	Differential effects in increasing uptake of cervical smear (5%; 11%; 30%; 26%). Personal visit associated with increased attendance rather than video
630 - 1	Patient	799 / 799 / 782 Total sample available	No differential effect interventions on women's attendance for breast screening (11% vs. 8% vs. 13%)
285 - 1	Not recorded	? / ? / ? Not adequately described	Poor explanation study, results reported only for refund vs. free test. Free test increased screening (42% vs. 56%)
727 - 1	Patient	437771 / 2266 / 2266 Systematic sample	Fixed appointment associated with increase in attendance (27% vs. 40%). Second intervention study not reported as unclear explanation
543 - 1	Patient	2131 / 1912 / 1912 Total sample available	Intervention associated increase cervical smear attendance (28% vs. 13%). Higher in those attending breast screening (42% vs. 20%)
587 - 1	Patient	669 / 205 / 205 Total sample available	Increased information associated with decreased interest in prostrate screening ($p < 0.05$)
713 - 1	Patient	? / 125 / 108 Systematic sample	Intervention associated with increased attendance at follow-up clinic (75% vs. 46%). Note: little information on attrition
48 - 1	Other	995 / 553 / ? Total sample available	Women already in hospital had greater uptake of cervical smears (72%). No difference in uptake of smears between information only and control group (24% vs 20%)
488 - 1	Patient	169 / 102 / 100 Total sample available	Interactive computer screen associated with increased intention to take part in clinical trial compared with audio-taped information. Concerned with informed patient decision making
86 - 1	Other	? / ? / ? Not adequately described	Intervention associated with increase in cervical and mammography uptake

continued

TABLE 32 contd *Description of the quality of the study and summary results: RCTb*

Study number	Intervention level	Sample size	Summary of results
114 - 1	Patient	? / 1104 / 405 Systematic sample	Patients belief interventions were twice as effective as routine information
232 - 1	Patient	? / 802 / 626 Systematic sample	Intensive education intervention not associated with a differential effect uptake of mammography. Operationalised HBM
438 - 1	Patient	? / 181 / 133 Convenience sample	Intervention associated with a trend towards significance (gain 52%, loss 66%; $p = 0.07$). Operationalised prospect theory
784 - 1	Patient	3291 / 3291 / 3290 Total sample available	Authors claim attendance increased to 70% if woman interviewed (42% overall). Actual uptake by group unclear as analysis to assess predictors of uptake
700 - 1	Patient	? / 142 / 92 Not adequately described	Question-based intervention increased question asking (35% vs. 16%). Assessed preference of consultation style
789 - 1	Patient	? / 250 / 197 Convenience sample	Information framed using internal responsibility associated with increased uptake of mammography (55% vs. 66% vs. 57%; $p < 0.01$)
207 - 1	Other	? / ? / 117 Convenience sample	Smoking and smoking/diet group associated with reduction in smoking; diet and smoking/diet intervention associated with changes in diet
288 - 1	Patient	1927 / 647 / 390 Convenience sample	No differential effect of interventions on number kits ordered or intention to test. Assessed changes in perceptions of risk
690 - 1	Patient	2822 / 1404 / 511 Systematic sample	Belief and information group associated with greater increase in BSE than other groups ($p < 0.05$)
458 - 1	Other	1703 / 1703 / 1270 Total sample available	Intervention associated with trend towards intention to change behaviour ($p < 0.01$)
307 - 1	Patient	875 / 175 / 157 Convenience sample	No differential effect in interventions. BSE improved over time
140 - 1	Patient	? / 186 / 114 Convenience sample	Intervention not associated with changes in smoking cessation
757 - 1	Patient	535 / 535 / 446 Total sample available	No differential effects from framing information but additional information associated with increased uptake of mammography (66% vs. 53%; $p < 0.01$)
434 - 1	Patient	264 / 96 / 90 Convenience sample	Framing information not associated with willingness to enter trial
816 - 1	Patient	218 / 180 / 180 Total sample available	Intervention not associated with increase or decrease in participation (13% control vs. 24% intervention). Analysis looked at predictors of attendance
667 - 1	Patient	64 / 60 / 60 Total sample available	Intervention not associated with changes in participation consultation or final decision
671 - 1	Patient	? / 100 / 81 Not adequately described	Additional information not associated with cancellation of procedure. Note: small sample size and non-validated measures
1 - 1	Patient	? / 681 / 626 Not adequately described	No change in exercise behaviour, though reduction in anxiety
10 - 1	Patient	200 / 160 / 140 Not adequately described	No association between care plan group and hospital attendance. Main results between intervention, patient satisfaction and mortality
28 - 1	Patient	50 / 46 / 46 Not adequately described	Intervention not associated with change in use of healthcare services
63 - 1	Patient	430 / 391 / 294 Total sample available	Nurse intervention associated with increased uptake of exercise. Exercise uptake not associated with routine and routine plus information group
47 - 1	Patient	? / 2441 / ? Convenience sample	Physician group more likely to eat more healthily and be immunised than hospital-based group. No association with smoking behaviour
55 - 1	Other	? / 267 / 267 Not adequately described	Intervention not associated with intention to stop smoking

continued

TABLE 32 contd *Description of the quality of the study and summary results: RCTb*

Study number	Intervention level	Sample size	Summary of results
55 - 2	Other	? / 450 / 220 Not adequately described	Intervention not associated with intention to stop smoking
57 - 1	Not recorded	427 / 320 / 213 Total sample available	Adherence decreased if medication taken twice a day (95% vs. 82%)
88 - 1	Patient	71 / 60 / 60 Total sample available	Intervention not associated with changes in adherence. Presented results of demographic associations with adherence
102 - 1	Other	1425 / 1097 / 770 Convenience sample	Intervention not associated with cessation of smoking. Interaction between level education and treatment condition
105 - 1	Patient	74 / 36 / 31 Total sample available	Modified information associated with increase in adherence to medication (79%, 83%, 93%). Small sample size
110 - 1	Other	4712 / 4712 / 1452 Systematic sample	Intervention associated with decrease in self-report alcohol use, increase in healthy eating but no change in smoking or exercise. Caution in interpreting the results as inappropriate use of statistics and potential confounders between randomised groups
147 - 1	Patient	? / 70 / 61 Convenience sample	Intervention group associated with reduction in fatty food intake
155 - 1	Patient	? / 128 / 128 Systematic sample	Patients less likely to sign consent form if given information about videotaping consultation
183 - 1	Patient	? / 453 / 290 Not adequately described	No association with information group and cessation of alcohol
216 - 1	Patient	6000 / 3257 / 140 Systematic sample	One-stage intervention had a higher uptake rate than the two-stage approach 3% vs. 2% ($p < 0.05$)
217 - 1	Other	7351 / 2577 / ? Total sample available	No changes in smoking behaviour either before/after intervention or between varying amounts and types of information groups
249 - 1	Patient	? / 179 / 155 Not adequately described	No association between counselling and cessation of smoking
259 - 1	Patient	? / 338 / 336 Convenience sample	Control group drinking twice as much as either intervention group ($p < 0.001$). No difference between intervention groups
279 - 1	Other	1005 / 1005 / 766 Total sample available	Intervention associated with reduced uptake of smoking (17% vs. 26%). No baseline measure of smoking in intervention group
356 - 1	Other	2002 / 1001 / 1001 Systematic sample	Blood pressure and diet monitoring by nurse not associated with change in salt intake/diet change
574 - 1	Patient	? / 44 / 22 Not adequately described	No differences in cessation between groups (68% vs. 71% vs. 60%). High cessation rates indicate that sample not representative
652 - 1	Patient	? / 1975 / 1948 Convenience sample	Authors suggest intervention associated with increase in attendance (46%, 61%, 58%)
679 - 1	Other	? / 1274 / 1274 Systematic sample	Intervention not associated with changes in exercise behaviour
489 - 1	Patient	? / 36 / 36 Convenience sample	Interventions not associated with any changes to lifestyle behaviours
772 - 1	Patient	? / 44 / 42 Convenience sample	No differential effect of patient-centred and directive style with cessation of drinking. Counselling better than no counselling ($p < 0.02$)
807 - 1	Patient	? / 204 / ? Convenience sample	Intervention associated with increase in self-management of diabetes
447 - 1	Patient	? / 224 / 209 Not adequately described	Intervention associated with increased clinic attendance ($p < 0.001$). Note: interaction analysis performed between 'new' hypertensives and known infrequent attendees
783 - 1	Patient	2021 / 2021 / 1877 Convenience sample	Telephone support counselling increased cessation rates (16% vs. 15% vs. 14% vs. 23%)

continued

TABLE 32 contd *Description of the quality of the study and summary results: RCTb*

Study number	Intervention level	Sample size	Summary of results
336 - 1	Other	2753 / 2202 / 1652 Total sample available	Interventions not associated with changes in diet and smoking. Curriculum plus screening associated with increase in aerobic exercise ($p < 0.05$)
530 - 1	Patient	192 / 116 / 116 Convenience sample	Intervention associated with increase adherence at follow-up ($p < 0.05$)
564 - 1	Not recorded	371 / 227 / 227 Total sample available	No differences in treatment adherence by group (14%, 12%, 10%). Differential effects of groups on other drinking outcomes: hospitalisation > choice > AA
702 - 1	Patient	70 / 70 / 70 Total sample available	Information plus phone call associated with greater increase in adherence behaviour ($p < 0.01$)
213 - 1	Other	? / ? / 659 Convenience sample	Intervention associated with increased rates of cessation (18% vs. 9%)
327 - 1	Patient	? / 52 / 52 Convenience sample	No association between computer group and increase in house-mite reduction activities. Both groups increased house-mite reduction activities over time
328 - 1	Patient	? / 102 / 102 Convenience sample	Intervention associated with increase in healthy diet and self-monitoring of glucose. No association between exercise and medication adherence
612 - 1	Patient	? / 27 / 25 Convenience sample	Type of device not associated with adherence therapy
629 - 1	Patient	200 / 190 / 190 Total sample available	Intervention associated with increase in completion healthcare proxy (48% vs. 6%, $p < 0.001$)
268 - 1	Patient	? / 5354 / 3122 Total sample available	Presentation results by men, wives and children. Intervention associated with changes in diet ($p < 0.01$). No change in smoking cessation
395 - 1	Other	7397 / 7397 / 7397 Total sample available	Differential effects by group. Authors claim greatest increase associated with physician and patient reminder group ($p < 0.01$)
396 - 1	Patient	? / 105 / 105 Not adequately described	Computer group associated changes in fat and calorie intake ($p < 0.05$)
398 - 1	Patient	? / 93 / 75 Convenience sample	Results not reported for exercise/diet adherence by group. Analysis reporting differences between black/white participants. Exercise uptake but not diet intake improved over time
402 - 1	Patient	? / 211 / 211 Not adequately described	Randomisation of patients resulted in lower uptake treatment (71% vs. 56%; $p < 0.05$)
439 - 1	Patient	5281 / 4195 / 3097 Total sample available	No data provided for uptake of screening in control group. Intervention a predictor for better health at 2-year follow-up
527 - 1	Patient	? / 241 / 231 Convenience sample	Feedback intervention associated with increased adherence with inhaler ($p < 0.01$)
168 - 1	Patient	122 / 102 / 102 Total sample available	Telephone intervention not associated with adherence to medication (34% vs. 29%)
265 - 1	Patient	? / 229 / 169 Total sample available	Interventions not associated with exercise or smoking behaviours. Control group increased intake of cholesterol, early intervention associated with greater decrease in cholesterol intake than late group ($p < 0.05$)
365 - 1	Patient	321 / 253 / 231 Convenience sample	Intervention aimed at women associated with change in diet in men ($p < 0.05$). Note: excluded men no longer living in marital home
372 - 1	Patient	? / 207 / 173 Convenience sample	Intervention not associated with consultation attendance or changes to lifestyle
263 - 1	Patient	? / 303 / 264 Convenience sample	Intervention associated with reduction of fat in diet (17% vs. 36%)
693 - 1	Patient	? / 52 / 42 Total sample available	Authors claim that medication schedule associated with increased compliance but sample size small
137 - 1	Patient	? / 181 / 138 Convenience sample	Intervention not associated with adherence to medication

continued

TABLE 32 contd *Description of the quality of the study and summary results: RCTb*

Study number	Intervention level	Sample size	Summary of results
139 - 1	Patient	307 / 275 / 275 Total sample available	Analysis performed by risk group: intervention, obese patients more likely to make appointment with dietician; intervention, smoking group more likely to report quitting (though not confirmed by cotinine level)
143 - 1	Patient	? / 1745 / 1745 Convenience sample	No differential effects of intervention on smoking cessation (16% vs. 17%)
668 - 1	Patient	? / 870 / 602 Convenience sample	Differential effects of intervention over time. Personalised feedback plus stage of change leaflet associated with greater cessation. Applied transtheoretical model
332 - 1	Patient	? / 201 / 201 Convenience sample	Differential effects for way medical interventions described: 31% cases positively described, 12% negatively described and 19% medical guideline accepted treatment
20 - 1	Patient	85 / 64 / 43 Convenience sample	Intervention not associated with change in use of healthcare service
27 - 1	Patient	500 / 329 / 303 Convenience sample	Association between groups and use of services by disease: osteoporosis, counselling group fewer clinic visits than other groups; rheumatoid arthritis no association by groups
104 - 1	Patient	? / 156 / 156 Convenience sample	Different associations by different behaviours: behavioural strategy group more likely to monitor glucose level; attention group lower adherence to smoking cessation and medication but better diet and weight behaviours
220 - 1	Other	8565 / 7795 / ? Systematic sample	Adherence to healthy diet associated with intervention ($p < 0.001$)
233 - 1	Patient	? / 1800 / 1381 Not adequately described	Significant group by time interactions for adherence exercise and cessation fat and caffeine intake
241 - 1	Patient	? / 125 / 114 Convenience sample	Intervention associated with increased duration and frequency of exercise. Path analysis assessed relationship self-efficacy and exercise adherence
276 - 1	Other	1013 / 570 / 570 Total sample available	Intervention not associated with changes in smoking cessation
295 - 1	Patient	? / 66 / 56 Not adequately described	Interventions not associated with self-reported changes in diet at 3 months
305 - 1	Patient	? / 293 / 177 Convenience sample	Both theory-based groups associated with cessation of fatty diet and adherence to exercise. No changes for smoking, use of health professional, and adherence to medication
321 - 1	Patient	? / 26 / 22 Convenience sample	Intervention not associated with differences in adherence (no figures provided)
157 - 1	Other	2332 / 933 / 583 Convenience sample	Information group not associated with infant smoke exposure reduction. Both control and intervention groups increased smoking over time (53% vs. 46%)
376 - 1	Patient	1387 / 1378 / 1378 Total sample available	Intervention associated with increased attendance at smoking cessation programme (after GP advice, 1%; after recruitment 9%)
469 - 1	Patient	? / 453 / 453 Not adequately described	Intervention associated with increased adherence to medication in both new and existing patients
502 - 1	Patient	? / 84 / 58 Not adequately described	Intervention not associated with changes in self-management of illness
503 - 1	Patient	? / 66 / 48 Not adequately described	Intervention associated with changes in lifestyle behaviours ($p = 0.04$). Behaviours not noted and percentages not stated. Regression analyses performed looking at knowledge
707 - 1	Patient	? / 585 / 585 Not adequately described	No difference in adherence to therapies (11% vs. 9%). Biochemical assessment smoking, diet and exercise suggest changes by group
158 - 1	Patient	72 / 51 / 51 Total sample available	Intervention associated with increased cessation in moderate smokers (31% vs. 7%)
158 - 2	Patient	410 / 296 / 197 Convenience sample	Intervention associated with smoking cessation in moderate smokers ($p < 0.05$ adjusted for non-responders)
210 - 1	Patient	686 / 507 / 347 Not adequately described	Tailored intervention associated with self-reported changes in diet ($p < 0.01$)

continued

TABLE 32 contd *Description of the quality of the study and summary results: RCTb*

Study number	Intervention level	Sample size	Summary of results
211 - 1	Other	? / 340 / 292 Convenience sample	No differential effects of interventions on smoking cessation (27% vs. 22%). Operationalised stages of change model
644 - 1	Other	488 / 431 / 364 Not adequately described	Analysis reported by group and collapsed groups: behavioural counselling associated with higher cigarette cessation rate than information-feedback groups (18% vs. 3%, $p < 0.01$)
269 - 1	Patient	? / 345 / 139 Convenience sample	Differential effect of intervention on fibre consumption (29% vs. 88% vs. 66%, $p < 0.01$). Cost–benefit analysis
291 - 1	Patient	? / 290 / 225 Convenience sample	Education intervention associated with increase in self-management for parents and children
541 - 1	Patient	524 / 290 / 196 Total sample available	Intervention associated with reduction in fat intake ($p < 0.001$)
255 - 2	Other	8992 / 8992 / 7180 Systematic sample	No differential effects of interventions on smoking behaviour
145 - 1	Other	? / 5589 / 3884 Convenience sample	Intervention not associated with cessation of smoking. Analysis assessed rebelliousness, norms and smoking status
264 - 1	Patient	? / 208 / 169 Not adequately described	Intervention associated with increased exercise uptake for control and Group 3, a decrease in fat consumption for Group 2
659 - 1	Patient	? / 550 / 304 Not adequately described	Women's intervention associated with reduction in men's consumption of fat ($p < 0.01$) but no increase in eating healthy foods
622 - 1	Patient	? / ? / 842 Not adequately described	No differential effects of intervention groups, both increased adherence over control group ($p < 0.01$). Operationalised HBM
814 - 1	Patient	? / 136 / 120 Convenience sample	Intervention associated with greater adherence to exercise programme ($p < 0.01$)
490 - 1	Patient	133 / 88 / 80 Total sample available	Intervention leaflet associated with increase in rehabilitation exercises ($p < 0.001$). Main analysis assessed gender differences and anxiety
22 - 1	Other	? / 2271 / ? Systematic sample	Results presented by gender. Males and females in intervention group showed increase in intention to use condoms
732 - 1	Other	14749 / 12537 / 8845 Systematic sample	Intervention not associated with changes in risky sex behaviour. Purpose of study to look at prevalence of HIV
736 - 1	Patient	? / 313 / 218 Convenience sample	Authors claim intervention not associated with change in behaviours but sample group highly selective and attrition
341 - 1	Patient	313 / 313 / 218 Total sample available	Intervention not associated with changes in drug use or sexual behaviour. Sub-group analysis between used vs. not used alcohol
156 - 1	Patient	? / 99 / 61 Not adequately described	High reward associated with increase in attendance, decrease 'drug' behaviours. No difference in low reward intervention over time
212 - 1	Other	? / ? / ? Not adequately described	Intervention not associated with any changes in cigarette, alcohol or marijuana over 5-year period
639 - 1	Patient	243 / 217 / 217 Total sample available	Video group associated with greater intention to reduce risk behaviour immediately after information. No effect at 2 months
289 - 1	Patient	? / 107 / 77 Convenience sample	Acquisition of condoms associated with intervention (38% vs. 77% vs. 75%). No differential effects between intervention groups
465 - 1	Patient	? / 214 / 97 Convenience sample	Results on behaviour not clearly reported, no reported change in behaviour
733 - 1	Patient	? / 70 / 60 Convenience sample	Intervention associated with trend towards drug cessation and attendance for health appointments ($p = 0.06, 0.07$)
4 - 1	Patient	184 / 184 / 184 Convenience sample	Contact therapy not associated with greater decrease in cocaine use. Authors looked at predictors of cocaine use

continued

TABLE 32 contd *Description of the quality of the study and summary results: RCTb*

Study number	Intervention level	Sample size	Summary of results
24 - 1	Patient	? / 20 / ? Convenience sample	Alcohol was associated with reduced discussion of condoms. No change in intention to use condoms
223 - 1	Patient	? / ? / 296 Convenience sample	Social skills intervention no more effective than routine information in increasing cessation of drug use
226 - 1	Other	3011 / 2416 / 2416 Total sample available	Groups confronting beliefs and normative behaviours associated with reduced drug use. Control and resistance training alone not useful in reducing drug use behaviour
247 - 1	Other	5070 / 3549 / ? Total sample available	Authors claim psycho-social interventions associated with changes in alcohol, smoking and marijuana use. Analysis performed by gender
277 - 1	Other	? / ? / ? Total sample available	No association of theory-based interventions and changes in alcohol, smoking and marijuana use, 2 years after intervention. Analysis performed on process measures
424 - 1	Other	? / ? / ? Convenience sample	Authors claim intervention associated with increased safer sex practices. Note: analysis only on sexually active sub-group
478 - 1	Other	? / 1033 / 758 Total sample available	Intervention associated with greater contraceptive discussions with parents. In female, first-time sexual encounters intervention associated with safer sex practices
600 - 1	Other	387 / 220 / 208 Total sample available	Directive intervention associated with lower recruitment rates (65% vs. 52%). No association between intervention and attendance at counselling sessions. No demographic results presented although reported
685 - 1	Patient	? / 291 / 291 Not adequately described	Theory-based information associated with increase in attainment of free condoms ($p < 0.01$). Assessed relationship experience and attitude formation (Fazio)
742 - 1	Patient	? / ? / 206 Not adequately described	Analysis suggests AIDS information group more likely to use condoms
492 - 1	Patient	? / 89 / 81 Convenience sample	Intervention not associated with changes in risky behaviour
766 - 1	Patient	246 / 246 / 225 Total sample available	Intervention associated with increased use of condoms over time ($p < 0.01$), reduction in the initiation of sexual activity (31% vs. 12%)
776 - 1	Patient	? / 187 / 93 Convenience sample	Intervention associated with increased use of condoms ($p < 0.001$)
165 - 1	Patient	? / 1770 / 994 Convenience sample	Intervention not associated with cessation of risky drug behaviours although a time effect
632 - 1	Patient	55 / 50 / 47 Convenience sample	Analysis of safe sex/drug use not reported. Intervention associated with skill acquisition for condom and needle sterilisation use
632 - 2	Patient	? / 98 / 60 Not adequately described	Intervention not associated with behaviour change
635 - 1	Patient	176 / 152 / 106 Total sample available	Risky sex/drug behaviour decreased over time ($p < 0.001$). No reliable differential effects by intervention but for sex/ drugs more in information group increased risk behaviour (11% vs. 4%)
636 - 1	Patient	? / 497 / 407 Not adequately described	Enhanced intervention associated with cessation of cocaine use and risky drug use
525 - 1	Patient	? / 200 / 88 Convenience sample	No differential effect between groups on drug use, risky sex and study attrition. Over time, reduction in risky drug use but not sex
660 - 1	Other	1315 / 1201 / 867 Systematic sample	Intervention associated with adherence to safer sex ($p < 0.01$)
454 - 1	Patient	? / 916 / 858 Convenience sample	Decreased risky behaviours for both groups over time, traditional group associated with greater cessation of behaviours than intensive group
706 - 1	Patient	465 / 419 / 419 Total sample available	Intervention associated with mixed findings: reduction in home visits for coughs, colds, fevers but increase for diarrhoea and vomiting
6 - 1	Patient	10 / 10 / ? Convenience sample	Adherence to medication not associated with taste of medication

continued

TABLE 32 contd *Description of the quality of the study and summary results: RCTb*

Study number	Intervention level	Sample size	Summary of results
6 - 2	Not recorded	15 / 12 / ? Not adequately described	Adherence to medication not associated with taste of medication
6 - 3	Patient	10 / 10 / ? Convenience sample	Adherence to medication not associated with taste of medication
32 - 1	Patient	201 / 194 / 174 Total sample available	Intervention associated with differences in attendance and adherence. Stimulus group had lower attendance than regular class; weight-dependence group had better adherence than time-dependent group
51 - 1	Patient	? / 400 / 385 Not adequately described	Medication provided with precise unit of measurement in liquid form associated with increase in adherence to medication
174 - 1	Patient	? / 44 / 39 Convenience sample	Intervention associated with adherence to exercise programme but not with diet
302 - 1	Other	? / 100 / 98 Not adequately described	Leaflet associated with fewer home visits and physician appointments and more self-treatments of children's symptoms ($p > 0.01$)
589 - 1	Patient	? / 325 / 159 Systematic sample	No difference between two methods of invitation (72% vs. 66%)
572 - 1	Patient	239 / 239 / 103 Total sample available	Intervention associated with increased uptake of immunisation ($p < 0.001$)
747 - 1	Patient	? / 1200 / 1200 Systematic sample	Differential effect of interventions on uptake (75% vs. 69% vs. 54%)
769 - 1	Not recorded	4641 / 855 / 567 Systematic sample	No differential effects of interventions on attendance at general practice. Article reports costs of each alternative
520 - 1	Patient	3913 / 3404 / 3404 Total sample available	Leaflet associated with lower utilisation of services. Interaction with perception of health risk
234 - 1	Patient	? / 3884 / 1989 Not adequately described	Free vaccination increased uptake of flu immunisation more than the control group. Uptake of immunisation increased over time. Note: less than a 40% response rate
337 - 1	Other	2624 / 2624 / 2624 Total sample available	Attendance increased in intervention group, particularly for 'alarming' coughs
796 - 1	Other	548 / 548 / 548 Total sample available	Intervention associated with adherence to cough care treatment (30% vs. 56%; $p < 0.01$)
414 - 1	Patient	? / 43 / 32 Convenience sample	No association of intervention and therapy adherence, diet or exercise changes
553 - 1	Patient	? / 120 / 86 Not adequately described	No association between groups and changes in exercise behaviour. Predictors of behaviour analysis only reported
408 - 1	Patient	229 / 229 / 222 Total sample available	Telephone reminder not associated with increase in immunisation
19 - 1	Patient	? / 236 / 236 Not adequately described	Choice of treatments associated with presentation data: fewer patients chose immediate survival when data presented as a curve rather than point estimates
167 - 1	Patient	? / 288 / 288 Not adequately described	Interventions associated with increased attendance at well-baby clinic ($p < 0.05$). No differential effects interventions (68%, 75%, 74%)
357 - 1	Patient	? / 66 / 62 Not adequately described	Illustrated leaflet not associated with increased adherence to medication ($p = 0.07$)
426 - 1	Patient	299 / 299 / 299 Total sample available	Fixed appointment increased uptake from 27%– 59%. Operationalised HBM
506 - 1	Patient	141 / 67 / 67 Total sample available	Intervention not associated with increase in patient participation consultation
633 - 1	Patient	422 / 422 / 359 Total sample available	Intervention not associated with uptake of vaccination

continued

TABLE 32 contd *Description of the quality of the study and summary results: RCTb*

Study number	Intervention level	Sample size	Summary of results
369 - 1	Patient	587 / 439 / 439 Total sample available	Intervention not associated with adherence to medication
620 - 1	Patient	299 / 254 / 121 Not adequately described	No differential effect in uptake of health check by group. Fewer people in opportunistic group approached, resulting in differences in uptake (79% vs. 33%; $p < 0.01$)
135 - 1	Patient	68 / 68 / 55 Convenience sample	Authors suggest intervention group associated with increase in exclusively breast feeding for 3 months ($p < 0.02$). (published again *Journal of The American Dietetic Association* 1995;**95**:323–8.)
698 - 1	Patient	300 / 210 / 210 Not adequately described	Adherence trial associated with effectiveness of HRT in controlling menopausal symptoms (47% vs. 49% vs. 73%)
634 - 1	Patient	? / 800 / 800 Not adequately described	Fixed appointment letter associated with increased attendance (75% vs. 54%)
768 - 1	Patient	270 / 216 / 87 Total sample available	Breast pump rather than formula associated with increased breast feeding only if women perceived bottle to make night-time feed easier ($p < 0.05$)
616 - 1	Patient	? / 194 / 175 Convenience sample	Intervention associated with increased breast-feeding (38% vs. 70%; $p < 0.001$)
403 - 1	Patient	? / ? / 180 Total sample available	No association between interventions and uptake or duration of breast feeding
562 - 1	Patient	232 / 232 / 186 Total sample available	Feedback and information group associated with increase in dental hygiene (76% vs. 67% vs. 90%; $p < 0.01$)
576 - 1	Patient	? / 20 / 20 Not adequately described	Interventions associated with increase in dental hygiene (additional feedback plus checklist)
758 - 1	Patient	700 / 167 / 91 Convenience sample	Intervention not associated with changes in dental hygiene behaviour. Operationalised the theory of reasoned action
371 - 1	Other	? / 119 / 98 Not adequately described	Intervention not associated with changes in self-reported dental behaviour, but changes in plaque level
457 - 1	Patient	? / 84 / 84 Not adequately described	Group 2 associated increase in dental hygiene activities (36% vs. 41% vs. 100%; $p < 0.01$)
304 - 1	Patient	392 / 318 / ? Convenience sample	Differential attendance rates for final visit (65% vs. 94% vs. 95% vs. 78%). Despite inappropriate statistics, nurse home-based interventions associated with increased attendance ($p < 0.05$)
308 - 1	Other	? / 200 / 179 Systematic sample	Intervention group more likely to clear mosquito breeding sites (82% vs. 25%)
96 - 1	Patient	? / 191 / 172 Not adequately described	Intervention not associated with adherence to medication
479 - 1	Patient	? / 77 / 77 Not adequately described	Family intervention associated with increased adherence to treatment. Results indicate patient's clinical state improved
511 - 1	Patient	400 / 322 / 290 Total sample available	Intervention associated with exercise uptake ($p < 0.001$) and trend towards decreased physician visits ($p = 0.06$)
494 - 1	Not recorded	? / 206 / 199 Convenience sample	Intervention associated with fewer referrals to nursing homes ($p < 0.05$). Main analysis between social support, health and behaviour
554 - 1	Patient	? / 816 / 783 Systematic sample	Pre-paid plans not associated with Medicaid beneficiaries utilisation services
794 - 1	Patient	281 / 217 / 177 Total sample available	Authors claim intervention associated with increased adherence to medication (76% vs. 50%; $p < 0.01$)
493 - 1	Patient	? / 102 / 91 Convenience sample	Computer associated with increased confidence in decision making but not decision skill. Computer used for information and not as a decision aid
176 - 1	Patient	511 / 492 / 470 Total sample available	57% patients chose medication phrased in relative-risk terms, 15% when phrased in absolute-risk terms. Good experimental design but no control over order effects
150 - 1	Patient	400 / 234 / 205 Total sample available	Use of cartoons plus leaflet increased adherence to wound care

TABLE 33 *Description of the quality of the study and summary results: RCTc*

Study number	Intervention level	Sample size	Summary of results
37 - 1	Patient	? / 1744 / ? Total sample available	Video intervention associated with increased uptake of rate cervical smear
154 - 1	Patient	511 / 369 / 369 Total sample available	Intervention associated with increased mammography screening. Note: women 'dropped out' perceived themselves to be less susceptible to breast cancer and perceived mammography to be less effective than those who took part
296 - 1	Patient	527 / 395 / 179 Not adequately described	Free test by physician increased adherence to screening ($p < 0.05$). Addition of reminder letter not associated with increase in adherence
377 - 1	Patient	621 / 204 / 202 Total sample available	No differential effect in uptake of either intervention (55% vs. 67%)
412 - 1	Patient	? / 146 / 146 Not adequately described	Stamped addressed envelope associated with higher return rate for hemoccult cards (37% vs. 57% vs. 71%; $p < 0.01$). Calculated cost intervention
695 - 1	Not recorded	527 / 498 / 147 Systematic sample	Uptake of mammography not associated intervention
712 - 1	Patient	220 / 220 / 178 Total sample available	Differential effects of interventions by experimental group (73% vs. 72% vs. 44% vs. 36%; $p < 0.01$)
310 - 1	Other	? / 1618 / 603 Convenience sample	No differential effects associated with any interventions on smoking cessation. Analysis carried out for number of quit attempts and differences in participants/non-participants
752 - 1	Other	1588 / 1588 / 1588 Total sample available	Sending hemoccult by post associated with greater uptake (26% vs. 32% vs. 21%; $P < 0.01$). Hemoccult screening not associated with invitation to attend health check
691 - 1	Other	89 / 82 / 82 Total sample available	No differential effect in uptake irradiation therapy by group (95%: 96%: 93%). Differences with decision-making process: consultation less directive and more involved in decision process
248 - 1	Patient	170 / 161 / 161 Total sample available	Leaflet not associated with increased attendance at appointment ($P = 0.097$). No evidence leaflet readable
354 - 1	Other	752 / 616 / 412 Systematic sample	Theory-based intervention associated with increased uptake of mammography (45% vs. 12%; $p < 0.001$). Operationalised HBM
380 - 1	Patient	90 / 90 / 90 Total sample available	Telephone counselling confronting barriers to attendance increased attendance at clinic (67% vs. 43%, $p < 0.05$)
484 - 1	Other	2044 / 2044 / 2044 Total sample available	Free transportation associated with highest attendance at clinic, letter only with lowest. Logistic regression analysis, so no percentages
507 - 1	Patient	3035 / 3035 / 963 Total sample available	Interventions not associated with increased uptake rates (89%, 90%, 90%). Note all uptake rates very high
508 - 1	Other	541 / 541 / 541 Total sample available	Intervention associated with increased cervical screening. Logistic regression presented, interaction with type of cervical abnormality
303 - 1	Other	268 / 219 / 219 Total sample available	Information intervention not associated increased with adherence. Interactions showed least compliant patients improved following intervention (55% vs. 32%)
320 - 1	Patient	379 / 287 / 287 Total sample available	Information intervention associated with decreased attendance at clinic $p < 0.05$), no change in diet, smoking and alcohol behaviour
381 - 1	Patient	? / 313 / 238 Convenience sample	Additional information and letter prompt not associated with increased referral to physician (25% vs. 24%) or self-reported changes in diet, exercise or smoking
471 - 1	Patient	? / 139 / 96 Convenience sample	No results reported evaluating impact interventions alone. Results analysed by gender group interaction
473 - 1	Patient	? / 921 / 570 Convenience sample	Interventions not associated with any changes in smoking cessation
475 - 1	Patient	? / 36 / 27 Convenience sample	Intervention associated with increase in checking blood glucose, diet, exercise, service utilisation
485 - 1	Patient	371 / 227 / 200 Total sample available	Hospitalisation associated with greatest cessation of drinking after 2 years (37% vs. 17% vs. 16%)
763 - 1	Other	? / 88 / 79 Not adequately described	Intervention associated with increase adherence (95% vs. 83%; $p = 0.02$)

continued

TABLE 33 contd *Description of the quality of the study and summary results: RCTc*

Study number	Intervention level	Sample size	Summary of results
459 - 1	Other	? / 873 / 630 Convenience sample	No differential effects of cessation smoking by group (10% vs. 9% vs. 10%)
754 - 1	Patient	924 / 342 / 305 Convenience sample	Both intervention groups associated with changes in diet ($p < 0.05$). Assessed knowledge
708 - 1	Other	? / 580 / 510 Not adequately described	Intervention not associated with changes in smoking
711 - 1	Other	? / 309 / 309 Not adequately described	Follow-up phone call decreased drop-out rate for 6 months only after treatment ($p < 0.01$)
170 - 1	Patient	1142 / 1015 / 747 Not adequately described	Information intervention associated with small change in preventive behaviour in better educated parents. Likely some group contamination and no evidence leaflet readable
343 - 1	Other	309 / 149 / 137 Total sample available	Information intervention not associated with increase in advance directives. Note: questionnaire only offered to intervention group, no self-report data for controls
56 - 1	Other	2452 / 1272 / 1260 Systematic sample	Attendance twice as high when free service provision (66% vs. 37%)
472 - 1	Other	67 / 61 / 61 Total sample available	Intervention patients asked more questions at discharge (7.8 vs. 3.1; $p < 0.01$). An association between perception of physical and psychological functioning and intervention
72 - 1	Other	? / 446 / 218 Convenience sample	Results for both groups at all time points not reported. No differences in smoking cessation by group across all time points. Operationalised stages of change model
242 - 1	Patient	482 / 375 / 268 Convenience sample	Stages of change intervention associated with increased smoking cessation and more quitting attempts. Note: only two groups reported although three randomised
254 - 1	Patient	3161 / 2707 / 2707 Total sample available	Prompts plus skill acquisition group increased cessation smoking twice as much as advice only or group session (from 6% to 12%)
375 - 1	Patient	? / 28 / 28 Convenience sample	Intervention not associated with greater attendance at exercise classes. Purpose of study to assess increase in knowledge
792 - 1	Other	? / 5458 / 2540 Total sample available	Theory-based intervention associated with increase in smoking cessation ($p < 0.01$)
640 - 1	Other	3655 / 3655 / 2688 Total sample available	Intervention not associated with changes in tobacco use
287 - 1	Patient	1119 / 1119 / 996 Total sample available	Intervention associated with increased smoking cessation (11% vs. 16%; $p < 0.009$)
169 - 1	Patient	1383 / 719 / 706 Total sample available	Intervention associated with increased adherence ($p < 0.001$)
405 - 1	Other	? / 146 / 146 Not adequately described	Intervention not associated with changes in tobacco use
442 - 1	Other	? / 2791 / 1222 Convenience sample	Intervention not associated with changes in CVD risk factors
360 - 1	Other	? / 511 / 434 Not adequately described	Intervention not associated with changes in children's intention to change drug use behaviour. Reports changes in process measures
115 - 1	Patient	328 / 328 / 225 Total sample available	Study operationalised the theory of planned behaviour and results analysed accordingly. Interventions not associated with differential adherence to diet. No control group
329 - 1	Patient	193 / 193 / 109 Total sample available	No differential effect on cessation of smoking (42% vs. 38% vs. 48% quit)
80 - 1	Patient	131 / 91 / 86 Total sample available	No association between intervention and changes in self-report smoking cessation (too few smokers), dietary change or uptake of exercise. Both groups changed diet and uptake of exercise
649 - 1	Other	337 / 337 / 240 Total sample available	Intervention not associated with changes in safer sex practices

continued

TABLE 33 contd *Description of the quality of the study and summary results: RCTc*

Study number	Intervention level	Sample size	Summary of results
684 - 1	Patient	? / 407 / 301 Convenience sample	No differential effects of interventions on condom use
720 - 1	Other	? / 385 / 243 Total sample available	Analysis assessed relationship between social network and behaviour. Unclear relationship between intervention and behaviour
407 - 1	Other	? / 2144 / 1866 Convenience sample	Intervention associated with decreased in risky drug use ($p < 0.05$)
181 - 1	Patient	60 / 51 / 39 Total sample available	Authors suggest intervention associated with greater adherence ($p < 0.05$). Unclear sample size in final analysis, large attrition
762 - 1	Patient	? / 106 / 76 Convenience sample	Interventions associated with increased acquisition of condoms and initiation of HIV conversations ($p < 0.01$). Interventions not associated with self-reported behaviour change safer sex
528 - 1	Patient	907 / 693 / 381 Convenience sample	Authors claim intensive information associated with safer drug practices
646 - 1	Other	? / 233 / 213 Convenience sample	Intervention not associated with cessation of drug/ sex behaviours
696 - 1	Other	3348 / 3226 / 1665 Total sample available	Interventions associated with differential effect on uptake of free condoms (21% vs. 27% vs. 41%)
817 - 1	Other	567 / 411 / 339 Total sample available	No differential effect of interventions and risky behaviour. Both interventions associated with decreased risky behaviours
749 - 1	Patient	? / 157 / 157 Convenience sample	HIV risk intervention associated with appropriate change in sex behaviours ($p < 0.01$)
777 - 1	Other	? / 1417 / 1417 Total sample available	Intervention associated with increase in facewashing ($p < 0.05$)
172 - 1	Other	? / 1303 / 1303 Total sample available	Postcard reminders not associated with increased attendance. Predictors of non-attendance analysis carried out
363 - 1	Patient	? / 238 / 238 Not adequately described	Intervention not associated with change in immunisation uptake (31% vs. 33%)
470 - 1	Patient	207 / 177 / 157 Total sample available	Intervention associated with fewer problems but more health supervision surgery visits. No change in late and emergency visits
512 - 1	Other	8002 / 8002 / 6623 Total sample available	Odds ratios reported: intervention associated with increased immunisation of children; specific message more impact than general; invitation call greater impact than reminder
98 - 1	Patient	140 / 75 / 57 Convenience sample	Intervention associated with changes in self-management of arthritis but not exercise
601 - 1	Patient	? / 129 / 129 Convenience sample	Intervention increased request for information from 10% to 27%. No change in self-report of behaviour
601 - 2	Patient	? / 163 / 163 Convenience sample	Nurse intervention associated with increased question asking 8% to 54%
83 - 1	Patient	1566 / 549 / 401 Total sample available	Intervention group associated with fewer prenatal visits and ultrasounds. No differences in uptake serum screening or perinatal outcomes
106 - 1	Patient	? / 240 / 240 Not adequately described	Provision of toy associated with greater attendance post-partum. It is likely that the 'toy' group had more contact with health professional
788 - 1	Other	251 / 251 / 226 Total sample available	Additional information not associated with postpartum healthcare utilisation
481 - 1	Other	2008 / 2008 / 2008 Total sample available	Interventions not associated with differential effect attendance. Before/after analysis suggest reminder call increased attendance from 53% to 62%
411 - 1	Patient	? / 40 / 40 Not adequately described	Intervention associated with greater adherence TB medication (64% vs. 11%; $p < 0.001$)

continued

TABLE 33 contd *Description of the quality of the study and summary results: RCTc*

Study number	Intervention level	Sample size	Summary of results
743 - 1	Patient	? / 2002 / 1908 Not adequately described	Uptake of CF carrier screening not associated with type of screening technique. Purpose of study to assess impact testing
790 - 1	Patient	5529 / 5529 / 5529 Not adequately described	Differential effects of interventions on uptake CF carrier testing (12% vs. 9% vs. 17% vs. 70% vs. 25% vs. 4%)
293 - 1	Other	210 / 93 / 93 Total sample available	No differential effects between groups on use of car seats. Note: majority of sample using car seats
349 - 1	Patient	202 / 93 / 61 Total sample available	Questionnaire plus leaflet reduced number of missed initial appointments and increased attendance for therapy at 6 months ($p < 0.05$)
58 - 1	Other	5600 / ? / ? Systematic sample	No baseline figures, statistical tests or indication sample size. Twice as likely to sign donor card if 'intensive package' than information only or control group (5%, 5%, 12%, 13%)
324 - 1	Patient	? / 149 / 98 Convenience sample	Illustrated leaflet associated with increased intention to check heat of water ($p < 0.0001$)
717 - 1	Patient	74 / 74 / 74 Total sample available	Intervention associated with increased attendance (57% vs. 82%; $p < 0.05$)

TABLE 34 *Description of the quality of the study and summary results: concurrent*

Study number	Intervention level	Sample size	Summary of results
44 - 1	Other	1750 / ? / ? Systematic sample	No significant difference between sampled women's uptake of breast screening. Difficult to interpret results as an additional intervention conducted within the communities at the same time
61 - 1	Other	? / ? / ? Total sample available	Results from medical records by age. Difficult to assess significance association intervention with uptake rates (71% vs. 65%)
203 - 1	Other	1937 / 1697 / 1697 Total sample available	Intervention not associated with differential effects on uptake by group. Interaction between age and uptake of screening
243 - 1	Other	? / ? / ? Systematic sample	Community and physician intervention associated with increased attendance for mammography
246 - 1	Other	? / 1405 / 875 Systematic sample	Both intervention groups associated with increase in BSE
385 - 1	Other	? / 1200 / ? Not adequately described	No significant differences in tobacco use between intervention groups (18% vs. 20% vs. 15%)
686 - 1	Other	? / 970 / 970 Systematic sample	Intervention associated with increased mammography (from 35% to 55% vs. 30% to 40%)
171 - 1	Other	? / 1500 / 966 Systematic sample	Information intervention not associated with changes in smoking, sun-tanning or breast examination behaviours
205 - 1	Other	1346 / 1346 / 559 Total sample available	Community-based intervention associated with greater uptake than media intervention (50% vs. 32%)
205 - 2	Other	1013 / 1013 / 1013 Total sample available	GP intervention associated with greater attendance at breast cancer screening than community intervention (64% vs. 49%)
397 - 1	Other	? / ? / ? Convenience sample	Results not reported for uptake cervical and mammography screening by group. Note: awareness programme increased in both groups so contamination groups
546 - 1	Other	1616 / 1332 / 1332 Total sample available	Personalised invitation associated with greater attendance at cervical screening than national rate (55% vs. 41%)
448 - 1	Other	225 / 135 / 135 Total sample available	Skills group associated with increased uptake of colorectal cancer (65% vs. 41% vs. 94%); $p < 0.05$)
418 - 1	Other	? / 294 / 294 Not adequately described	Intervention not associated with change in uptake of sigmoidoscopy examinations, immunisations, cholesterol screening or installation of smoke detectors
386 - 1	Other	? / 189 / 179 Not adequately described	Uptake and maintenance of BSE improved in both intervention groups ($p < 0.001$). No differential effect between intervention groups
760 - 1	Other	? / 615 / 295 Convenience sample	Differential effects of interventions on attendance for mammography (10% vs. 30% vs. 34%; $p < 0.01$). Operationalised HBM
608 - 1	Other	1194 / 628 / 628 Convenience sample	Media-based intervention associated with increase in mammography uptake (15% vs. 24%; $p < 0.05$)
404 - 1	Other	? / 1857 / 1857 Total sample available	Women within the intervention community more likely to report having a mammogram (30% vs. 19% increase; $p < 0.05$). Analysis carried out to assess predictors attendance
446 - 1	Other	? / 2724 / 2724 Systematic sample	Intervention associated with changes in mammography uptake (10% vs. 27%; $p < 0.01$)
136 - 1	Other	648 / 648 / 612 Systematic sample	Group 2 associated with increased sun protection behaviours over time ($p < 0.01$)
237 - 1	Other	2000 / 1506 / 1231 Systematic sample	Intervention associated with a decreased fat intake over time ($p < 0.01$). No change in smoking habits
180 - 1	Other	? / ? / ? Not adequately described	Self-report hat wearing and sunscreen increased, no change in covering up after intervention. Less change in men's behaviour
45 - 1	Other	? / ? / ? Systematic sample	Self-report attending cholesterol checks higher in white intervention than control population. No increase amongst black respondents. Sample randomly selected by phone

continued

TABLE 34 contd *Description of the quality of the study and summary results: concurrent*

Study number	Intervention level	Sample size	Summary of results
82 - 1	Patient	? / 84 / 84 Convenience sample	Patients within intervention group fewer emergency visits and days off work than matched controls. No differences between number hospitalisations. Note: data suggest non-parametric analysis more appropriate
218 - 1	Other	2812 / 1506 / 1093 Total sample available	Intervention not associated with reliable differences in smoking cessation
222 - 1	Other	286 / 209 / 125 Total sample available	Screening teachers associated with uptake of exercise but no change in smoking behaviour
235 - 1	Other	1052 / 966 / 931 Not adequately described	Prevalence of smoking not associated with type of work policy; daily rate cigarette consumption associated with type of work policy
245 - 1	Patient	? / 62 / ? Convenience sample	Intervention groups not associated with smoking cessation at 6 months follow-up. Caution: hospital had a no-smoking policy
256 - 1	Patient	1946 / 1286 / 997 Total sample available	Cessation rates: advice only (13%), counselling only (24%), counselling and gum (30%). Logistic regression analysis modelling demographic variables and cessation
258 - 1	Other	3558 / 708 / 708 Convenience sample	Authors suggest intervention associated with changes in CVD risk factors. Caution: low response rate over large period of time
260 - 1	Patient	? / 8184 / 8184 Not adequately described	Special care intervention reported greater change in smoking cessation than usual care (43% vs. 14%). Little information about intervention or process measures of change
280 - 1	Other	16089 / 3382 / 2972 Convenience sample	Participation in survey greater in North Karelia (0.6% vs. 0.3%, 0.3%). Reported change cessation smoking higher in North Karelia (25% vs. 20%, 19%)
283 - 1	Other	5445 / 56 / 56 Convenience sample	Competition intervention associated with greater interest in programme (2% vs. 0.6%). Maintenance abstinence greater in competition intervention ($p < 0.05$)
284 - 1	Other	? / 2147 / 1220 Convenience sample	Cessation of smoking greater within intervention group (32% vs. 17%; $p < 0.05$)
315 - 1	Other	96 / 84 / 55 Total sample available	Packaging pills in foil holders with 'date to take' increased compliance up to 3 months after discharge (49% vs. 23%)
390 - 1	Other	? / ? / 1880 Convenience sample	Authors claim counselling and exercise compatible with daily life is effective in increasing exercise uptake. Note: results not clearly reported and unclear
504 - 1	Other	? / 46 / 46 Total sample available	Intervention associated with fewer GP contacts and emergency visits ($p < 0.01$) but no change in referrals to specialists
657 - 1	Patient	? / 4487 / 2767 Systematic sample	Intervention group three times more likely to quit smoking (6% vs. 2%)
731 - 1	Other	? / 5078 / 4538 Systematic sample	Interventions not associated with changes in smoking behaviour
740 - 1	Other	? / ? / ? Not adequately described	Authors claim that smoking cessation greater within intervention community but analysis not carried out to illustrate this
779 - 1	Other	1087 / 1036 / 1036 Total sample available	Intervention village greater long-term smoking cessation rate ($p = 0.01$) but no difference in short-term cessation rates
206 - 1	Other	? / ? / ? Not adequately described	Intervention associated with increased smoking cessation in men only (8% vs. 3%). Results presented for physiological estimates CVD risk
215 - 1	Other	? / 1500 / ? Systematic sample	Authors claim Group 1 associated diet change. However, small sub-section of sample. Group 2 and 3 not associated with changes
409 - 1	Other	? / ? / 1863 Convenience sample	No differential effect of information on children's report of diet. Note: differences between trained/not trained teachers, e.g. funding schools; inappropriate statistics
312 - 1	Other	? / ? / ? Systematic sample	Intervention associated with reduction in fatty diet ($p < 0.05$)
273 - 1	Other	? / 4270 / 2605 Systematic sample	Intervention not associated with cessation of smoking, though there was a time effect ($p < 0.01$)

continued

TABLE 34 contd *Description of the quality of the study and summary results: concurrent*

Study number	Intervention level	Sample size	Summary of results
394 - 1	Patient	? / 1024 / 860 Convenience sample	Intervention not associated with change in ophthalmic specialist use
194 - 1	Other	203 / 184 / ? Total sample available	Authors present changes in intention to behave more safely for: seat-belt use as a driver and passenger, speeding and drink-driving. Intervention associated with increased intention of passenger seat-belt use
89 - 1	Patient	738 / 227 / 227 Convenience sample	Authors suggest post-intervention group had greater intention to change exercise behaviour than pre-intervention group ($p < 0.05$). Operationalise the theory planned behaviour
184 - 1	Other	276 / 232 / 146 Total sample available	Interventions not associated with differential effect of smoking cessation but reduction in overall pre-/post-intervention
253 - 1	Other	? / 465 / 346 Convenience sample	Parent information associated with greater increase of intention and actual food buying than child/control groups. Operationalised SLT
345 - 1	Other	252 / 252 / 187 Total sample available	Intervention not associated with increased smoking cessation rates. Operationalised stages of change theory
416 - 1	Patient	? / 48 / 48 Convenience sample	Interventions not associated with changes in self-report behaviour
440 - 1	Other	? / 2500 / ? Systematic sample	Behavioural-based intervention assessed mainly by physiological changes. There was no association with smoking cessation
209 - 1	Other	407 / 255 / 212 Convenience sample	Stages of change intervention associated with increased exercise uptake ($p < 0.01$)
631 - 1	Other	? / ? / 6814 Systematic sample	Intervention not associated with reliable changes in self-report of diet change at 5 years
464 - 1	Other	? / 907 / 907 Systematic sample	Intervention not associated with exercise adherence but effects reported for subsidiary analysis
658 - 1	Other	? / 2136 / 1674 Systematic sample	Intervention increased attendance at lifestyle change activities
726 - 1	Other	? / ? / ? Systematic sample	Little association between intervention and self-reports of smoking or exercise behaviour
255 - 1	Other	? / ? / ? Systematic sample	Intervention not associated with changes in tobacco use
313 - 1	Other	625 / 558 / 516 Total sample available	Both interventions associated with increased medication adherence and self-monitoring ($p < 0.05$). Neither intervention associated with changes in diet and exercise
367 - 2	Patient	? / 341 / 119 Convenience sample	Differential attrition (56% vs. 48%) and smoking cessation rates (14% vs. 57%). Difficult to draw any conclusions as poor design
370 - 1	Other	? / 5356 / 3833 Total sample available	Intervention associated with decreased self-report of alcohol use ($p < 0.01$)
238 - 1	Other	? / ? / ? Systematic sample	Intervention not associated with changes in smoking behaviour
261 - 1	Other	171 / 171 / 157 Total sample available	Intervention associated with favourable changes in smoking, diet and dental health ($p < 0.01$)
456 - 1	Other	405 / 155 / 55 Not adequately described	Intervention associated with changes in diet ($p < 0.05$) but not smoking or uptake exercise
709 - 1	Other	? / ? / ? Systematic sample	Intervention not associated with changes in diet, smoking, exercise. Interaction between social support and intervention
311 - 1	Other	? / ? / 2863 Not adequately described	Authors claim social intervention associated with lower onset substance use than control, whereas the affective intervention group was associated with increased substance use
125 - 1	Patient	? / 117 / 77 Convenience sample	Intervention associated with intention to practice safer sex. No association with drug or alcohol use

continued

TABLE 34 contd *Description of the quality of the study and summary results: concurrent*

Study number	Intervention level	Sample size	Summary of results
161 - 1	Other	? / 600 / 600 Convenience sample	Intervention associated with increased condom use and reduced number of sexual partners ($p < 0.001$)
177 - 1	Patient	? / 2624 / 1616 Convenience sample	Results not reported for comparison interventions but as before/ after design, predictors of behaviour change. Cessation of risky needle use and adherence to safer sex in males after intervention
392 - 1	Other	? / 7946 / 7946 Systematic sample	Uptake of contraception use in intervention area over time greater than control community (57% vs. 27%)
791 - 1	Patient	? / 541 / 524 Convenience sample	Intervention associated with increased use of condoms and raising issue of condom use with clients ($p < 0.01$)
555 - 1	Other	? / 1398 / 1398 Convenience sample	Authors claim intervention not associated with use of condoms but increase in intention to use condoms
665 - 1	Other	? / 1267 / 1267 Convenience sample	Authors claim reduction in self-report of risky sex practices within intervention city only
579 - 1	Other	1226 / 442 / 442 Convenience sample	Information intervention not associated with changes in condom use
748 - 1	Patient	? / 209 / 20 Convenience sample	Group 1 associated with reduced length of hospital stay and fewer outpatient visits ($p < 0.01$) but increased GP visits for Groups 1 and 4
455 - 1	Other	? / 1261 / 1256 Not adequately described	Control group associated with increased utilisation of care ($p < 0.01$), intervention group less likely to change method of contraception (85% vs. 92%, $p < 0.01$)
71 - 1	Not recorded	29 / 22 / 22 Convenience sample	Those with lower addiction (baseline group 1) were more likely to attend antenatal classes. Those with a higher addiction (intensive Group 2) expressed more intention to quit. Design of study unable to evaluate intervention
486 - 1	Patient	? / 248 / 113 Not adequately described	Intervention associated with greater number of children adopted (43% vs. 0%), less sexually active (57% vs. 75%) at 24 months. Low response rate and samples significantly different at beginning of study
17 - 1	Other	738 / 734 / 520 Total sample available	Authors suggest intention to use condoms and practice safer sex increased after role play. Carried out attitude-behaviour analysis
18 - 1	Other	173 / 120 / 80 Systematic sample	Intervention associated with less intention to use steroids. Operationalised model
240 - 1	Other	? / 2844 / 1477 Not adequately described	Theory-based (skills) intervention associated with increased use of condoms, reduction in number of partners and behavioural intentions. Operationalised theory of reasoned action
251 - 1	Other	? / 5378 / 3875 Not adequately described	Authors claim programme associated with increased smoking cessation in intervention school
391 - 1	Patient	? / 763 / 763 Systematic sample	Authors suggest intervention associated with increased condom use (42% vs. 30%). Unclear description of design either before/after or concurrent
515 - 1	Other	? / 2026 / 1785 Systematic sample	Intervention associated with greater intention to practice safer sex. Operationalisation theory planned behaviour
759 - 1	Other	? / 6573 / 6573 Not adequately described	Intervention not associated with changes in behaviour, though control schools increased sexual activity and intervention group remained the same. Analysis looked at predictors of sexual activity
628 - 1	Other	? / 197 / 145 Convenience sample	Authors claim intervention associated with increased consistent condom use ($p < 0.01$)
780 - 1	Other	? / 2239 / 2239 Systematic sample	Intervention not associated with changes in risky sex
463 - 1	Other	? / 298 / 191 Convenience sample	Intervention community decreased number of risky sex behaviours, not changed in comparison community
663 - 1	Other	880 / 845 / 804 Systematic sample	Intervention not associated with intention to change behaviour ($p = 0.07$)
373 - 1	Other	? / 1444 / 888 Convenience sample	Intervention not associated with sexual activity. Analysis operationalised HBM

continued

TABLE 34 contd *Description of the quality of the study and summary results: concurrent*

Study number	Intervention level	Sample size	Summary of results
453 - 1	Other	? / 377 / 161 Convenience sample	Both intervention groups associated with changes in alcohol use but not cigarette or marijuana use ($p < 0.05$)
822 - 1	Other	? / ? / ? Convenience sample	Differential effects between groups and in comparison with intervention groups for safer sex
823 - 1	Other	? / ? / 4806 Not adequately described	Intervention associated with changes in smoking and drug use ($p < 0.05$)
813 - 1	Other	5686 / 3779 / 1786 Total sample available	Intervention associated with changes in seat belt use and diet ($p < 0.01$). No changes for smoking, exercise or alcohol
146 - 1	Other	2978 / 2978 / 2978 Total sample available	Authors suggest intervention associated with increased uptake of influenza vaccination (40% to 56%). Main analysis was predictors uptake
257 - 1	Other	? / ? / 3884 Total sample available	More aggressive recruitment associated with greater attendance for health check (14%, 21%, 32%, 37%)
775 - 1	Other	3616 / 3616 / 3616 Total sample available	Children more likely to be immunised in general practice than in health centre (80% vs. 68%). Analysis assessed differences between rural and inner city locations
331 - 1	Patient	? / 80 / 80 Not adequately described	Adherence to routine health/immunisation screenings was not associated with immunisation in A&E
95 - 1	Patient	? / 175 / ? Not adequately described	No improvement in self-management behaviours by intervention group. Main outcomes were knowledge and satisfaction
3 - 1	Other	? / 256 / 206 Not adequately described	Intervention associated with an increase in breast feeding
529 - 1	Other	? / 2610 / 2508 Systematic sample	Intervention associated with increased chewing of xylitol ($p < 0.05$)
618 - 1	Other	? / ? / ? Convenience sample	Intervention not associated with increased use of reimbursed dental service
430 - 1	Patient	? / ? / 230 Not adequately described	Differences in reproductive choices found between counselled/not counselled. Note: not a controlled sample
516 - 1	Patient	? / 1607 / 1607 Total sample available	Health centre intervention higher uptake than letter invitation (24% vs. 4%). Assessed process variables
323 - 1	Other	9150 / 1265 / 551 Total sample available	Both information interventions associated with higher recruitment to study and adherence at 6 months, no differential effect between intervention groups
586 - 1	Patient	161 / 127 / 127 Convenience sample	Observation of medication taking associated with greater adherence (88% vs. 50%)
452 - 1	Other	1300 / 1300 / 1300 Total sample available	Intervention associated with increased completion treatment (65% vs. 78%; $p < 0.05$)
124 - 1	Patient	? / 93 / 93 Convenience sample	Whether drug was taken orally or injected had no impact on medication adherence post-discharge
825 - 1	Not recorded	? / ? / ? Not adequately described	Authors claim intervention associated with increased adherence
335 - 1	Other	? / ? / 334 Convenience sample	Intervention women more likely to assemble rehydration solution accurately
570 - 1	Other	? / 106 / 106 Not adequately described	Intervention not associated with any changes in risk taking behaviours
773 - 1	Other	1620 / 1168 / 1043 Total sample available	No association between intensive intervention and increased adherence to helmet use
40 - 1	Not recorded	? / 72 / ? Convenience sample	More symptoms noted when using computer also preferred method
75 - 1	Patient	? / 108 / 108 Convenience sample	Insured patients more likely to keep appointments, less likely to make appointments and willing to pay more for insurance

TABLE 35 *Description of the quality of the study and summary results: before/after different samples*

Study number	Intervention level	Sample size	Summary of results
34 - 1	Other	? / ? / ? Not adequately described	Mammography uptake improved over 5 years
100 - 1	Patient	? / ? / ? Convenience sample	Uptake rate for mammography increased from 47% to 72% a year
192 - 1	Other	410 / 316 / ? Total sample available	Cervical screening increased from 51% to 78%
383 - 1	Other	? / 516 / 516 Systematic sample	Intervention not associated with uptake of mammography (47% vs. 41%: aware intervention vs. not aware)
421 - 1	Other	? / ? / ? Not adequately described	Actual results not reported but authors claim intervention associated with increased BSE
575 - 1	Patient	? / 2972 / 2972 Systematic sample	Intervention associated with increased smear uptake (20% to 58%)
401 - 1	Other	985 / 656 / 656 Total sample available	Trained health professionals and provision prompts increased referral and attendance in women for mammography (55% to 88%)
765 - 1	Patient	618 / 109 / 109 Convenience sample	Authors claim intervention associated increase sun protective behaviours (6.5% to 27%)
495 - 1	Patient	? / 533 / 533 Systematic sample	Intervention not associated with increase in making living wills. Analysis looked at predictors of living will completion
340 - 1	Other	? / 7667 / 7667 Systematic sample	Authors claim smoking decreased over a 4-year period. Actual percentages not reported and likely self-selecting sample bias
423 - 1	Patient	912 / 706 / 706 Total sample available	Authors claim media interventions associated with increase testing for HIV but no increase in number of positives
550 - 1	Other	344 / 314 / 314 Total sample available	No-smoking policy not associated changes marijuana and alcohol use. Associated with cessation of cigarette use ($p = 0.02$)
514 - 1	Not recorded	? / 1232 / 1232 Systematic sample	Intervention not associated cessation smoking
461 - 1	Other	? / 15188 / 15188 Systematic sample	Self report increase seat belt use (17% more) and reduction drunk driving (40% less) greater in intervention city
462 - 1	Other	? / 2016 / 2016 Systematic sample	Intervention community associated increase physical activity and cholesterol checks ($p < 0.05$), no change smoking cessation or fruit consumption
670 - 1	Patient	? / ? / ? Convenience sample	Analysis suggests greatest change in testing after television campaigns
680 - 1	Patient	? / ? / ? Convenience sample	Authors claim interventions associated with decreased risky sexual behaviours. Interactions with ethnicity and sexual orientation
662 - 1	Patient	? / 276 / 266 Convenience sample	Announcement associated with greater intention to test for HIV ($p < 0.01$)
142 - 1	Other	? / ? / ? Convenience sample	Authors claim changes in risky sex and safe drug taking practices
619 - 1	Other	? / 1515 / 1515 Convenience sample	Surveys demonstrated no change in behaviour over the two time points. Behaviour change probably made before first survey
647 - 1	Other	? / 1469 / 1469 Not adequately described	Intervention associated reduction high risk behaviours in all three cities
193 - 1	Patient	? / ? / ? Systematic sample	Intervention not associated with an increase in childhood immunisations
767 - 1	Other	? / ? / ? Total sample available	Intervention associated increase immunisation (53% to 78%). Analysis assessed uptake by deprivation indices

continued

TABLE 35 contd *Description of the quality of the study and summary results: before/after different samples*

Study number	Intervention level	Sample size	Summary of results
413 - 1	Other	? / 299 / 299 Total sample available	Intervention associated increase vaccination from 50% to 73%
623 - 1	Other	? / 652 / 524 Not adequately described	Intervention not associated changes in breast feeding behaviour
26 - 1	Other	167 / 167 / 167 Total sample available	Intervention associated increase breast feeding in hospital, not maintained at home
97 - 1	Other	? / ? / ? Convenience sample	More people reported brushing teeth and buying toothbrushes /fluorinated toothpaste. No reduction in those that do not attend a health professional
737 - 1	Patient	? / 604 / 604 Not adequately described	Adherence to treatment increased between two time points
563 - 1	Patient	? / 928 / 928 Not adequately described	Use of mobile clinic increased completion of examination forms and adherence to treatment (from 9% to 91%)
239 - 1	Other	6168 / 5925 / 5385 Total sample available	Risky child sleep position decreased from 30% to 5%
294 - 1	Other	? / ? / ? Convenience sample	Authors claim 523 people requested fragile X information, no increase uptake diagnostic tests. Note: no baseline, post intervention or population figures given to support authors claims
674 - 1	Patient	? / 1339 / 1339 Total sample available	Introduction clinic associated with fewer non-attendees (0.3% vs. 4.3%)
149 - 1	Other	? / 783 / 783 Convenience sample	Authors claim helmet use increased

TABLE 36 *Description of the quality of the study and summary results: before/after same sample*

Study number	Intervention level	Sample size	Summary of results
99 - 1	Patient	1087 / 727 / 526 Convenience sample	Intention to attend for mammography increased (60% vs. 51%; $p < 0.01$). Analysis performed by intention to have vs. not to have
266 - 1	Patient	1592 / 1592 / 1022 Total sample available	Increased sun protective behaviours were observed over 6 years. Unable to attribute to clinic intervention alone
746 - 1	Patient	1628 / 1000 / 100 Systematic sample	Intervention associated with increased uptake of cervical and mammography screening. However, less than target rates
815 - 1	Patient	? / 127 / 127 Not adequately described	Authors claim increased uptake of testicular cancer screening over three years ($p < 0.01$)
795 - 1	Other	9650 / 9650 / 9650 Total sample available	Cervical smear uptake increased from 78% to 85% (80% target rate)
809 - 1	Other	? / 268 / 268 Systematic sample	Intervention associated with increased mammography uptake. Results presented by age group
133 - 1	Other	? / 11600 / ? Systematic sample	Intervention not associated with changes in health behaviours over time
466 - 1	Other	? / ? / ? Total sample available	Prompt on notes associated with increased attendance for screening and immunisations
46 - 1	Patient	? / 10 / ? Not adequately described	Study designed to compare a psycho-educational programme and control but no measure of behaviour. Before/after results associated with increased BSE and mammography
126 - 1	Patient	3686 / 1585 / 948 Total sample available	Authors suggest intervention associated with uptake of mammography. Results analysed using age and income interactions
198 - 1	Patient	320 / 200 / 178 Total sample available	Intervention associated with increased safer sun practices ($p < 0.05$)
42 - 1	Not recorded	? / 110 / 102 Not adequately described	Intervention associated with decreased GP visits, increased use of prevention medication, decreased use of other medication
74 - 1	Patient	? / 15 / 15 Not adequately described	Actual results not reported, authors claim participants more likely to test blood and adjust insulin level after programme ($p = 0.01$)
79 - 1	Other	? / 70 / 54 Convenience sample	Claimed to be comparative design but only results of before/after measures intervention group reported. Intervention associated with changes in diet adherence but not exercise
111 - 1	Patient	57 / 43 / 31 Convenience sample	Receipt of information on living wills increased patients completion of wills and discussions with family members and health professionals
244 - 1	Patient	? / 396 / 257 Convenience sample	Intervention associated with increased exercise uptake
270 - 1	Patient	111 / 89 / 89 Total sample available	Intervention associated with 25% smoking cessation rate. Analysis assessed predictors of cessation
355 - 1	Patient	? / 94 / 38 Convenience sample	Intervention associated with increased exercise uptake. Analysis assessed attendees vs. non-attendees
384 - 1	Patient	? / 2244 / 338 Convenience sample	Intervention associated with changes in diet and exercise uptake but not smoking
521 - 1	Patient	208 / 186 / 148 Total sample available	Intervention associated with increased self-management behaviours ($p < 0.01$)
676 - 1	Patient	223 / 38 / 30 Convenience sample	Intervention associated with fewer emergency visits, improved useof inhalers and appropriate self-administration of steroids
522 - 1	Patient	2500 / 588 / 300 Convenience sample	Intervention not associated with changes in medication use or utilisation of health services
544 - 1	Not recorded	142 / 142 / 132 Total sample available	Authors report adherence to medication increased, reduction in visits by health professionals ($p < 0.001$)

continued

TABLE 36 contd *Description of the quality of the study and summary results: before/after same sample*

Study number	Intervention level	Sample size	Summary of results
262 - 1	Patient	2215 / 1113 / 1097 Convenience sample	Intervention associated with 13% cessation rate. Only 5% of smokers who did not take part in intervention quit
449 - 1	Patient	? / 78 / 53 Convenience sample	Intervention associated with increased adherence from 73% to 83% ($p < 0.01$)
798 - 1	Patient	1006 / 526 / 520 Total sample available	Self-reported changes at follow-up: exercise (11%), smoking (15%), alcohol (24%), diet (less fat 46%)
821 - 1	Patient	? / 68 / 45 Not adequately described	Authors claim intervention associated with implementation of exercise programme at home and smoking cessation
621 - 1	Other	? / 937 / 596 Convenience sample	Participants more likely to adopt new diet (16% vs. 1%). Poor design but looked at predictors of uptake
348 - 1	Patient	2324 / 771 / 512 Total sample available	Authors claim intervention associated with changes in osteoporosis prevention activities. Analysis assessed differences in attendees/non-attendees
162 - 1	Patient	160 / 3 / 3 Not adequately described	Authors claim intervention associated with increased healthy diet choice
84 - 1	Patient	? / ? / 274 Convenience sample	Intervention associated with changes in self-report of car safety
594 - 1	Patient	? / 83 / 64 Convenience sample	Interactive video associated with uptake of medication from 0% to 25% of patients. Study assessed several decision-making process measures
179 - 1	Patient	? / 7 / 5 Convenience sample	Sample selection of before/after design too small to draw any conclusions
367 - 1	Patient	? / 112 / 78 Convenience sample	15% sample quit after the programme
91 - 1	Patient	? / 20 / ? Convenience sample	Intervention associated with increased self-report of safe sex behaviours, cessation of risky sex
38 - 1	Not recorded	? / 143 / 56 Convenience sample	Intervention associated with increased use of condoms and decreased risky sex encounters
49 - 1	Not recorded	1180 / 1161 / ? Total sample available	Intervention associated with intentions to engage in safer sex, in one of the two schools. No association in the other school
123 - 1	Patient	? / 239 / 139 Convenience sample	Intervention associated with increased self-report use of condoms and decreased anal intercourse
159 - 1	Patient	202 / 193 / 147 Convenience sample	Intervention not associated with changes in risky sexual behaviours. Assessed predictors of behaviour
480 - 1	Patient	414 / 414 / 241 Total sample available	Intervention associated with reduction in sexual activity (33% to 25%)
651 - 1	Patient	3702 / 1458 / 1385 Systematic sample	Use of condoms increased from 7% to 22% after intervention
655 - 1	Patient	? / 586 / 502 Convenience sample	Intervention associated with increased uptake of hormonal contraception
688 - 1	Patient	? / 195 / 149 Convenience sample	Intervention associated with increased condom use (62% to 82%, $p = 0.01$)
729 - 1	Patient	? / 659 / 402 Convenience sample	Authors claim intervention associated with some change in drug use behaviours
770 - 1	Patient	? / 1113 / 983 Convenience sample	Authors claim a mixed association between intervention and drug use behaviours
610 - 1	Patient	? / ? / 208 Convenience sample	Authors claim intervention associated with increased intention to use condom (44% vs. 65%) and reduce number of partners (43% vs. 53%)

continued

TABLE 36 contd *Description of the quality of the study and summary results: before/after same sample*

Study number	Intervention level	Sample size	Summary of results
467 - 1	Other	? / 2378 / 1688 Total sample available	Intervention associated with greater intention to engage in safe sex
723 - 1	Patient	? / 292 / 134 Not adequately described	Intervention associated with increased use condom (64% to 70%)
545 - 1	Patient	? / 755 / 61 Not adequately described	Authors claim association between counselling and reduction risky sex
650 - 1	Patient	814 / ? / 614 Total sample available	Clinic information not associated with changes in risk behaviours
537 - 1	Patient	? / 700 / 700 Total sample available	Intervention not associated with increased attendance at clinic. No differences in attendance between sexes
35 - 1	Other	97 / 77 / 31 Total sample available	Small sample size and self-selected. Self-report of condom use increased and discussions of safer sex increased after the intervention
364 - 1	Patient	? / 109 / 109 Convenience sample	Intervention associated with increased intention to use condoms. Operationalised social cognitive theory
526 - 1	Patient	141 / 138 / 119 Total sample available	Intervention associated with changes in risky sex behaviours. Analysis assessed predictors behaviour change, operationalised five models
654 - 1	Patient	? / 327 / 327 Convenience sample	Authors claim intervention associated with intention to change sex practices ($p < 0.01$)
450 - 1	Patient	? / 93 / 69 Convenience sample	Authors claim intervention associated with risk-reducing behaviours
573 - 1	Patient	? / 1915 / 1145 Total sample available	Intervention associated with 20% increased uptake of Hepatitis B vaccination ($p < 0.01$)
342 - 1	Patient	? / 195 / 195 Total sample available	Uptake of immunisation increased from 8% to 46%
132 - 1	Patient	893 / 893 / 893 Total sample available	Breast feeding increased from 18% to 52%
163 - 1	Patient	? / 11 / 11 Convenience sample	Authors claim intervention associated with increased hygiene activities
361 - 1	Patient	? / 11 / 11 Not adequately described	Authors claim intervention associated with increased appropriate behaviour (library visit)

Health Technology Assessment panel membership

This report was identified as a priority by the Screening Panel.

Acute Sector Panel

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Health Technology Assessment 1999; Vol. 3: No. 1

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ISSN 1366-5278