

Abreast of Health

Development for an electronic
brief alcohol intervention in
outpatient breast clinics

Abreast of Health Rationale

Results from preliminary survey and interviews in clinics

- Only 20% of women attending suspected breast cancer clinics identify alcohol as a risk factor.
- These are women who do not perceive themselves as high risk as they are mild to moderate drinkers.
- There is a potential for linking drinking (all levels of) alcohol to breast cancer and creating a teachable moment to drive health related behaviour changes.
- Hypothesis: that health events can be powerful motivators of health behaviour changes.

Alcohol and Breast Cancer A link?



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'Half a glass of wine every day' linked to lower breast cancer risk

By Philippa Roxby
Health reporter, BBC News

23 May 2017



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Alcohol and breast cancer risk

Limiting the amount of alcohol you drink. The earlier in your life you start, the more you drink, the higher your risk.



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Breast cancer link to alcohol studied

Wednesday November 2 2011

UK edition **The Guardian**

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Interview
Thangam Debbonaire: 'The moment I saw the light about alcohol and cancer'

By **Denis Campbell**

The Labour MP and former cancer patient tells how her mission to change Britain's drinking culture is not a moral crusade - it's about saving lives

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Breast Cancer Health Services and the “Teachable Moment”

Annually the patients seen by breast clinics in England:

- Symptomatic breast clinics – 275,000
- Mammography screening appointments – 4.4 million

Teachable moment - a particular event or set of circumstances which leads individuals to alter their health behavior positively^[1].

These stressful health events have, for the wide majority, no further medical implications. But they are a missed opportunity to address women’s concerns and promote healthy lifestyles - previous pilot study^[2] concluded that a digital mode of delivery for further health information was acceptable to both staff and patients.

Abreast of Health

Our Aims

- To increase awareness of health information regarding alcohol and breast cancer to empower more people to make informed health decisions.
- To develop an app to spread health information amongst breast health patients and their friends and families.
- “Health departments and prominent health organizations need to endorse alcohol smartphone apps that are accurate and evidence-based to give specific apps credibility in the ever-expanding market of unregulated apps.^[1]”
- Our aim is to increase motivation and readiness to change in the short-term. The medium-term outcome goal is a reduction in frequency and intensity of drinking.

Why digital?

Accessibility:

- Intervention direct to consumer
- Users are happier to explore
- Instant personalised feedback
- Easy to roll out to multiple sites
- Consistent training and updating

Research:

- Multiple data collection possibilities
- Potential for future use in randomised controlled trials

Development process

Study Phases

Abreast of Health is an iterative mixed method acceptability and feasibility trial in three phases:

- Phase 1 – Initial clinic survey. Recruitment from outpatient breast clinics for questionnaire and digital intervention feasibility and acceptability testing.
- Phase 2 – Content development and app testing. Focus groups and telephone interviews to gather qualitative data to develop relevant and acceptable information to be built into the app.
- Phase 3 – Prototype development and testing. Data gathered from phase 1 and 2 is combined to create the initial prototype design. This is then tested and adapted based on feedback within outpatient breast clinics.

Phase 1

Progression criteria	Survey outputs
70% women approached agree to take part.	82% of eligible participants agreed to take part.
60% engage with the intervention (e.g. complete data submission).	76% of those who started completed data submission.

[Sample data collected;
June – December 2017. From 3-5 clinics per week.]

Obstacles and Issues

Issue	Solution	Relevance
Information provided is not trusted.	Multi-branding of trusted groups (NHS, University, charities).	Information seen as credible will be more readily accepted and acted upon – women want good accurate and reliable information.
Patients will believe it is “too late” for them to be given this information at this stage.	Add in a question about previous breast cancer diagnosis. Group patients with and without a previous BC diagnosis in phase three to investigate whether these have different assumptions about prevention.	Three options depending on results from phase three; provide two different pathways for those with or without a diagnosis, exclude patients with cancer from the study, or evidence suggests it doesn’t matter and we return to non-segregation of these groups.
Patients will believe they are being “blamed” for having cancer.	Positive messages and messages regarding other short term benefits of cutting down.	Women are instead empowered and motivated to change rather than disempowered regarding their health. The focus of positive messages within ABH is at the core of this study.

Phase 3: Mixed method prototype testing

Objective	Method
Test and improve the usability of the prototype	User experience research Talk aloud; written and oral feedback Participant observation
Assess the acceptability to patients	Satisfaction (Likert scale) (prog. criterion 3) Relevance of the information to recipient (scale or 'click if you like this') Analytics on UI utilisation (prog. criterion 2) Qualitative Written and oral feedback Usage of social network information
Evaluate the feasibility in a general clinic setting	Rate of consent/completion (prog. criterion 1) Time needed for completion

App testing

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Thank you for helping researchers improve breast health!

For further information and to give your input on how we did today:

- Email us on abreastofhealth@southampton.ac.uk
- Visit <http://tiny.cc/abreastofhealth>

