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1-A critical review of the reporting of reflexive thematic analysis in Health Promotion International

By Braun, V (Braun, Virginia) [1] ; Clarke, V (Clarke, Victoria) [2] (provided by Clarivate) Source HEALTH PROMOTION INTERNATIONAL Volume 39 Issue 3 DOI 10.1093/heapro/daae049 Article Number daae049 Published JUN 1 2024 Indexed 2024-06-02 Document Type Review

Abstract

Using the concept of methodological congruence-where the different elements of a study 'fit' together-we explore both problematic and good practice in (reflexive) thematic analysis (TA) as reported in Health Promotion International (HPI). Aligning with the importance we place on 'owning your perspectives' we situate this exploration in relation to our understanding of the variation in approaches to TA and qualitative research more broadly. This contextualization is necessary for highlighting why we judge practices to be in/congruent, and to facilitate more knowing congruence in future research. We critically reviewed a 'sample' of 31 papers published in HPI between 2010 and 2023 citing Braun and Clarke as reference for TA. We overview a range of problematic and good features of the use of TA in HPI, before focusing on two domains that seemed to present key challenges: theory and themes. Methodological incongruence can occur when postpositivist values and practices unwittingly creep into ostensibly non-positivist TA; we encourage thoughtfully and what we term 'knowing' consideration of theory, and quality practices and criteria. Methodological incongruence can also occur through mismatched conceptualizations of themes-notably, the use of 'topic summaries' as themes for reflexive TA (and fragmented thematic structures with 'thin' themes). We provide examples from the reviewed papers to demonstrate good practice in researcher reflexivity, articulation of theoretical and methodological frameworks and congruent themes. However, mindful of power dynamics, we only discuss problematic practice in general terms, to protect author anonymity. To facilitate thoughtful, quality TA-of all kinds-we provide eight pointers for researchers (and reviewers) to guide quality practice, and facilitate the use of concepts, procedures and criteria that promote knowing methodological congruence.

Keywords

Author Keywords

[Big Q qualitative coding methodological congruence saturation small q qualitative theme topic summary](#)

Keywords Plus

[QUALITATIVE RESEARCH PSYCHOLOGY GUIDELINES CRITERIA](#)

2-Hallmarks of primary headache: part 1-migraine

By Raggi, A (Raggi, Alberto) [1]; Leonardi, M (Leonardi, Matilde) [1]; Arruda, M (Arruda, Marco) [2]; Caponnetto, V (Caponnetto, Valeria) [3]; Castaldo, M (Castaldo, Matteo) [4], [5]; Coppola, G (Coppola, Gianluca) [6]; Della Pietra, A (Della Pietra, Adriana) [7]; Fan, XN (Fan, Xiangning) [8]; Garcia-Azorin, D (Garcia-Azorin, David) [9], [10]; Gazerani, P (Gazerani, Parisa) [4], [11]; (provided by Clarivate) Source JOURNAL OF HEADACHE AND PAIN Volume 25 Issue 1 DOI 10.1186/s10194-024-01889-x Article Number 189 Published OCT 31 2024 Indexed 2024-11-11

Document Type Review

Abstract

Background and aimMigraine is a common disabling conditions which, globally, affects 15.2% of the population. It is the second cause of health loss in terms of years lived with disability, the first among women. Despite being so common, it is poorly recognised and too often undertreated. Specialty centres and neurologists with specific expertise on headache disorders have the knowledge to provide specific care: however, those who do not regularly treat patients with migraine will benefit from a synopsis on the most relevant and updated information about this condition. This paper presents a comprehensive view on the hallmarks of migraine, from genetics and diagnostic markers, up to treatments and societal impact, and reports the elements that identify migraine specific features. Main resultsThe most relevant hallmark of migraine is that it has common and individual features together. Besides the known clinical manifestations, migraine presentation is heterogeneous with regard to frequency of attacks, presence of aura, response to therapy, associated comorbidities or other symptoms, which likely reflect migraine heterogeneous genetic and molecular basis. The amount of therapies for acute and for prophylactic treatment is really wide, and one of the difficulties is with finding the best treatment for the single patient. In addition to this, patients carry out different daily life activities, and might show lifestyle habits which are not entirely adequate to manage migraine day by day. Education will be more and more important as a strategy of brain health promotion, because this will enable reducing the amount of subjects needing specialty care, thus leaving it to those who require it in reason of refractory condition or presence of comorbidities. ConclusionsRecognizing the hallmarks of migraine and the features of single patients enables prescribing specific pharmacological and non-pharmacological treatments. Medical research on headaches today particularly suffers from the syndrome of single-disease approach, but it is important to have a cross-sectional and joint vision with other close specialties, in order to treat our patients with a comprehensive approach that a heterogeneous condition like migraine requires.

Keywords

Author Keywords

[Migraine](#)
[Aura](#)
[Medication overuse headache](#)
[Calcitonin gene-related peptide](#)
[CGRP](#)
[Gepants](#)
[Triptans](#)
[Ditans](#)
[Productivity loss](#)



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Keywords Plus

CYCLASE-ACTIVATING POLYPEPTIDETRANSCRANIAL MAGNETIC STIMULATIONFAMILIAL HEMIPLIGIC
MIGRAINEGENE-RELATED PEPTIDEEQUALITY-OF-LIFECORTICAL SPREADING DEPRESSIONCOGNITIVE-BEHAVIORAL THERAPYTENSION-TYPE HEADACHECEREBRAL BLOOD-FLOWADENYLATE-CYCLASE

3-A global analysis of the determinants of maternal health and transitions in maternal mortality

By Souza, JP (Souza, Joao Paulo) [1], [2], [16] ; Day, LT (Day, Louise Tina) [3] ; Rezende-Gomes, AC (Rezende-Gomes, Ana Clara) [1] ; Zhang, J (Zhang, Jun) [4], [5] ; Mori, R (Mori, Rintaro) [6] ; Baguiya, A (Baguiya, Adama) [7] ; Jayaratne, K (Jayaratne, Kapila) [8] ; Osoti, A (Osoti, Alfred) [9], [10] ; Vogel, JP (Vogel, Joshua P.) [11] ; Campbell, O (Campbell, Oona) [3] ; (provided by Clarivate) Source LANCET GLOBAL HEALTH Volume 12 Issue 2 Page e306-e316 DOI 10.1016/S2214-109X(23)00468-0 Published FEB 2024 Early Access JAN 2024 Indexed 2024-03-06 Document Type Article

Abstract

The reduction of maternal mortality and the promotion of maternal health and wellbeing are complex tasks. This Series paper analyses the distal and proximal determinants of maternal health, as well as the exposures, risk factors, and micro-correlates related to maternal mortality. This paper also examines the relationship between these determinants and the gradual shift over time from a pattern of high maternal mortality to a pattern of low maternal mortality (a phenomenon described as the maternal mortality transition). We conducted two systematic reviews of the literature and we analysed publicly available data on indicators related to the Sustainable Development Goals, specifically, estimates prepared by international organisations, including the UN and the World Bank. We considered 23 frameworks depicting maternal health and wellbeing as a multifactorial process, with superdeterminants that broadly affect women's health and wellbeing before, during, and after pregnancy. We explore the role of social determinants of maternal health, individual characteristics, and health-system features in the production of maternal health and wellbeing. This paper argues that the preventable deaths of millions of women each decade are not solely due to biomedical complications of pregnancy, childbirth, and the postnatal period, but are also tangible manifestations of the prevailing determinants of maternal health and persistent inequities in global health and socioeconomic development. This paper underscores the need for broader, multipronged actions to improve maternal health and wellbeing and accelerate sustainable reductions in maternal mortality. For women who have pregnancy, childbirth, or postpartum complications, the health system provides a crucial opportunity to interrupt the chain of events that can potentially end in maternal death. Ultimately, expanding the health sector ecosystem to mitigate maternal health determinants and tailoring the configuration of health systems to counter the detrimental effects of eco-social forces, including though increased access to quality-assured commodities and services, are essential to improve maternal health and wellbeing and reduce maternal mortality.

Keywords

Keywords Plus

[INTIMATE PARTNER VIOLENCE](#) [SICKLE-CELL-DISEASE](#) [PREGNANCY](#) [OUTCOMES](#) [WOMEN](#) [CARE](#) [CHILD](#) [BIRTH](#) [EXPOSURE](#) [PATHWAY](#) [DEATHS](#)

4. Global consensus on optimal exercise recommendations for enhancing healthy longevity in older adults (ICFSR)

By Izquierdo, M (Izquierdo, Mikel) [1], [2] ; Barreto, PD (Barreto, Philipe de Souto) [3], [4] ; Arai, H (Arai, Hidenori) [5] ; Bischoff-Ferrari, HA (Bischoff-Ferrari, Heike A.) [6] ; Cadore, EL (Cadore, Eduardo L.) [7] ; Cesari, M (Cesari, Matteo) [8] ; Chen, LK (Chen, Liang-Kung) [9] ; Coen, PM (Coen, Paul M.) [10] ; Duque, G (Duque, Gustavo) [12] ; Ferrucci, L (Ferrucci, Luigi) [13] ; (provided by Clarivate)

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Abstract

Aging, a universal and inevitable process, is characterized by a progressive accumulation of physiological alterations and functional decline over time, leading to increased vulnerability to diseases and ultimately mortality as age advances. Lifestyle factors, notably physical activity (PA) and exercise, significantly modulate aging phenotypes. Physical activity and exercise can prevent or ameliorate lifestyle-related diseases, extend health span, enhance physical function, and reduce the burden of non-communicable chronic diseases including cardiometabolic disease, cancer, musculoskeletal and neurological conditions, and chronic respiratory diseases as well as premature mortality. Physical activity influences the cellular and molecular drivers of biological aging, slowing aging rates-a foundational aspect of geroscience. Thus, PA serves both as preventive medicine and therapeutic agent in pathological states. Sub-optimal PA levels correlate with increased disease prevalence in aging populations. Structured exercise prescriptions should therefore be customized and monitored like any other medical treatment, considering the dose-response relationships and specific adaptations necessary for intended outcomes. Current guidelines recommend a multifaceted exercise regimen that includes aerobic, resistance, balance, and flexibility training through structured and incidental (integrated lifestyle) activities. Tailored exercise programs have proven effective in helping older adults maintain their functional capacities, extending their health span, and enhancing their quality of life. Particularly important are anabolic exercises, such as Progressive resistance training (PRT), which are indispensable for maintaining or improving functional capacity in older adults, particularly those with frailty, sarcopenia or osteoporosis, or those hospitalized or in residential aged care. Multicomponent exercise interventions that include cognitive tasks significantly enhance the hallmarks of frailty (low body mass, strength, mobility, PA level, and energy) and cognitive function, thus preventing falls and optimizing functional capacity during aging. Importantly, PA/exercise displays dose-response characteristics and varies between individuals, necessitating personalized modalities tailored to specific medical conditions. Precision in exercise prescriptions remains a significant area of further research, given the global impact of aging and broad effects of PA. Economic analyses underscore the cost benefits of exercise programs, justifying broader integration into health care for older adults. However, despite these benefits, exercise is far from fully integrated into medical practice for older people. Many healthcare professionals, including geriatricians, need more training to incorporate exercise directly into patient care, whether in settings including hospitals, outpatient clinics, or residential care. Education about the use of exercise as isolated or adjunctive treatment for geriatric syndromes and chronic diseases would do much



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to ease the problems of polypharmacy and widespread prescription of potentially inappropriate medications. This intersection of prescriptive practices and PA/exercise offers a promising approach to enhance the well-being of older adults. An integrated strategy that combines exercise prescriptions with pharmacotherapy would optimize the vitality and functional independence of older people whilst minimizing adverse drug reactions.

This consensus provides the rationale for the integration of PA into health promotion, disease prevention, and management strategies for older adults. Guidelines are included for specific modalities and dosages of exercise with proven efficacy in randomized controlled trials. Descriptions of the beneficial physiological changes, attenuation of aging phenotypes, and role of exercise in chronic disease and disability management in older adults are provided. The use of exercise in cardiometabolic disease, cancer, musculoskeletal conditions, frailty, sarcopenia, and neuropsychological health is emphasized. Recommendations to bridge existing knowledge and implementation gaps and fully integrate PA into the mainstream of geriatric care are provided. Particular attention is paid to the need for personalized medicine as it applies to exercise and geroscience, given the inter-individual variability in adaptation to exercise demonstrated in older adult cohorts. Overall, this consensus provides a foundation for applying and extending the current knowledge base of exercise as medicine for an aging population to optimize health span and quality of life. (c) 2024 The Author(s). Published by Elsevier Masson SAS on behalf of SERDI Publisher. This is an open access article under the CC BY-NC-ND license (<http://creativecommons.org/licenses/by-nc-nd/4.0/>).

Keywords

Keywords Plus

RANDOMIZED CONTROLLED-TRIALMILD COGNITIVE IMPAIRMENTNURSING-HOME RESIDENTSBONE-MINERAL DENSITYALL-CAUSE MORTALITYENDURANCE-TRAINING PRESCRIPTIONSTRUCTURED PHYSICAL-ACTIVITYQUALITY-OF-LIFESKELTAL-MUSCLERESISTANCE EXERCISE