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SUBTHEME: CHILDBIRTH, REPRODUCTION AND MATERNITY CARE
The relationship between body mass index and health-related quality of life in urban disadvantaged children

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Abstract

Introduction The study’s aim was to establish, for children living in urban disadvantage, the nature and extent of the relationship between body mass index (BMI) and health-related quality of life (HRQoL), including the role of individual and family factors in influencing this relationship.

Methods Within the context of a longitudinal design, 255 children aged 7–12 years (50% male) self-reported their HRQoL (KidSCREEN-27) and had their height and weight measured at year one and two. One parent/guardian for each child was also assessed at year one with the OSLO Social Support Scale and Hospital Anxiety and Depression Scale. Parenting and socio-economic variables, parental education and household income were also assessed.

Results There was a significant difference between children who were depressed and those who were not depressed. Those who were depressed had lower HRQoL and were more likely to have obesity. Parental education was found to moderate the relationship between BMI and self-reported HRQoL, with statistically significant differences between children whose parents had a degree and those who had not.

Conclusion The findings suggest that obesity programmes could aim to prevent/reduce obesity and optimise HRQoL in urban disadvantaged preadolescent children whilst also targeting parental mental health difficulties. Future research should examine mediators of the effect of BMI on HRQoL.

Keywords Health-related quality of life · Body mass index · Obesity · Children · Disadvantage · Urban · Moderation
Prof Mary McCarron

IDS TILDA

The Intellectual Disability Supplement to The Irish Longitudinal Study on Ageing
‘We have got the tools’: Qualitative evaluation of a mental health Wellness Recovery Action Planning (WRAP) education programme in Ireland

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a) promoting and improving the health of the population and reducing the risk factors that contribute to the development of chronic illnesses and

b) promoting structured and integrated care that improves outcomes and quality of life for those living with chronic illnesses.
Policy analysis: Palliative care in Ireland

Peter May\textsuperscript{a,*}, Geralyn Hynes\textsuperscript{a}, Philip McCallion\textsuperscript{a,b}, Sheila Payne\textsuperscript{a,c}, Philip Larkin\textsuperscript{d}, Mary McCarron\textsuperscript{a}

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Selected Topics: Prehospital Care

A RANDOMIZED CONTROLLED TRIAL TO REDUCE PREHOSPITAL DELAY TIME IN PATIENTS WITH ACUTE CORONARY SYNDROME (ACS)

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Reprint Address: Mary Mooney, MSc, School of Nursing and Midwifery, Trinity College Dublin, 24 D’Olier Street, Dublin 2, Ireland
A NOVEL APPLICATION OF A CLASSICAL METHOD FOR CALCULATING THE BASIC REPRODUCTIVE NUMBER, $R_0$ FOR A GENDER AND RISK STRUCTURED TRANSMISSION DYNAMIC MODEL OF HUMAN PAPILLOMAVIRUS INFECTION

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Haemophilia

The development of a patient partnership programme and its impact on quality improvements in a comprehensive haemophilia care service

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