



Oxford Cambridge and RSA

For issue on or after: Monday 20 November 2023

Level 3 Cambridge Technical in Health and Social Care

05871 Unit 25: Research methods in health, social care and childcare

Pre-release material

**To prepare candidates for the examination taken on
Friday 19 January 2024 – Afternoon**



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Centre number

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Candidate number

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First name(s)

Last name

Date of birth

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INSTRUCTIONS

- Choose **one** research article and identify a specific focus for further secondary research.
- Undertake further secondary research related to your specific focus. Use **at least two** secondary sources.
- Record your secondary sources on page **9** of this booklet.
- You can summarise your findings on pages **10** and **11** of this booklet to use in the exam.
- Do **not** produce a formal write-up of your research.
- **Seven** days before the exam, hand in this booklet to your teacher. This booklet will be given back to you at the start of the exam.
- Do **not** take any other notes into the exam.
- At the end of the exam, hand in this booklet with your exam paper.

INFORMATION

- You have **five** weeks to undertake your research.
- This document has **12** pages.

ADVICE

- Keep a clear record of your findings as you work through the task.

Research Article A

Childhood fussy/picky eating behaviours: a systematic review and synthesis of qualitative studies.

Extracts from:

Wolstenholme, H., Kelly, C., Hennessy, M. et al. *Childhood fussy/picky eating behaviours: a systematic review and synthesis of qualitative studies*. *Int J Behav Nutr Phys Act* **17**, 2 (2020). <<https://doi.org/10.1186/s12966-019-0899-x>>

Abstract

Fussy/picky eating behaviours are common across childhood. Recent reviews of the fussy eating literature focus on quantitative research and do not adequately account for families' subjective experiences, perceptions and practices. This review aims to synthesise the increasing volume of qualitative work on fussy eating. A systematic search of relevant databases was carried out. Studies were included if they were qualitative, published since 2008, with a primary focus on families' experiences, perceptions and practices regarding fussy eating, food neophobia, or food refusal in children (aged one to young adult). Studies with clinical samples, or relating to children under one year were excluded. Ten studies were eligible for this review and were synthesised using meta-ethnography (developed by Noblit and Hare).

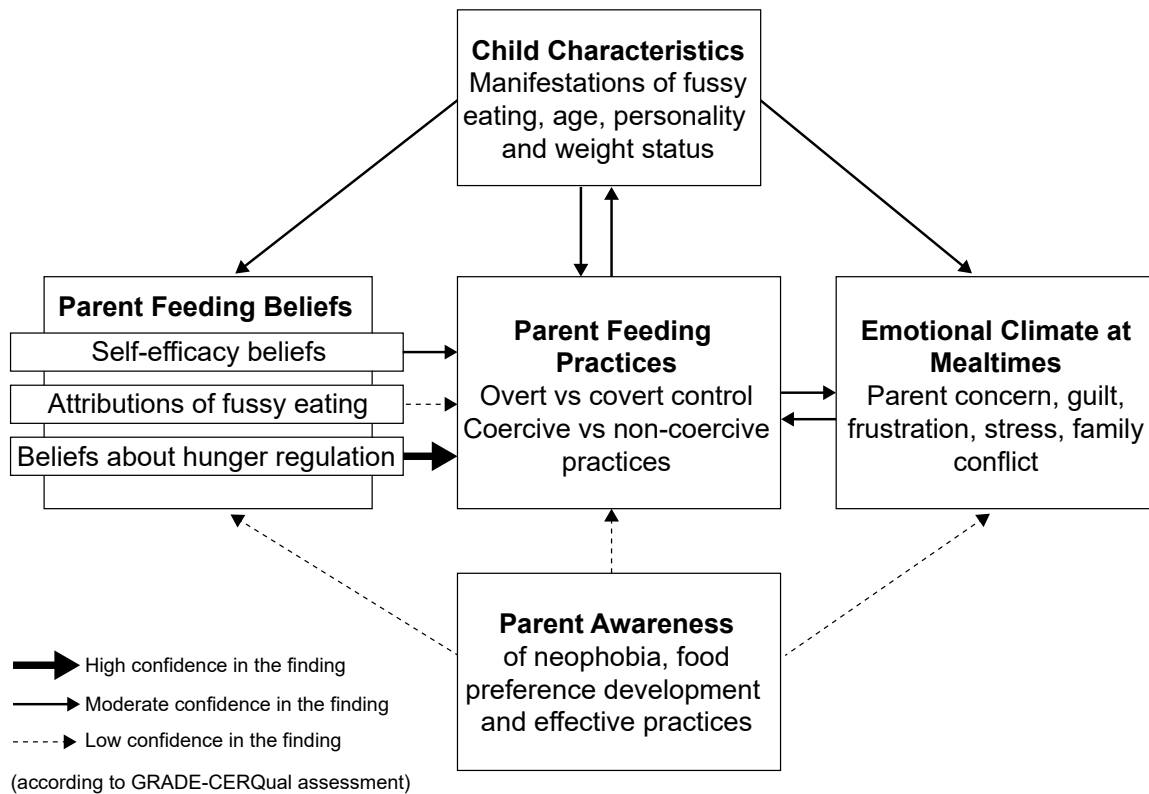
The majority of studies included in this review focus on pre-school children and all report the parent perspective. Further research is required to understand the child's perspective, and experiences of fussy eating in later childhood.

Methods

A meta-ethnographic approach was used to synthesise the qualitative literature on family experiences, perceptions and practices regarding non-clinical childhood fussy eating. Meta-ethnography is a qualitative synthesis method widely used across psychology and health care disciplines, and is a form of secondary analysis involving re-interpretation of published findings. Meta-ethnography aims to synthesise qualitative research while maintaining the context of each individual study, unlike a meta-analysis of quantitative literature which aims to aggregate data.

Conclusions

This review has used a meta-ethnography approach to synthesise ten recently published qualitative studies on family perceptions, experiences and practices regarding fussy eating behaviours in typically developing children (aged one to young adult). Based on parent perceptions across ten studies, we propose that fussy eating is an umbrella term describing the rejection of one or more food items, the limited intake or variety of foods, and/or frequent changes in food preferences due to novelty, sensory sensitivity, context/presentation of food, temperament/personality, age/developmental stage, and/or genetic and learned food preferences. A conceptual model was produced (see below). We found that child characteristics and parent feeding practices related to each other, supporting a relational approach to studying fussy eating in which both parents and children are considered to have agency in contributing to the feeding relationship. Two distinct ways in which fussy eating relates to mealtime emotions were identified (directly and via feeding practices). Three distinct categories of parent beliefs were found to relate to parent feeding practices in the context of fussy eating (self-efficacy, attributions, and beliefs about hunger regulation). This review highlights areas for future qualitative research. Our model can be used to develop hypotheses for longitudinal quantitative studies and may be useful for health practitioners working with families experiencing fussy eating challenges.



Conceptual model illustrating 5 constructs (and how they relate to one another) generated by a secondary analysis of findings in recent qualitative studies.

Strengths and limitations of the qualitative synthesis

The meta-ethnography method was useful for identifying general patterns across studies and for highlighting findings hidden amongst individual studies that may have more meaning when related to the findings of other studies, specifically relationships between constructs. Rather than simply summarising existing knowledge, the meta-ethnography approach allowed us to build a new understanding of fussy eating, based on the findings of individual studies whilst maintaining a focus on contextual factors such as study location, samples, and target-age range.

However, there are some limitations of this synthesis. Our literature search was restricted to English language publications. Some terms were not included in the database search (e.g. carer, caregiving, mum, dad) which may have resulted in identifying additional studies, although it is likely that any additional studies would have been identified during supplementary searches. Due to the diverse use of terminology and reporting in qualitative research, there were some challenges in selecting studies for inclusion. We decided to only include studies with a primary aim or objective relating to fussy/picky eating or food neophobia. This may have resulted in relevant findings from other studies (e.g. on portion size, out of home eating etc.) being omitted from this review.

Research Article B

Ageing-related anorexia and its association with disability and frailty.

Extracts from:

Tsutsumimoto, K., Doi, T., Makizako, H., Hotta, R., Nakakubo, S., Makino, K., Suzuki, T. and Shimada, H. *Ageing-related anorexia and its association with disability and frailty*. *J Cachexia Sarcopenia Muscle*. 2018 Oct;9(5):834-843. doi: <<https://doi.org/10.1002/jcsm.12330>> Epub 2018 Aug 14. PMID: 30109778

Background

Anorexia of ageing may be a precursor to various geriatric syndromes. We elucidated whether anorexia of ageing had a significant impact on incident disability and investigated whether anorexia of ageing had a direct association with future disability or an indirect association with disability via frailty.

Methods

This study employed an observational, longitudinal, cohort design in a community setting. Participants were 4393 older adults (75.9 ± 4.3 years). Anorexia of ageing was assessed by a simplified nutritional appetite questionnaire. Frailty was operationalised as slowness, weakness, exhaustion, low physical activity, and weight loss. Participants who had none of these characteristics were considered robust, those with one or two characteristics were considered pre-frail, and those with three or more characteristics were considered frail. We examined sociodemographic variables (age, sex, and education), medical history (medication and chronic disease history), lifestyle factors (smoking and drinking habits and living arrangement), body mass index, blood nutrition data, depressive symptoms, physical functioning, and cognitive functioning.

Results

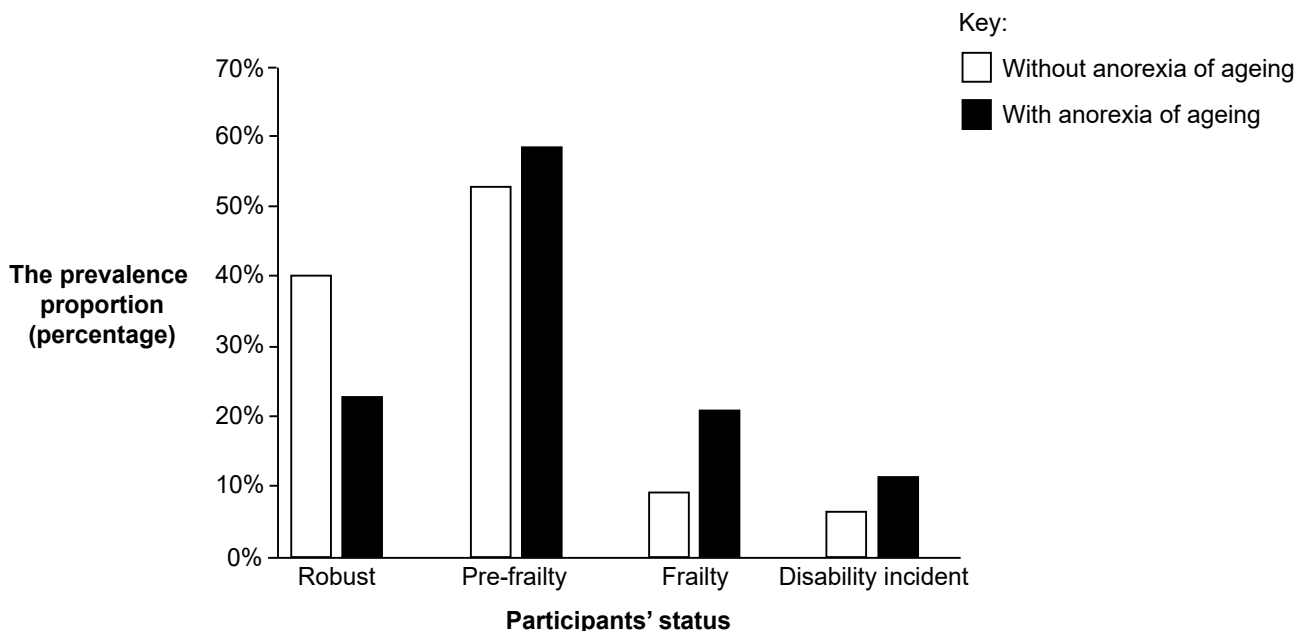


Fig. 1

Prevalence of frailty and prevalence proportion of disability between older adults with/without anorexia of ageing. Bar graphs indicate the percentage of older adults with each frailty status (robust, pre-frailty, or frailty) and the percentage of incident disability between those with/without anorexia of ageing.

The proportions of physical frailty, pre-frailty, and robustness were 8.4, 52.0, and 39.6% in the without anorexia of ageing group, and 20.3, 57.7, and 22.0% in the anorexia of ageing group, respectively. The participants with anorexia of ageing had a higher proportion of frailty and pre-frailty than did those without ($P < 0.001$).

Discussion

The participants who had anorexia of ageing were frailer or more pre-frail than those without, and the disability prevalence proportion was also higher among the participants with anorexia of ageing compared with those without.

These results are partially aligned with previous studies. A cross-sectional study indicated an independent association between anorexia of ageing and disability among 1247 people aged 60 years and older. A 2-year follow-up longitudinal study showed that the presence of anorexia of ageing was associated with a significant increased risk of incident disability among 205 older adults. Our results supported these previous reports, and the sample size of the present study may support the evidence of association between anorexia of ageing and incident disability.

Research Article C

Dietary and nutritional approaches for prevention and management of type 2 diabetes.

Extracts from:

Dietary and nutritional approaches for prevention and management of type 2 diabetes.
BMJ 2018; 361:k2234 doi: <<https://doi.org/10.1136/bmj.k2234>> (Published 13 June 2018)

Why dietary management matters but is difficult to implement

Diabetes is one of the biggest global public health problems: the prevalence is estimated to increase from 425 million people in 2017 to 629 million by 2045, with linked health, social, and economic costs. Urgent solutions for slowing, or even reversing, this trend are needed, especially from investment in modifiable factors including diet, physical activity, and weight. Diet is a leading contributor to morbidity and mortality worldwide according to the Global Burden of Disease Study carried out in 188 countries. The importance of nutrition in the management and prevention of type 2 diabetes through its effect on weight and metabolic control is clear. However, nutrition is also one of the most controversial and difficult aspects of the management of type 2 diabetes.

Evidence for current dietary guidelines – underpinning features

Firstly, an understanding of healthy eating for the prevention and management of type 2 diabetes has largely been derived from long-term prospective studies and limited evidence from randomised controlled trials in general populations, supplemented by evidence from people with type 2 diabetes. Many published guidelines and reviews have applied grading criteria and this evidence is often of moderate quality in the hierarchy of evidence that places randomised controlled trials at the top. Elsewhere, it is argued that different forms of evidence evaluating consistency across multiple study designs including large population-based prospective studies of clinical endpoints, controlled trials of intermediate pathways, and where feasible randomised trials of clinical endpoints should be used collectively for evidence-based nutritional guidance.

Secondly, it is now recognised that dietary advice for both the prevention and management of type 2 diabetes should converge, and they should not be treated as different entities. However, in those with type 2 diabetes, the degree of glycaemic control and type and dose of diabetes medication should be coordinated with dietary intake. With some dietary interventions, such as very low calorie or low carbohydrate diets, people with diabetes would usually stop or reduce their diabetes medication and be monitored closely, as reviewed in a later section.

Thirdly, while recognising the importance of diet for weight management, there is now greater understanding of the multiple pathways through which dietary factors exert health effects through both obesity dependent and obesity independent mechanisms. The influence of diet on weight, glycaemia, and glucose-insulin homeostasis is directly relevant to glycaemic control in diabetes, while other outcomes such as cardiovascular complications are further influenced by the effect of diet on blood lipids, apolipoproteins, blood pressure, endothelial function, thrombosis, coagulation, systemic inflammation, and vascular adhesion. The effect of food and nutrients on the gut microbiome may also be relevant to the pathogenesis of diabetes but further research is needed. Therefore, diet quality and quantity over the longer term are relevant to the prevention and management of diabetes and its complications through a wide range of metabolic and physiological processes.

Key messages

- Considerable evidence supports a common set of dietary approaches for the prevention and management of type 2 diabetes, but uncertainties remain.
- Weight management is a cornerstone of metabolic health but diet quality is also important.
- Low carbohydrate diets as the preferred choice in type 2 diabetes is controversial. Some guidelines maintain that no single ideal percentage distribution of calories from different macronutrients (carbohydrates, fat, or protein) exists, but there are calls to review this in light of emerging evidence on the potential benefits of low carbohydrate diets for weight management and glycaemic control.
- The quality of carbohydrates such as refined versus whole grain sources is important and should not get lost in the debate on quantity.
- Recognition is increasing that the focus of dietary advice should be on foods and healthy eating patterns rather than on nutrients. Evidence supports avoiding processed foods, refined grains, processed red meats, and sugar sweetened drinks and promoting the intake of fibre, vegetables, and yoghurt. Dietary advice should be individually tailored and take into account personal, cultural, and social factors.
- An exciting recent development is the understanding that type 2 diabetes does not have to be a progressive condition but instead there is potential for remission with dietary intervention.

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Notes Page

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