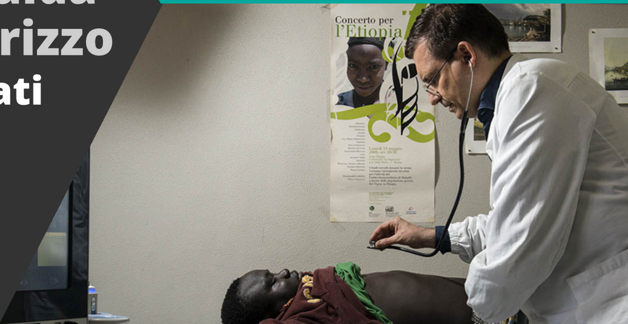
Programma "Linee guida sulla tutela della salute e l'assistenza sociosanitaria alle popolazioni migranti"

marzo 2017

Rassegna di revisioni sistematiche, **linee guida e documenti di indirizzo** **sulla salute degli immigrati**



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Programma "Linee guida sulla tutela della salute e l'assistenza socio-sanitaria alle popolazioni migranti"

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INDICE

1. Scopo del documento
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1. SCOPO DEL DOCUMENTO

Il fenomeno migratorio rappresenta per il sistema sanitario una sfida sempre aperta, non solo in termini di quantificazione e analisi dei bisogni, ma soprattutto nell'ottica di un'adeguata organizzazione dei servizi. Per questo diventa necessario sostenere la produzione e la diffusione di documenti di indirizzo e raccomandazioni di buona pratica, nell'ambito di programmi a valenza interregionale affidati al coordinamento di istituzioni nazionali che hanno specifico mandato sugli obiettivi e competenze sul metodo.

A partire da tali premesse, l'Istituto Nazionale Salute Migrazioni e Povertà ha avviato, in collaborazione con l'Istituto Superiore di Sanità e la Società Italiana di Medicina delle Migrazioni, uno specifico programma di attività finalizzato alla elaborazione e disseminazione di linee guida clinico-organizzative sulla tutela della salute e l'assistenza sociosanitaria alle popolazioni migranti.

In fase di avvio del programma, sono stati individuati gli ambiti e le criticità su cui orientare la produzione dei documenti di indirizzo, attraverso una consultazione pubblica che ha coinvolto i referenti regionali della ReNIP (*Rete Nazionale per le problematiche di assistenza in campo socio-sanitario legate alle popolazioni migranti e alle povertà,* coordinata dall'INMP), e le unità territoriali della SIMM (GrIS), in rappresentanza degli operatori dei servizi sociosanitari.

Contestualmente alla definizione dei temi prioritari, si è avviato un processo di ricognizione e raccolta di revisioni sistematiche, linee guida e altri documenti di sanità pubblica già prodotti da istituzioni e agenzie internazionali sul tema della salute e dell'accesso ai servizi da parte della popolazione immigrata. Tale processo di ricognizione, di cui di seguito si riportano i risultati, tenta di restituire un quadro il più possibile esaustivo delle evidenze disponibili a livello internazionale e al tempo stesso costituisce un'utile base di partenza per lo sviluppo di nuovi documenti di indirizzo.

2. METODOLOGIA DI RICERCA

La rassegna della letteratura scientifica e dei documenti di sanità pubblica *evidence-based*, prodotti da istituzioni e agenzie internazionali sul tema della salute e dell’accesso ai servizi da parte della popolazione immigrata, è stata eseguita mediante una ricerca sistematica effettuata sulle principali banche dati bibliografiche e una ricerca libera su siti *web*.

REVISIONE SISTEMATICA

Banche dati bibliografiche consultate:

- Medline
- Embase
- Scisearch
- Biosis
- Pascal

Criteri di inclusione:

⇒ TIPO DI PUBBLICAZIONE: esclusivamente revisioni sistematiche con o senza metanalisi

⇒ ARGOMENTO: attinente al fenomeno migratorio e all’ambito sanitario

⇒ DATA DI PUBBLICAZIONE: AA. 2010-2015

⇒ LINGUA: italiano e inglese

Strategia di ricerca:

“L1	30077 S (“transients AND migrants”/CT OR migrants+NT/CT OR migrant+NT/CT OR migrant people OR migrant population# OR mi-grant person# OR migrant individual# OR migrant group# OR refugees+NT/CT OR refugee+NT/CT OR refugee# OR human migra-tion+NT/CT OR migration+NT/CT) AND (ENGLISH OR ITALIAN)/LA AND (2010-2015)/PY
L2	13307 S (internally displaced person# OR international protection seeker# OR asylum seeker# OR subsidiary protection seeker# OR humanitarian protection seeker# OR ethnic minority OR ethnic minorities) AND (ENGLISH OR ITALIAN)/LA AND (2010-2015)/PY
L3	41877 S L1 OR L2

L4	17559 S L3 AND (health+NT/CT OR health care+NT/CT OR delivery of health care+NT/CT OR health care delivery+NT/CT OR public health+NT/CT) AND (ENGLISH OR ITALIAN)/LA AND (2010-2015)/PY
L5	9633 S L3 AND (health services+NT/CT OR health service+NT/CT OR public health surveillance+NT/CT OR disease surveil-lance+NT/CT) AND (ENGLISH OR ITALIAN)/LA AND (2010-2015)/PY
L6	4432 S L3 AND (health promotion+NT/CT OR health program+NT/CT OR health facilities+NT/CT OR health care facility+NT/CT OR primary health care+NT/CT OR preventive medicine+NT/CT) AND (ENGLISH OR ITALIAN)/LA AND (2010-2015)/PY
L7	1869 S L3 AND (primary health care+NT/CT OR primary prevention+NT/CT OR primary medical care+NT/CT OR preventive health services+NT/CT OR preventive health service+NT/CT) AND (ENGLISH OR ITALIAN)/LA AND 2010-2015/PY
L8	414 S L3 AND (emergency medicine+NT/CT OR emergency medical services+NT/CT OR emergency health service+NT/CT OR emergency treatment+NT/CT OR emergency medical intervention+NT/CT OR emergency intervention+NT/CT) AND (ENGLISH OR ITALIAN)/LA AND 2010-2015/PY
L9	22541 S L3 AND (emergencies+NT/CT OR emergency+NT/CT OR emergency care+NT/CT OR early medical intervention+NT/CT OR first aid+NT/CT OR health services accessibility+NT/CT OR health care access+NT/CT OR health# OR emergency OR emergencies) AND (ENGLISH OR ITALIAN)/LA AND (2010-2015)/PY
L10	27612 S L4 OR L5 OR L6 OR L7 OR L8 OR L9
L11	862 S L10 AND systematic?(3a)review? AND (ENGLISH OR ITALIAN)/LA AND (2010 -2015)/PY
L12	280 S L10 AND (systematic review+NT/CT OR "systematic review (topic)"+NT/CT) AND (ENGLISH OR ITALIAN)/LA AND (2010-2015)/PY
L13	392 S L10 AND (meta-analysis/dt OR meta-analysis as topic/ct OR "meta analysis (topic)" +NT/CT OR meta analysis+NT/CT OR meta-analy? OR metaanaly? OR metanaly? OR meta analy?) AND (ENGLISH OR ITALIAN)/LA AND (2010-2015)/PY
L14	1056 S L11 OR L12 OR L13
L15	634 dup rem L14 (422 duplicates removed)"

Il materiale ottenuto è stato sottoposto a un processo di selezione in due fasi, che ha previsto una prima scrematura a partire da titoli e *abstract* e una ulteriore selezione basata sulla lettura dei testi integrali.

RICERCA SU SITI WEB

Allo scopo di reperire linee guida e documenti di indirizzo non rintracciabili sulle banche dati, è stata eseguita una ricerca libera sui seguenti siti istituzionali:

- Centres for Disease Control and Prevention (CDC)
- European Centre for Disease Prevention and Control (ECDC)

- National Guidelines Clearing House
- National Institute of Clinical Excellence (NICE)
- Scottish Intercollegiate Guidelines Network (SIGN)
- World Health Organization (WHO)

Criteri di inclusione:

⇒ TIPO DI PUBBLICAZIONE: linee guida, documenti di indirizzo, *consensus conference*

⇒ ARGOMENTO: attinente al fenomeno migratorio e all’ambito sanitario

⇒ DATA DI PUBBLICAZIONE: aa. 2005-2015

⇒ LINGUA: italiano e inglese

La ricerca libera su siti *web* è stata condotta estendendo il periodo di riferimento temporale (2005-2015), per consentire di reperire un numero più ampio di documenti eleggibili.

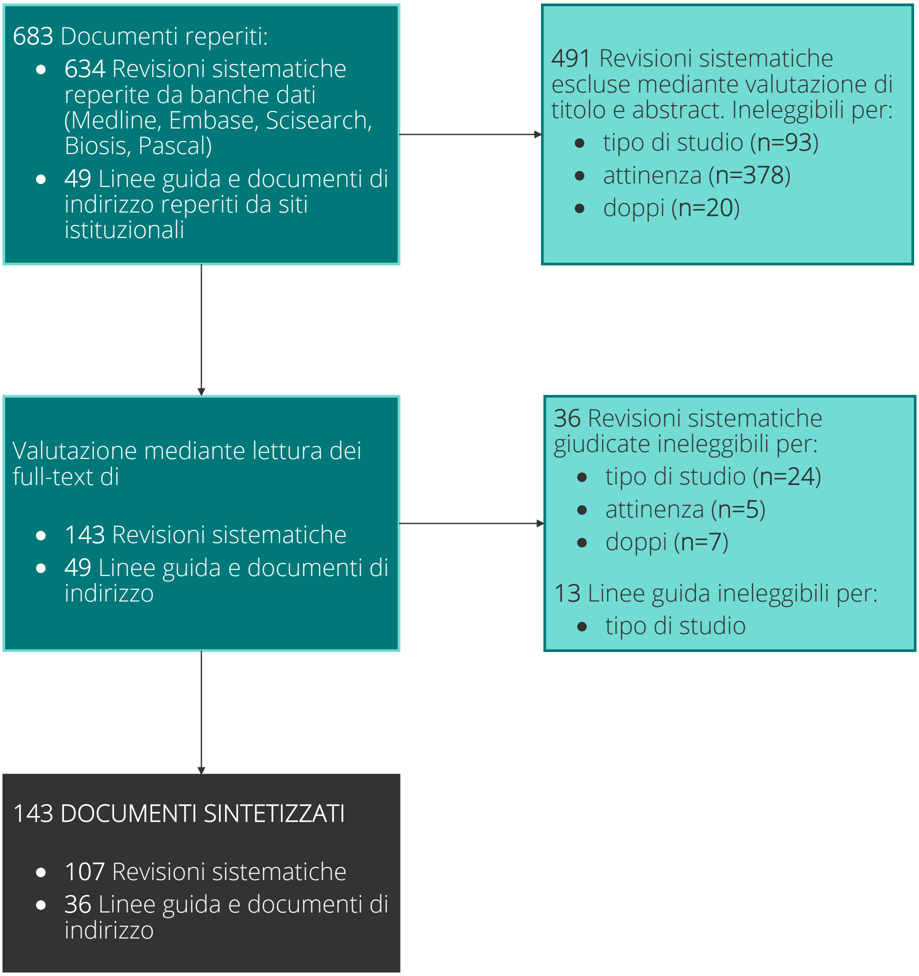
3. RISULTATI

L’interrogazione delle banche dati ha portato all’identificazione di 634 documenti; per 143 di essi è stato richiesto il testo integrale. Il materiale ottenuto è stato ulteriormente analizzato e sottoposto a selezione, fino a ottenere 107 revisioni sistematiche.

Mediante ricerca libera sui siti istituzionali, sono stati reperiti 49 documenti; 13 di questi sono stati esclusi poiché il tipo di documento non è risultato tra quelli eleggibili. Le diversi fasi del processo di selezione sono riassunte in Figura 1.

Nel complesso la rassegna ha selezionato 143 documenti, di cui 107 revisioni sistematiche e 36 Linee guida e documenti di indirizzo.

Figura 1 - *Processo di selezione bibliografica*



La tabella 1 riporta la distribuzione dei documenti selezionati per tipo di documento e per argomento trattato.

Nelle pagine seguenti, vengono riportati i 143 documenti inclusi, classificati per condizione morbosa e sintetizzati per titolo, autori,

Tabella 1 - *Revisioni sistematiche, linee guida e documenti di indirizzo, per argomento trattato*

Argomento	**Numero di documenti reperiti**	
	Revisioni sistematiche	Linee guida e documenti di indirizzo
Tubercolosi	11	6
Epatiti virali	6	2
HIV/AIDS	4	1
Altre malattie infettive	6	8
Salute della donna	16	1
Salute del bambino e dell’adolescente	12	2
Salute mentale	21	6
Fattori di rischio e malattie croniche	16	-
Aspetti organizzativi e accesso ai servizi	11	-
Aspetti generali di salute	4	10
Totale documenti	107	36

rivista scientifica, istituzione promotrice e, ove disponibile, *abstract*.

Per le linee guida e i documenti di indirizzo disponibili su siti *open access*, è anche riportato il *link* (verificato con ultimo accesso in data 11/01/2017) attraverso il quale è possibile accedere alla versione integrale del testo.

Aspetti generali di salute

Aspetti generali di salute

Revisioni sistematiche: 4

Linee Guida e documenti di indirizzo: 10

REVISIONI

Insufficient cross-cultural adaptations and psychometric properties for many translated health assessment scales: a systematic review.

Ö. Uysal-Bozkir, J.L. Parlevliet, S.E. de Rooij

J Clin Epidemiol 2013;66:608-18

Abstract

OBJECTIVES: If researchers want to assess reliably different aspects of general health in the migrant populations, they need translations of internationally used health assessment scales with appropriate cross-cultural adaptations and satisfactory psychometric properties. A systematic review was performed to assess the quality of the cross-cultural adaptations and the psychometric properties of health assessment scales measuring cognition, mood, activities of daily living, health-related quality of life, and loneliness. We focused on the scales that were adapted for use with Turkish, Arab, and Surinamese (Creole and Hindi) individuals aged 65 years and older. STUDY DESIGN AND SETTING: PubMed, PsycINFO, and EMBASE databases were systematically searched, and selected articles were cross-checked for other relevant publications. RESULTS: In total, 68 relevant studies of the Turkish, Arab, and Surinamese populations were identified. To arrive at an appropriate cross-culturally adapted scale, five steps are required. Six studies followed this complete process. Only a few studies assessed all the psychometric properties of the cross-culturally adapted scales. The studies in which these were best assessed primarily involved cognitive and functional scales.CONCLUSION: Cross-cultural adaptations are insufficient,

and psychometric properties are unknown for many translated health assessment scales.

Migration and health in Canada: Health in the global village.

B.D. Gushulak, K. Pottie, J. Hatcher Roberts, S. Torres, M. DesMeules; Canadian Collabortion for Immigrant and Refugee Health.
CMAJ 2011;183:E952-8

Abstract

BACKGROUND: Immigration has been and remains an important force shaping Canadian demography and identity. Health characteristics associated with the movement of large numbers of people have current and future implications for migrants, health practitioners and health systems. We aimed to identify demographics and health status data for migrant populations in Canada. METHODS: We systematically searched Ovid MEDLINE (1996-2009) and other relevant web-based databases to examine immigrant selection processes, demographic statistics, health status from population studies and health service implications associated with migration to Canada. Studies and data were selected based on relevance, use of recent data and quality. RESULTS: Currently, immigration represents two-thirds of Canada's population growth, and immigrants make up more than 20% of the nation's population. Both of these metrics are expected to increase. In general, newly arriving immigrants are healthier than the Canadian population, but over time there is a decline in this healthy immigrant effect. Immigrants and children born to new immigrants represent growing cohorts; in some metropolitan regions of Canada, they represent the majority of the patient population. Access to health services and health conditions of some migrant populations differ from patterns among Ca-

nadian-born patients, and these disparities have implications for preventive care and provision of health services. INTERPRETATION: Because the health characteristics of some migrant populations vary according to their origin and experience, improved understanding of the scope and nature of the immigration process will help practitioners who will be increasingly involved in the care of immigrant populations, including prevention, early detection of disease and treatment.

"Over-foreignization" or "unused potential"? A critical review of migrant health in Germany and responses toward unauthorized migration.

H. Castañeda

Soc Sci Med 2012;74:830-8

Abstract

Persons of migrant background, a highly heterogeneous group, now comprise one-fifth of the total population in Germany. However, delayed and conflicted responses to social inclusion have resulted in clear deficits in the health care system, with few serious attempts to assess migrants' profiles and needs. This article provides a critical review based on meta-analysis of literature indexed in MEDLINE, a qualitative review of German medical and nursing curricula, and original ethnographic data. It examines discourses and practices embedded within larger national debates on migrant integration and their specific manifestations in the health sector in order to explain the current situation of unauthorized migrants. The historical arc of the last fifty years can be viewed as a progression of key themes based on interrelated concepts of deservingness and selective investment. Relative deservingness is evident in diffe-

rential social positioning and access to resources, resulting in selective investment and decades of continued social inequality.

Poorer self-perceived health among migrants and ethnic minorities versus the majority population in Europe: a systematic review.

S.S. Nielsen, A. Krasnik
Int J Public Health 2010;55:357-71

Abstract

OBJECTIVES: Knowledge about self-perceived health can help us understand the health status and needs among migrants and ethnic minorities in the European Union (EU) which is essential to improve equity and integration. The objective was to examine and compare self-perceived health among migrant and ethnic minority groups in the EU countries. METHODS: Publications were ascertained by a systematic search of PUBMED and EMBASE. Eligibility of studies was based on the abstracts and the full texts. Additional articles were identified via the references. The final number of studies included was 17. RESULTS: Publications were identified in 5 out of the 27 EU countries. In regard to self-perceived health, most migrants and ethnic minority groups appeared to be disadvantaged as compared to the majority population even after controlling for age, gender, and socioeconomic factors. Only limited cross-country comparisons could be carried out, still they revealed a parallel pattern of self-perceived health among similar migrant/ethnic minority groups. CONCLUSIONS: Policies to improve social and health status, contextual factors, and access to healthcare among migrants and ethnic minorities are essential to reduce ethnic inequalities in health.

LINEE GUIDA E DOCUMENTI DI INDIRIZZO

Expert Opinion on the public health needs of irregular migrants, refugees or asylum seekers across the EU’s southern and south-eastern borders
European Centre for Disease Prevention and Control.
Stockholm: ECDC; 2015

Disponibile su:
http://ecdc.europa.eu/en/publications/Publications/Expert-opinion-irregular-migrants-public-health-needs-Sept-2015.pdf

Public health aspects of migrant health: a review of the evidence on health status for labour migrants in the European Region
World Health Organization- Regional Office for Europe
Copenhagen: WHO; 2015

Disponibile su:
http://www.euro.who.int/__data/assets/pdf_file/0003/289245/WHO-HEN-Report-A5-1-Labour-rev1.pdf?ua=1

Public health aspects of migrant health: a review of the evidence on health status for refugees and asylum seekers in the European Region
World Health Organization- Regional Office for Europe
Copenhagen: WHO; 2015

Disponibile su:
http://www.euro.who.int/__data/assets/pdf_file/0004/289246/WHO-HEN-Report-A5-2-Refugees_FINAL.pdf?ua=1

Public health aspects of migrant health: a review of the evidence on health status for undocumented migrants in the European Region
World Health Organization- Regional Office for Europe
Copenhagen: WHO; 2015

Disponibile su:
http://www.euro.who.int/__data/assets/pdf_file/0004/289255/WHO-HEN-Report-A5-3-Undocumented_FINAL-rev1.pdf?ua=1

General refugee health guidelines
Centers for Disease Control and Prevention - National Center for Emerging and Zoonotic Infectious Diseases- Division of Global Migration and Quarantine
Atalanta: Centre for Disease Control and Prevention (CDC); 2012

Disponibile su:
https://www.cdc.gov/immigrantrefugeehealth/pdf/general.pdf

Guidelines and discussion of the history and physical examination
Centers for Disease Control and Prevention - National Center for Emerging and Zoonotic Infectious Diseases- Division of Global Migration and Quarantine
Atalanta: Centre for Disease Control and Prevention (CDC); 2012

Disponibile su:
https://www.cdc.gov/immigrantrefugeehealth/pdf/guidelines-history-physical.pdf

Raccomandazioni per la gestione di problematiche sanitarie connesse con l'afflusso di migranti sulle piccole isole
Ministero della Salute
Roma: Ministero della Salute; 2012

Disponibile su:
http://www.salute.gov.it/imgs/
C_17_pubblicazioni_1858_allegato.pdf%20

Evidence-based clinical guidelines for immigrants and refugees.
K. Pottie , C. Greenaway , J. Feightner, V. Welch, H. Swinkels, M. Rashid, L. Narasiah, L.J Kirmayer , E. Ueffing, N.E. MacDonald , G. Hassan, M. McNally, K. Khan, R. Buhrmann,S. Dunn, A. Dominic , A.E. McCarthy, A.J. Gagnon, C. Rousseau , P. Tugwell ; coauthors of the Canadian Collaboration for Immigrant and Refugee Health.
CMAJ 2011;183(12):E824-925.

Disponibile su:
http://www.cmaj.ca/content/183/12/E824.full.pdf+html

Protocollo operativo per la sorveglianza sindromica e la profilassi immunitaria in relazione alla emergenza immigrati dall'Africa settentrionale
Ministero della Salute, Dipartimento della Comunicazione e Prevenzione, Direzione Generale Della Prevenzione Sanitaria
Roma: Ministero della Salute; 2011

Disponibile su:
http://www.salute.gov.it/imgs/
C_17_newsAree_1478_listaFile_itemName_1_file.pdf

Immigrant Health: A Call to Action. Recommendations from the Minnesota Immigrant Health Task Force
Minnesota Immigrant Health Task Force
Minneapolis: Minnesota Department of Health; 2005

Disponibile su:
http://www.health.state.mn.us/divs/idepc/refugee/topics/
immhealthrpt.pdf

Aspetti organizzativi e accesso ai servizi

Aspetti organizzativi e accesso ai servizi

Revisioni sistematiche: 11

Linee Guida e documenti di indirizzo: -

REVISIONI

Access to medication and pharmacy services for resettled refugees: A systematic review.

K. Bellamy, R. Ostini, N. Martini, T. Kairuz

Aust J Prim Health 2015;21:273-8

Abstract

The difficulties that resettled refugees experience in accessing primary health-care services have been widely documented. In most developed countries, pharmacists are often the first health-care professional contacted by consumers; however, the ability of refugees to access community pharmacies and medication may be limited. This review systematically reviewed the literature and synthesised findings of research that explored barriers and/or facilitators of access to medication and pharmacy services for resettled refugees. This review adhered to guidelines for systematic reviews by PRISMA (preferred reporting items for systematic reviews and meta-analyses). Databases were searched during March 2014 and included Scopus, ProQuest Sociological Abstracts, PubMed, Embase and APAIS Health. The Australian and International grey literature was also explored. Nine studies met the quality and inclusion criteria. The research reported in seven of the nine studies was conducted in the US, one was conducted in Australia and the other in the UK. The majority of studies focussed on South-east Asian refugees. Themes identified across the studies included language and the use of interpreters; navigating the Western health-care system; culture and illness beliefs; medication non-adherence; use of traditional medicine; and family, peer and community support. There is a

significant paucity of published research exploring barriers to medication and pharmacy services among resettled refugees. This systematic review highlights the need for appropriate interpreting and translation services, as well as pharmacy staff demonstrating effective cross-cultural communication skills.

Refugee experiences of general practice in countries of resettlement: a literature review.

I.H. Cheng , A. Drillich, P. Schattner
Br J Gen Pract 2015;65:e171-6

Abstract

BACKGROUND: Refugees and asylum seekers often struggle to use general practice services in resettlement countries. AIM: To describe and analyse the literature on the experiences of refugees and asylum seekers using general practice services in countries of resettlement.

DESIGN AND SETTING: Literature review using systematic search and narrative data extraction and synthesis methodologies. International, peer-reviewed literature published in English language between 1990 and 2013. METHOD: Embase, Ovid MEDLINE, PsycINFO, CSA Sociological Abstracts, and CINAHL databases were searched using the terms: refugee, asylum seeker, experience, perception, doctor, physician, and general practitioner. Titles, abstracts and full texts were reviewed and were critically appraised. Narrative themes describing the refugee or asylum seeker's personal experiences of generalpractice services were identified, coded, and analysed. RESULTS: From 8722 papers, 85 were fully reviewed and 23 included. These represented the experiences of approximately 864 individuals using general practice services across 11 countries.

Common narrative themes that emerged were: difficulties accessing general practice services, language barriers, poor doctor-patient relationships, and problems with the cultural acceptability of medical care. CONCLUSION: The difficulties refugees and asylum seekers experience accessing and using general practice services could be addressed by providing practical support for patients to register, make appointments, and attend services, and through using interpreters. Clinicians should look beyond refugee stereotypes to focus on the needs and expectations of the individual. They should provide clear explanations about unfamiliar clinical processes and treatments while offering timely management.

Immigrant and non-immigrant women's experiences of maternity care: A systematic and comparative review of studies in five countries.

R. Small, C. Roth, M. Raval, T. Shafiei, D. Korfker, M. Heaman, C. McCourt, A. Gagnon

BMC Pregnancy Childbirth 2014;14:152

Abstract

BACKGROUND: Understanding immigrant women's experiences of maternity care is critical if receiving country care systems are to respond appropriately to increasing global migration. This systematic review aimed to compare what we know about immigrant and non-immigrant women's experiences of maternity care. METHODS: Medline, CINAHL, Health Star, Embase and PsychInfo were searched for the period 1989-2012. First, we retrieved population-based studies of women's experiences of maternity care (n = 12). For countries with identified population studies, studies focused specifically on immigrant women's experiences of care were also re

-trieved (n = 22). For all included studies, we extracted available data on experiences of care and undertook a descriptive comparison. RESULTS: What immigrant and non-immigrant women want from maternity care proved similar: safe, high quality, attentive and individualised care, with adequate information and support. Immigrant women were less positive about their care than non-immigrant women. Communication problems and lack of familiarity with care systems impacted negatively on immigrant women's experiences, as did perceptions of discrimination and care which was not kind or respectful. CONCLUSION: Few differences were found in what immigrant and non-immigrant women want from maternity care. The challenge for health systems is to address the barriers immigrant women face by improving communication, increasing women's understanding of care provision and reducing discrimination.

Immigrant women's experiences of maternity-care services in Canada: A systematic review using a narrative synthesis.

G.M. Higginbottom, M. Morgan, M. Alexandre, Y. Chiu, J. Forgeron, D. Kocay, R. Barolia
Syst Rev 2015;4:13

Abstract

BACKGROUND: Canada's diverse society and its statutory commitment to multiculturalism means that a synthesis of knowledge related to the healthcare experiences of immigrants is essential to realise the health potential for future Canadians. Although concerns about the maternity experiences of immigrants in Canada are relatively new, recent national guidelines explicitly call for the tailoring of services to user needs. We therefore assessed the experiences of immigrant women accessing maternity-care services in Canada.

In particular, we investigated the experiences of immigrant women in Canada in accessing and navigating maternity and related healthcare services from conception to 6 months postpartum in Canada. Our focus was on (a) the accessibility and acceptability of maternity-care services for immigrant women and (b) the effects of the perceptions and experiences of these women on their birth and postnatal outcomes. METHODS: We conducted a systematic review using a systematic search and narrative synthesis of peer-reviewed and non-peer-reviewed reports of empirical research, with the aim of providing stakeholders with perspectives on maternity-care services as experienced by immigrant women. We partnered with key stakeholders ('integrated knowledge users') to ensure the relevancy of topics and to tailor recommendations for effective translation into future policy, practice and programming. Two search phases and a three-stage selection process for published and grey literature were conducted prior to appraisal of literature quality and narrative synthesis of the findings. RESULTS: Our knowledge synthesis of maternity care among immigrants to Canada provided a coherent evidence base for (a) eliciting a better understanding of the factors that generate disparities in accessibility, acceptability and outcomes during maternity care; and (b) improving culturally based competency in maternity care. Our synthesis also identified pertinent issues in multiple sectors that should be addressed to configure maternity services and programs appropriately. CONCLUSIONS: Although immigrant women in Canada are generally given the opportunity to obtain necessary services, they face many barriers in accessing and utilising these services. These barriers include lack of information about or awareness of the services, insufficient supports to access these services and discordant expectations between the women and their service providers.

Immigrant women's experience of maternity services in Canada: A meta-ethnography

G.M. Higginbottom, E. Hadziabdic, S. Yohani, P. Paton

Midwifery 2014;30:544-59

Abstract

OBJECTIVE: to synthesise data on immigrant women's experiences of maternity services in Canada. DESIGN: a qualitative systematic literature review using a meta-ethnographic approach METHODS: a comprehensive search strategy of multiple databases was employed in consultation with an information librarian, to identity qualitative research studies published in English or French between 1990 and December 2011 on maternity care experiences of immigrant women in Canada. A modified version of Noblit and Hare's meta-ethnographic theoretical approach was undertaken to develop an inductive and interpretive form of knowledge synthesis. The seven-phase process involved comparative textual analysis of published qualitative studies, including the translation of key concepts and meanings from one study to another to derive second and third-order concepts encompassing more than that offered by any individual study. ATLAS.ti qualitative data analysis software was used to store and manage the studies and synthesise their findings. FINDINGS: the literature search identified 393 papers, of which 22 met the inclusion criteria and were synthesised. The literature contained seven key concepts related to maternity service experiences including social (professional and informal) support, communication, socio-economic barriers, organisational environment, knowledge about maternity services and health care, cultural beliefs and practices, and different expectations between health care staff and immigrant women. Three second-order interpretations served as the foundation for two third-order interpretations. Societal positioning of immigrant women resulted in difficulties receiving high quality maternity health care. Maternity services were an experience in which cultural knowledge and beliefs, and religious and traditional preferences were highly relevant as well but often overlooked in Canadian maternity settings. KEY CONCLUSIONS AND IMPLICATIONS FOR PRACTICE: in order to implement woman-centered care, to enhance access to maternity services, and to promote immigrant women's health, it is important to consider these women's social position, cultural knowledge and beliefs, and traditional customs in the health care.

A systematic review of factors affecting migrant attitudes towards seeking psychological help.

M. Selkirk, E. Quaylel, N. Rothwell

J Health Care Poor Underserved 2014;25:94-127

<u>Abstract</u>

Research indicates that service utilization rates in migrant groups are low, although levels of distress appear high when compared with host populations. This paper systematically reviews quantitative and qualitative literature on factors associated with attitudes toward seeking psychological help among working age migrants. Data were extracted from MEDLINE, EMBASE, PsycINFO, Science Direct and SAGE databases. Eight quantitative studies and 16 qualitative studies met the inclusion and exclusion criteria. The majority of studies were conducted in North America (67%). Although results of quantitative studies were heterogeneous, stronger identification with host than heritage culture, fluency in host country language, psychological attributions of distress, higher educational levels, hi-

gher socioeconomic status, female gender, and older age were associated with more favourable attitudes toward help-seeking in some migrant groups. Three major themes emerged from the qualitative literature: logistical barriers, cultural mismatch between service providers and participants, and preferences for other sources of as -sistance.

The physical health status, service utilisation and barriers to accessing care for asylum seekers residing in the community: a systematic review of the literature.

E. J. Hadgkiss, A.M. Renzaho

Aust Health Rev 2014;38:142-59

Abstract

OBJECTIVE: To document physical health problems that asylum seekers experience on settlement in the community and to assess their utilisation of healthcare services and barriers to care, in an international context. METHODS: A systematic review of quantitative and qualitative studies was undertaken according to the Preferred Reporting Items for Systematic Reviews and Meta-Analyses. MEDLINE, PsycINFO, Embase and CINAHL databases were searched from 2002 to October 2012, focusing on adult asylum seekers residing in the community in high-income countries. RESULTS: The search yielded 1499 articles, of which 32 studies met the inclusion criteria - 23 quantitative and nine qualitative. Asylum seekers had complex health profiles spanning a range of infectious diseases, chronic non-communicable conditions, and reproductive-health issues. They appeared to utilise health services at a higher rate than the host population, yet faced significant barriers to care. CONCLUSION: The findings of this study highlight the health inequi-

ties faced by asylum seekers residing in the communities of host countries, internationally. National data on asylum seekers' health profiles, service utilisation and barriers to care, as well as cross-country policy comparisons, are urgently required for the development of effective Australian health programs and evidence-based policy. What is known about the topic? The clinical and political focus of asylum seekers' health has largely been on the higher incidence of mental disorders and the impact of immigration detention. Since policy changes made in late 2011, an increasing number of asylum seekers have been permitted to live in the community while their claims are processed. There is a paucity of research exploring the physical health needs of asylum seekers residing in the community. What does this paper add? The international literature highlights the complexity of asylum seekers' health profiles. Although they appear to utilise health services at a higher rate than the host population, they continue to face many barriers to care. What are the implications for practitioners? Studies that explore policy options, including cross-country comparisons of health policy and guidelines that improve health outcomes, to foster equity of access and reduce health inequalities between asylum seekers and the host population are urgently required.

A narrative synthesis of the impact of primary health care delivery models for refugees in resettlement countries on access, quality and coordination.

C. Joshi, G. Russell, I.H. Cheng, M. Kay, K. Pottie, M. Alston, M. Smith, B. Chan, S. Vasi, W. Lo, S.S. Wahidi, M.F. Harris

Int J Equity Health 2013;12:88

Abstract

INTRODUCTION: Refugees have many complex health care needs which should be addressed by the primary health care services, both on their arrival in resettlement countries and in their transition to long-term care. The aim of this narrative synthesis is to identify the components of primary health care service delivery models for such populations which have been effective in improving access, quality and coordination of care. METHODS: A systematic review of the literature, including published systematic reviews, was undertaken. Studies between 1990 and 2011 were identified by searching Medline, CINAHL, EMBASE, Cochrane Library, Scopus, Australian Public Affairs Information Service - Health, Health and Society Database, Multicultural Australian and Immigration Studies and Google Scholar. A limited snowballing search of the reference lists of all included studies was also undertaken. A stakeholder advisory committee and international advisers provided papers from grey literature. Only English language studies of evaluated primary health care models of care for refugees in developed countries of resettlement were included. RESULTS: Twenty-five studies met the inclusion criteria for this review of which 15 were Australian and 10 overseas models. These could be categorised into six themes: service context, clinical model, workforce capacity, cost to clients, health and non-health services. Access was improved by multidisciplinary staff, use of interpreters and bilingual staff, no-cost or low-cost services, outreach services, free transport to and from appointments, longer clinic opening hours, patient advocacy, and use of gender-concordant providers. These services were affordable, appropriate and acceptable to the target groups. Coordination between the different health care services and services responding to the social needs of clients was improved through case management by specialist workers. Quality of care was improved by training in cultural sensitivity and appropriate use of interpreters. CONCLUSION: The elements of models most frequently associated with improved access, coordination and quality of care were case management, use of specialist refugee health workers, interpreters and bilingual staff. These findings have implications for workforce planning and training.

Factors affecting the use of prenatal care by non-western women in industrialized western countries: a systematic review.

A.W. Boerleider,T.A. Wiegers, J. Manniën, A.L. Francke, W.L. Devillé
BMC Pregnancy Childbirth 2013;13:81

Abstract

BACKGROUND: Despite the potential of prenatal care for addressing many pregnancy complications and concurrent health problems, non-western women in industrialized western countries more often make inadequate use of prenatal care than women from the majority population do. This study aimed to give a systematic review of factors affecting non-western women's use of prenatal care (both medical care and prenatal classes) in industrialized western countries. METHODS: Eleven databases (PubMed, Embase, PsycINFO, Cochrane, Sociological Abstracts, Web of Science, Women's Studies International, MIDIRS, CINAHL, Scopus and the NIVEL catalogue) were searched for relevant peer-reviewed articles from between 1995 and July 2012. Qualitative as well as quantitative studies were included. Quality was assessed using the Mixed Methods Appraisal Tool. Factors identified were classified as impeding or facilitating, and categorized according to a conceptual framework, an elaborated version of Andersen's healthcare utilization model. RESULTS: Sixteen articles provided relevant factors that were all categorized. A number of factors (migration, culture, position in host country, social network, expertise of the care provider and personal treatment and communication) were found to include both facilitating and impeding factors for non-western women's utilization of prenatal care. The category demographic, genetic and pregnancy characteristics and the category accessibility of care only included impeding factors.Lack of knowledge of the western healthcare system and poor language proficiency were the most frequently reported impeding factors. Provision of information and care in women's native languages was the most frequently reported facilitating factor. CONCLUSION: The factors found in this review provide specific indications for identifying non-western women who are at risk of not using prenatal care adequately and for developing interventions and appropriate policy aimed at improving their prenatal care utilization.

Perspectives on care and communication involving incurably ill Turkish and Moroccan patients, relatives and professionals: A systematic literature review.

F.M. de Graaff, P. Mistiaen, W.L. Devillé, A.L. Francke
BMC Palliat Care 2012;11:17

Abstract

BACKGROUND: Our aim was to obtain a clearer picture of the relevant care experiences and care perceptions of incurably ill Turkish and Moroccan patients, their relatives and professional care providers, as well as of communication and decision-making patterns at the end of life. The ultimate objective is to improve palliative care for Turkish and Moroccan immigrants in the Netherlands, by taking account of socio-cultural factors in the guidelines for palliative care. METHODS: A systematic literature review was undertaken. The data sources were seventeen national and international literature data-

bases, four Dutch journals dedicated to palliative care and 37 websites of relevant national and international organizations. All the references found were checked to see whether they met the structured inclusion criteria. Inclusion was limited to publications dealing with primary empirical research on the relationship between socio-cultural factors and the health or care situation of Turkish or Moroccan patients with an oncological or incurable disease. The selection was made by first reading the titles and abstracts and subsequently the full texts. The process of deciding which studies to include was carried out by two reviewers independently. A generic appraisal instrument was applied to assess the methodological quality. RESULTS: Fifty-seven studies were found that reported findings for the countries of origin (mainly Turkey) and the immigrant host countries (mainly the Netherlands). The central themes were experiences and perceptions of family care, professional care, end-of-life care and communication. Family care is considered a duty, even when such care becomes a severe burden for the main female family caregiver in particular. Professional hospital care is preferred by many of the patients and relatives because they are looking for a cure and security. End-of-life care is strongly influenced by the continuing hope for recovery. Relatives are often quite influential in end-of-life decisions, such as the decision to withdraw or withhold treatments. The diagnosis, prognosis and end-of-life decisions are seldom discussed with the patient, and communication about pain and mental problems is often limited. Language barriers and the dominance of the family may exacerbate communication problems. CONCLUSIONS: This review confirms the view that family members of patients with a Turkish or Moroccan background have a central role in care, communication and decision making at the end of life. This, in combination with their continuing hope for the patients recovery may inhibit open communication between patients, relatives and professionals as partners in palliative care.This implies that organizations and professionals involved in palliative care should take patients socio-cultural characteristics into account and incorporate cultural sensitivity into care standards and care practices.

A metasynthesis of qualitative studies regarding opinions and perceptions about barriers and determinants of health services' accessibility in economic migrants.

A.A. Agudelo-Suárez , D. Gil-González, C. Vives-Cases, J.G. Love, P. Wimpenny, E. Ronda-Pérez

BMC Health Serv Res 2012;12:461

Abstract

BACKGROUND: Access to health services is an important health determinant. New research in health equity is required, especially amongst economic migrants from developing countries. Studies conducted on the use of health services by migrant populations highlight existing gaps in understanding which factors affect access to these services from a qualitative perspective. We aim to describe the views of the migrants regarding barriers and determinants of access to health services in the international literature (1997-2011). METHODS: A systematic review was conducted for Qualitative research papers (English/Spanish) published in 13 electronic databases. A selection of articles that accomplished the inclusion criteria and a quality evaluation of the studies were carried out. The findings of the selected studies were synthesised by means of metasynthesis using different analysis categories according to Andersen's conceptual framework of access and use of health services and by incorporating other emergent categories. RESULTS: We located 3,025 titles, 36 studies achieved the inclusion criteria. After

quality evaluation, 28 articles were definitively synthesised. 12 studies (46.2%) were carried out in the U.S and 11 studies (42.3%) dealt with primary care services. The participating population varied depending mainly on type of host country. Barriers were described, such as the lack of communication between health services providers and migrants, due to idiomatic difficulties and cultural differences. Other barriers were linked to the economic system, the health service characteristics and the legislation in each country. This situation has consequences for the lack of health control by migrants and their social vulnerability. CONCLUSIONS: Economic migrants faced individual and structural barriers to the health services in host countries, especially those with undocumented situation and those experimented idiomatic difficulties. Strategies to improve the structures of health systems and social policies are needed.

Tubercolosi

Tubercolosi

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REVISIONI

Cost Effectiveness of Preventive Treatment for Tuberculosis in Special High-Risk Populations.

R. Diel, N. Lampenius, A. Nienhaus

Pharmacoeconomics 2015; 33(8):783-809

Abstract

Objective: In view of the goal of eliminating tuberculosis (TB) by 2050, economic evaluations of interventions against the development of TB are increasingly requested. Little research has been published on the incremental cost effectiveness of preventative therapy (PT) in groups at high risk for progression from latent TB infection (LTBI) with Mycobacterium TB (MTB) to active disease. A systematic review of studies with a primary focus on model-driving inputs and methodological differences was conducted. Methods: A search of MEDLINE, the Cochrane Library and EMBASE to July 2014 was undertaken, and reference lists of eligible articles and relevant reviews were examined. Results: A total of 876 citations were retrieved, with a total of 24 studies being eligible for inclusion, addressing six high-risk groups other than contact persons. Results varied considerably between studies and countries, and also over time. Although the selected studies generally demonstrated cost effectiveness for PT in HIV-infected subjects and healthcare workers (HCWs), the outcome of these analyses can be questioned in light of recent epidemiologic data. For immigrants from high TB-burden countries, patients with end-stage renal disease, and the immunosuppressed, now defined as further vulnerable groups, no consistent recommendation can be taken from the literature with respect to cost effectiveness of screening and treating LTBI. When the concept of a fixed willingness-to-pay (WTP) threshold as a prerequisite for final categorization was used, the sums ranged between no specification' and US$100,000 per quality-adjusted life-year. Conclusions: To date, incremental cost-effectiveness analyses on PT in groups at high risk for TB progression, other than contacts, are surprisingly scarce. The variation found between studies likely reflects variations in the major epidemiologic factors, particularly in the estimates on the accuracy of the tuberculin skin test (TST) and interferon-gamma release assays (IGRA) as screening methods used before considering PT. Further research, including explicit evaluation of local epidemiological conditions, test accuracy, and methodology of WTP thresholds, is needed.

A Systematic Review of Studies Evaluating the Cost Utility of Screening High-Risk Populations for Latent Tuberculosis Infection.

J.R. Campbell, T. Sasitharan, F. Marra

Appl Health Econ Health Policy 2015; 13(4):325-40

Abstract

Background: As tuberculosis screening trends to targeting high-risk populations, knowing the cost effectiveness of such screening is vital to decision makers. Objectives: The purpose of this review was to compile cost-utility analyses evaluating latent tuberculosis infection (LTBI) screening in high-risk populations that used quality-adjusted life-years (QALYs) as their measure of effectiveness. Data Sources: A literature search of MEDLINE, EMBASE, Cochrane Database of Systematic Reviews, Web of Knowledge, and PubMed was performed from database start to November 2014. Inclusion Criteria: Studies performed in populations at high risk of LTBI and subsequent reactivation that used the QALY as an effectiveness measure

were included. Study Appraisal and Synthesis: Quality was assessed using the Consolidated Health Economic Evaluation Reporting Standards (CHEERS) checklist. Data extracted included tuberculin skin test (TST) and/or interferon-gamma release assay (IGRA) use, economic, screening, treatment, health state, and epidemiologic parameters. Data were summarized in regard to consistency in model parameters and the incremental cost-effectiveness ratio (ICER), with costs adjusted to 2013 US dollars. Results: Of 415 studies identified, ultimately eight studies were included in the review. Most took a societal perspective (n = 4), used lifetime time horizons (n = 6), and used Markov models (n = 8). Screening of adult immigrants was found to be cost effective with a TST in one study, but moderately cost effective with an IGRA in another study; screening immigrants arriving more than 5 years prior with an IGRA was moderately cost effective until 44 years of age (n = 1). Screening HIV-positive patients was highly cost effective with a TST (n = 1) and moderately cost effective with an IGRA (n = 1). Screening in those with renal diseases (n = 2) and diabetes (n = 1) was not cost effective. Limitations: Very few studies used the QALY as their effectiveness measure. Parameter and study design inconsistencies limit the comparability of studies. Conclusions: With validity issues in terms of parameters and assumptions, any conclusion should be interpreted with caution. Despite this, some cautionary recommendations emerged: screening HIV patients with a TST is highly cost effective, while screening adult immigrants with an IGRA is moderately cost effective.

Latent Tuberculosis Infection Screening in Immigrants to Low-Incidence Countries: A Meta-Analysis

J.R. Campbell, W. Chen, J. Johnston, V. Cook, K. Elwood, J. Krot, F. Marra

Mol Diagn Ther 2015; 19:107-17

Abstract

Immigration from regions with a high incidence of tuberculosis (TB) has slowed the decline of TB in low-incidence regions. Targeted screening of new immigrants and treatment for latent TB infection (LTBI) is needed to reinvigorate this decline. This meta-analysis compares LTBI diagnostic tests by positive test prevalence and proportion of positive tests by TB incidence. A systematic literature search was performed and data extracted based on tuberculin skin test (TST) and/or interferon-gamma release assay (IGRA) use in immigrants. For the eight studies performing tests concurrently, data were compared by positive tests and concordance, while other studies comparing individual tests were analyzed based on demographic factors. Data were analyzed via meta-analysis. Forty-five studies with a combined sample size of 93,249 individuals were included in the analyses, 2206 of which were from the eight concurrent studies. Odds of a positive TST were significantly higher than an IGRA (odds ratio 1.46; 95 % confidence interval 1.07-2.01) and test agreement was moderate. Proportion of positive TST and IGRA tests increased with TB incidence, although not linearly. TST and IGRA data relating to immigrants are lacking, especially long-term follow-up and comparative data. Further data are urgently needed to determine TB risks after immigration, long-term TB development, and treatment outcomes.

A Systematic Review on TST and IGRA Tests Used for Diagnosis of LTBI in Immigrants.

J.R. Campbell, J. Krot, V. Cook, F. Marra

Mol Diagn Ther 2015; 19:9-24

Abstract

Background: High immigration rates from tuberculosis (TB) endemic countries to low-incidence countries have caused new TB guidelines in these countries to reconsider latent TB infection (LTBI) screening in these immigrants. Objectives: We performed a systematic review with the primary outcome of evaluating the number of cases recommended LTBI treatment with the tuberculin skin test (TST) or interferon gamma release assay (IGRA). Secondary objectives were to examine prevalence of positive LTBI diagnostic tests stratified by age and incidence of TB in country of origin. Methods: We performed a systematic search of seven electronic databases for studies assessing TST and/or IGRA performance in immigrant populations to low incidence countries. Demographics, LTBI diagnosis, longitudinal TB development, and test result data were the primary data extracted from the studies. Prevalence of positive test data was stratified by age and country of origin. Studies were evaluated using a modified SIGN checklist for diagnostic studies. Data was compared using Fisher's exact test or .chi.² test, where appropriate. Results: Our literature search yielded 51 studies (n = 34 TST, n = 9 IGRA, n = 8 both). Recommendation of LTBI treatment was less common in those tested with an IGRA compared to TST ($p < 0.0001$), while long-term development of active TB appears higher in those with a positive IGRA. There was no difference in the sensitivity and specificity of the IGRA and TST for prevalent TB ($p > 0.05$). Prevalence of a positive test was significantly lower in those who were <18 years of age compared to those .gtoreq.18 years of age ($p < 0.0001$) and those from low TB incidence countries compared to high incidence countries ($p < 0.0001$) for both TST and IGRA. When comparing the two tests within the 2 subgroups: age and TB incidence in country of origin, the prevalence of positive results was significantly lower for the IGRA than the TST ($p < 0.0001$). Limitations: The number of available studies evaluating the IGRA and longitudinal active TB development in those tested limits this study. Conclusion: Prevalence of positive test results were significantly lower in immigrants who were tested with an IGRA, resulting in fewer immigrants being recommended for LTBI treatment compared to TST. Coupled with comparable performance for detecting prevalent TB cases, the IGRA appears to exhibit better specificity than the TST and may be preferred as the standard of care for detecting LTBI in immigrants moving to low TB incidence countries.

Pre-entry screening programmes for tuberculosis in migrants to low -incidence countries: a systematic review and meta-analysis.

R.W. Aldridge, T.A. Yates, D. Zenner, P.J. White, I. Abubakar, A.C. Hayward
Lancet Infect Dis 2014; 14:1240-9

Abstract

BACKGROUND: Several high-income countries have pre-entry screening programmes for tuberculosis. We aimed to establish the yield of pre-entry screening programmes to inform evidence-based policy for migrant health screening. METHODS: We searched six bibliographic databases for experimental or observational studies and systematic reviews, which reported data on migrant screening for active or latent tuberculosis by any method before migration to a low-incidence country. Primary outcomes were principal reported

screening yield of active tuberculosis, yield of culture-confirmed cases, and yield of sputum smear for acid-fast bacilli cases. Where appropriate, fixed-effects models were used to summarise the yield of pre-entry screening across included studies. FINDINGS: We identified 15 unique studies with data for 3 739 266 migrants screened pre-entry for tuberculosis between 1982 and 2010. Heterogeneity was high for all primary outcomes. After stratification by prevalence in country of origin, heterogeneity was reduced for culture-confirmed and smear-confirmed cases. Yield of culture-confirmed cases increased with prevalence in the country of origin, and summary estimates ranged from 19ǂ7 (95% CI 10ǂ3-31ǂ5) cases identified per 100 000 individuals screened in countries with a prevalence of 50-149 cases per 100 000 population to 335ǂ9 (283ǂ0-393ǂ2) per 100 000 in countries with a prevalence of greater than 350 per 100 000 population. INTERPRETATION: Targeting high-prevalence countries could result in the highest yield for active disease. Pre-entry screening should be considered as part of a broad package of measures to ensure early diagnosis and effective management of migrants with active tuberculosis, and be integrated with initiatives that address the health needs of migrants.

Effectiveness and costeffectiveness of screening immigrants schemes for tuberculosis (TB) on arrival from high TB endemic countries to low TB prevalent countries.

A. Sanneh, A.M. Al-Shareef

African Health Sciences 2014; 14(3):663-71

Abstract

Background: Immigrants to developed countries are a major source of TB. Therefore amongst strategies adopted for TB control in deve-

loped countries include; 1) Screening immigrants at ports of entry referred to as "Port of Arrival Screening" (PoA) and 2) Passive screening (PS) for TB which means screening immigrants through general practices, hospitals, chest-clinics and emergency departments. Evidence of the effectiveness and cost effectiveness of these strategies is not consistent. Objective: Evaluate efficiency of active PoA TB screening for immigrants from TB endemic-regions compared with Passive Screening of immigrant-populations from TB endemic-regions. Methods: Major electronic-databases and reference lists of relevant studies were searched. Experts of immigrants' TB screening were contacted for additional studies published or unpublished. Systematic search of major databases identified only retrospective cohort-studies. Their qualities were assessed using Scottish Intercollegiate Guidelines Network (SIGN) methodological checklist for comparative cohort-studies. Results: Systematic electronic searches identified 1443 citations. Of these 74 studies were retrieved for evaluation against the review's inclusion/exclusion criteria (see study inclusion/exclusion criteria). Four studies met the inclusion criteria (figure 2) which were low in the evidence hierarchy of primary effectiveness studies and had heterogeneities between them. Thus descriptive data-synthesis was performed. Proportionately PoA screening had the lowest percentage of receipt of tuberculin skin test (TST) and the highest percentage of non-attendance for TST reading (table 2). Active PoA screening reduced infectiousness by 34% compared to 30% by passive screening and new entrants screened at PoA were 80% less likely to be hospitalised Odds ratio (OR) = 0.2 (95% confidence interval (CI) 0.1 - 0.2). Economic analysis: One cost effectiveness analysis was found that compared the costs of; active PoA screening, general practice screening and homeless screening groups. The cost of detecting a case of TB were; £1.26, £13.17and £96.36 for PS, homeless screening and active PoA scree-

ning respectively. The cost of preventing a case of TB were; £6.32, £23.00 and £10.00 for PS, homeless screening and PoA screening respectively, showing there is little difference between the different strategies. Conclussion: Active PoA screening is worth doing with significant benefits including early identification of risk groups with possible timely treatment/chemoprophylaxis intervention, prevention of transmission by significantly reducing infectiousness with subsequent avoidance of hospitalisation in active PoA screening group.

Barriers to and Interventions for Improved Tuberculosis Detection and Treatment among Homeless and Immigrant Populations: A Literature Review.

M. Tankimovich

J Community Health Nurs 2013;30(2):83-95

Abstract

Tuberculosis (TB) cases worldwide have declined over the last 10 years, but strong barriers to detection and treatment of TB still exist, especially among 2 special subgroups of low-income populations, immigrants and the homeless, where the incidence of TB can be up to 20 times higher than the general population even in affluent countries. A systematic review of literature was performed, aimed at identifying the main (1) barriers to and (2) effective interventions for the improved detection and treatment of TB in homeless and immigrant populations. Data were collected from 22 studies out of 80 potentially relevant citations worldwide published between 1998 and 2012. Key findings show that hard-to-reach groups like immigrants and the homeless seem willing to obtain care if they believe it is important, but any new detection/treatment ef -forts must go beyond current biomedical models to bio-

psychosocial models of the target populations' cultural values. Preliminary results also suggest that the best interventions for the homeless and immigrant populations will be a combination of, at least, monetary incentive and improved accessibility of care.

Tuberculosis in migrant populations. A systematic review of the qualitative literature.

B. Abarca Tomás, C. Pell, A. Bueno Cavanillas, J. Guillén Solvas, R. Pool, M. Roura

PLoS One 2013;8(12):e82440

<u>Abstract</u>

BACKGROUND: The re-emergence of tuberculosis (TB) in low-incidence countries and its disproportionate burden on immigrants is a public health concern posing specific social and ethical challenges. This review explores perceptions, knowledge, attitudes and treatment adherence behaviour relating to TB and their social implications as reported in the qualitative literature. METHODS: Systematic review in four electronic databases. Findings from thirty selected studies extracted, tabulated, compared and synthesized. FINDINGS: TB was attributed to many non-exclusive causes including air-born transmission of bacteria, genetics, malnutrition, excessive work, irresponsible lifestyles, casual contact with infected persons or objects; and exposure to low temperatures, dirt, stress and witchcraft. Perceived as curable but potentially lethal and highly contagious, there was confusion around a condition surrounded by fears. A range of economic, legislative, cultural, social and health system barriers could delay treatment seeking. Fears of deportation and having contacts traced could prevent individuals from seeking medical assistance. Once on treatment, family support and "the personal touch" of health providers emerged as key factors facilitating adhe-

rence. The concept of latent infection was difficult to comprehend and while TB screening was often seen as a socially responsible act, it could be perceived as discriminatory. Immigration and the infectiousness of TB mutually reinforced each another exacerbating stigma. This was further aggravated by indirect costs such as losing a job, being evicted by a landlord or not being able to attend school. CONCLUSIONS: Understanding immigrants' views of TB and the obstacles that they face when accessing the health system and adhering to a treatment programme-taking into consideration their previous experiences at countries of origin as well as the social, economic and legislative context in which they live at host countries - has an important role and should be considered in the design, evaluation and adaptation of programmes.

Active case finding for tuberculosis among high-risk groups in low-incidence countries.

D. Zenner, I. Southern, R. van Hest, G. DeVries, H.R. Stagg, D. Antoine, I. Abubakar

Int J Tuberc Lung Dis 2013; 17(5):573-82

Abstract

Introduction Most cases of Tuberculosis (TB) in low incidence countries arise in high-risk groups, such as migrants, or social risk groups. Increasingly, active case finding (ACF) initiatives amongst these groups are promoted in these settings. The aim of the review was to summarise the evidence for ACF interventions in low incidence countries. Methods We conducted a search on Medline (1966-2012), using a defined search strategy, to find ACF papers amongst social risk groups and migrants in low incidence countries and hand-searched reference lists of included papers and reviews.

Results We included 27 of 578 papers for social risk groups, and 7 of 198 papers not included in a recent systematic review (Klinkenberg, 2008). For social risk groups, the majority of studies (17 of 27) reported ACF in homeless persons, with a median of 726 (range 120-22,000) screenees, a median of 9.5 (range 0-313) detected cases and a yield of 0-6.0%. Other ACF settings included prisons (9 studies, median 11,576 screenees, yield 0.01-2.7%) and the drug user population (n=2). Among migrant studies, the overall median yield was 0.34% (a similar level to the 0.35% in the 2008 systematic review and 0.31% in the newer studies). Pre-entry screening had a significantly higher yield (1.21%). Discussion Despite the lack of randomised controlled trials, our review of observational studies demonstrated effectiveness of highly targeted interventions in high-risk groups. Further research to determine the best strategies for ACF in low incidence countries, and on the cost effectiveness of ACF, is needed.

Tuberculosis in Quebec: A review of trends.

A. Klotz, A. Harouna, A.F. Smith
Journal of Public Health Research 2012; 1(2): 158-64

Abstract

The aim of this research was to conduct a thorough review on the literature of tuberculosis in Canada and the Province of Quebec. To achieve this aim, an exhaustive literature review of tuberculosis in the Province of Quebec was undertaken. Data was collected with the goal of creating an epidemiological and public health evidence base to forecast the spread of tuberculosis. A keyword search strategy was used to find relevant articles fro m the peer-reviewed literature using the electronic search engine PubMed and a search of other relevant federal and provincial government databases. Twentynine peer-reviewed publications and twenty government reports containing information about the incidence or prevalence of tuberculosis in the Province of Quebec were included in the analysis. An analysis of the data revealed that while tuberculosis rates have been decreasing in both Canada and Quebec with an overall incidence below 3 per 100,000 of population in 2007, among immigrants and the Inuit communities in Quebec, the incidence and prevalence of the disease still remains high and reached 18 per 100,000 and 100 per 100,000, respectively in 2007. In general, while tuberculosis does not pose a significant burden to the general population, it does continue to affect certain sub-groups disproportionately, including select immigrants and Inuit communities in Quebec. Efforts to ensure that cost-effective healthcare interventions are delivered in a timely fashion should be pursued to reduce the associated morbidity and mortality of tuberculosis in the Province of Quebec.

Active screening at entry for tuberculosis among new immigrants: a systematic review and meta-analysis.

S Arshad, L Bavan, k Gajari, SNJ Paget, I Baussano

The European respiratory journal 2010; 35(6):1336-45

Abstract

Although there is no evidence that imported tuberculosis increases the incidence of the disease in host countries, the rise in migration worldwide raises concerns regarding the adequacy of surveillance and control of immigrant-associated tuberculosis in low incidence countries. Assessing the performance of screening of immigrants for tuberculosis is key to rationalizing control policies for the detec-

tion and management of immigrant-associated tuberculosis. We performed a systematic review and meta-analysis to determine the yield of active screening for tuberculosis among new immigrants at the point of entry. The yield for pulmonary tuberculosis was 3.5 cases per 1,000 screened (95% CI 2.9-4.1; I(2) = 94%); for refugees, asylum seekers and regular immigrants the estimates were 11.9 (95% CI 6.7-17.2; I(2) = 92%), 2.8 (95% CI 2.0-3.7; I(2) = 96%) and 2.7 (95% CI 2.0-3.4; I(2) = 81%), respectively. The yield estimates for immigrants from Europe, Africa and Asia were 2.4 (95% CI 1.3-3.4; I(2) = 51.5%), 6.5 (95% CI 3.2-10.0; I(2) = 62%) and 11.2 (95% CI 6.2-16.1; I(2) = 95%), respectively. These results provide useful data to inform the development of coherent policies and rational screening services for the detection of immigrant-associated tuberculosis.

LINEE GUIDA E DOCUMENTI DI INDIRIZZO

Tubercolosis

National Institute for Healthcare Excellence (NICE)
London: NICE; 2016

Disponibile su:
https://www.nice.org.uk/guidance/ng33/resources/tuberculosis-1837390683589

Good practices in strengthening health systems for the prevention and care of tuberculosis and drug-resistant tuberculosis

World Health Organization- Regional Office for Europe
Copenhagen: WHO; 2016

Disponibile su:
http://www.euro.who.int/__data/assets/pdf_file/0010/298198/Good-practices-strengthening-HS-prevention-care-TBC-and-drug-resistant-TBC.pdf?ua=1

Systematic screening for active tuberculosis: an operational guide
World Health Organization
Geneva: WHO; 2015

Disponibile su:
http://apps.who.int/iris/bitstream/10665/181164/1/9789241549172_eng.pdf?ua=1

Guidelines for screening for tuberculosis infection and disease during the domestic medical examination for newly arrived refugees
Centers for Disease Control and Prevention - National Center for Emerging and Zoonotic Infectious Diseases- Division of Global Migration and Quarantine
Atalanta: Centre for Disease Control and Prevention (CDC); 2015

Disponibile su:
http://www.cdc.gov/immigrantrefugeehealth/pdf/domestic-tuberculosis-refugee-health.pdf

Identifying and managing tuberculosis among hard-to-reach groups
National Institute for Healthcare Excellence (NICE)
London: NICE; 2012

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Aggiornamento delle raccomandazioni per le attività di controllo della tubercolosi. Politiche efficaci a contrastare la tubercolosi nella popolazione immigrata.
Ministero della Salute
Roma: Ministero della Salute; 2010

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http://www.salute.gov.it/imgs/C_17_pubblicazioni_1261_allegato.pdf

Epatiti virali

Epatiti virali

Revisioni sistematiche: 6

Linee Guida e documenti
di indirizzo: 2

REVISIONI

The seroprevalence of hepatitis C antibodies in immigrants and refugees from intermediate and high endemic countries: A systematic review and meta-analysis.

C. Greenaway, A.Thi Ma, L.A.Kloda, M. Klein, S. Cnossen, G. Schwarzer, I. Shrier

PLoS One 2015;10(11):e0141715

Abstract

BACKGROUND & AIMS: Hepatitis C virus (HCV) infection is a significant global health issue that leads to 350,000 preventable deaths annually due to associated cirrhosis and hepatocellular carcinoma (HCC). Immigrants and refugees (migrants) originating from intermediate/high HCV endemic countries are likely at increased risk for HCV infection due to HCV exposure in their countries of origin. The aim of this study was to estimate the HCV seroprevalence of the migrant population living in low HCV prevalence countries.

METHODS: Four electronic databases were searched from database inception until June 17, 2014 for studies reporting the prevalence of HCV antibodies among migrants. Seroprevalence estimates were pooled with a random-effect model and were stratified by age group, region of origin and migration status and a meta-regression was modeled to explore heterogeneity. RESULTS: Data from 50 studies representing 38,635 migrants from all world regions were included. The overall anti-HCV prevalence (representing previous and current infections) was 1.9% (95% CI, 1.4-2.7%, I2 96.1). Older age and region of origin, particularly Sub-Saharan Africa, Asia, and Eastern Europe were the strongest predictors of HCV seroprevalence. The estimated HCV sero-prevalence of migrants from these regions was >2% and is higher than that reported for most host populations. CONCLUSION: Adult migrants originating from Asia, Sub-Saharan Africa and Eastern Europe are at increased risk for HCV and may benefit from targeted HCV screening.

Illness perceptions and explanatory models of viral hepatitis B & C among immigrants and refugees: a narrative systematic review.

J.A. Owiti, T. Greenhalgh, L. Sweeney, G.R. Foster, K.S. Bhui

BMC Public Health 2015;15:151.

Abstract

BACKGROUND. Hepatitis B and C (HBV, HCV) infections are associated with high morbidity and mortality. Many countries with traditionally low prevalence (such as UK) are now planning interventions (screening, vaccination, and treatment) of high-risk immigrants from countries with high prevalence. This review aimed to synthesise the evidence on immigrants' knowledge of HBV and HCV that might influence the uptake of clinical interventions. The review was also used to inform the design and successful delivery of a randomised controlled trial of targeted screening and treatment. METHODS: Five databases (PubMed, CINHAL, SOCIOFILE, PsycINFO & Web of Science) were systematically searched, supplemented by reference tracking, searches of selected journals, and of relevant websites. We aimed to identify qualitative and quantitative studies that investigated knowledge of HBV and HCV among immigrants from high endemic areas to low endemic areas. Evidence, extracted according to a conceptual framework of Kleinman's explanatory model, was subjected to narrative synthesis. We adapted the PEN-3 model to categorise and analyse themes, and recommend strategies for interventions to influence help-seeking behaviour. RESULTS: We identified 51 publications including quantitative (n = 39), qualitative (n =

11), and mixed methods (n = 1) designs. Most of the quantitative studies included small samples and had heterogeneous methods and outcomes. The studies mainly concentrated on hepatitis B and ethnic groups of South East Asian immigrants residing in USA, Canada, and Australia. Many immigrants lacked adequate knowledge of aetiology, symptoms, transmission risk factors, prevention strategies, and treatment, of hepatitis HBV and HCV. Ethnicity, gender, better education, higher income, and English proficiency influenced variations in levels and forms of knowledge. CONCLUSION: Immigrants are vulnerable to HBV and HCV, and risk life-threatening complications from these infections because of poor knowledge and help-seeking behaviour. Primary studies in this area are extremely diverse and of variable quality precluding meta-analysis. Further research is needed outside North America and Australia.

Barriers to care and treatment for patients with chronic viral hepatitis in Europe: A systematic review.

G.V. Papatheodoridis, E. Tsochatzis, S. Hardtke, H. Wedemeyer

Liver International 2014;34(10):1452-63

Abstract

Background & Aims: Despite the availability of effective therapies for hepatitis B (HBV) and C virus (HCV), only a minority of these patients receive treatment. We systematically reviewed published data on barriers to management for chronic HBV/HCV patients in Europe. Methods: Literature search to identify studies including adult patients with chronic HBV/HCV infection from European countries and data on barriers to treatment. Results: Twenty-five studies including 6253 chronic HBV and 19 014 HCV patients were identified, of which only two were from Eastern Europe. The mean rate of no treatment in HBV patients was 42% being higher in North-Western

European countries than Italy (56% vs. 39%, P < 0.001). Immigrants represented the most common barrier to HBV treatment. The mean rate of no treatment in HCV RNA-positive patients was 57%, being highest in Romania (89%), intermediate in France (79%) and lower though still high in other European countries (52%, P < 0.001). The predominant barriers to HCV treatment were lack of financial resources in Romania and direct/indirect limitations of interferon-alfa and/or parenteral drug and alcohol abuse in other countries. The mean rate of no treatment was highest in HCV RNA-positive parenteral drug users (72%) and intermediate in those with HCV-HIV co-infection (64%). Conclusions: A substantial proportion of diagnosed chronic HBV and the majority of diagnosed HCV patients remain untreated. The rates and most importantly the reasons of barriers to treatment in chronic HBV/HCV patients vary widely among European countries supporting the need for country-specific national strategies, resource allocation and implementation of global management policies.

Infection with hepatitis B and C virus in Europe: a systematic review of prevalence and cost-effectiveness of screening.

S.J. Hahné, I. Veldhuijzen, L. Wiessing, T.A. Lim, M. Salminen, M.V. Laar
BMC Infect Dis 2013;13:181

Abstract

BACKGROUND: Treatment for chronic hepatitis B virus (HBV) and hepatitis C virus (HCV) infection is improving but not benefiting individuals unaware to be infected. To inform screening policies we assessed (1) the hepatitis B surface antigen (HBsAg) and anti-hepatitis C virus antibody (anti-HCV-Ab) prevalence for 34 European countries; and (2) the cost-effectiveness of screening for chronic HBV and HCV infection. METHODS: We searched peer-reviewed literature for data on HBsAg and anti-HCV-Ab prevalence and cost-effectiveness of screening of the general population and five sub-groups, and used data for people who inject drugs (PWID) and blood donors from two European organizations. Of 1759 and 468 papers found in the prevalence and cost-effectiveness searches respectively, we included 124 and 29 papers after assessing their quality. We used decision rules to calculate weighted prevalence estimates by country. RESULTS: The HBsAg and anti-HCV-Ab prevalence in the general population ranged from 0.1%-5.6% and 0.4%-5.2% respectively, by country. For PWID, men who have sex with men and migrants, the prevalence of HBsAg and anti-HCV-Ab was higher than the prevalence in the general population in all but 3 countries. There is evidence that HCV screening of PWID and HBsAg screening of pregnant women and migrants is cost-effective. CONCLUSION: The prevalence of chronic HBV and HCV infection varies widely between European countries. Anti-HCV-Ab screening of PWID and HBsAg screening of pregnant women and migrants have European public health priority. Cost-effectiveness analyses may need to take effect of antiviral treatment on preventing HBV and HCV transmission into account.

Seroprevalence of chronic hepatitis B virus infection and prior immunity in immigrants and refugees: a systematic review and meta-analysis.

C. Rossi, I. Shrier, L. Marshall, S. Cnossen, K. Schwartzman, M.B. Klein, G. Schwarzer, C. Greenaway

PLoS One 2012;7(9):e44611

Abstract

BACKGROUND: International migrants experience increased mortality from hepatocellular carcinoma compared to host populations,

largely due to undetected chronic hepatitis B infection (HBV). We conducted a systematic review of the seroprevalence of chronic HBV and prior immunity in migrants arriving in low HBV prevalence countries to identify those at highest risk in order to guide disease prevention and control strategies. METHODS AND FINDINGS: Medline, Medline In-Process, EMBASE and the Cochrane Database of Systematic Reviews were searched. Studies that reported HBV surface antigen or surface antibodies in migrants were included. The seroprevalence of chronic HBV and prior immunity were pooled by region of origin and immigrant class, using a random-effects model. A random-effects logistic regression was performed to explore heterogeneity. The number of chronically infected migrants in each immigrant-receiving country was estimated using the pooled HBV seroprevalences and country-specific census data. A total of 110 studies, representing 209,822 immigrants and refugees were included. The overall pooled seroprevalence of infection was 7.2% (95% CI: 6.3%-8.2%) and the sero-prevalence of prior immunity was 39.7% (95% CI: 35.7%-43.9%). HBV seroprevalence differed significantly by region of origin. Migrants from East Asia and Sub-Saharan Africa were at highest risk and migrants from Eastern Europe were at an intermediate risk of infection. Region of origin, refugee status and decade of study were independently associated with infection in the adjusted random-effects logistic model. Almost 3.5 million migrants (95% CI: 2.8-4.5 million) are estimated to be chronically infected with HBV. CONCLUSIONS: The seroprevalence of chronic HBV infection is high in migrants from most world regions, particularly among those from East Asia, Sub-Saharan Africa and Eastern Europe, and more than 50% were found to be susceptible to HBV. Targeted screening and vaccination of international migrants can become an important component of HBV disease control efforts in immigrant-receiving countries.

Prevalence of chronic hepatitis B among foreign-born persons living in the United States by country of origin.

K.V. Kowdley, C.C. Wang, S. Welch, H. Roberts,C. L. Brosgart

Hepatology 2012;56(2):422-33

Abstract

Estimates of the prevalence of chronic hepatitis B (CHB) in the United States differ significantly, and the contribution of foreign-born (FB) persons has not been adequately described. The aim of this study was to estimate the number of FB persons in the United States living with CHB by their country of origin. We performed a systematic review for reports of HBsAg seroprevalence rates in 102 countries (covering PubMed from 1980 to July 2010). Data from 1,373 articles meeting inclusion criteria were extracted into country -specific databases. We identified 256 sero-prevalence surveys in emigrants from 52 countries (including 689,078 persons) and 1,797 surveys in the general populations of 98 countries (including 17,861,035 persons). Surveys including individuals with lower or higher risk of CHB than the general population were excluded. Data were combined using meta-analytic methods to determine country-specific pooled CHB prevalence rates. Rates were multiplied by the number of FB living in the United States in 2009 by country of birth from the U.S. Census Bureau to yield the number of FB with CHB from each country. We estimate a total of 1.32 million (95% confidence interval: 1.04-1.61) FB in the United States living with CHB in 2009; 58% migrated from Asia and 11% migrated from Africa, where hepatitis B is highly endemic. Approximately 7% migrated from Central America, a region with lower CHB rates, but many more emigrants to the United States. This analysis suggests that the number of FB persons living with CHB in the United States may be significantly greater than previously reported. Assuming 300,000-

600,000 U.S.-born persons with CHB, the total prevalence of CHB in the United States may be as high as 2.2 million.

LINEE GUIDA E DOCUMENTI DI INDIRIZZO

Screening for hepatitis during the domestic medical examination for newly arrived refugees
Centers for Disease Control and Prevention - National Center for Emerging and Zoonotic Infectious Diseases- Division of Global Migration and Quarantine
Atalanta: Centre for Disease Control and Prevention (CDC); 2014

Disponibile su:
http://www.cdc.gov/immigrantrefugeehealth/pdf/domestic-hepatitis-screening-guidelines.pdf

Hepatitis B and C: ways to promote and offer testing to people at increased risk of infection
National Institute for Healthcare Excellence (NICE)
London: NICE; 2012

Disponibile su:
https://www.nice.org.uk/guidance/ph43/resources/hepatitis-b-and-c-testing-people-at-risk-of-infection-1996356260293

HIV / AIDS

HIV / AIDS

Revisioni sistematiche: 4

Linee Guida e documenti
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REVISIONI

HIV testing and counselling for migrant populations living in high-income countries: a systematic review.

D. Alvarez-del Arco, S. Monge, A. Azcoaga, I. Rio, V. Hernando, C. Gonzalez, B. Alejos, A.M. Caro, S. Perez-Cachafeiro, O. Ramirez-Rubio, F. Bolumar, T. Noori, J. Del Amo

Eur J Public Health 2013;23(6):1039-45

Abstract

BACKGROUND: The barriers to HIV testing and counselling that migrants encounter can jeopardize proactive HIV testing that relies on the fact that HIV testing must be linked to care. We analyse available evidence on HIV testing and counselling strategies targeting migrants and ethnic minorities in high-income countries. METHODS: Systematic literature review of the five main databases of articles in English from Europe, North America and Australia between 2005 and 2009. RESULTS: Of 1034 abstracts, 37 articles were selected. Migrants, mainly from HIV-endemic countries, are at risk of HIV infection and its consequences. The HIV prevalence among migrants is higher than the general population's, and migrants have higher frequency of delayed HIV diagnosis. For migrants from countries with low HIV prevalence and for ethnic minorities, socio-economic vulnerability puts them at risk of acquiring HIV. Migrants have specific legal and administrative impediments to accessing HIV testing-in some countries, undocumented migrants are not entitled to health care-as well as cultural and linguistic barriers, racism and xenophobia. Migrants and ethnic minorities fear stigma from their communities, yet community acceptance is key for well-being. CONCLUSIONS: Migrants and ethnic minorities should be offered HIV testing, but the barriers highlighted in this

review may deter programs from achieving the final goal, which is linking migrants and ethnic minorities to HIV clinical care under the public health perspective.

Systematic review examining differences in HIV, sexually transmitted infections and health-related harms between migrant and non-migrant female sex workers.

L. Platt, P. Grenfell, A. Fletcher, A. Sorhaindo, E. Jolley, T. Rhodes, C. Bonell

Sex Transm Infect 2013;89(4):311-9

Abstract

OBJECTIVES: To assess the evidence of differences in the risk of HIV, sexually transmitted infections (STI) and health-related behaviours between migrant and non-migrant female sex workers (FSWs). METHODS: Systematic review of published peer-reviewed articles that reported data on HIV, STIs or health-related harms among migrant compared with non-migrant FSWs. Studies were mapped to describe their methods and focus, with a narrative synthesis undertaken to describe the differences in outcomes by migration status overall and stratified by country of origin. Unadjusted ORs are presented graphically to describe differences in HIV and acute STIs among FSWs by migration and income of destination country. RESULTS: In general, migrant FSWs working in lower-income countries are more at risk of HIV than non-migrants, but migrants working in higher-income countries are at less risk. HIV prevalence was higher among migrant FSWs from Africa in high-income countries. Migrant FSWs in all countries are at an increased risk of acute STIs. Study designs, definitions of FSWs and recruitment methods are diverse. Behavioural data focussed on sexual risks. DISCUSSION: The lack of consistent differences in risk between migrants and non-migrants hi-

ghlights the importance of the local context in mediating risk among migrant FSWs. The higher prevalence of HIV among some FSWs originating from African countries is likely to be due to infection at home where HIV prevalence is high. There is a need for ongoing monitoring and research to understand the nature of risk among migrants, how it differs from that of local FSWs and changes over time to inform the delivery of services.

Labor migration and HIV risk: a systematic review of the literature.

S.M. Weine, A.B. Kashuba

AIDS Behav 2012;16(6):1605-21.

Abstract

To inform the development of multilevel strategies for addressing HIV risk among labor migrants, 97 articles from the health and social science literatures were systematically reviewed. The study locations were Africa (23 %), the Americas (26 %), Europe (7 %), South East Asia (21 %), and Western Pacific (24 %). Among the studies meeting inclusion criteria, HIV risk was associated with multilevel determinants at the levels of policy, sociocultural context, health and mental health, and sexual practices. The policy determinants most often associated with HIV risk were: prolonged and/or frequent absence, financial status, and difficult working and housing conditions. The sociocultural context determinants most often associated with HIV risk were: cultural norms, family separation, and low social support. The health and mental health factors most often associated with HIV risk were: substance use, other STIs, mental health problems, no HIV testing, and needle use. The sexual practices most often associated with increased HIV risk were: limited condom use, multiple partnering, clients of sex workers, low HIV know-

ledge, and low perceived HIV risk. Magnitude of effects through multivariate statistics were demonstrated more for health and mental health and sexual practices, than for policy or sociocultural context. The consistency of these findings across multiple diverse global labor migration sites underlines the need for multilevel intervention strategies. However, to better inform the development, implementation, and evaluation of multilevel interventions, additional research is needed that overcomes prior methodological limitations and focuses on building new contextually tailored interventions and policies.

Adherence to antiretroviral therapy and treatment outcomes among conflict-affected and forcibly displaced populations: a systematic review.

J.B. Mendelsohn, M. Schilperoord, P. Spiegel, D.A Ross1

Confl Health 2012;6(1):6-9

Abstract

BACKGROUND: Optimal adherence to highly active antiretroviral therapy (HAART) is required to promote viral suppression and to prevent disease progression and mortality. Forcibly displaced and conflict-affected populations may face challenges succeeding on HAART. We performed a systematic review of the literature on adherence to HAART and treatment outcomes in these groups, including refugees and internally-displaced persons (IDPs), assessed the quality of the evidence and suggest a future research program. METHODS: Medline, Embase, and Global Health databases for 1995-2011 were searched using the Ovid platform. A backward citation review of subsequent work that had cited the Ovid results was performed using the Web of Science database. ReliefWeb and Medecins Sans Frontieres (MSF) websites were searched for additional

grey literature. RESULTS AND CONCLUSION: We screened 297 records and identified 17 reports covering 15 quantitative and two qualitative studies from 13 countries. Three-quarters (11/15) of the quantitative studies were retrospective studies based on chart review; five studies included <100 clients. Adherence or treatment outcomes were reported in resettled refugees, conflict-affected persons, internally-displaced persons (IDPs), and combinations of refugees, IDPs and other foreign-born persons. The reviewed reports showed promise for conflict-affected and forcibly-displaced populations; the range of optimal adherence prevalence reported was 87-99.5%. Treatment outcomes, measured using virological, immunological and mortality estimates, were good in relation to non-affected groups. Given the diversity of settings where forcibly-displaced and conflict-affected persons access ART, further studies on adherence and treatment outcomes are needed to support scale-up and provide evidence-based justifications for inclusion of these vulnerable groups in national treatment plans. Future studies and program evaluations should focus on systematic monitoring of adherence and treatment interruptions by using facility-based pharmacy records, understanding threats to optimal adherence and timely linkage to care throughout the displacement cycle, and testing interventions designed to support adherence and treatment outcomes in these settings.

LINEE GUIDA E DOCUMENTI DI INDIRIZZO

Screening for HIV infection during the refugee domestic medical examination

Centers for Disease Control and Prevention - National Center for Emerging and Zoonotic Infectious Diseases- Division of Global Migration and Quarantine

Atalanta: Centre for Disease Control and Prevention (CDC); 2012

Disponibile su:
http://www.cdc.gov/immigrantrefugeehealth/pdf/hiv-screening-domestic-medical.pdf

Altre malattie infettive

Altre malattie infettive

Revisioni sistematiche: 6

Linee Guida e documenti
di indirizzo: 8

REVISIONI

Prevalence of Chagas Disease in Latin-American Migrants Living in Europe: A Systematic Review and Meta-analysis.

A. Requena-Mendez, E. Aldasoro, E. de Lazzari, E. Sicuri, M. Brown, D.A. Moore, J. Gascon, J. Munoz

PLoS Negl Trop Dis 2015;9(2):e0003540

Abstract

Few studies have assessed the burden of Chagas disease in non-endemic countries and most of them are based on prevalence estimates from Latin American (LA) countries that likely differ from the prevalence in migrants living in Europe. The aim of this study was to systematically review the existing data informing current understanding of the prevalence of Chagas disease in LA migrants living in European countries. We conducted a systematic review and meta-analysis of studies reporting prevalence of Chagas disease in European countries belonging to the European Union (EU) before 2004 in accordance with the MOOSE guidelines and based on the data-base sources MEDLINE and Global Health. No restrictions were placed on study date, study design or language of publication. The pooled prevalence was estimated using random effect models based on DerSimonian & Laird method. We identified 18 studies conducted in five European countries. The random effect pooled prevalence was 4.2% (95%CI:2.2-6.7%); and the heterogeneity of Chagas disease prevalence among studies was high (I2 = 97%,p<0.001). Migrants from Bolivia had the highest prevalence of Chagas disease (18.1%, 95%CI:13.9-22.7%). Prevalence of Chagas in LA migrants living in Europe is high, particularly in migrants from Bolivia and Paraguay. Data are highly heterogeneous dependent

upon country of origin and within studies of migrants from the same country of origin. Country-specific prevalence differs from the estimates available from LA countries. Our meta-analysis provides prevalence estimates of Chagas disease that should be used to estimate the burden of disease in European countries.

Towards a European Framework to Monitor Infectious Diseases among Migrant Populations: Design and Applicability.

F. Riccardo, M.G. Dente, T. Karki, M. Fabiani, C. Napoli, A. Chiarenza, P. Giorgi Rossi, C.V. Munoz, T. Noori, S. Declich

Int J Environ Res Public Health 2015;12(9):11640-61

Abstract

There are limitations in our capacity to interpret point estimates and trends of infectious diseases occurring among diverse migrant populations living in the European Union/European Economic Area (EU/EEA). The aim of this study was to design a data collection framework that could capture information on factors associated with increased risk to infectious diseases in migrant populations in the EU/EEA. The authors defined factors associated with increased risk according to a multi-dimensional framework and performed a systematic literature review in order to identify whether those factors well reflected the reported risk factors for infectious disease in these populations. Following this, the feasibility of applying this framework to relevant available EU/EEA data sources was assessed. The proposed multidimensional framework is well suited to capture the complexity and concurrence of these risk factors and in principle applicable in the EU/EEA. The authors conclude that adopting a multi-dimensional framework to monitor infectious diseases could favor the disaggregated collection and analysis of migrant health data.

How do economic crises affect migrants' risk of infectious disease? A systematic-narrative review.

A. Kentikelenis, M. Karanikolos, G. Williams, P. Mladovsky, L. King, A. Pharris, J.E. Suk , A. Hatzakis, M. McKee, T. Noori, D. Stuckler

Eur J Public Health 2015;25(6):937-44

Abstract

BACKGROUND: It is not well understood how economic crises affect infectious disease incidence and prevalence, particularly among vulnerable groups. Using a susceptible-infected-recovered framework, we systematically reviewed literature on the impact of the economic crises on infectious disease risks in migrants in Europe, focusing principally on HIV, TB, hepatitis and other STIs. METHODS: We conducted two searches in PubMed/Medline, Web of Science, Cochrane Library, Google Scholar, websites of key organizations and grey literature to identify how economic changes affect migrant populations and infectious disease. We perform a narrative synthesis in order to map critical pathways and identify hypotheses for subsequent research. RESULTS: The systematic review on links between economic crises and migrant health identified 653 studies through database searching; only seven met the inclusion criteria. Fourteen items were identified through further searches. The systematic review on links between economic crises and infectious disease identified 480 studies through database searching; 19 met the inclusion criteria. Eight items were identified through further searches. The reviews show that migrant populations in Europe appear disproportionately at risk of specific infectious diseases, and that economic crises and subsequent responses have tended to exacerbate such risks. Recessions lead to unemployment, impoverishment and other risk factors that can be linked to the transmissibil -ity of disease among migrants. Austerity measures that lead to

cuts in prevention and treatment programmes further exacerbate infectious disease risks among migrants. Non-governmental health service providers occasionally stepped in to cater to specific populations that include migrants. CONCLUSIONS: There is evidence that migrants are especially vulnerable to infectious disease during economic crises. Ring-fenced funding of prevention programs, including screening and treatment, is important for addressing this vulnerability.

Globalization of leptospirosis through travel and migration.

M. Bandara, M. Ananda, K. Wickramage, E. Berger, S. Agampodi
Global Health 2014;10:61

Abstract

Leptospirosis remains the most widespread zoonotic disease in the world, commonly found in tropical or temperate climates. While previous studies have offered insight into intranational and intraregional transmission, few have analyzed transmission across international borders. Our review aimed at examining the impact of human travel and migration on the re-emergence of Leptospirosis. Results suggest that alongside regional environmental and occupational exposure, international travel now constitute a major independent risk factor for disease acquisition. Contribution of travel associated leptospirosis to total caseload is as high as 41.7% in some countries. In countries where longitudinal data is available, a clear increase of proportion of travel-associated leptospirosis over the time is noted. Reporting patterns is clearly showing a gross underestimation of this disease due to lack of diagnostic facilities. The rise in global travel and eco-tourism has led to dramatic changes in the epidemiology of Leptospirosis. We explore the obstacles to prevention, screening and diagnosis of Leptopirosis in health systems

of endemic countries and of the returning migrant or traveler. We highlight the need for developing guidelines and preventive strategies of Leptospirosis related to travel and migration, including enhancing awareness of the disease among health professionals in high-income countries.

Impact of chagas disease in Bolivian immigrants living in Europe and the risk of stigmatization.

R.M. Ortí-Lucas, M.C. Parada-Barba, J. E. de la Rubia-Ortí, A. Carrillo-Ruiz, M. Beso-Delgado, A. L. Boone

J Parasitol Res 2014;2014:514794

Abstract

Background. The prevalence of Chagas disease in endemic countries varies with the kind of vector involved and the socioeconomic conditions of the population of origin. Due to recent immigration it is an emerging public health problem in Europe, especially in those countries which receive immigrant populations with a high prevalence of carriers. The study reviews the impact of the disease on Bolivian immigrants living in Europe, the preventive measures and regulations applied in European countries, and their repercussion on possible stigmatization of certain population groups. Methods. The Bolivian immigrant population resident in 2012 was estimated and the affected population in different European countries was calculated with data on carrier prevalence that were recently published. The preventive measures and regulations available in Europe were also reviewed. MEDLINE-PubMed, GoPubMed, and Embase were consulted for the literature review. Results. The Bolivian immigrant population has the highest prevalence of Chagas carriers (6.7%-25%) compared to the overall Latin American population (1.3%-2.4%). Only in Spain, France, Belgium, UK, Portugal, Italy, Switzerland, The Netherlands, and Germany, preventive measures are applied to this population. The established regulations are insufficient and completely different criteria are applied in the different countries and this could reflect a certain degree of stigmatization.

Who gets measles in Europe?

M. Muscat

J Infect Dis 2011; 204(1):S353-65

Abstract

Background. Measles outbreaks continue to occur in Europe as a result of suboptimum vaccination coverage. This article aims to describe individuals susceptible to measles, and provide an overview of affected groups and the public settings in which measles transmission occurred in Europe in 2005-2009. Methods. Individuals susceptible to measles were described and categorized on the basis of factors leading to nonvaccination and vaccine failure. A literature search was conducted to identify affected groups and public settings in which measles transmission occurred. Results. Most individuals susceptible to measles are previously uninfected and unvaccinated. The reasons for nonvaccination in individuals eligible for vaccination ranged from lack of information to poor access to health care. Several outbreaks have emerged in Roma and Sinti, Traveller, anthroposophic, and ultra-orthodox Jewish communities, and immigrants identifying them as being particularly at risk. Public settings for transmission included mostly educational and health care facilities. Conclusions. Improved efforts are needed to strengthen immunization programs, identify barriers for measles-containing vaccine uptake, and explore methods to target vulnerable populations that are not being reached with routine immunization delivery services. Specific measures are needed to prevent

and control measles in educational and health care facilities. Failure to identify who gets measles and implement the elimination strategies raises concerns for the successful and sustainable elimination of measles in Europe.

LINEE GUIDA E DOCUMENTI DI INDIRIZZO

Guidelines for evaluating and updating immunizations during the domestic medical examination for newly arrived refugees
Centers for Disease Control and Prevention - National Center for Emerging and Zoonotic Infectious Diseases- Division of Global Migration and Quarantine
Atalanta: Centre for Disease Control and Prevention (CDC); 2015

Disponibile su:
http://www.cdc.gov/immigrantrefugeehealth/pdf/immunizations-guidelines.pdf

Risk of importation and spread of malaria and other vector-borne diseases associated with the arrival of migrants to the EU- 21 October 2015
European Centre for Disease Prevention and Control.
Stockholm: ECDC; 2015

Disponibile su:
http://ecdc.europa.eu/en/publications/Publications/risk-malaria-vector-borne-diseases-associated-with-migrants-october-2015.pdf

Infectious Disease Assessment for Migrants
HPSC - Health Protection Surveillance System
Dublin: HPSC; 2015

Disponibile su:
https://www.hpsc.ie/A-Z/SpecificPopulations/Migrants/Guidance/File,14742,en.pdf

Protocollo operativo per il controllo delle malattie infettive e la profilassi immunitaria in relazione all'afflusso di immigrati

Regione del Veneto, Direzione Attuazione Programmazione Sanitaria - Settore Promozione e Sviluppo Igiene e Sanità Pubblica
Regione Veneto: 2014

Disponibile su:
http://repository.regione.veneto.it/public/2ab9a9def3c4c2ce6140dd9404517dd6.php?dl=true

Screening for sexually transmitted diseases during the domestic medical examination for newly arrived refugees

Centers for Disease Control and Prevention - National Center for Emerging and Zoonotic Infectious Diseases- Division of Global Migration and Quarantine
Atalanta: Centre for Disease Control and Prevention (CDC); 2014

Disponibile su:
http://www.cdc.gov/immigrantrefugeehealth/guidelines/domestic/sexually-transmitted-diseases/std-refugee-health-guidelines.pdf

Intestinal parasite guidelines for domestic medical examination for newly arrived refugees

Centers for Disease Control and Prevention - National Center for Emerging and Zoonotic Infectious Diseases- Division of Global Migration and Quarantine
Atalanta: Centre for Disease Control and Prevention (CDC); 2013

Disponibile su:
http://www.cdc.gov/immigrantrefugeehealth/pdf/intestinal-parasites-domestic.pdf

Domestic refugee health guidelines: malaria

Centers for Disease Control and Prevention - National Center for Emerging and Zoonotic Infectious Diseases- Division of Global Migration and Quarantine
Atalanta: Centre for Disease Control and Prevention (CDC); 2012
Disponibile su: http://www.cdc.gov/immigrantrefugeehealth/pdf/malaria-domestic.pdf

The Australasian Society for Infectious Diseases guidelines for the diagnosis, management and prevention of infections in recently arrived refugees: an abridged outline.

R.J. Murray, J.S. Davis,D.P. Burgner, Australasian Society for Infectious Diseases Refugee Health Guidelines Writing Group

Med J Aust 2009;190:421-5.

Abstract

About 13,000 refugees are currently accepted for migration into Australia each year, many of whom have spent protracted periods living in extremely disadvantaged circumstances. As a result, medical practitioners are increasingly managing recently arrived refugees with acute and chronic infectious diseases. The Australasian Society for Infectious Diseases has formulated guidelines for the diagnosis, management and prevention of infection in newly arrived refugees. This article is an abridged version of the guidelines, which are available in full at <http://www.asid.net.au>. All refugees should be offered a comprehensive health assessment, ideally within 1 month of arrival in Australia, that includes screening for and treatment of tuberculosis, malaria, blood-borne viral infections, schistosomiasis, helminth infection, sexually transmitted infections, and other infections (eg, Helicobacter pylori) as indicated by clinical assessment; and assessment of immunisation status, and catch-up immunisations where appropriate. The assessment can be undertaken by a general practitioner or within a multidisciplinary refugee health clinic, with use of an appropriate interpreter when required. The initial assessment should take place over at least two visits: the first for initial assessment and investigation and the second for review of results and treatment or referral.

Salute della donna

Salute della donna

Revisioni sistematiche: 16

Linee Guida e documenti
di indirizzo: 1

REVISIONI

Imaging surveillance programs for women at high breast cancer risk in Europe: Are women from ethnic minority groups adequately included? (Review).

K. Belkic, M. Cohen, B. Wilczek, S. Andersson, A.H. Berman, M. Márquez, V. Vukojević, M. Mints

International Journal of Oncology 2015;47(3):817-39

Abstract

Women from ethnic minority groups, including immigrants and refugees are reported to have low breast cancer (BC) screening rates. Active, culturally-sensitive outreach is vital for increasing participation of these women in BC screening programs. Women at high BC risk and who belong to an ethnic minority group are of special concern. Such women could benefit from ongoing trials aimed at optimizing screening strategies for early BC detection among those at increased BC risk. Considering the marked disparities in BC survival in Europe and its enormous and dynamic ethnic diversity, these issues are extremely timely for Europe. We systematically reviewed the literature concerning European surveillance studies that had imaging in the protocol and that targeted women at high BC risk. The aim of the present review was thereby to assess the likelihood that women at high BC risk from minority ethnic groups were adequately included in these surveillance programs. Twenty-seven research groups in Europe reported on their imaging surveillance programs for women at increased BC risk. The benefit of strategies such as inclusion of magnetic resonance imaging and/or more intensive screening was clearly documented for the participating women at increased BC risk. However, none of the reports indicated

that sufficient outreach was performed to ensure that women at increased BC risk from minority ethnic groups were adequately included in these surveillance programs. On the basis of this systematic review, we conclude that the specific screening needs of ethnic minority women at increased BC risk have not yet been met in Europe. Active, culturally-sensitive outreach is needed to identify minority women at increased BC risk and to facilitate their inclusion in ongoing surveillance programs. It is anticipated that these efforts would be most effective if coordinated with the development of European-wide, population-based approaches to BC screening.

Maternal mortality among migrants in Western Europe: a meta-analysis.

G.S. Pedersen, A. Grøntved, L.H. Mortensen, A.M. Nybo Andersen, J.Rich-Edwards

Matern Child Health J 2014;18:1628-38

Abstract

To examine whether an excess risk of maternal mortality exists among migrant women in Western Europe. We searched electronic databases for studies published 1970 through 2013 for all observational studies comparing maternal mortality between the host country and a defined migrant population. Results were derived from a random-effects meta-analysis, and statistical heterogeneity assessed by the I (2) statistic. In sub-analyses we also calculated summary estimates stratified by direct and indirect death causes. We included 13 studies with more than 42 million women and 4,995 maternal deaths. Compared with indigenous born women, the pooled risk estimate (RR) was 2.00 with 95 % confidence interval (CI) of 1.72, 2.33. Migrant women had a non-significantly higher risk of dying from direct than indirect death causes; pooled RRs of

2.65 CI 1.88, 3.74 and 1.83 CI 1.37, 2.45. This meta-analysis provides evidence that migrant women in Western European countries have an excess risk of maternal mortality.

A systematic review of perinatal depression interventions for adolescent mothers.

K. Lieberman, H.N. Le, D.F. Perry

Journal of Adolescence 2014;37(8):1227-35

Abstract

Poor, adolescent, racial/ethnic minority women are at great risk for developing perinatal depression. However, little research has been conducted evaluating interventions for this population. We conducted a systematic review of preventive and treatment interventions for perinatal depression tested with adolescents, with a focus on low income, minority populations. Nine research-based articles (including one that reported on two studies) were reviewed systematically, and quality ratings were assigned based on a validated measure assessing randomization, double-blinding, and reporting of participant withdrawals. Two treatment studies were identified, both of which were successful in reducing depression. Eight prevention studies were located, of which four were more efficacious than control conditions in preventing depression. Studies sampled mostly minority, low socioeconomic status adolescents. No consistent characteristics across efficacious interventions could be identified. This review underscores the need for researchers to further investigate and build an evidence base.

Prevalence, nature and determinants of postpartum mental

health problems among women who have migrated from South Asian to high-income countries: A systematic review of the evidence.

I. Nilaweera, F. Doran, J. Fisher

Journal of Affective Disorders 2014;166:213-26

Abstract

BACKGROUND Women of reproductive age constitute a significant proportion of immigrants from South Asia to high-income countries. Pregnancy, childbirth and the postpartum period place increased demands on women's psychological resources and relationships. The aim of this review was to evaluate the available evidence about the prevalence, nature and determinants of postpartum mental health problems among South Asian women who have migrated to high-income countries. METHODS Using a systematic strategy, CINAHL, Medline, PsychInfo and Web of Science databases were searched. RESULTS Fifteen studies conducted in different high -income countries met inclusion criteria. Prevalence estimates of clinically significant symptoms of postpartum depression (CSS-PPD) varied widely (1.9-52%): the most common estimates ranged from 5 to 20%. Five studies found approximately a two-fold increase in risk of CSS-PPD (Odds Ratios 1.8-2.5) among overseas born women with a South Asian subgroup. The most common determinants appeared to be social factors, including social isolation and quality of relationship with the partner. Barriers to accessing health care included lack of English language proficiency, unfamiliarity with local services and lack of attention to mental health and cultural factors by health care providers.

LIMITATIONS: The settings, recruitment strategies, inclusion and exclusion criteria, representative adequacy of the samples and assessment measures used in these studies varied widely. Many of

these studies did not use formally validated tools or undertake specific subgroup analyses. CONCLUSIONS: Reductions in postpartum depression could be achieved by increasing awareness of available services and ensuring health care professionals support the mental health of women from diverse cultural and linguistic backgrounds.

Breast cancer screening utilization among Eastern European immigrant women worldwide: A systematic literature review and a focus on psychosocial barriers.

V.A. Andreeva, P. Pokhrel

Psychooncology 2013;22(12):2664-75

Abstract

Objective Many countries host growing Eastern European immigrant communities whose breast cancer preventive behaviors are largely unknown. Thus, we aimed to synthesize current evidence regarding secondary prevention via breast cancer screening utilized by that population. Methods All observational, general population studies on breast cancer screening with Eastern European immigrant women and without any country, language, or age restrictions were identified. Screening modalities included breast self-examination, clinical breast examination, and mammography. Results The selected 30 studies were published between 1996 and 2013 and came from Australia, Canada, Denmark, Germany, Israel, the Netherlands, Spain, Switzerland, the UK, and the USA. The reported prevalence of monthly breast self-examination was 0-48%; for yearly clinical breast examination 27-54%; and for biennial mammography 0-71%. The substantial methodologic heterogeneity prevented a meta-analysis. Nonetheless, irrespective of host country, healthcare access, or educational level, the findings consistently indicated that Eastern European immigrant women underutilize breast cancer screening largely because of insufficient knowledge about early detection and an external locus of control regarding decision making in health matters. Conclusions This is a vulnerable population for whom the implementation of culturally tailored breast cancer screening programs is needed. As with other underscreened immigrant/minority groups, Eastern European women's inadequate engagement in prevention is troublesome as it points to susceptibility not only to cancer but also to other serious conditions for which personal action and responsibility are critical.

The Prevalence of Sexual Violence among Female Refugees in Complex Humanitarian Emergencies: a Systematic Review and Meta-analysis.

A.Vu, A. Adam, A. Wirtz, K. Pham , L. Rubenstein , N. Glass, C. Beyrer , S. Singh
PLoS Curr 2014;18:6

Abstract

IMPORTANCE: Refugees and internally displaced persons are highly vulnerable to sexual violence during conflict and subsequent displacement. However, accurate estimates of the prevalence of sexual violence among in these populations remain uncertain. OBJECTIVE: Our objective was to estimate the prevalence of sexual violence among refugees and displaced persons in complex humanitarian emergencies. DATA SOURCE: We conducted systematic review of relevant literature in multiple databases (EMBASE, CINAHL, and MEDLINE) through February 2013 to identify studies. We also reviewed reference lists of included articles to identify any missing sources. STUDY SELECTION: Inclusion criteria required identification of sexual violence among refugees and internally displaced

persons or those displaced by conflict in complex humanitarian settings. Studies were excluded if they did not provide female sexual violence prevalence, or that included only single case reports, anecdotes, and those that focused on displacement associated with natural disasters. After a review of 1175 citations 19 unique studies were selected. DATA EXTRACTION: Two reviewers worked independently to identify final selection and a third reviewer adjudicated any differences. Descriptive and quantitative information was extracted; prevalence estimates were synthesized. Heterogeneity was assessed using I2. MAIN OUTCOMES: The main outcome of interest was sexual violence among female refugees and internally displaced persons in complex humanitarian settings. RESULTS: The prevalence of sexual violence was estimated at 21.4% (95% CI, 14.9-28.7; I2=98.3%), using a random effects model. Statistical heterogeneity was noted with studies using probability sampling designs reporting lower prevalence of sexual violence (21.0%, 95% CI, 13.2-30.1; I2=98.6%), compared to lower quality studies (21.7%, 95% CI, 11.5-34.2; I2=97.4%). We could not rule out the presence of publication bias. CONCLUSIONS: The findings suggest that approximately one in five refugees or displaced women in complex humanitarian settings experienced sexual violence. However, this is likely an underestimation of the true prevalence given the multiple existing barriers associated with disclosure. The long-term health and social consequences of sexual violence for women and their families necessitate strategies to improve identification of survivors of sexual violence and increase prevention and response interventions in these complex settings.

Maternal healthcare in migrants: a systematic review.

L.M. Almeida, J. Caldas, D. Ayres-de-Campos, D. Salcedo-Barrientos, S. Dias
Matern Child Health J 2013;17(8):1346-54

Abstract

Pregnancy is a period of increased vulnerability for migrant women, and access to healthcare, use and quality of care provided during this period are important aspects to characterize the support provided to this population. A systematic review of the scientific literature contained in the MEDLINE and SCOPUS databases was carried out, searching for population based studies published between 1990 and 2012 and reporting on maternal healthcare in immigrant populations. A total of 854 articles were retrieved and 30 publications met the inclusion criteria, being included in the final evaluation. The majority of studies point to a higher health risk profile in immigrants, with an increased incidence of co-morbidity in some populations, reduced access to health facilities particularly in illegal immigrants, poor communication between women and caregivers, a lower rate of obstetrical interventions, a higher incidence of stillbirth and early neonatal death, an increased risk of maternal death, and a higher incidence of postpartum depression. Incidences vary widely among different population groups. Some migrant populations are at a higher risk of serious complications during pregnancy, for reasons that include reduced access and use of healthcare facilities, as well as less optimal care, resulting in a higher incidence of adverse outcomes. Tackling these problems and achieving equality of care for all is a challenging aim for public healthcare services.

Abused South asian women in westernized countries and their experiences seeking help.

D. Finfgeld-Connett, E. D. Johnson

Issues Ment Health Nurs 2013;34(12):863-73

Abstract

The aims of this qualitative systematic review were to better understand domestic abuse among South Asian (SA) women in westernized locales and to make evidence-based inferences related to helping services. Thirty English-language research reports met the inclusion criteria. Findings were extracted, assessed for quality, and analyzed using an iterative approach. Based on the results, domestic abuse appears to be grounded in the context of SA mores and the experience of immigration. Situational circumstances and language barriers make it difficult for SA women to reach and utilize helping services. Nurses are urged to consider these barriers as they assist SA immigrant women to enhance their well-being.

Migrant women's utilization of prenatal care: a systematic review.

M. Heaman, H. Bayrampour, D. Kingston, B. Blondel, M. Gissler, C. Roth, S. Alexander, A. Gagnon

Matern Child Health J 2013;17(5):816-36

Abstract

Our objectives were to determine whether migrant women in Western industrialized countries have higher odds of inadequate prenatal care (PNC) compared to receiving-country women and to summarize factors that are associated with inadequate PNC among migrant women in these countries. We conducted searches of electronic databases (MEDLINE, EMBASE, and PsycINFO), reference lists, known experts, and an existing database of the Reproductive Outcomes And Migration international research collaboration for articles published between January, 1995 and April, 2010. Title and abstract review and quality appraisal were conducted independently by 2 reviewers using established criteria, with consensus achieved through discussion. In this systematic review of 29 studies, the majority of studies demonstrated that migrant women were more likely to receive inadequate PNC than receiving-country women, with most reporting moderate to large effect sizes. Rates of inadequate PNC among migrant women varied widely by country of birth. Only three studies explored predictors of inadequate PNC among migrant women. These studies found that inadequate PNC among migrant women was associated with being less than 20 years of age, multiparous, single, having poor or fair language proficiency, education less than 5 years, an unplanned pregnancy, and not having health insurance. We concluded that migrant women as a whole were more likely to have inadequate PNC and the magnitude of this risk differed by country of origin. Few studies addressed predictors of PNC utilization in migrant women and this limits our ability to provide effective PNC in this population.

Systematic review of prevention and management strategies for the consequences of gender-based violence in refugee settings.

R. Asgary, E. Emery, M. Wong

Int Health 2013;5(2):85-91

Abstract

Uncertainties continue regarding effective strategies to prevent and address the consequences of gender-based violence (GBV) among refugees. The databases of PubMed, Cochrane Library, Scopus, PsycINFO, Web of Science, Anthropology Plus, EMBASE, DARE, Goo-

gle Scholar, MSF Field Research, UNHCR and the regional and global indices of the WHO Global Health Library were searched twice within a 6-month period (April and September 2011) for English-language clinical, public health, basic and social science studies evaluating strategies to prevent and manage health sequelae of GBV among refugees before September 2011. Studies not primarily about prevention and treatment, and not describing population, health outcome and interventions, were excluded. The literature search for the prevention and management arms produced 1212 and 1106 results, respectively. After reviewing the titles and abstracts, 29 and 27 articles were selected for review in their entirety, none of which met the inclusion criteria. Multiple panels of expert recommendations and guidelines were not supported by primary data on actual displaced populations. There is a dire need for research that evaluates the efficacy and effectiveness of various responses to GBV to ultimately allow a transition from largely theoretical and expertise driven to a more evidence-based field. We recommend strategies to improve data collection and to overcome barriers in primary data driven research.

International migration and caesarean birth: a systematic review and meta-analysis.

L. Merry, R. Small, B. Blondel, A.J. Gagnon

BMC Pregnancy Childbirth 2013;13:27

Abstract

BACKGROUND: Perinatal health disparities including disparities in caesarean births have been observed between migrant and non-migrant women and some literature suggests that non-medical factors may be implicated. A systematic review was conducted to determine if migrants in Western industrialized countries consistently have different rates of caesarean than receiving-country-born women and to identify the reasons that explain these differences. METHODS: Reports were identified by searching 12 literature databases (from inception to January 2012; no language limits) and the web, by bibliographic citation hand-searches and through key informants. Studies that compared caesarean rates between international migrants and non-migrants living in industrialized countries and that did not have a 'fatal flaw' according to the US Preventative Services Task Force criteria were included. Studies were summarized, analyzed descriptively and where possible, meta-analyzed. RESULTS: Seventy-six studies met inclusion criteria. Caesarean rates between migrants and non-migrants differed in 69% of studies. Meta-analyses revealed consistently higher overall caesarean rates for Sub-Saharan African, Somali and South Asian women; higher emergency rates for North African/West Asian and Latin American women; and lower overall rates for Eastern European and Vietnamese women. Evidence to explain the consistently different rates was limited. Frequently postulated risk factors for caesarean included: language/communication barriers, low SES, poor maternal health, GDM/high BMI, feto-pelvic disproportion, and inadequate prenatal care. Suggested protective factors included: a healthy immigrant effect, preference for a vaginal birth, a healthier lifestyle, younger mothers and the use of fewer interventions during childbirth. CONCLUSION: Certain groups of international migrants consistently have different caesarean rates than receiving-country-born women. There is insufficient evidence to explain the observed differences.

Contradictions and conflict: a meta-ethnographic study of migrant women's experiences of breastfeeding in a new country.

V. Schmied, H. Olley, E. Burns, M. Duff, C.L. Dennis, H.G. Dahlen

BMC Pregnancy and Childbirth 2012;12-163

Abstract

BACKGROUND: Studies report mixed findings about rates of both exclusive and partial breast-feeding amongst women who are migrants or refugees in high income countries. It is important to understand the beliefs and experiences that impact on migrant and refugee women's infant feeding decisions in order to appropriately support women to breastfeed in a new country. The aim of this paper is to report the findings of a meta-ethnographic study that explored migrant and refugee women's experiences and practices related to breastfeeding in a new country. METHODS: CINAHL, MEDLINE, PubMed, SCOPUS and the Cochrane Library with Full Text databases were searched for the period January 2000 to May 2012. Out of 2355 papers retrieved 11 met the inclusion criteria. A meta-ethnographic synthesis was undertaken using the analytic strategies and theme synthesis techniques of reciprocal translation and refutational investigation. Quality appraisal was undertaken using the Critical Appraisal Skills Programme (CASP) tool. RESULTS: Eight qualitative studies and three studies reporting both qualitative and quantitative data were included and one overarching theme emerged: 'Breastfeeding in a new country: facing contradictions and conflict'. This theme comprised four sub-themes 'Mother's milk is best'; 'Contradictions and conflict in breastfeeding practices'; 'Producing breast milk requires energy and good health'; and 'The dominant role of female relatives'. Migrant women who valued, but did not have access to, traditional postpartum practices, were more likely to cease breastfeeding. Women reported a clash between their individual beliefs and practices and the dominant practices in the new country, and also a tension with family members either in the country of origin or in the new country. CONCLUSION: Migrant

women experience tensions in their breast-feeding experience and require support from professionals who can sensitively address their individual needs. Strategies to engage grandmothers in educational opportunities may offer a novel approach to breastfeeding support.

Immigrant and refugee women's post-partum depression help-seeking experiences and access to care: a review and analysis of the literature.

J.O'Mahony, T. Donnely

Journal of Psychiatric and Mental Health Nursing 2010;17(10):917-28

Abstract

ACCESSIBLE SUMMARY: .bul. This literature review on post-partum depression (PPD) presents an analysis of the literature about PPD and the positive and negative factors, which may influence immigrant and refugee women's health seeking behaviour and decision making about post-partum care. .bul. A critical review of English language peer-reviewed publications from 1988 to 2008 was done by the researchers as part of a qualitative research study conducted in a western province of Canada. The overall goal of the study is to raise awareness and understanding of what would be helpful in meeting the mental health needs of the immigrant and refugee women during the post-partum period. .bul. Several online databases were searched: Cumulative Index to Nursing and Allied Health Literature (CINAHL), PsycINFO, MEDLINE (Ovid), EBM Reviews - Cochrane Database of Systematic Reviews. .bul. Review of the literature suggests: 1 Needs, issues and specific risk factors for PPD among immigrant and refugee women have been limited. 2 Descriptive accounts regarding culture and PPD are found in the literature but

impact of cultural factors upon PPD has not been well studied. 3 Few studies look at how social support, gender, and larger institutions or organizational structures may affect immigrant and refugee women's help-seeking and access to mental health care services. 4 More research is needed to hear the immigrant and refugee women's ideas about their social support needs, the difficulties they experience and their preferred ways of getting help with PPD. ABSTRACT: This review and analysis of the literature is about the phenomenon of post-partum depression (PPD) and the barriers and facilitators, which may influence immigrant and refugee women's health seeking behaviour and decision making about postpartum care. As part of a qualitative research study conducted in a western province of Canada a critical review of English language peer-reviewed publications from 1988 to 2008 was undertaken by the researchers. The overall goal of the study is to raise awareness and understanding of what would be helpful in meeting the mental health needs of the immigrant and refugee women during the postpartum period. Several online databases were searched: Cumulative Index to Nursing and Allied Health Literature (CINAHL), PsycINFO, MEDLINE (Ovid), EBM Reviews - Cochrane Database of Systematic Reviews. Findings suggest: (1) needs, issues and specific risk factors for PPD among immigrant and refugee women have been limited; (2) descriptive accounts regarding culture and PPD are found in the literature but impact of cultural factors upon PPD has not been well investigated; (3) few studies examine how social support, gender, institutional and organizational structures present barriers to the women's health seeking behaviour; and (4) additional research is required to evaluate immigrant and refugee women's perspectives about their social support needs, the barriers they experience and their preferred support interventions.

International migration and adverse birth outcomes: role of ethnicity, region of origin and destination.

M.L. Urquia, R.H. Glazier,B. Blondel, J. Zeitlin, M. Gissler, A. Macfarlane, E. Ng, M. Heaman,B. Stray-Pedersen, A.J. Gagnon, for the ROAM collaboration

J Epidemiol Community Health 2010:64:243-51

Abstract
BACKGROUND: The literature on international migration and birth outcomes shows mixed results. This study examined whether low birth weight (LBW) and preterm birth differed between non-migrants and migrant subgroups, defined by race/ethnicity and world region of origin and destination. METHODS: A systematic review and meta-regression analyses were conducted using three-level logistic models to account for the heterogeneity between studies and between subgroups within studies. RESULTS: Twenty-four studies, involving more than 30 million singleton births, met the inclusion criteria. Compared with US-born black women, black migrant women were at lower odds of delivering LBW and preterm birth babies. Hispanic migrants also exhibited lower odds for these outcomes, but Asian and white migrants did not. Sub-Saharan African and Latin-American and Caribbean women were at higher odds of delivering LBW babies in Europe but not in the USA and south-central Asians were at higher odds in both continents, compared with the native-born populations. CONCLUSIONS: The association between migration and adverse birth outcomes varies by migrant subgroup and it is sensitive to the definition of the migrant and reference groups.

A qualitative review of migrant women's perceptions of their

needs and experiences related to pregnancy and childbirth.

M.C. Balaam, K. Akerjordet, A. Lyberg, B. Kaiser, E. Schoening,A.M. Fredriksen, A. Ensel, O. Gouni, E. Severinsson.

J Adv Nurs 2013;69:1919-30

Abstract

AIM: A synthesis of the evidence of migrant women's perceptions of their needs and experiences in relation to pregnancy and childbirth. BACKGROUND: Despite the fact that all European Union member states have ratified human rights-based resolutions aimed at non-discrimination, there is a relationship between social inequality and access to pre-, intra-, and postpartum care. DESIGN: A qualitative systematic review of studies from European countries. DATA SOURCES: A search was made for relevant articles published between January 1996-June 2010. REVIEW METHODS: Data were analysed by means of thematic synthesis. RESULTS: Sixteen articles were selected, analysed, and synthesized. One overall theme; 'Preserving one's integrity in the new country' revealed two key aspects; 'Struggling to find meaning' and 'Caring relationships'. 'Struggling to find meaning' comprised four sub-themes; 'Communication and connection', 'Striving to cope and manage', 'Struggling to achieve a safe pregnancy and childbirth', and 'Maintaining bodily integrity'. 'Caring relationships' was based on the following three sub-themes: 'Sources of strength', 'Organizational barriers to maternity care', and 'The nature and quality of caring relationships'. CONCLUSION: The results of this review demonstrate that migrant women are in a vulnerable situation when pregnant and giving birth and that their access to health services must be improved to better meet their needs. Research is required to develop continuity of care and improve integrated ma-

ternal care.

International migration and gestational diabetes mellitus: a systematic review of the literature and meta-analysis.

A.J. Gagnon, S. McDermott, J. Rigol-Chachamovich, M. Bandyopadhyay, B. Stray-Pederseng, D. Stewarte for the ROAM Collaboration

Paediatric and Perinatal Epidemiology 2011;25(6):575-92

Abstract

Influxes of migrant women of childbearing age to receiving countries have made their perinatal health status a key priority for many governments. The international research collaboration Reproductive Outcomes And Migration (ROAM) reviewed published studies to assess whether migrants in countries of resettlement have a greater risk of gestational diabetes mellitus (GDM) than women in receiving countries. A systematic review of the literature from Medline, Embase, PsychInfo and CINAHL from 1990 to 2009 included studies of migrant women and GDM. Studies were excluded if there was no cross-border movement or comparison group or if the receiving country was not the country of resettlement. Studies were assessed for quality, analysed descriptively and meta-analysed. Twenty-four reports (representing >120,000 migrants) met our inclusion criteria. Migrants were described primarily by geographic origin; other relevant aspects (e.g. time in country, language fluency) were rarely studied. Migrants' results for GDM were worse than those for receiving-country women in 79% of all studies. Meta-analyses showed that, compared with receiving-country women, Caribbean, African, European and Northern European women were at greater risk of GDM, while North Africans and North Americans had risks similar to receiving-country women. Although results of the 31 com-

parisons of Asians, East Africans or non-Australian Oceanians were too heterogeneous to provide a single GDM risk estimate for migrant women, only one comparison was below the receiving-country comparison group, all others presented a higher risk estimate. The majority of women migrants to resettlement countries are at greater risk for GDM than women resident in receiving countries. Research using clear, specific migrant definitions, adjusting for relevant risk factors and including other aspects of migration experiences is needed to confirm and understand these findings.

LINEE GUIDA E DOCUMENTI DI INDIRIZZO

Pregnancy and complex social factors. A model for service provision for pregnant women with complex social factors.
National Institute for Healthcare Excellence (NICE)
London: NICE; 2010

Disponibile su:
https://www.nice.org.uk/guidance/cg110/resources/pregnancy-and-complex-social-factors-a-model-for-service-provision-for-pregnant-women-with-complex-social-factors-35109382718149

Salute del bambino e dell’adolescente

Salute del bambino
e dell’adolescente

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REVISIONI

Maternal migration and autism risk: Systematic analysis.

D. Crafa, N. Warfa

International Review of Psychiatry 2015;27(1):64-71

Abstract

Autism (AUT) is one of the most prevalent developmental disorders emerging during childhood, and can be amongst the most incapacitating mental disorders. Some individuals with AUT require a lifetime of supervised care. Autism Speaks reported estimated costs for 2012 at ⌋34 billion in the UK; and \$3.2 million-\$126 billion in the US, Australia and Canada. Ethnicity and migration experiences appear to increase risks of AUT and relate to underlying biological risk factors. Sociobiological stress factors can affect the uterine environment, or relate to stress-induced epigenetic changes during pregnancy and delivery. Epigenetic risk factors associated with AUT also include poor pregnancy conditions, low birth weight, and congenital malformation. Recent studies report that children from migrant communities are at higher risk of AUT than children born to non-migrant mothers, with the exception of Hispanic children. This paper provides the first systematic review into prevalence and predictors of AUT with a particular focus on maternal migration stressors and epigenetic risk factors. AUT rates appear higher in certain migrant communities, potentially relating to epigenetic changes after stressful experiences. Although AUT remains a rare disorder, failures to recognize its public health urgency and local community needs continue to leave certain cultural groups at a disadvantage.

Health, growth and psychosocial adaptation of immigrant children.

E. Gualdi-Russo, S. Toselli, S. Masotti, D. Marzouk, K. Sundquist, J. Sundquist

Eur J Public Health 2014;24Suppl1:16-25

Abstract

The increasing population diversity in Europe demands clarification of possible ethnic influences on the growth and health of immigrant children and their psychosocial adaptation to the host countries. This article assesses recent data on immigrant children in Europe in comparison to European natives by means of a systematic review of the literature on growth patterns and data on children's health and adaptation. There were wide variations across countries in growth patterns and development of immigrant children and natives, with different trends in Central and Northern Europe with respect to Southern Europe. In general, age at menarche was lower in immigrant girls, while male pubertal progression seemed faster in immigrants than in European natives, even when puberty began after. Owing to the significant differences in anthropometric traits (mainly stature and weight), new reference growth curves for immigrant children were constructed for the largest minority groups in Central Europe. Possible negative effects on growth, health and psychosocial adaptation were pointed out for immigrant children living in low income, disadvantaged communities with a high prevalence of poor lifestyle habits. In conclusion, this review provides a framework for the health and growth of immigrant children in Europe in comparison to native-born children: the differences among European countries in growth and development of migrants and non-migrants are closely related to the clear anthropological diffe-

rences among the ethnic groups due to genetic influences. Higher morbidity and mortality was frequently associated with the minority status of these children and their low socio-economic status. The observed ethnic differences in health reveal the need for adequate health care in all groups. Therefore, we provide suggestions for the development of health care strategies in Europe.

Assessing the cultural competence of oral health research conducted with migrant children.

E. Riggs, M. Gussy, L. Gibbs, C. van Gemert, E. Waters, N. Priest, R. Watt, A. M. Renzaho, N. Kilpatrick

Community Dent Oral Epidemiol 2014;42(1):43-52

Abstract

OBJECTIVES: Traditional assessment of research quality addresses aspects of scientific rigor, however, ensuring barriers to participation by people of different cultural backgrounds are addressed requires cultural competence. The aim of this research was to assess the cultural competence of oral health research conducted with migrant children. METHODS: A protocol was developed with explicit inclusion and exclusion criteria. Electronic databases were searched from 1995 to 2009. Each study was assessed for cultural competence using the assessment criteria and a template developed as a proof-of-concept approach. RESULTS: Of the 2059 articles identified, 58 met inclusion criteria (n = 48 studies). There were four (8.3%) cohort studies, five (10.4%) intervention studies, 37 (77.1%) quantitative cross-sectional studies, and two (4.2%) were qualitative studies. Overall, migrant children had worse oral health outcomes in all studies compared with their host-country counterparts. All studies rated poorly in the cultural competence assessment.

CONCLUSIONS: Appropriate inclusion of all potentially vulnerable groups in research will result in better estimates and understandings of oral health, and more reliable recommendations for prevention and management.

Emotional and behavioral problems in migrant children and adolescents in Europe: a systematic review.

E. Belhadj Kouider, U. Koglin, F. Petermann

Eur Child Adolesc Psychiatry 2014;23:373-91

Abstract

Based on findings of Stevens and Vollebergh [69], who analyzed cross-cultural topics, this review considers the current prevalence of emotional and behavioral problems of native children and adolescents in comparison with children with a migration background in European countries. 36 studies published from 2007 up to 2013 chosen from a systematic literature research were included and analyzed in their perspective design in detail. Previous studies showed great differences in their results: Especially in Germany, many studies compare the heterogeneous group of immigrant children with native children to analyze an ethnic minority or migration process effect. Only a British and Turkish study demonstrates the selection effect in migration. Most Dutch or British studies examined different ethnic groups, e.g. Turkish, Moroccan, Surinamese, Pakistani, Indian or Black migrant children and adolescents. Migrant childhood in Europe could be declared a risk in increasing internalizing problem behavior while the prevalent rate in externalizing problem behavior was comparable between native and migrant children. A migration status itself can often be postulated as a risk factor for children's mental condition, in particular migration in first

generation. Furthermore, several major influence factors in migrant children's mental health could be pointed out, such as a low socio-economic status, a Non-European origin, an uncertain cultural identity of the parents, maternal harsh parenting or inadequate parental occupation, a minority status, the younger age, gender effects or a specific culture declaration in diseases.

The social determinants of health of the child-adolescent immigration and its influence on the nutritional status: systematic review.

K. Cheikh Moussa, J. Sanz-Valero, C. Wanden-Berghe

Nutr Hosp 2014;30(5):1008-19

Abstract

Background and objectives: The aim of this study is to review the most characteristic social determinants of health of the child-adolescent immigration-using a revision of the scientific literature and to evaluate its effect on the nutritional status. Methods: A Systematic review was carried out in the bibliographic databases below: MEDLINE (via Pubmed) y The Cochrane Library, using (MeSH) descriptors "Emigrants and Immigrants", "Socioeconomic Factors", "Cultural Characteristics", "Social Class", "Nutritional Status", "Overweight", "Obesity", "Body Mass Index", "Body Weight Changes" y "Cohort Studies". Humans limit was used. An information control quality was performed using Strengthening the Reporting of Observational Studies in Epidemiology Guidelines (STROBE). As social determinants of health, the economic and socio-demographic factors were considered to evaluate its effect. Results: Inclusion and exclusion criteria were used for the selection of 18 studies. The protective effect of the immigrant status characterized by the alimentary

culture and linguistic isolation protects the first generation of overweight/obesity risk, while due the acculturation process the second and third generations are equalized in the gain of weight to the native population. Among ethnic groups, the overweight and later obesity prevalence is higher in the Hispanic population of the USA. No relation was found-between the studies-about differences in the nutritional status among sexes and about the protective effect of food aid programs. Conclusions: The most influential social determinants of health on the child-adolescent generation were the socio-demographic conditions, between them: the length of stay differs among the three generations identified in the studies, whereas the linguistic isolation and ethnicity are truly the impacting ones on the biological response to the change experienced by acculturation, establishing differences in nutritional status.

Instruments measuring externalizing mental health problems in immigrant ethnic minority youths: a systematic review of measurement properties.

C.H. Paalman, C.B. Terwee, E.P. Jansma, L.M. Jansen

PLoS One 2013;8(5):e63109

Abstract

BACKGROUND: Little is known about reliability and validity of instruments measuring externalizing mental health problems in immigrant ethnic minority youths. AIMS: To provide an overview of studies on measurement properties of instruments measuring these problems in immigrant ethnic minority youths, their methodological quality and results. METHODS: A systematic review of the literature in MEDLINE, EMbase, PsycINFO and Cochrane Library was performed. Evaluation of methodological quality of studies found was done by using the 'COSMIN-checklist'. Full text, original articles, published in English after 1990 were included. Articles had to concern the development or evaluation of the measurement properties of self-reported, parent-reported and/or teacher- or clinician-reported questionnaires assessing or screening externalizing mental health problems in immigrant ethnic minority youths. Specific results of analyses on (an) immigrant ethnic minority group had to be given. RESULTS: Twenty-nine studies evaluating 18 instruments met our criteria. Most studies concerned instruments with known validity in Western populations, tested mainly in African Americans. Considering methodological quality, inequivalences between ethnicities were found, self-reports seemed to perform better, and administration of an instrument influenced reliability and validity. CONCLUSION: It seems that the majority of instruments for assessing externalizing problems in immigrant ethnic minority youths is currently not sufficiently validated. Further evaluating existing instruments is crucial to accurately assess and interpreted externalizing problems in immigrant ethnic minority youths.

The health of migrant children in Switzerland.

F.N. Jaeger, M. Hossain, L. Kiss, C. Zimmerman

Int J Public Health 2012;57(4):659-71

Abstract

OBJECTIVE: Over 22 % of children and adolescents living in Switzerland have a migrant background. The aim of this systematic literature review is to give an overview of health needs of paediatric migrants in Switzerland. METHODS: Three databases (Embase, Medline, Global health) were systematically searched for quantitative primary research on the health outcomes of migrant minors (<18-year old) in Switzerland, including articles published since 2000 in French, German, Italian or English. Citation chasing and search of non-indexed literature was also performed. RESULTS: Thirty publications were identified. Compared to their Swiss peers, migrant children had higher hospitalisation (+40 %) and intensive care admission rates, more dental cavities, twice the odds of being obese, and migrant adolescents seemed more frequently affected by psychological problems and twice as often requesting abortions. Certain infectious diseases (tuberculosis, intestinal parasites, H. pylori infection, Hepatitis A) were more prevalent. Increased neonatal and infant mortality rates were found in Turkish and African babies. CONCLUSION: Children of migrants may have distinct health needs. They should benefit from migrant paediatric care and health promotion activities that recognise these.

Mental health of displaced and refugee children resettled in high-income countries: risk and protective factors.

M. Fazel, R.V. Reed, C. Panter-Brick, A. Stein

Lancet 2012;379:266-82

Abstract

We undertook a systematic search and review of individual, family, community, and societal risk and protective factors for mental health in children and adolescents who are forcibly displaced to high-income countries. Exposure to violence has been shown to be a key risk factor, whereas stable settlement and social support in the host country have a positive effect on the child's psychological functioning. Further research is needed to identify the relevant processes, contexts, and interplay between the many predictor variables hitherto identified as affecting mental health vulnerability

and resilience. Research designs are needed that enable longitudinal investigation of individual, community, and societal contexts, rather than designs restricted to investigation of the associations between adverse exposures and psychological symptoms. We emphasise the need to develop comprehensive policies to ensure a rapid resolution of asylum claims and the effective integration of internally displaced and refugee children.

Mental health of displaced and refugee children resettled in low-income and middle-income countries: risk and protective factors.

R.V. Reed, M. Fazel, L. Jones, C. Panter-Brick, A. Stein

Lancet 2012;379:250-65

Abstract

Children and adolescents who are forcibly displaced represent almost half the world's internally displaced and refugee populations. We undertook a two-part systematic search and review of the evidence-base for individual, family, community, and societal risk and protective factors for the mental health outcomes of children and adolescents. Here we review data for displacement to low-income and middle-income settings. We draw together the main findings from reports to identify important issues and establish recommendations for future work. We draw attention to exposure to violence as a well established risk factor for poor mental health. We note the paucity of research into predictor variables other than those in the individual domain and the neglect of other variables for the assessment of causal associations, including potential mediators and moderators identifiable in longitudinal work. We conclude with research and policy recommendations to guide the development and assessment of effective interventions.

Differences in overweight and obesity among children from migrant and native origin: a systematic review of the European literature.

L J W Labree, H. van de Mheen, F. F. H. Rutten, M. Foets

Obesity reviews 2011;12(5):535-47

Abstract

To review the prevalence regarding overweight and obesity among children and adolescents from migrant and native origin within Europe, a systematic review (1999-2009) was performed, using Embase, PubMed and citation snowballing. Literature research resulted in 19 manuscripts, reporting studies in six countries, mostly situated in Western and Central Europe. From this review, it appears that, in most of the European countries for which data are available, especially non-European migrant children are at higher risk for overweight and obesity than their native counterparts. The prevalence of overweight in migrant children ranged from 8.9% to 37.5% and from 8.8% to 27.3% in native children. The prevalence of obesity in migrant children ranged from 1.2% to 15.4% and from 0.6% to 11.6% in native children. Some limitations of the review are discussed, especially the problematic classification of migrant and native children. Apparently, migrant children display an even more sedentary way of life or adverse dietary patterns, as compared with native children. To what degree these differences can be explained by socioeconomic and cultural factors remains to be investigated. As overweight and obese children are at risk for many chronic health problems, further research is urgently needed in order to develop preventive interventions.

Intersection of health, immigration, and youth: a systematic literature review.

R. Salehi

J Immigrant Minority Health 2010;12(5):788-97

Abstract

The goal of this literature review is to provide a critical overview of existing research on the health of immigrant youth within the last decade. Although the review focuses primarily on Canada, the findings have implications for public health planning, policy, and settlement/immigration services in other immigrant-receiving countries. The main objectives are: (i) to locate relevant literature written in the past 10 years (January 1998-January 2008); (ii) to undertake a critical review of retrieved studies; (iii) to highlight gaps in the current state of our knowledge and make recommendations for future research directions. The review focuses on the influence of migration experience on health of youth.

Psychological distress in refugee children: a systematic review.

I. Bronstein, P. Montgomery

Clinical Child Fam Psychol Rev 2011;14(1):44-56

Abstract

Nearly one-quarter of the refugees worldwide are children. There have been numerous studies reporting their levels of psychological distress. The aim of this paper is to review systematically and synthesize the epidemiological research concerning the mental health of refugee children residing in Western countries. A Cochrane Collaboration style review was conducted searching nine major databases, bibliographies, and grey literature from 2003 to 2008. Inclu-

ded studies had to meet the reporting standards of STROBE and investigate mental health in non-clinical samples of asylum seeking and refugee children residing in OECD countries. A total of twenty-two studies were identified of 4,807 retrieved citations, covering 3,003 children from over 40 countries. Studies varied in definition and measurement of problems, which included levels of post-traumatic stress disorder from 19 to 54%, depression from 3 to 30%, and varying degrees of emotional and behavioral problems. Significant factors influencing levels of distress appear to include demographic variables, cumulative traumatic pre-migration experiences, and post-migration stressors. Importantly, the research base demands greater contextual and methodological refining such that future research would have greater generalizability and clinical implications.

LINEE GUIDA E DOCUMENTI DI INDIRIZZO

Guidelines for evaluation of the nutritional status and growth in refugee children during the domestic medical screening examination

Centers for Disease Control and Prevention - National Center for Emerging and Zoonotic Infectious Diseases- Division of Global Migration and Quarantine

Atalanta: Centre for Disease Control and Prevention (CDC); 2013

Disponibile su:
http://www.cdc.gov/immigrantrefugeehealth/pdf/nutrition-and-growth-guidelines.pdf

Lead screening during the domestic medical examination for newly arrived refugees.

Centers for Disease Control and Prevention - National Center for Emer-

ging and Zoonotic Infectious Diseases- Division of Global Migration and Quarantine
Atalanta: Centre for Disease Control and Prevention (CDC); 2013

Disponibile su:
https://www.cdc.gov/immigrantrefugeehealth/pdf/lead-guidelines.pdf

Salute mentale

Salute mentale

Revisioni sistematiche: 21

Linee Guida e documenti di indirizzo: 6

REVISIONI

A Systematic Review of Post-traumatic Stress Disorder and Depression Amongst Iraqi Refugees Located in Western Countries.

S. Slewa-Younan, M.G. Uribe Guajardo, A. Heriseanu, T. Hasan

J Immigrant Minority Health 2015;17:1231-9

Abstract

A systematic review of literature reporting prevalence rates of post-traumatic stress disorder (PTSD) and depression amongst community samples of resettled Iraqi refugees was undertaken. A search of the electronic databases of Medline, PsychINFO, CINAHL, PILOTS, Scopus, and Cochrane, up to November 2013 was conducted. Following the application of the inclusion and exclusion criteria, eight empirical papers were included in the review and analysis. Specifically, six studies reported on PTSD prevalence (total n = 1,912), which ranged from 8 to 37.2 % and seven studies reported on rates of depression (total n = 1,647) noted to be 28.3 to 75 %. The overall interobserver agreement for the methodological quality assessment was good to excellent with a Kappa coefficient of 0.64. Iraqi refugees continue to represent one of the largest groups being resettled worldwide. This systematic review indicates that prevalence of PTSD and depression is high and should be taken into consideration when developing mental health early intervention and treatment services.

Disclosure and silencing: a systematic review of the literature on patterns of trauma communication in refugee families.

N. Thorup Dalgaard, E. Montgomery
Transcultural Psychiatry 2015;52(5);579-93

Abstract

This systematic review aimed to explore the effects of different degrees of parental disclosure of traumatic material from the past on the psychological well-being of children in refugee families. A majority of studies emphasize the importance of the timing of disclosure and the manner in which it takes place, rather than the effects of open communication or silencing strategies per se. A pattern emerged in which the level of parental disclosure that promotes psychological adjustment in refugee children depends on whether the children themselves have been directly exposed to traumatic experiences, and whether the children are prepubescent or older. The process of trauma disclosure is highly culturally embedded. Future research needs to address the culturally shaped variations in modulated disclosure and further explore how modulated disclosure can be facilitated in family therapy with traumatized refugee families.

Long-term mental health of war-refugees: a systematic literature review.

M. Bogic, A. Njoku, S. Priebe
BMC International Health and Human Rights 2015;15:29

Abstract

BACKGROUND: There are several million war-refugees worldwide, majority of whom stay in the recipient countries for years. However, little is known about their long-term mental health. This review ai-

med to assess prevalence of mental disorders and to identify their correlates among long-settled war-refugees. METHODS: We conducted a systematic review of studies that assessed current prevalence and/or factors associated with depression and anxiety disorders in adult war-refugees 5 years or longer after displacement. We searched Medline, Embase, CI-NAHL, PsycINFO, and PILOTS from their inception to October 2014, searched reference lists, and contacted experts. Because of a high heterogeneity between studies, overall estimates of mental disorders were not discussed. Instead, prevalence rates were reviewed narratively and possible sources of heterogeneity between studies were investigated both by subgroup analysis and narratively. A descriptive analysis examined pre-migration and post-migration factors associated with mental disorders in this population. RESULTS: The review identified 29 studies on long-term mental health with a total of 16,010 war-affected refugees. There was significant between-study heterogeneity in prevalence rates of depression (range 2.3-80 %), PTSD (4.4-86 %), and unspecified anxiety disorder (20.3-88 %), although prevalence estimates were typically in the range of 20 % and above. Both clinical and methodological factors contributed substantially to the observed heterogeneity. Studies of higher methodological quality generally reported lower prevalence rates. Prevalence rates were also related to both which country the refugees came from and in which country they resettled. Refugees from former Yugoslavia and Cambodia tended to report the highest rates of mental disorders, as well as refugees residing in the USA. Descriptive synthesis suggested that greater exposure to pre-migration traumatic experiences and post-migration stress were the most consistent factors associated with all three disorders, whilst a poor post-migration socio-economic status was particularly associated with depression. CONCLUSIONS: There is a need for more methodologically consistent and rigorous research on the mental health of long-settled war refugees. Existing evidence suggests that mental disorders tend to be highly prevalent in war refugees many years after resettlement. This increased risk may not only be a consequence of exposure to wartime trauma but may also be influenced by post-migration socio-economic factors.

South Asian older adults with memory impairment: Improving assessment and access to dementia care.

C.M. Giebel, M Zubair, D. Jolley, K. Singh Bhui, N. Purandare, A. Worden, D. Challis
Int J Geriatr Psychiatry 2015;30:345-56

Abstract

Objective With increasing international migration, mental health care of migrants and ethnic minorities is a public health priority. South Asian older adults experience difficulties in accessing services for memory impairment, dementia and mental illness. This review examines barriers and facilitators in the pathway to culturally appropriate mental health care. Methods Web of Knowledge, Pubmed and Ovid databases were searched for literature on South Asian older adults or their family carers, their understandings of mental illness and dementia and their pattern of service use. Dates were from 1984 to 2012. Abstracts were assessed for relevance, fol-lowed by detailed reading of salient papers. Three researchers rated the quality of each included study. A narrative synthesis was undertaken of extracted and charted data. Results Eighteen studies met the eligibility criteria for the review. South Asians and health professionals high-lighted several difficulties which deterred help seeking and access to care: a lack of knowledge of dementia and mental illness, and of local services; stigma; culturally preferred coping strategies; and linguistic and cultural barriers in communication and decision making. Conclusions To improve access for these groups, service users and providers need to be better informed; services need to be more culturally tailored, sometimes employing staff with similar cultural backgrounds; and health professionals can benefit from dementia education and knowledge of local services. These factors are key to the delivery of the National Dementia Strategy in England.

Suicide among immigrants in Europe--a systematic literature review.

J. Spallek, A. Reeske, M. Norredam, S. Smith Nielsen, J. Lehnhardt, O. Razum

European Journal of Public Health 2014;25(1):63-71

Abstract

BACKGROUND: Concerns about increased suicide risk among immigrants to European countries have been raised. We review the scientific literature on differences in suicide among immigrants compared with the majority populations in Europe's major immigration countries. METHODS: We searched the databases PubMed and PsycINFO for peer-reviewed epidemiological studies published in 1990-2011, which compared suicide risks of adult immigrant groups with the risks of the majority population in European countries. Hits were screened by two researchers. RESULTS: We included 24 studies in the review. No generalizable pattern of suicide among immigrants was found. Immigrants from countries in which suicide risks are particularly high, i.e. countries in Northern and Eastern Europe, experienced higher suicide rates relative to groups without migration background. Gender and age differences were observed. Young female immigrants from Turkey, East Africa and South Asia are a risk group. CONCLUSION: Immigrants 'bring along' their suicide risk, at least for the initial period they spend in the immigration country. Health-care planners and providers need to be aware of this 'imported risks'. However, most immigrant groups do not have an increased suicide risk relative to the local-born population; some may even experience substantially lower risks.

Psychological, social and welfare interventions for psychological health and well-being of torture survivors.

N. Patel, B. Kellezi B, A.C.D.C. Williams

The Cochrane database of systematic reviews 2014;11: Art.No.: CD009317

Abstract

BACKGROUND: Torture is widespread, with potentially broad and long-lasting impact across physical, psychological, social and other areas of life. Its complex and diverse effects interact with ethnicity, gender, and refugee experience. Health and welfare agencies offer varied rehabilitation services, from conventional mental health treatment to eclectic or needs-based interventions. This review is needed because relatively little outcome research has been done in this field, and no previous systematic review has been conducted. Resources are scarce, and the challenges of providing services can be considerable. OBJECTIVES: To assess beneficial and adverse effects of psychological, social and welfare interventions for torture survivors, and to compare these effects with those reported by active and inactive controls. SEARCH METHODS: Randomised controlled trials (RCTs) were identified through a search of PsycINFO,

MEDLINE, EMBASE, Web of Science, the Cumulative Index to Nursing and Allied Health Literature (CI-NAHL), the Cochrane Central Register of Controlled Trials (CENTRAL) and the Cochrane Depression, Anxiety and Neurosis Specialised Register (CCDANCTR), the Latin American and Caribbean Health Science Information Database (LILACS), the Open System for Information on Grey Literature in Europe (OpenSIGLE), the World Health Organization International Clinical Trials Registry Platform (WHO ICTRP) and Published International Literature On Traumatic Stress (PILOTS) all years to 11 April 2013; searches of Cochrane resources, international trial registries and the main biomedical databases were updated on 20 June 2014. We also searched the Online Library of Dignity (Danish Institute against Torture), reference lists of reviews and included studies and the most frequently cited journals, up to April 2013 but not repeated for 2014. Investigators were contacted to provide updates or details as necessary. SELECTION CRITERIA: Full publications of RCTs or quasi-RCTs of psychological, social or welfare interventions for survivors of torture against any active or inactive comparison condition. DATA COLLECTION AND ANALYSIS: We included allmajor sources of grey literature in our search and used standard methodological procedures as expected by TheCochrane Collaboration for collecting data, evaluating risk of bias and using GRADE (Grades of Recommendation, Assessment, Development and Evaluation) methods to assess the quality of evidence. MAIN RESULTS: Nine RCTs were included in this review. All were of psychological interventions; none provided social or welfare interventions. The nine trials provided data for 507 adults; none involved children or adolescents. Eight of the nine studies described individual treatment, and one discussed group treatment. Six trials were conducted in Europe, and three in different African countries. Most people were refugees in their thirties and forties; most met the criteria for post-traumatic stress disorder (PTSD) at the outset. Four trials used narrative exposure therapy (NET), one cognitive-behavioural therapy (CBT) and the other four used mixed methods for trauma symptoms, one of which included reconciliation methods. Five interventions were compared with active controls, such as psychoeducation; four used treatment as usual or waiting list/no treatment; we analysed all control conditions together. Duration of therapy varied from one hour to longer than 20 hours with a median of around 12 to 15 hours. All trials reported effects on distress and on PTSD, and two reported on quality of life. Five studies followed up participants for at least six months. No immediate benefits of psychological therapy were noted in comparison with controls in terms of our primary outcome of distress (usually depression), nor for PTSD symptoms, PTSD caseness, or quality of life. At six-month follow-up, three NET and one CBT study (86 participants) showed moderate effect sizes for intervention over control in reduction of distress (standardised mean difference (SMD) -0.63, 95% confidence interval (CI) -1.07 to -0.19) and of PTSD symptoms (SMD -0.52, 95% CI -0.97 to -0.07). However, the quality of evidence was very low, and risk of bias resulted from researcher/therapist allegiance to treatment methods, effects of uncertain asylum status of some people and real-time non-standardised translation of assessment measures. No measures of adverse events were described, nor of participation, social functioning, quantity of social or family relationships, proxy measures by third parties or satisfaction with treatment. Too few studies were identified for review authors to attempt sensitivity analyses. AUTHORS' CONCLUSIONS: Very low-quality evidence suggests no differences between psychological therapies and controls in terms of immediate effects on posttraumatic symptoms, distress or quality of life; however, NET and CBT were found to confer moderate benefits in reducing distress and PTSD symptoms over the medium term (six months after treatment). Evidence was of very low quality, mainly because nonstandardised assessment methods using interpreters were applied, and sample sizes were very small. Most eligible trials also revealed medium to high risk of bias. Further, attention to the cultural appropriateness of interventions or to their psychometric qualities was inadequate, and assessment measures used were unsuitable. As such, these findings should be interpreted with caution. No data were available on whether symptom reduction enabled improvements in quality of life, participation in community life, or in social and family relationships in the medium term. Details of adverse events and treatment satisfaction were not available immediately after treatment nor in the medium term. Future research should aim to address these gaps in the evidence and should include larger sample sizes when possible. Problems of torture survivors need to be defined farmore broadly than by PTSDsymptoms, and recognition given to the contextual influences of being a torture survivor, including as an asylum seeker or refugee, on psychological and social health.

Psychological distress in afghan refugees: a mixed-method systematic review.

Q. Alemi, S. James, R. Cruz, V. Zepeda, M. Racadio
J Immigr Minor Health 2014;16(6):1247-61

Abstract

Mental health problems disproportionately affect Afghan refugees and asylum seekers who continue to seek international protection with prolonged exposure to war. We performed a systematic review aimed at synthesizing peer-reviewed literature pertaining to mental health problems among Afghans resettled in industrialized nations.

We used five databases to identify studies published between 1979 and 2013 that provided data on distress levels, and subjective experiences with distress. Seventeen studies met our inclusion criteria consisting of 1 mixed-method, 7 qualitative, and 9 quantitative studies. Themes from our qualitative synthesis described antecedents for distress being rooted in cultural conflicts and loss, and also described unique coping mechanisms. Quantitative findings indicated moderate to high prevalence of depressive and posttraumatic symptomatology. These findings support the need for continued mental health research with Afghans that accounts for: distress among newly resettled groups, professional help-seeking utilization patterns, and also culturally relevant strategies for mitigating distress and engaging Afghans in research.

A systematic review of naturalistic interventions in refugee populations.

S. van Wyk, R.D. Schweitzer

Journal of immigrant and minority health 2014;16(5):968-77

Abstract

Naturalistic interventions with refugee populations examine outcomes following mental health interventions in existing refugee service organisations. The current review aimed to examine outcomes of naturalistic interventions and quality of the naturalistic intervention literature in refugee populations with the view to highlight the strengths and limitations of naturalistic intervention studies. Database search was conducted using the search terms 'refugee', 'asylum seeker', 'treatment', 'therapy' and 'intervention. No date limitations were applied, but searches were limited to articles written in English. Seven studies were identified that assessed the out-

come of naturalistic interventions on adult refugees or asylum seekers in a country of resettlement using quantitative outcome measures. Results showed significant variation in the outcomes of naturalistic intervention studies, with a trend towards showing decreased symptomatology at post-intervention. However, conclusions are limited by methodological problems of the studies reviewed, particularly poor documentation of intervention methods and lack of control in the design of naturalistic intervention studies. Further examination of outcomes following naturalistic interventions is needed with studies which focus on increasing the rigour of the outcome assessment process.

Efficacy of depression treatments for immigrant patients: Results from a systematic review.

J. Antoniades, D. Mazza, B. Brijnath

BMC Psychiatry 2014;14:176

Abstract

Background: The unprecedented rates of global migration present unique challenges to mental health services in migrant receiving countries to provide efficacious and culturally salient treatment for mental health conditions including depression. This review aimed to identify and evaluate the effectiveness of depression interventions specifically directed towards first-generation immigrant populations.Methods: We conducted a systematic review of original research published between 2000 and 2013 that investigated depression interventions in first generation immigrants.Results: Fifteen studies were included; the majority focused on Latino immigrants living in the United States (US). Twelve studies investigated the use of psychotherapies; the remainder examined collaborative care models and physical exercise-based interventions. Cognitive Behavioral Therapy and Behavioral Activation tended to improve depressive symptoms, especially when culturally adapted to suit clients while Problem Solving Therapy improved depressive symptomology with and without adaptations. Collaborative care and exercise did not significantly improve depressive symptoms.Conclusion: Depression may be effectively treated by means of psychotherapies, especially when treatments are culturally adapted. However the reviewed studies were limited due to methodological weaknesses and were predominantly undertaken in the US with Latino patients. To improve generalizability, future research should be undertaken in non-US settings, amongst diverse ethnic groups and utilize larger sample sizes in either randomized clinical trials or observational cohort studies. .COPYRGT. 2014 Antoniades et al.; licensee BioMed Central Ltd.

The impact of immigration detention on the mental health of torture survivors is poorly documented--a systematic review.

T. Storm, M. Engberg

Dan Med J 2013;60(11):A4728

Abstract

INTRODUCTION: Torture has enduring mental and physical health consequences for survivors. Detention of asylum seekers is an integrated part of the immigration systems in many countries. Among the asylum seekers are vulnerable groups such as survivors of torture and severely traumatized refugees. The aim of the present study is to review the scientific evidence on the mental health consequences of immigration detention for adult survivors of torture. METHODS: The review was conducted according to a modified version of the PRISMA guidelines. A systematic search was made in: PubMed (Medline), PsychINFO, PILOTS and IBSS, and reference lists were screened. RESULTS: The search yielded 241 results and two records came from additional sources. A total of 15 studies were included. Merely two case studies focused on survivors of torture. Both reported severe effects of detention on the detainees' mental health. High levels of psychological problems were found in studies identifying torture survivors among the asylum seekers. CONCLUSION: The impact of detention on the mental health of torture survivors is poorly documented, and the available data are insufficient to allow analysis of any specific effects. he studies do report severe mental health issues among detained torture survivors. In general, serious mental health problems are found among the detainees and formerly detained asylum seekers. Systematically identifying torture survivors and other vulnerable groups, and assessing and monitoring mental health issues is crucial. The health risks that detention may pose to the wellbeing of each individual should be carefully considered.

Asylum seekers, violence and health: a systematic review of research in high-income host countries.

A. Kalt, M. Hossain, L. Kiss, C. Zimmerman

Am J Public Health 2013;103(3):e30-42

Abstract

We performed a systematic review of literature on violence and related health concerns among asylum seekers in high-income host countries. We extracted data from 23 peer-reviewed studies. Prevalence of torture, variably defined, was above 30% across all studies. Torture history in clinic populations correlated with hunger and

posttraumatic stress disorder, although in small, nonrepresentative samples. One study observed that previous exposure to interpersonal violence interacted with longer immigration detention periods, resulting in higher depression scores. Limited evidence suggests that asylum seekers frequently experience violence and health problems, but large-scale studies are needed to inform policies and services for this vulnerable group often at the center of political debate.

Ethnic variation in the prevalence of depression and anxiety in primary care: a systematic review and meta-analysis.

I. Tarricone, E. Stivanello, F. Poggi, V. Castorini, M.V. Marseglia, M.P. Fantini, D. Berardi

Psychiatry Research 2012;195(3):91-106

Abstract

Primary care plays a key role in the detection and management of depression and anxiety. At present it is not clear if the prevalence of depression and anxiety in primary care differs between migrants and ethnic minorities (MI) and natives and ethnic majorities (MA). A systematic review and a meta-analysis of studies comparing the prevalence of depression and anxiety in MI and MA in primary care were performed. Studies were identified by searching MEDLINE, Psych-INFO, EMBASE and through hand-search. We included 25 studies, most of which had a relatively small sample size. Significant variations were found in the prevalence of anxiety and depression across studies. Pooled analyses were carried out for 23 studies, based on random-effects models. Pooled RR of depression and anxiety in MI were 1.21 (95% CI 1.04-1.40, p=0.012) and 1.01 (95% CI 0.76-1.32, p=0.971), with high heterogeneity (I2=87.2% and

I2=73%). Differences in prevalence rates among studies can be accounted for by inclusion criteria, sampling methods, diagnostic instruments and study design. Further research on larger samples and with culturally adapted instruments is needed to estimate the prevalence of depression and anxiety in MI seeking help for these disorders.

Migration, social mobility and common mental disorders: critical review of the literature and meta-analysis.

J. Das-Munshi, G. Leavey, S.A. Stansfeld, M.J. Prince

Ethnicity & Health 2012;17(1-2):17-53

Abstract

OBJECTIVE: Changes in socio-economic position in people who migrate may have adverse associations with mental health. The main objective of this review was to assess the association of social mobility with common mental disorders in migrant and second-generation groups, to inform future research. DESIGN: Systematic review and meta-analysis of English-language studies assessing the association of social mobility in migrant or second-generation groups with common mental disorders. Approaches to operationalise 'social mobility' were reviewed. RESULTS: Twelve studies (n=18,548) met criteria for retrieval. Very few included second-generation groups, and most studies were cross-sectional in design. Approaches to operationalise 'social mobility' varied between studies. Downward intragenerational social mobility was associated with migration in the majority of studies. Random effects meta-analysis (n=5179) suggested that migrants to higher income countries who experienced downward mobility or underemployment were more likely to screen positive for common mental disorders, relative to migrants who were upwardly mobile or experienced no changes to socio-economic position. Conclusions on second-generation groups were limited by the lack of research highlighted for these groups. Downward intragenerational mobility associated with migration may be associated with vulnerability to common mental disorders in some migrant groups. CONCLUSION: Given the increasing scale of global migration, further research is needed to clarify how changes to socio-economic position associated with international migration may impact on the mental health of migrants, and in their children.

Incidence of Schizophrenia and Other Psychoses in England, 1950-2009: A Systematic Review and Meta-Analyses.

J. B. Kirkbride, [Reprint Author] A. Errazuriz, T. J. Croudace,C. Morgan, D. Jackson, J. Boydell, R.M. Murray, P.B. Jones
PLoS One 2012;7(3):1-21

Abstract

Background: We conducted a systematic review of incidence rates in England over a sixty-year period to determine the extent to which rates varied along accepted (age, sex) and less-accepted epidemiological gradients (ethnicity, migration and place of birth and upbringing, time).Objectives: To determine variation in incidence of several psychotic disorders as above.Data Sources: Published and grey literature searches (MEDLINE, PSycINFO, EMBASE, CI-NAHL, ASSIA, HMIC), and identification of unpublished data through bibliographic searches and author communication.Study Eligibility Criteria: Published 1950-2009; conducted wholly or partially in England; original data on incidence of non-organic adult-onset psychosis or one or more factor(s) pertaining to incidence.Participants: People,

16-64 years, with first -onset psychosis, including non-affective psychoses, schizophrenia, bipolar disorder, psychotic depression and substance-induced psychosis.Study Appraisal and Synthesis Methods: Title, abstract and full-text review by two independent raters to identify suitable citations. Data were extracted to a standardized extraction form. Descriptive appraisals of variation in rates, including tables and forest plots, and where suitable, random-effects meta-analyses and meta-regressions to test specific hypotheses; rate heterogeneity was assessed by the I-2-statistic.Results: 83 citations met inclusion. Pooled incidence of all psychoses (N = 9) was 31.7 per 100,000 person-years (95% CI: 24.6-40.9), 23.2 (95% CI: 18.3-29.5) for non-affective psychoses (N = 8), 15.2 (95% CI: 11.9-19.5) for schizophrenia (N = 15) and 12.4 (95% CI: 9.0-17.1) for affective psychoses (N = 7). This masked rate heterogeneity (I-2: 0.54-0.97), possibly explained by socio-environmental factors; our review confirmed (via meta-regression) the typical age-sex interaction in psychosis risk, including secondary peak onset in women after 45 years. Rates of most disorders were elevated in several ethnic minority groups compared with the white (British) population. For example, for schizophrenia: black Caribbean (pooled RR: 5.6; 95% CI: 3.4-9.2; N = 5), black African (pooled RR: 4.7; 95% CI: 3.3 -6.8; N = 5) and South Asian groups in England (pooled RR: 2.4; 95% CI: 1.3-4.5; N = 3). We found no evidence to support an overall change in the incidence of psychotic disorder over time, though diagnostic shifts (away from schizophrenia) were reported.Limitations: Incidence studies were predominantly cross-sectional, limiting causal inference. Heterogeneity, while evidencing important variation, suggested pooled estimates require interpretation alongside our descriptive systematic results.Conclusions and Implications of Key Findings: Incidence of psychotic disorders varied markedly by age, sex, place and migration status/ethnicity. Stable incidence over time, together with a robust socio-environmental epidemiology, provides a platform for developing prediction models for health service planning.

Common mental health problems in immigrants and refugees: General approach in primary care.

L.J. Kirmayer (correspondence) L. Narasiah, M. Munoz, M. Rashid , A. G. Ryder, J. Guzder, G. Hassan, C. Rousseau, K. Pottie; for the Canadian Collaboration for Immigrant and Refugee Health (CCIRH)
CMAJ, 2011;183(12):E959-E967

Abstract

Background: Recognizing and appropriately treating mental health problems among new immigrants and refugees in primary care poses a challenge because of differences in language and culture and because of specific stressors associated with migration and resettlement. We aimed to identify risk factors and strategies in the approach to mental health assessment and to prevention and treatment of common mental health problems for immigrants in primary care. Methods: We searched and compiled literature on prevalence and risk factors for common mental health problems related to migration, the effect of cultural influences on health and illness, and clinical strategies to improve mental health care for immigrants and refugees. Publications were selected on the basis of relevance, use of recent data and quality in consultation with experts in immigrant and refugee mental health. Results: The migration trajectory can be divided into three components: premigration, migration and postmigration resettlement. Each phase is associated with specific risks and exposures. The prevalence of specific types of mental health problems is influenced by the nature of the migration experience, in terms of adversity experienced before, during and after resettlement. Specific challenges in migrant mental health include communication difficulties because of language and cultural differences; the effect of cultural shaping of symptoms and illness behaviour on diagnosis, coping and treatment; differences in family structure and process affecting adaptation, acculturation and intergenerational conflict; and aspects of acceptance by the receiving society that affect employment, social status and integration. These issues can be addressed through specific inquiry, the use of trained interpreters and culture brokers, meetings with families, and consultation with community organizations. Interpretation: Systematic inquiry into patients' migration trajectory and subsequent follow-up on culturally appropriate indicators of social, vocational and family functioning over time will allow clinicians to recognize problems in adaptation and undertake mental health promotion, disease prevention or treatment interventions in a timely way. .COPYRGT. 2011 Canadian Medical Association or its licensors.

The use of community-based interventions in reducing morbidity from the psychological impact of conflict-related trauma among refugee populations: a systematic review of the literature.

M.E. Williams, S.C. Thompson

J Immigrant Minority Health 2011;13(4):780-94

Abstract

With large numbers of refugee arrivals and numerous barriers to accessing services it is especially important that resources are efficiently and effectively directed to address the health needs of refugees. Ten databases were utilised to conduct the review, returning 156 titles which were assessed for validity based on specified criteria. The 14 critically appraised articles included in this review consist of experimental research and discussions on best practice. Articles consistently demonstrated the benefit of community-based mental health service in improving mental health outcomes. Themes of cultural awareness, language, setting, and post-migration stressors emerged across the articles. In addition, the studies also point to the gaps in research of a longi-tudinal nature and ones that deal with scattered populations post migration. Community-based interventions proved valuable for improving the mental health of refugees. However, additional interventions and evaluations are required to draw consistent and conclusive judgments on best practice in dealing with refugee mental health issues.

A critical review of psychological treatments of posttraumatic stress disorder in refugees.

A. Nickerson, R.A. Bryant, D. Silove, Z. Steel

Clinical Psychology Review 2011;31(3):399-417

Abstract

Despite much research evidence that refugees suffer from elevated rates of posttraumatic stress disorder (PTSD), relatively few studies have examined the effectiveness of psychological treatments for PTSD in refugees. The field of refugee mental health intervention is dominated by two contrasting approaches, namely trauma-focused therapy and multimodal interventions. This article firstly defines these two approaches, then provides a critical review of 19 research studies that have been undertaken to investigate the efficacy of these treatments. Preliminary research evidence suggests that trauma-focused approaches may have some efficacy in treating

PTSD in refugees, but limitations in the methodologies of studies caution against drawing definitive inferences. It is clear that research assessing the treatment of PTSD in refugees is lagging behind that available for other traumatized populations. The review examines important considerations in the treatment of refugees. A theoretical framework is offered that outlines contextual issues, maintaining factors, change mechanisms and the distinctive challenges to traditional traumafocused treatments posed by the needs of refugees with PTSD.

Psychosocial treatment of posttraumatic stress disorder in adult refugees: A systematic review of prospective treatment outcome studies and a critique.

S. Palic, A. Elklit

Journal of Affective Disorders 2011;131:8-23

<u>Abstract</u>

Background: Refugees with posttraumatic stress disorder (PTSD) often present with complicated traumatic symptoms, prolonged and repeated exposure to traumatic events, acculturation, and social problems. A consensus about suitability of psychosocial treatments for refugees does not exist. Never the less there is a need to review the state of knowledge about effective treatments for traumatized refugees, to help guide the practitioners in their choice of treatment methods. Methods: A systematic review of treatment outcome studies was carried out. Results: Twenty-five studies were reviewed. The majority were treatment studies of different forms of cognitive-behavioral therapy (CBT). The rest were reports of outcomes of alternative treatments and a small group of studies of multidisciplinary treatments. Limitations: The amount of grey literature

not covered by the review could not be estimated precisely. Included studies are methodologically diverse and consist of different refugee populations. This makes a broad interpretation of the treatment results only tentative. Conclusions: Very large effect sizes were obtained in some of the CBT studies, indicating a broad suitability of CBT in the treatment of core symptoms of PTSD in adult refugees. Empirical evidence also points to the possibility that the maladaptive traumatic reactions in refugees can take shape of more complex reactions than those strictly specified in the diagnostic category of PTSD. Effectiveness of CBT treatments has as yet not been tested on the whole range of symptoms in these complex cases. There are few studies of treatments alternative to CBT and they are less methodologically rigorous than the CBT studies.

Migrants' utilization of somatic healthcare services in Europe--a systematic review.

M. Norredam, S.S. Nielsen, A. Krasnik

European Journal of Public Health 2010;20(5):555-63

Abstract

BACKGROUND: Utilization of services is an important aspect of migrants' access to healthcare. The aim was to review the European literature on utilization of somatic healthcare services related to screening, general practitioner, specialist, emergency room and hospital by adult first-generation migrants. Our study question was: 'Are there differences in migrants' utilization of somatic healthcare services compared to non-migrants?' METHODS: Publications were identified by a systematic search of PUBMED and EMBASE. Appropriateness of the studies was judged independently by two researchers based on the abstracts. Additional searches were conducted via the references of the selected articles. The final number of studies included was 21. RESULTS: The results suggested a diverging picture regarding utilization of somatic healthcare services by migrants compared to non-migrants in Europe. Overall, migrants tended to have lower attendance and referral rates to mammography and cervical cancer screening, more contacts per patient to general practitioner but less use of consultation by telephone, and same or higher level of use of specialist care as compared to non-migrants. Emergency room utilization showed both higher, equal and lower levels of utilization for migrants compared to non-migrants, whereas hospitalization rates were higher than or equal to non-migrants. CONCLUSION: Our review illustrates lack of appropriate epidemiological data and diversity in the categorization of migrants between studies, which makes valid cross-country comparisons most challenging. After adjusting for socio-economic factors and health status, the existing studies still show systematic variations in somatic healthcare utilization between migrants and non-migrants.

A systematic review of treatments for post-traumatic stress disorder among refugees and asylum-seekers.

N. Crumlish, K. O’Rourke

Journal of Nervous and Mental Disease 2010;198(4):237-51

Abstract

Recent years have seen a consensus emerge on the treatment of post-traumatic stress disorder (PTSD) in the general population. No such consensus exists for refugees, although the rate of PTSD among refugees is 10 times that of the general population. We conducted a systematic review of randomized controlled trial of treatment of PTSD among refugees and asylum-seekers. We rated trials with a risk of bias table and drew conclusions about the evidence for individual therapies. Ten randomized, controlled trials (n = 528) met our search criteria. Trials were small, and allocation concealment and blinding were inadequate. No treatment was firmly supported, but there was evidence for narrative exposure therapy and cognitive-behavioral therapy. Future trials should evaluate interventions that are developed within refugees' cultures, based on a local understanding of trauma and psychological distress.

Primary prevention of psychiatric illness in special populations.

M. Sajatovic, R. Sanders, L. Alexeenko, S. Madhusoodanan

Annals of Clinical Psychiatry 2010;22(4):262-73

Abstract

BACKGROUND: Some populations appear to be particularly vulnerable to the development of psychiatric symptomatology related to life events and biologic or social/cultural factors. Such groups include individuals who have experienced traumatic events, military personnel, individuals with serious medical conditions, postpartum women, and immigrants. This study reviews the literature regarding primary prevention of psychiatric disorders in special populations and identifies a variety of universal, selective, and indicated prevention measures aimed at minimizing the psychiatric sequelae in these groups. METHODS: The authors reviewed the literature regarding the prevention of psychiatric symptoms in trauma/abuse victims, individuals in the military, oncology patients, patients with diabetes, pregnant/postpartum women, and immigrants. RESULTS: The literature on primary prevention of psychiatric illness in the special populations identified is rather limited. Universal prevention may be beneficial in some instances through public awareness campaigns and disaster planning. In other instances, more specific and intensive interventions for individuals at high risk of psychiatric illness may improve outcomes, for example, crisis counseling for those who have experienced severe trauma. CONCLUSIONS: Primary prevention of psychiatric illness may be an attainable goal via implementation of specific universal, selected, and indicated primary prevention measures in special populations.

LINEE GUIDA E DOCUMENTI DI INDIRIZZO

European Psychiatric Association (EPA) guidance on quality assurance in mental healthcare.

W. Gaebel, I. Großimlinghaus, R. Heun, B. Janssen, B. Johnson, T. Kurimay, P. Montellano, M. Muijen, P. Munk-Jorgensen, W. Rossler, M. Ruggeri, G. Thornicroft, J. Zielasek,

European Psychiatry 2015;30:360-87

Abstract

PURPOSE: To advance the quality of mental healthcare in Europe by developing guidance on implementing quality assurance. METHODS: We performed a systematic literature search on quality assurance in mental healthcare and the 522 retrieved documents were evaluated by two independent reviewers (B.J. and J.Z.). Based on these evaluations, evidence tables were generated. As it was found that these did not cover all areas of mental healthcare, supplementary hand searches were performed for selected additional areas. Based on these findings, fifteen graded recommendations were developed and consented by the authors. Review by the EPA Guidance Committee and EPA Board led to two additional recommendations (on immigrant mental healthcare and parity of mental

and physical healthcare funding). RESULTS: Although quality assurance (measures to keep a certain degree of quality), quality control and monitoring (applying quality indicators to the current degree of quality), and quality management (coordinated measures and activities with regard to quality) are conceptually distinct, in practice they are frequently used as if identical and hardly separable. There is a dearth of controlled trials addressing ways to optimize quality assurance in mental healthcare. Altogether, seventeen recommendations were developed addressing a range of aspects of quality assurance in mental healthcare, which appear usable across Europe. These were divided into recommendations about structures, processes and outcomes. Each recommendation was assigned to a hierarchical level of analysis (macro-, meso- and micro-level). DISCUSSION: There was a lack of evidence retrievable by a systematic literature search about quality assurance of mental healthcare. Therefore, only after further topics and search had been added it was possible to develop recommendations with mostly medium evidence levels. Conclusion: Evidence-based graded recommendations for quality assurance in mental healthcare were developed which should next be implemented and evaluated for feasibility and validity in some European countries. Due to the small evidence base identified corresponding to the practical obscurity of the concept and methods, a European research initiative is called for by the stakeholders represented in this Guidance to improve the educational, methodological and empirical basis for a future broad implementation of measures for quality assurance in European mental healthcare.

Guidelines for mental health screening during the domestic medi-

cal examination for newly arrived refugees

Centers for Disease Control and Prevention - National Center for Emerging and Zoonotic Infectious Diseases- Division of Global Migration and Quarantine

Atalanta: Centre for Disease Control and Prevention (CDC); 2015

Disponibile su:
http://www.cdc.gov/immigrantrefugeehealth/pdf/mental-health-screening-guidelines.pdf

Commissioning mental health services for vulnerable adult migrants. Guidance for commissioners.

Fassil J, Burnett A.

London: Mind for better mental healthcare; 2015

Disponibile su:
http://www.mind.org.uk/media/3168649/vulnerable-migrants_2015_mindweb.pdf

EPA Guidance mental health care of migrants.

D. Bhugra, S. Gupta, M. Schouler-Ocak, I. Graeff-Calliess, N.A. Deakin, A. Qureshi, J. Dales, D. Moussaoui, M. Kastrup, I. Tarricone, A. Till, M. Bassi, M. Carta

European Psychiatry 2014;29:107–115

Abstract

Migration is an increasingly commonplace phenomenon for a number of reasons. People migrate from rural to urban areas or across borders for reasons including economic, educational or political. There is increasing recent research evidence from many countries in Europe that indicates that migrants are more prone to certain psychiatric disorders. Because of their experiences of migration and settling down in the new countries, they may also have special needs such as lack of linguistic abilities which must be taken into account using a number of strategies at individual, local and national policy levels. In this guidance document, we briefly present the evidence and propose that specific measures must be taken to improve and manage psychiatric disorders experienced by migrants and their descendants. This improvement requires involvement at the highest level in governments. This is a guidance document and not a systematic review.

Best practice guidelines for mental health promotion programs: Refugees.

Centre for Addiction and Mental Health (CAMH); Dalla Lana School of Public Health, University of Toronto; Toronto Public Health.
Toronto: Centre for Addiction and Mental Health; 2012

Disponibile su:
https://www.porticonetwork.ca/documents/81358/128451/Refugees/3974e176-69a8-4a5f-843b-a40d0a56299c

WPA guidance on mental health and mental health care in migrants

B. Dinesh, G. Susham, B. Kamaldeep, C. Tom, D. Nisha, J. D. Ingleby, J. Kirkbride, D. Moussaui, J. Nazroo, A. Qureshi, T. Stompe, R. Tribe
World Psychiatry 2011;10:2-10

Abstract

The purpose of this guidance is to review currently available evidence on mental healthproblems in migrants and to present advice to clinicians and policy makers on how to provide migrants with appropriate and accessible mental health services. The three phases of the process of migration and the relevant implications for mental health are outlined, as well as the specific problems of groups such as women, children and adolescents, the elderly, refugees and asylum seekers, and lesbian, gay, bisexual and transgender individuals. The concepts of cultural bereavement, cultural identity and cultural congruity are discussed. The epidemiology of mental disorders in migrants is described. A series of recommendations to policy makers, service providers and clinicians aimed to improve mental health care in migrants are provided, covering the special needs of migrants concerning pharmacotherapies and psychotherapies.

Fattori di rischio e malattie croniche

Fattori di rischio e malattie croniche

Revisioni sistematiche: 16

Linee Guida e documenti
di indirizzo: -

REVISIONI

The Risk of Ischemic Heart Disease and Stroke Among Immigrant Populations: A Systematic Review.

Q.Z. Sohail, A. Chu, M.R. Rezai, L.R. Donovan, D.T. Ko, J.V. Tu

Can J Cardiol 2015;31(9):1160-8

Abstract

BACKGROUND: The increasing frequency of global migration to Canada and other high-income countries has highlighted the need for information on the risk of ischemic heart disease (IHD) and stroke among migrant populations. METHODS: Using the MEDLINE and EMBASE databases, we conducted an English-language literature review of articles published from 2000 to 2014 to study patterns in the incidence of IHD or stroke in migrant populations to high-income countries. Our search revealed 17 articles of interest. All studies stratified immigrants according to country or region of birth, except 2 from Canada and 1 from Denmark, in which all immigrant groups were analyzed together. RESULTS: The risk of IHD or stroke varied by country of origin, country of destination, and duration of residence. In our review we found that most migrant groups to Western Europe were at a similar or higher risk of IHD and stroke compared with the host population. Those at a higher risk included many Eastern European, Middle-Eastern, and South Asian immigrants. When duration of residence was considered, it appeared that in most migrants the risk of IHD worsened over time. In contrast, immigrants overall were at lower risk of myocardial infarction and stroke in Ontario compared with long-term residents of Canada. CONCLUSIONS: The risks of IHD and stroke vary widely in immi-

grant populations in Western Europe. Detailed studies of immigrants to Canada according to country of birth and duration of residence should be undertaken to guide future cardiovascular health promotion initiatives.

Cardiovascular Disease in South Asian Migrants.

E. Fernando, F. Razak, S.A. Lear, S. S. Anand
Can J Cardiol 2015;31(9):1139-50

Abstract

Cardiovascular disease (CVD) represents a significant cause of global mortality and morbidity. South Asians (SAs) have a particularly high burden of coronary artery disease (CAD). This review describes current literature regarding the prevalence, incidence, etiology, and prognosis of CVD in SA migrants to high-income nations. We conducted a narrative review of CVD in the SA diaspora through a search of MEDLINE and PubMed. We included observational studies, randomized clinical trials, nonsystematic reviews, systematic reviews, and meta-analyses written in English. Of 15,231 articles identified, 827 articles were screened and 124 formed the basis for review. SA migrants have a 1.5-2 times greater prevalence of CAD than age- and sex-adjusted Europids. Increased abdominal obesity and body fat and increased burden of type 2 diabetes mellitus and dyslipidemia appear to be primary drivers of the excess CAD burden in SAs. Sedentary lifestyle and changes in diet after immigration are important contributors to weight gain and adiposity. Early life factors, physical activity patterns and, in some cases, reduced adherence to medical therapy may contribute to increased CVD risks in SAs. Novel biomarkers like leptin and adipokines may show distinct patterns in SAs and provide insights into cardiometabolic risk determinants. In conclusion, SAs have distinct CVD risk predispositions,

with a complex relationship to cultural, innate, and acquired factors. Although CVD risk factor management and treatment among SAs is improving, opportunities exist for further advances.

Factors associated with smoking in immigrants from non-western to western countries - What role does acculturation play? A systematic review.

K. Reiss, J. Lehnhardt, O. Razum

Tob Induc Dis 2015;13(1):11

Abstract

Introduction: We aimed to identify factors associated with smoking among immigrants. In particular, we investigated the relationship between acculturation and smoking, taking into consideration the stage of the 'smoking epidemic' in the countries of origin and host countries of the immigrants. Methods: We searched PubMed for peer-reviewed quantitative studies. Studies were included if they focused on smoking among adult immigrants (foreign-born) from non-western countries now residing in the USA, Canada, Ireland, Germany, the Netherlands, Norway, the UK, and Australia. Studies were excluded if, among others, a distinction between immigrants and their (native-born) offspring was not made. Results: We retrieved 27 studies published between 1998 and 2013. 21 of the 27 studies focused on acculturation (using bidimensional multi-item scales particularly designed for the immigrant group under study and/or proxy measures such as language proficiency or length of stay in host country) and 16 of those found clear differences between men and women: whereas more acculturated women were more likely to smoke than less acculturated women, the contrary was observed among men. Conclusion: Immigrants' countries of origin and host countries have reached different stages of the 'smoking epidemic'

where, in addition, smoking among women lags behind that in men. Immigrants might 'move' between the stages as (I) the (non-western) countries of origin tend to be in the early phase, (II) the (western) host countries more in the advanced phase of the epidemic and (III) the arrival in the host countries initiates the acculturation process. This could explain the 'imported' high (men)/low (women) prevalence among less acculturated immigrants. The low (men)/high (women) prevalence among more acculturated immigrants indicates an adaptation towards the social norms of the host countries with ongoing acculturation.

A Systematic Review of Obesity Prevention Intervention Studies among Immigrant Populations in the US.

A. Tovar, A.M. Renzaho, A.D. Guerrero, N. Mena, G.X. Ayala

Curr Obes Rep 2014;3:206-22

Abstract

The aim of this review was to systematically assess the effectiveness of obesity prevention and control interventions in US immigrant populations across the life course, from preschool-age to adults. A systematic review of relevant studies was undertaken and eligible articles included. The initial search identified 684 potentially relevant articles, of which only 20 articles met the selection criteria, representing 20 unique studies. They were divided into interventions that targeted adults (n=7), interventions that targeted children (n=5) and pilot studies (n=8). The majority of interventions targeted Latinos, predominately Mexican-origin populations. Among the interventions targeting adults, five had an effect on obesity related outcomes. However, they tended to use less rigorous study designs. Among the interventions that targeted children, three had a positive effect on obesity-related outcomes. Three of the eight pilot stu-

dies had an effect on obesity-related outcomes. There is a paucity of data on effective interventions but a great need to address obesity prevention to help inform health policies and programs to reduce migration-related obesity inequalities.

Noncommunicable diseases among urban refugees and asylum-seekers in developing countries: A neglected health care need.

A.H. Amara, S.M. Aljunid

Global Health 2014;10:24

Abstract

With the increasing trend in refugee urbanisation, growing numbers of refugees are diagnosed with chronic noncommunicable diseases (NCDs). However, with few exceptions, the local and international communities prioritise communicable diseases. The aim of this study is to review the literature to determine the prevalence and distribution of chronic NCDs among urban refugees living in developing countries, to report refugee access to health care for NCDs and to compare the prevalence of NCDs among urban refugees with the prevalence in their home countries. Major search engines and refugee agency websites were systematically searched between June and July 2012 for articles and reports on NCD prevalence among urban refugees. Most studies were conducted in the Middle East and indicated a high prevalence of NCDs among urban refugees in this region, but in general, the prevalence varied by refugees' region or country of origin. Hypertension, musculoskeletal disease, diabetes and chronic respiratory disease were the major diseases observed. In general, most urban refugees in developing countries have adequate access to primary health care services. Further investigations are needed to document the burden of

NCDs among urban refugees and to identify their need for health care in developing countries.

Effectiveness of culturally tailored diabetes interventions for Asian immigrants to the United States: a systematic review.

J. Y. Joo

Diabetes Educ 2014;40(5):605-15

Abstract

PURPOSE: The purpose of this systematic review is to evaluate the effectiveness of tailoring community-based diabetes intervention to Asian immigrant cultures. METHODS: The Cochrane processes and Preferred Reporting Items for Systematic Reviews and Meta-Analyses recommendations guided this systematic review. PubMed, the Cumulative Index to Nursing and Allied Health Literature, Ovid, and PsycINFO were searched for analyses and syntheses of primary research published since 2000 that described interventions tailored for the cultures of Asian immigrants with diabetes. This search yielded a total of 9 articles published from 2005 to 2013. The Amsterdam-Maastricht Consensus List for Quality Assessment was used to assess the quality of the studies. RESULTS: Retrieved studies' populations were foreign-born adults >50 years of age with type 2 diabetes. The review revealed that culturally tailored diabetes programs are effective at improving patients' objectively measured clinical outcomes, in particular A1C levels, and psychobehavioral outcomes. Patients were also highly satisfied with bilingual health care providers and bilingual educational programs. CONCLUSIONS: There is strong evidence of the effectiveness of tailoring diabetes interventions to Asian immigrant populations' cultures. Further studies, including longitudinal studies and studies with rigorous research designs that subclassify Asian immigrants, are needed to encoura-

ge the implementation of culturally tailored diabetes intervention for this ethnic minority.

Towards a conceptual model of diabetes self-management among Chinese immigrants in the United States.

B. Zeng, W. Sun, R.A. Gary, C. Li, T. Liu

Int J Environ Res Public Health 2014;11(7):6727-42

Abstract

Background: Chinese immigrants have been disproportionally affected by type 2 diabetes. This paper presents the state of science regarding the factors that may influence diabetes self-management among Chinese immigrants in the US and the potential health outcomes. Design: Using Walker and Avant's techniques, a search of the literature was conducted from CINAHL, PubMed, OVID, and Web of Science. Findings: Factors most relevant to diabetes self-management were grouped under five categories: sociodemographic characteristics, behavioral and psychological characteristics, social support, linguistic barriers, and cultural characteristics. Potential outcomes derived from improved diabetes self-management include quality of life, glycosylated hemoglobin, and blood pressure and other cardiovascular risk factors. Discussion: A conceptual model was provided to guide future research. Based on the review of the literature, specific research topics that need to fill the gaps in the literature were provided, including family-focused interventions for Chinese immigrant patients with diabetes and the effectiveness of these interventions to improve family functioning.

Obesity and cardiovascular disease risk factors among the indigenous and immigrant Pakistani population: a systematic review.

Q. Raza, C.M. Doak, A. Khan, M. Nicolaou, J.C. Seidell

Obes Facts. 2013;6(6):523-35

Abstract

AIM: The aim of this study was to systematically describe the gender and ethnic differences regarding the prevalence of general/central obesity and cardiovascular disease (CVD) risk factors such as diabetes mellitus type 2, hypertension, and hypercholesterolemia among the indigenous and immigrant Pakistani communities. METHODS: The search engine used was PubMed, supplemented with regional data from the Medical Institutes of Pakistan. The focus was on the adult Pakistani population (18 years and older). RESULTS: We found only 7 studies among the immigrant Pakistani community and 24 studies among the indigenous Pakistani community. The studies had limitations such as low participation rates and use of self-reported data. There is a higher prevalence of central obesity among women (42.2%) than among men (14.7%) (National Health Survey of Pakistan). Certain ethnicities such as Muhajir and Baluchis showed a higher prevalence of cardiovascular risk factors when compared to other ethnicities in the indigenous Pakistani population. The results also indicate that the prevalence of obesity is 10-20% higher among the immigrant Pakistanis than in the indigenous Pakistanis. CONCLUSION: The relatively high prevalence of obesity and associated CVD risk factors (especially in women) among both indigenous and immigrant Pakistani populations require the attention of the healthcare professionals and policy makers, both inside and outside Pakistan.

Effectiveness of multicultural health workers in chronic disease prevention and self-management in culturally and linguistically diverse populations: a systematic literature review.

J. Goris, N. Komaric, A. Guandalini, D. Francis, E. Hawes

Aust J Prim Health 2013;19(1):14-37

Abstract

With a large and increasing culturally and linguistically diverse (CALD) population, the Australian health care system faces challenges in the provision of accessible culturally competent health care. Communities at higher risk of chronic disease include CALD communities. Overseas, multicultural health workers (MHWs) have been increasingly integrated in the delivery of culturally relevant primary health care to CALD communities. The objective of this systematic review was to examine the effectiveness of MHW interventions in chronic disease prevention and self-management in CALD populations with the aim to inform policy development of effective health care in CALD communities in Australia. A systematic review protocol was developed and computerised searches were conducted of multiple electronic databases from 1 January 1995 until 1 November 2010. Thirty-nine studies were identified including 31 randomised controlled trials. Many of the studies focussed on poor and underserved ethnic minorities. Several studies reported significant improvements in participants' chronic disease prevention and self-management outcomes and meta-analyses identified a positive trend associated with MHW intervention. Australian Government policies express the need for targeted inventions for CALD communities. The broader systemic application of MHWs in Australian primary health care may provide one of the most useful targeted interventions for CALD communities.

Acculturation and obesity among migrant populations in high income countries--a systematic review.

M. Delavari, A.L. Sønderlund, B. Swinburn, D. Mellor, A. Renzaho

BMC Public Health 2013;13:458

Abstract

BACKGROUND: There is evidence to suggest that immigrant populations from low or medium-income countries to high income countries show a significant change in obesogenic behaviors in the host society, and that these changes are associated with acculturation. However, the results of studies vary depending on how acculturation is measured. The objective of this study is to systematically review the evidence on the relationship between acculturation - as measured with a standardized acculturation scale - and overweight/ obesity among adult migrants from low/middle countries to high income countries. METHODS: A systematic review of relevant studies was undertaken using six EBSCOhost databases and following the Centre for Reviews and Dissemination's Guidance for Undertaking Reviews in Health Care. RESULTS: The initial search identified 1135 potentially relevant publications, of which only nine studies met the selection criteria. All of the studies were from the US with migrant populations from eight different countries. Six studies employed bi-directional acculturation scales and three used uni-directional scales. Six studies indicated positive general associations between higher acculturation and body mass index (BMI), and three studies reported that higher acculturation was associated with lower BMI, as mainly among women. CONCLUSION: Despite the small number of studies, a number of potential explanatory hypotheses were developed for these emerging patterns. The 'Healthy Migrant Effect' may diminish with greater acculturation as the host culture potentially promotes more unhealthy weight gain

than heritage cultures. This appears particularly so for men and a rapid form of nutrition transition represents a likely contributor. The inconsistent results observed for women may be due to the interplay of cultural influences on body image, food choices and physical activity. That is, the Western ideal of a slim female body and higher values placed on physical activity and fitness may counteract the obesogenic food environment for female migrants.

Risk factors of diabetes in canadian immigrants: A synthesis of recent literature.

R. Adhikari, D. Sanou

Can J Diabetes 2012;36(3):142-50

Abstract

Diabetes is a public health issue impacting population health and Canadian health systems, with earlier onset and poorer outcomes among nonwhite Canadians - most of whom are immigrants - as compared to European descendants. This review aims to summarize and identify deficiencies in the existing literature on prevalence and risk factors of diabetes in Canadian immigrants who constitute the majority of nonwhite Canadians. Peer-reviewed articles published between January 2000 and May 2011, were retrieved from PubMed. Prevalence of diabetes ranges between 1.3% and 12% among immigrants and varies across ethnocultural groups. Studies tend to uniformly suggest that nonwhite Canadian immigrants particularly from South Asia, the Caribbean, sub-Saharan Africa and Latin America seem to experience a higher burden of diabetes. Risk factors include time since immigration to Canada, ethnicity, gender, immigrant category, income and education level. Some risk factors such as income and education level seem to be mediated by gender. No study has investigated the impact of structural and contex-

tual factors such as discrimination, social and economic inequalities on diabetes. As the immigrant population continues to grow, the impact on the Canadian health system is expected to increase. Therefore, to guide the development of culturally appropriate interventions aimed at reducing the burden of diabetes among immigrants, there is a need to accelerate research pertaining to this issue. Future research on diabetes among Canadian immigrants will benefit from using a perspective that situates the drivers of the disease into a multidimensional framework. Such a multidimensional perspective should go beyond the individual centered approach based on cultural and biological processes, and include the structural and contextual determinants such as poverty, discrimination, racism and "othering." This is important to gain a better understanding of the multilevel risk factors of diabetes in immigrant populations, and subsequently to inform prevention strategies aimed at reducing their disease burden.

Obesity and cardiovascular disease risk among Turkish and Moroccan migrant groups in Europe: a systematic review.

J.K. Ujcic-Voortman, C.A. Baan, J.C. Seidell, A.P. Verhoeff
Obesity Reviews 2012;13:2-16

Abstract

Migrants from Turkey and Morocco are among the largest ethnic minority groups in several European countries. In this review, we aimed to systematically search, assess and describe the available literature on cardiovascular disease (CVD), obesity and other endogenous cardiovascular risk factors among these groups. Although the number of publications covering this topic among Turkish and Moroccan migrants has increased in the past decades, studies among these groups, especially the Moroccan, are still limited. The-

re is a particular lack of information on CVD mortality and morbidity rates. Furthermore, studies are often hampered by low participation rates, small sample sizes and self-reported data. This further complicates drawing sound conclusions on CVD and risk factors among these migrant groups. The results with regard to CVD morbidity and mortality rates are inconclusive. With regard to CVD risk factors, we tentatively conclude that obesity and diabetes are more common among Turkish and Moroccan migrant groups in Europe than the western European population. In the Turkish population there is also a fair amount of evidence for unfavourable high-density lipoprotein cholesterol levels. However, more research on this topic among these major ethnic minorities is of high importance.

Prevalence of obesity among migrant Asian Indians: a systematic review and meta-analysis.

R. Fernandez R, C. Miranda C, B. Everett

Int J Evid Based Healthc 2011;9(4):420-8

Abstract

OBJECTIVE: The objective of this review was to investigate the prevalence of obesity among migrant Asian Indians globally. The primary outcomes of interest included the incidence of obesity as measured objectively by body mass index (BMI), waist circumference, waist-to-hip ratio and body fat. METHODS: All published studies that investigated obesity rates in migrant Asian Indians were considered for inclusion in the review. Studies were included if they had more than 100 participants and reported objective measures of obesity. A literature search was performed using the following databases Medline (2000-10), Cumulative Index to Nursing and Allied Health Literature (2000-11), Excerpta Medica Database (2000-

current) and the Cochrane Controlled Studies Register (Issue 1, 2011 of Cochrane Library). In addition, the reference lists of relevant studies and conference proceedings were also scrutinised. Two reviewers independently assessed the eligibility of the studies for inclusion in the review, the methodological quality and then extracted details of eligible studies. Data were analysed using the Review Manager software. RESULTS: Ten studies investigating the obesity indices in Asian Indians were eligible for this review. All ten trials that reported on BMI values demonstrated significantly higher BMI values among migrant Asian Indians when compared with other migrants and the native population (standardised mean difference 0.36; 95% confidence interval 0.30, 0.41). A greater proportion of Asian Indians had BMIs greater than or equal to 30 when compared with other ethnic groups. Up to 80% of the Asian Indian women had a waist circumference greater than the recommended value of 88 cm. CONCLUSIONS: Based on the available evidence, the obesity indices among migrant Asian Indians are significantly greater when compared with the native population and those living in India, particularly among women. This is likely to contribute to the high levels of diabetes and coronary heart disease in this population. Culturally appropriate strategies to reduce obesity, particularly abdominal obesity, in this ethnic group are urgently needed. 2011 The Authors. International Journal of Evidence-Based Healthcare. 2011 The Joanna Briggs Institute.

Obesity, hypertension, and migration: a meta-analysis of populations of the South Asian diaspora.

L. Madrigal, J. Brady, M. Raxter, E. Ruiz, F. Otarola, M. Blell
Hum Biol 2011;83:71-86.

Abstract

The effects of migration on human health have been a topic of inte-

rest for demographers and human biologists. Even if migrants to a new region achieve a higher standard of living in their new place of residence, their improved living conditions may not be associated with better health. Part of the difficulty of understanding the health consequences of migration is the complications in trying to control for variables that may affect health, such as gender, age, and urban or rural environment of migrants and nonmigrants. In this paper we report results of a meta-analysis of the body mass index (BMI) and blood pressure (BP) of people of South Asian descent, by comparing nonmigrants who inhabit the subcontinent, with migrants who moved to various places around the globe. Our results indicate that BMI almost always increases to a significant level upon migration and that an increase in BMI is most pronounced in female migrants. Our results also show that BP does not always increase in migrant communities and that it is actually lower in some migrant samples than it is in comparable nonmigrant groups. Therefore, our results show that BP and the BMI do not behave in the same manner following a migration event. We propose that the BMI changes experienced by migrants are likely to reflect different activity levels and diet in the new homeland. However, the BP changes experienced by migrants are likely to reflect stress broadly defined. Such stress may be increased or decreased, depending on the specific migration experience. We propose that the BMI and BP measure two different dimensions of the migration experience.

Drinking and displacement: a systematic review of the influence of forced displacement on harmful alcohol use.

H. Weaver, B. Roberts

Subst Use Misuse 2010;45:2340-55.

Abstract

This paper systematically reviews evidence about factors associated with harmful alcohol use amongst forcibly displaced persons, including refugees and internally displaced persons. Bibliographic and humanitarian-related databases were searched. The number of quantitative and qualitative studies that were screened and reviewed was 1108. Only 10 studies met inclusion criteria. Risk factors identified included gender, age, exposure to traumatic events and resulting posttraumatic stress disorder, prior alcohol consumption-related problems, year of immigration, location of residence, social relations, and postmigration trauma and stress. The evidence base was extremely weak, and there is a need to improve the quantity and quality of research about harmful alcohol use by forcibly displaced persons.

Effectiveness of prevention programmes for obesity and chronic diseases among immigrants to developed countries - a systematic review.

A.M. Renzaho, D. Mellor, K. Boulton, B. Swinburn
Public Health Nutr 2010;13:438-50

Abstract

OBJECTIVE: To determine whether interventions tailored specifically to particular immigrant groups from developing to developed countries decrease the risk of obesity and obesity-related diseases. DESIGN: Databases searched were MEDLINE (1966-September 2008), CINAHL (1982-September 2008) and PsychINFO (1960-September 2008), as well as Sociological Abstracts, PsychARTICLES, Science Direct, Web of Knowledge and Google Scholar. Studies were included if they were randomised control trials, 'quasi-randomised' trials or controlled before-and-after studies. Due to the heterogeneity of study characteristics only a narrative synthesis was undertaken, de-

scribing the target population, type and reported impact of the intervention and the effect size. RESULTS: Thirteen studies met the inclusion criteria. Ten out of thirteen (77 %) studies focused on diabetes, seven (70 %) of which showed significant improvement in addressing diabetes-related behaviours and glycaemic control. The effect on diabetes was greater in culturally tailored and facilitated interventions that encompassed multiple strategies. Six out of the thirteen studies (46 %) incorporated anthropometric data, physical activity and healthy eating as ways to minimise weight gain and diabetes-related outcomes. Of the six interventions that included anthropometric data, only two (33 %) reported improvement in BMI Z-scores, total skinfold thickness or proportion of body fat. Only one in three (33 %) of the studies that included cardiovascular risk factors reported improvement in diastolic blood pressure after adjusting for baseline characteristics. All studies, except four, were of poor quality (small sample size, poor internal consistency of scale, not controlling for baseline characteristics). CONCLUSIONS: Due to the small number of studies included in the present review, the findings that culturally tailored and facilitated interventions produce better outcomes than generalised interventions, and that intervention content is more important than the duration or venue, require further investigation.

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