PMID	First Author	Title	Year	Study Type	Country	Setting	Blinding	Int Length	Total Study Duration	Main Study Objective	Target N	Target Population	Eligibility Criteria	Patient Characteristics	Int. n at Baseline (n at Follow-up)	Int. Type	Specific Intervention	Control n at Baseline (n at follow-up)	Specific Control	Outcomes Measured	Results/CI	Significance	Safety and Adverse Events	Additional Findings	Summary	Grade	Recommendations Used For	Document Recommendations Table
1. Physical Activity																												
19791652	Kang 2009	Effect of pedometer-based physical activity interventions	2009	Meta-Analysis	United States			At least 4 weeks		To determine the effectiveness of pedometer as a motivational tool to increase physical activity. To determine whether age, sex, intervention length and intervention strategy influence the effect of interventions.	103 articles identified, 32 studies included		At least one participant group used pedometers daily pedometers were used as a motivational tool during the intervention step counts were assessed pre and post-intervention the intervention period lasted at least 4 weeks.				Pedometer use			Effect size, expressed as Hedges g	50 Effect sizes were calculated from the 32 studies. The quantitative synthesis of the effects yielded a moderate and positive mean ES of 0.68 (95% CI=0.55, 0.81) using a random effects model.	Significant		There were greater effects with females and intervention strategy of 10000 steps/day as a step goal.	The cummulative evidence suggests that the use of pedometers has a moderate and positive effect on the increase of physical activity in intervention studies. The overall mean ES was 0.68 which translates to an average increase of 2,000 steps in the intervention group for all studies. The evidence suggests that the effects of pedometer use were similar across all age groups and intervention lengths.			
18029834	Bravata 2007	Using Pedometers to Increase Physical Activity and Improve Health	2007	Systematic Review	United States					To evaluate the association of pedometer use with physical activity and health outcomes among outpatient adults.	26 studies with a total of 2767 participants										In RCTs, pedometer users increased their physical activity by 2491 steps per day (95% CI 1098-3885 steps per day, P<.001). In observational studies, pedometer users increased physical activity by 26.9% over baseline. Pedometer users significantly decreased BMI by 0.38 (95% CI 0.05-0.72, P=.03) Systolic blood pressure was decreased by 3.8 mmHg (95% CI 1.7-5.9 mmHg, P<.001)				Use of a pedomoeter is associated with signficiant increases in physical activity and significant decreases in body mass index and blood pressure.			
25625691	March 2015	Adult community health-promoting interventions in primary health care: a systematic review	2015	Systematic Review	Spain					To describe the available evidence on the effectiveness of health-promoting community interventions carried out with the participation of primary health care in the adult population to promote active healthy ageing.	Total 2004 articles were found, 51 met the inclusion criteria		Addressed to the general population or those over 40 years old. Focused on health promotion, that is, they attempt to provide people with the means necessary to improve and exercise more effective control over their health and illness processes. Participation of primary health care professionals in intervention design, development, or recruitment/referral of patients and their assessment. Active community participation in the design, development and/or evaluation of the intervention, or acting as motivators/promoters. If participation is not active, they are included only if they formed part of an intersectoral action or group health education that explicitly states that participatory methodologies are used.				Activities in the community Community-based interventions Group education Peer education			Prevention of falls, reduction in cardiovascular risk, promotion of mental health, self-care and monitoring of chronic illnesses, diabetes control, participation in cancer screening, appropriate use of health services, physical activity in the elderly.					There is evidence of the effectiveness of health education interventions, imparted by professionals using participatory methodologies or by trained peers, in improving self-care in people with chronic illnesses. Community-based programs involving the use of distinct community resources to reduce CVR factors were also effective. Offering group physical exercise activities is very effective for the elderly and cost-effective for the general population. Results indicate that some interventions work better in a group/community setting than in the individual and that greater involvement of patients and the community in interventions improves their effectiveness.			
2. Tobacco-e-cigarettes																												
25572196	Ebbert 2015	Counseling patients on the use of electronic cigarettes	2015	Concise review for clinicians	United States					List the components of e-cigarette. Recall the available evidence regarding the efficacy of e-cigarettes for smoking cessation. Describe the characteristics of e-cigarette users.														The effectiveness of e-cigarettes for smoking cessation is modest and appears to be comparable to the nicotine patch combined with minimal behavioral support. The potential risk of e-cigarettes outweighs their known benefit as a recommended tobacco treatment strategy by clinicians. Patients should be counseled on the known efficacy and potential risks of e-cigarettes.			
25136064	Orr 2014	Efficacy of electronic cigarettes for smoking cessation	2014	Review	United States					To review data demonstrating effective smoking cessation with electronic cigarettes.	6 studies								Desire to smoke, number of cigarettes smoked per day, and exhaled carbon monoxide levels, adverse effects.	Most studies showed a significant decrease in cigarette use acutely; however, long-term cessation was not sustained at 6 months.				There is limited evidence for the effectiveness of e-cigarettes in smoking cessation; however, there may be a place in therapy to help modify smoking habits or reduce the number of cigarettes smoked.			
26284721	Leventhal 2015	Association of electronic cigarette use with initiation of combustible tobacco product smoking in early adolescence	2015	Observational cohort study	United States	School				To evaluate whether e-cigarette use among 14-year old adolescents who have never tried combustible tobacco is associated with risk of initiating use of 3 combustible tobacco products (i.e., cigarettes, cigars and hookah).	2,530	Public high school students		Mean age 14.1 years						6 and 12-month follow up reports on use of any of the following tobacco products within the prior 6 months:1) any combustible tobacco product, 2) combustible cigarettes, 3) cigars, 4) hookah, 5) number of combustible tobacco products.	Past 6-month use of any combustible tobacco product was more frequent in baseline e-cigarette ever users than never users at 6-month follow up, difference in prevalence rates between groups 22.7% (95% CI, 16.4%-28.9%) and at 12-month follow up 15.9% (95% CI, 10.0%-21.8%). Baseline e-cigarette use was associated with greater likelihood of use of any combustible tobacco product averaged across the 2 follow up periods in the unadjusted analyses (OR 4.27, 95% CI 3.19-5.71). In adjusted analysis, OR 2.73, 95% CI 2.00-3.73. Baseline e-cigarette use was positively associated with combustible cigarette (OR 2.65, 95%CI 1.73-4.05), cigar (OR 4.85, 95% CI 3.38-6.96) and hookah (OR 3.25, 95% CI 2.29-4.62) use and and with the number of different combustible products used (OR 4.26, 95%CI 3.16-5.74) averaged across the 2 follow up periods.				Among high school students in Los Angeles, those who had ever used e-cigarettes at baseline compared with nonusers were more likely to report initiation of combustible tobacco use over the next year.			
25515689	McRobbie 2014	Electronic cigarettes for smoking cessation and reduction	2014	Systematic Review	United Kingdom					To examine the efficacy of electronic cigarettes in helping people who smoke to achieve long-term abstinence; to examine the efficacy of e-cigarettes in helping people reduce cigarette consumption by at least 50% of baseline levels; and to assess the occurrence of adverse events associated with e-cigarette use.	600 records were identified, 29 were included								Abstinence from smoking after at least 6 months follow up, reduction in smoking	Participants using EC were more likely to have abstained from smoking for at least 6 months compared with participants using placebo EC (RR 2.29, 95%CI 1.05-4.96). Comparison of EC to nicotine patch found no significant difference in 6-month abstinence rate, but the confidence intervals do not rule out a clinically important difference (RR 1.26, 95% CI 0.68-2.34).A higher number of people were able to reduce cigarette consumption by at least half with ECs compared with placebo ECs (RR 1.31, 95%CI 1.02 to 1.68) and compared with patch (RR 1.41, 95% CI 1.20-1.67).		No serious adverse events.		Tgere is evidence that Ecs help smokers to stop smoking long-term compared with placebo Ecs. Ecs appear to help smokers unable to stop smoking altogether to reduce their cigarette consumption when compared with placebo Ecs and nicotine patches.			
26389730	Siu 2015	Behavioral and Pharmacotherapy Interventions for Tobacco Smoking Cessation in Adults, Including Pregnant Women: U.S. Preventive Services Task Force Recommendation Statement	2015	Guideline	United States																						
3. Alcohol																												
25514547	Alvarez-Bueno 2015	Effectiveness of brief interventions in primary health care settings to decrease alcohol consumption by adult non-dependent drinkers: a systematic review of systematic reviews	2015	Systematic Review	Spain					To evaluate the effectiveness of brief interventions in the primary health care setting to decrease alcohol consumption in non-alcoholic adult drinkers.	7 studies were included in the review.									5 studies reported a moderate decrease in alcohol consumption and 4 showed a decrease in the number of participants who consumed alcohol above the established risk level.				Brief interventions have a moderate effect on reducing alcohol consumption among excessive drinkers or people who people who consume excessive amounts of alcohol and as a consequence these interventions increased the number of people drinking alcohol below established limits of risk. Brief interventions with multiple contacts or follow up sessions are the most effective.			
23698791	Moyer 2013	Screening and Behavioral Counseling Interventions in Primary Care to Reduce Alcohol Misuse: U.S. Preventive Services Task Force Recommendation Statement	2013	Guideline	United States																						

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22876371	Jonas 2012	Screening, behavioral counseling, and referral in primary care to reduce alcohol misuse	2012	Comparative Effectiveness Review	United States					To assess the effectiveness of screening followed by behavioral counseling for adolescents and adults with alcohol misuse in primary care settings.	23 trials and 6 systematic reviews were included.														Behavioral counseling interventions improve behavioral outcomes for adults with risky/hazardous drinking. For most health outcomes, available evidence either found no difference between interventions and controls or was insufficient to draw conclusions. The best evidence of effectiveness is for brief multicontact interventions.			
15883236	Bertholet 2005	Reduction in Alcohol Consumption by Brief Alcohol Intervention in Primary Care	2005	Systematic review and meta-analysis	United States					To evaluate the efficacy of brief alcohol interventions aimed at reducing long-term alcohol use and related harm in individuals attending primary care facilities but not seeking help for alcohol-related problems.	19 trials that included 5,639 individuals									Alcohol consumption	8 trials reported a significant effect of intervention. Mean pooled difference -38g of ethanol per week (95% CI -51 to -24 g/wk) in favor of the brief alcohol intervention group.				Focusing on patients in primary care, brief intervention is effective in reducing alcohol consumption at 6 and 12 months.			
4. Nutrition																												
24687909	Oyebode 2014	Fruit and vegetable consumption and all-cause, cancer and CVD mortality: analysis of health survey for England data	2014	Cross-sectional study	England	Population survey				To examine whether daily consumption of fruit and vegetables benefits the general population of England.	65,226 survey participations aged 35+ years	Survey population								all cause, cancer and CVD mortality	Fruit and vegetable consumption was associated with decreased all cause mortality 0.67 (95% CI 0.58 to 0.78); reduced cancer 0.75 (95% CI 0.59-0.96) and cardiovascular mortality 0.69 (95% CI 0.53 to 0.88).			Vegetables may have stronger association with mortality than fruit. Consumption of vegetables or salad were most protective, while frozen/canned fruit consumption was apparently associated with increased	An inverse association exists between fruit and vegetable consumption and mortality, with benefits seen in up to 7+ portions daily.			
23803880	Bellavia 2013	Fruit and vegetable consumption and all-cause mortality: a dose-response analysis	2013	Cohort study	Sweden	Population based questionnaire				To examine the dose-response relation between fruits and vegetable consumption and mortality, in terms of both time and rate.	71,706	Adults		38,221 men and 33,485 women aged 45-83 years						All cause mortality	Lower consumption was associated with shorter survival and higher mortality rates. Those who never consumed FV lived 3 years shorter (PD -37 mo; 95% CI -58, -16 mo) and had 53% higher mortality rate (HR 1.53, 95%CI 1.19-1.99) than those who consumed 5 servings FV/d. Those who never consumed fruit lived 19 mo shorter (PD -19, 95%CI -29,-10) than did those who ate 1 fruit/d. Participants who consumed 3 v/d lived 32 mo longer than did those who never consumed vegetables (PD 32, 95%CI 13, 51).				FV consumption <5 servings/day is associated with progressively shorter survival and higher mortality rates.			
25073782	Wang 2014	Fruit and vegetable consumption and mortality from all causes, cardiovascular disease, and cancer: systematic review and dose-response meta-analysis of prospective cohort studies	2014	Systematic review and meta-analysis	China					To examine and quantify the potential dose-response relation between fruit and vegetable consumption and risk of all cause, cardiovascular and cancer mortality.	833,234									All cause, cardiovascular and cancer mortality	Higher consumption of fruit and vegetables was significantly associated with a lower risk of all cause mortality. Pooled hazard ratio 0.95 (95%CI 0.92 to 0.98) for an increment of one serving a day of fruit and vegetables (p=0.001), 0.94 (0.90 to 0.98) for fruit (p=0.002), and 0.95 (0.92 to 0.99) for vegetables (p=0.006). There was a threshold around 5 servings of FV a day, after which the risk of all cause mortality did not reduce further. A significant inverse association was observed for cardiovascular mortality (hazard ratio 0.96, 95%CI 0.92 to 0.99) while higher consumption of FV was not appreciably associated with risk of cancer mortality.				A higher consumption of FV is associated with a lower risk of all cause mortality, particularly cardiovascular mortality.			
25733644	Harmon 2015	Associations of key diet-quality indexes with mortality in the multiethnic cohort: the dietary patterns methods project	2015	Cohort study					13-18 year follow up	To assess the ability of HEI 2010, AHEI-2010, aMED and DASH to predict the reduction in risk of mortality from all causes, cardiovascular disease (CVD) and cancer.	215,782										High HEI-2010, AHEI-2010, aMED and DASH scores were all inversely associated with risk of mortality from all causes, CVD, and cancer in both men and women. For men, HEI-2010 was consistently associated with a reduction in risk of mortality for all causes (HR 0.75, 95%CI 0.71, 0.79), CVD (HR 0.74, 95%CI 0.69, 0.81) and cancer (HR 0.76, 95% CI 0.70, 0.83) when lowest and highest quintiles were compared. In women, the AHEI and aMED showed large reductions for all-cause mortality (HR 0.78, 95%CI 0.74, 0.82), the AHEI showed large reductions for CVD (HR 0.76, 95%CI 0.69, 0.83), and the aMED showed large reductions for cancer (HR 0.84; 95%CI 0.76,0.92)				In a U.S. multiethnic population, the results suggest that consuming a dietary pattern that achieves a high-diet quality index score is associated with lower risk of mortality from all causes, CVD and cancer in adult men and women.			
19671905	Feart 2009	Adherence to a Mediterranean diet, cognitive decline, and risk of dementia	2009	Prospective cohort study	France					To investigate the association of a Mediterranean diet with change in cognitive performance and risk of dementia in elderly French persons.	1410	Adults, 65+ years old								Cognitive performance using MMSE, IST, BVRT and FCSRT; Dementia	Higher Med diet score was associated with fewer MMSE errors (-0.006, 95% CI -0.01 to -0.0003). Performance on the IST, BVRT or FCSRT over time was not significantly associated with Med diet adherence. Greater adherence as a categorical variable was not significantly associated with fewer MMSE errors and better FCSRT scores in the entire cohort, but among individuals who remained free from dementia over 5 years, the association for the highest compared with the lowest group was significant (MMSE -0.03, 95%CI -0.05 to -0.001; FCSRT 0.21, 95%CI 0.008 to 0.41). Med diet adherence was not associated with the risk for incident dementia (HR 1.12; 95%CI 0.60 to 2.10) although power to detect a difference was limited.				Higher adherence to Med diet was associated with slower MMSE cognitive decline but not consistently with other cognitive tests. Higher adherence was not associated with risk for incident dementia.			
20810976	Sofi 2010	Accruing evidence on benefits of adherence to the Mediterranean diet on health: an updated systematic review and meta-analysis	2010	Systematic review and meta-analysis	Italy					To update previous results on the effects of adherence to the Med diet on health status.											A 2-point increase in adherence with Med diet was associated with a significant reduction of overall mortality (RR 0.92, 95%CI 0.90 to 0.94), cardiovascular incidence or mortality (RR 0.90, 95%CI 0.87-0.93), cancer incidence or mortality (RR 0.94, 95%CI 0.92 to 0.96), and neurodegenerative diseases (RR 0.87, 95%CI 0.81 to 0.94)				There is significant and consistent protection provided by adherence to the Med diet in relation to the occurrence of major chronic degenerative diseases.			
21392646	Kastorini 2011	The effect of Mediterranean diet on metabolic syndrome and its components	2011	Meta-analysis	Greece, Italy					To assess the effect of Mediterranean diet on metabolic syndrome (MS) as well as its components.	50 studies and 534,906 individuals										Adherence to Med diet was associated with reduced risk of MS (log HR -0.69, 95%CI -1.24 to -1.16). Med diet also had protective role on waist circumference (-0.42 cm, 95% CI-0.82 to -0.02); HDL (1.17, 95%CI 0.38 to 1.96), triglycerides (-6.14, 95%CI -10.35 to -1.93), systolic BP (-2.35, 95%CI -3.51 to -1.18), and diastolic BP (-1.58, 95%CI -2.02 to -1.13) and glucose (-3.89, 95%CI -5.84 to -1.95)				Med dietary pattern can be adopted by all population groups and various culture and cost-effectively serve for primary and secondary prevention of the MS and its individual components.			
23432189	Estruch 2013	Primary prevention of cardiovascular disease with a Mediterranean diet	2013	Randomized controlled trial	Spain	Multicenter trial				To investigate the association between adherence to the Med diet and cardiovascular risk.	7,747	Participants at high risk for cardiovascular event but with no cardiovascular disease at enrollment.		Age range 55-80 years, 57% were women		Dietary	Med diet with supplemented extra-virgin olive oil, Med diet supplemented with mixed nuts.		Advice to reduce dietary fat	Primary end point: Rate of major cardiovascular events (myocardial infarction, stroke, or death from cardiovascular causes).	A primary end point occurred in 288 participants. HR 0.70 95%CI 0.54 to 0.92 and 0.72 95% CI 0.54 to 0.96 for the group assigned to a Med diet with extra-virgin oil (96 events) and the group assigned to a Med diet with nuts (83 events), respectively, vs. the control group (109 events). No diet related adverse effects were reported.				Among persons at high cardiovascular risk, a Med diet supplemented with extra-virgin olive oil or nuts reduced the incidence of major cardiovascular events.			

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20847736	Burke 2011	The effect of electronic self-monitoring on weight loss and dietary intake: a randomized behavioral weight loss trial	2011	Randomized trial	United States					To investigate whether using a personal digital assistant (PDA) with dietary and exercise software, with and without a feedback message, compared to using a paper diary/record (PR), results in greater weight loss and improved self-monitoring adherence.	210	Healthy adults with a mean BMI of 34.01			PR (n=72), PDA with self-monitoring software (n=68) or PDA with self-monitoring software and daily feedback messages (PDA+FB, n=70)					Standard behavioral treatment	Weight losss, self-monitoring adherence.	All participants had significant weight loss (p<0.01) but weight loss did not differ among groups. A higher proportion of PDA+FB participants (63%) achieved >=5% weight loss in comparison to the PR group (46%) (P<0.05) and PDA group (49%) (P=0.09). Median percent self-monitoring adherence over the 6 months was higher in the PDA groups (PDA 80%, PDA+FB 90%) than in the PR group (55%) (P<0.01). Waist circumference decreased more in the PDA groups than the PR group (p=0.02). Similarly, the PDA groups reduced energy and saturated fat intake more than the PR group (p<0.05). Self-monitoring adherence was greater in the PDA groups with the greatest weight change observed in the PDA+FB group.							
21443993	Acharya 2011	Using a personal digital assistant for self-monitoring influences diet quality in comparison to a standard paper record among overweight/obese adults	2011	Randomized trial	United States					To describe the differences in dietary changes at 6 months between participants randomly assigned to use a paper record or PDA for self-monitoring in a clinical trial of weight loss treatment.	192 participants			84% female and 78% white; mean age of 49 years and BMI of 34.1		PDA with dietary software	PDA with dietary software		Paper record	Changes in weight and diet.	At 6 months, both groups had significant reductions in weight, energy intake, and percent calories from total fat and saturated fatty acids (P<0.001); no between group differences were found. PDA group significantly increased consumption of fruit (P=0.02) and vegetables (P=0.04) and decreased consumption of refined grains (P=0.02). Interactions among self-monitoring and the two groups were found in relation to changes in precent calories from total fat (P=0.02), monosaturated fatty acids (p=0.002) and transfatty acids (p=0.04). Frequent self-monitoring was significantly associated with total sugar (p=0.02) and added sugar (p=0.01) intake in both groups.				The findings suggest that use of a PDA for self-monitoring might improve self-awareness of behavior and dietary changes.			
22958633	Lieffers 2012	Dietary assessment and self-monitoring with nutrition applications for mobile devices	2012	Review	Canada					To compare nutrition applications for mobile devices with conventional methods (24-hr recall interviews, paper-based food records) in dietary intake documentation in healthy populations and those trying to lose weight.	18 studies													Positive feedback was reported with applications. Both application types had moderate to good correlations for assessing energy and nutrient intakes in comparison with conventional methods. For self-monitoring, application vs conventional methods (often paper records) frequently resulted in better self-monitoring adherence and changes in dietary intake and/or anthropometrics. Nutrition applications for mobile devices have an exciting potential for use in dietetic practice.			
25563356	Lyzwinski 2014	A systematic review and meta-analysis of mobile devices and weight loss with an intervention content analysis	2014	Systematic review and meta-analysis	United Kingdom					To determine whether mobile devices induce weight loss and improvements in diet and physical activity levels when compared with standard controls without a weight loss intervention or controls allocated to non-mobile device weight loss interventions.	17 studies	Adults, 18+ years without pre-specified comorbidities								Significant effect size of 0.43 (95%CI 0.252-0.609) (p<=0.01) favoring mobile interventions.				Mobile devices induced weight loss relative to baseline weight. When comparing them with standard no intervention controls as well as controls receiving non-mobile weight loss interventions, results favored mobile devices for weight loss. Reductions in BMI, waist circumference, and percentage body fat were also found. Improvements in determinants of weight loss in the form of improved dietary intake and physical activity were also found.			
26104243	Koloverou 2015	Adherence to Mediterranean diet and 10-year incidence (2002-2012) of diabetes: correlations with inflammatory and oxidative stress biomarkers in the ATTICA cohort study	2015	Cohort study	Greece					To investigate the links between oxidative stres, inflammation and coagulation and their effect on Mediterranean diet-diabetes relationship.	1,514 men (18-87 years old) and 1,528 women (18-89 years old)										A total of 191 incident cases of diabetes were documented with an incidence of 12.9% (13.4% in men and 12.4% in women). Medium and high adherence was found to decrease diabetes risk by 49% (95%CI 0.30-0.88) and 62% (95%CI 0.16-0.88), respectively compared with low adherence. There was also trend between Med diet and diabetes incidence (p=0.042) Individuals with abnormal waist circumference (>94 for men, >80 for women) were benefited the most. Wholegrain cereals, fruits and legumes had the greatest predictive ability.				The results support the role of Med diet as a promising dietary tool for the primary prevention of diabetes, by attentuating inflammation and fostering total antioxidant capacity. The dietary pattern may have therapeutic potential for many cardiometabolic disorders associated with inflammation and/or oxidative stress.			
5. Healthy Thinking																												
No PMID # four	Gander 2013	Strength-based positive interventions: further evidence for their potential in enhancing well-being and alleviating depression	2013	Randomized controlled trial	Switzerland	Internet				To examine the impact of nine strength-based positive interventions on well-being and depression.	622 adults						9 strengths based positive interventions		Placebo		Eight of the nine interventions increased happiness; depression was decreased in all groups, including the placebo control group.				Happiness can be enhanced through some strengths-based interventions.			
23390882	Boiler 2013	Positive psychology interventions: a meta-analysis of randomized controlled studies	2013	Meta-analysis	Netherlands					To study the effectiveness of positive psychology interventions for the general public and for individuals with specific psychosocial problems.	39 studies with 6,139 participants										Mean difference for subjective well-being was 0.34, 0.20 for psychological well-being and 0.23 for depression indicating small effects for positive psychology interventions. At follow up from 3 to 6 months, effect sizes are small, but still significant for subjective well-being and psychological well-being, indicating that effects are fairly sustainable.				Positive psychology interventions can be effective in enhancement of subjective well-being and psychological well-being, as well as in helping to reduce depressive symptoms.			
24617270	Ouweneel 2014	On being grateful and kind: results of two randomized controlled trials on study-related emotions and academic engagement	2014	Review of two randomized controlled trials	Netherlands					The potential of positive psychological interventions to enhance study-related positive emotions and academic engagement, and to reduce study-related negative emotions among university students.															Gratitude intervention had a significant positive effect on daily positive emotions only. The kindness intervention had a positive influence on both positive emotions and academic engagement, but not in the long run. The results showed no effects on negative emotions in either of the two interventions. Positive psychological interventions seem to foster positive emotions and academic engagement, but do not decrease negative emotions.			
12585811	Emmons 2003	Counting blessings versus burdens: an experimental investigation of gratitude and subjective well-being in daily life	2003	Randomized studies	United States					To examine the effect of a grateful outlook on psychological and physical well-being.															The gratitude outlook groups exhibited heightened well-being across several, but not all, of the outcome measures. The effect of positive affect appeared to be the most robust finding. Results suggest that a conscious focus on blessings may have emotional and interpersonal benefits.			
19301241	Sin 2009	Enhancing well-being and alleviating depressive symptoms with positive psychology interventions: a practice-friendly meta-analysis	2009	Meta-analysis	United States					To study whether positive psychology interventions enhance well-being and ameliorate depressive symptoms.	51 studies with 4,266 individuals										Positive psychology interventions significantly enhance well-being (mean r=0.29) and decrease depressive symptoms (mean r-0.31).				Clinicians should incorporate positive psychology techniques into their clinical work, particularly for treating clients who are depressed, relatively older or highly motivated to improve. The findings also suggest that clinicians should do well to deliver positive psychology interventions as individual (vs group) therapy and for relatively longer periods of time.			