EXERCISE CONSULTATION TO IMPROVE ADHERENCE TO PHASE 4 EXERCISE: TARGETING RESOURCES TO THOSE MOST IN NEED OF SUPPORT

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INTRODUCTION

• Many patients fail to maintain regular physical activity (PA) levels1,2, in accordance with current health recommendations3, following completion of Phase 3 Cardiac Rehabilitation (CR).
• Exercise consultations have previously been identified as a means of helping to improve adherence to physical activity4, PA), however, resource limitations may inhibit the provision of consultations to all patients.
• As part of Phase 4 services within a CR programme in the west of Scotland, exercise consultations are offered to individuals who are identified as being in need of additional support to maintain regular participation in physical activity.

AIM

The present study aimed to compare uptake and adherence to Phase 4 exercise, 6 months after referral, in individuals directly referred to Phase 4 exercise options versus those referred via an exercise consultation service.

METHODS

DESIGN:
• Prospective Longitudinal Study

PARTICIPANTS:
• 119 patients were recruited to the study; 49 patients (mean age 64.5±1 yrs, 67% male) in the exercise consultation group, and 70 patients (mean age 63.7±1 yrs, 63% male) in the direct referral group.

PROCEDURES:
• Prior to progression on to Phase 4 activities, all patients received a standard discharge assessment to discuss available options for progressing to one of 35 Phase 4 activities in the local area.
• Forty-nine patients were identified as needing additional support, or were undecided about their Phase 4 options, and were referred for an individual exercise consultation (EX). Seventy patients were directly referred (DR) onto a Phase 4 programme.
• Stage of Change (SOC) and criteria for attainment of national physical activity recommendations (HEBS level one [HEBS1] = 5x30mins accumulated PA·wk-1; HEBS level two [HEBS2] = 3x20mins continuous vigorous PA·wk-1) were used to measure PA. The Scottish Physical Activity Questionnaire (SPAQ) was administered at baseline to the EX group only.
• Repeat measurements of SOC, HEBS level and SPAQ were obtained for all patients 6 months after referral. Phase 4 uptake and adherence were also recorded.

ANALYSIS:
• Data were analysed for differences between groups and over time. Paired t-tests were used for continuous variables. McNemar’s test was used for paired binary variables and the Chi-Square test for association was used for all other categorical data.
• All data are reported as mean ± S.E.M. unless otherwise stated.

RESULTS

• No significant differences existed between the EX and DR groups at baseline in age, gender, employment status or deprivation category (p=0.05).
• A significantly lower proportion of the EX group participated in regular physical activity at baseline (74%, met HEBS1 or HEBS2 in comparison to 86% in the DR group; p=0.002).
• Phase 4 uptake rates were also lower in the EX group (68% compared to 87% in the DR group, p=0.001). However, following uptake of PA, 81% of the EX group maintained PA at 6 months, compared to 63% in the DR group (p=0.001) (see Figure 1).
• Overall, these variations resulted in equivalent overall adherence rates to phase 4 activity between groups (55%; p=0.144).

CONCLUSIONS

• Referral to Phase 4 services alone was sufficient to improve physical activity levels in those identified as not needing additional support. This group (DR) were consistently more active throughout the period of the study, and the majority remained regularly active at follow-up.
• Exercise consultations, in addition to provision of PA. The Scottish Physical Activity Questionnaire (SPAQ) was administered at baseline to the EX group only.
• Phase 4 uptake and adherence were also recorded.

REFERENCES


FOR FURTHER INFORMATION
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