

Patient Perspectives and Readiness to Change in Chronic Kidney Disease: Exercise and Physical Activity Behaviours

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Introduction and Aims

- Chronic Kidney Disease (CKD) is associated with a wide range of physiological and psychological complications.
- Exercise is beneficial for CKD patients but it is rarely integrated into the care plan and patients typically lead sedentary lifestyles.
- Physical inactivity is often related to low self-efficacy (SE) and lack of readiness to change, but the reasons underlying patient inactivity have not been explored in the UK CKD population.

Part 1: Explore patient readiness to change or adopt exercise behaviours and confidence to exercise.

Part 2: Explore patients perceived barriers and motivators for exercise

Method and Analysis

Part 1: The survey included 2 validated questionnaires:

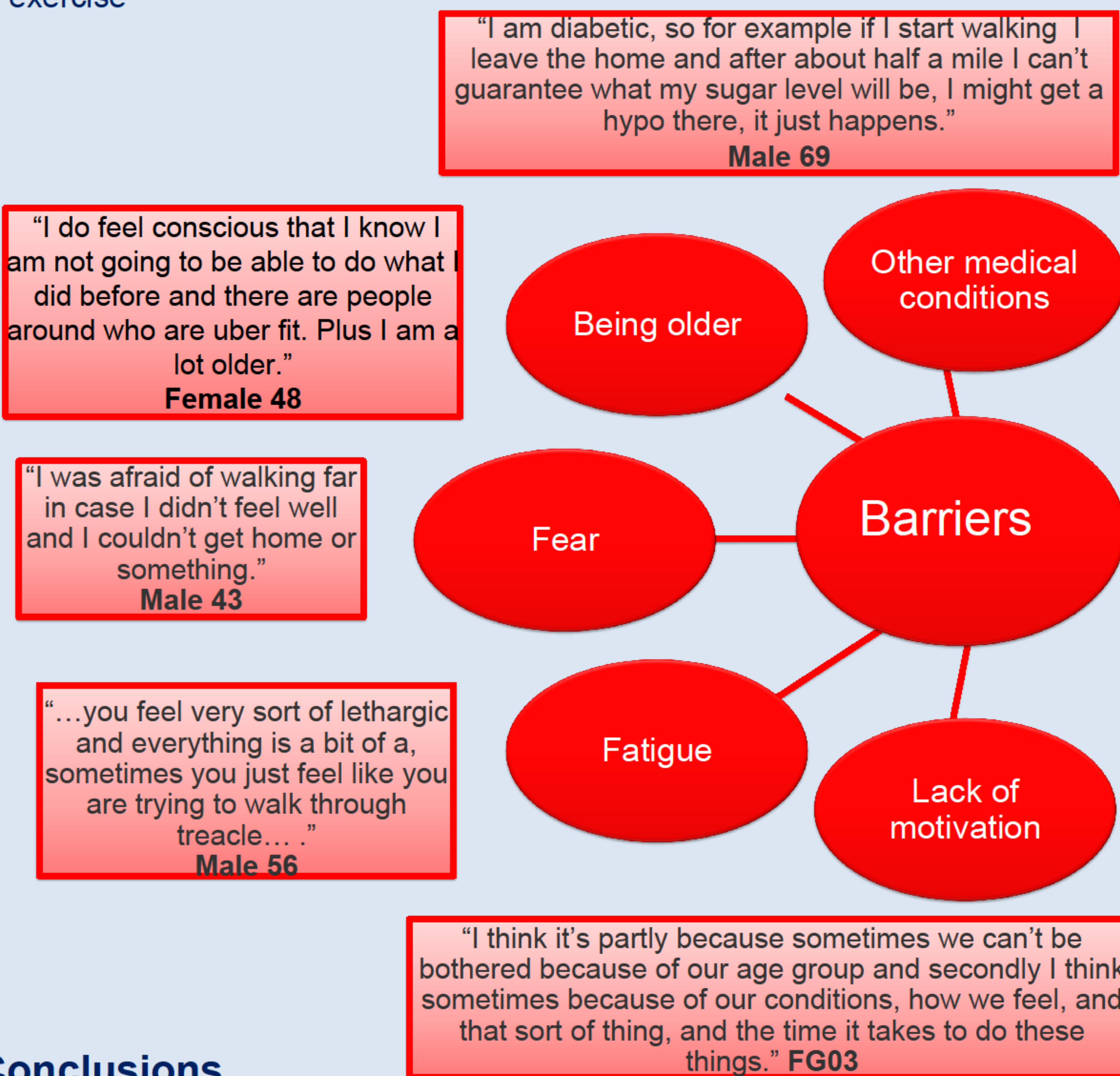
- Stage of Change Questionnaire (SOCQ)**- Determines to what extent a patient is ready to alter their lifestyle in favour of a more active routine
- Self-efficacy questionnaire (SEQ)**- Determines how confident a patient is in developing a more active lifestyle

Part 2: The qualitative part of the study utilised semi-structured focus groups and interviews.

- All data were digitally recorded, transcribed verbatim, translated where necessary and subject to analysis using a framework approach.

Results: Part 2

- This diagram illustrates the main patient perceived barriers and motivators to exercise



Results: Demographics

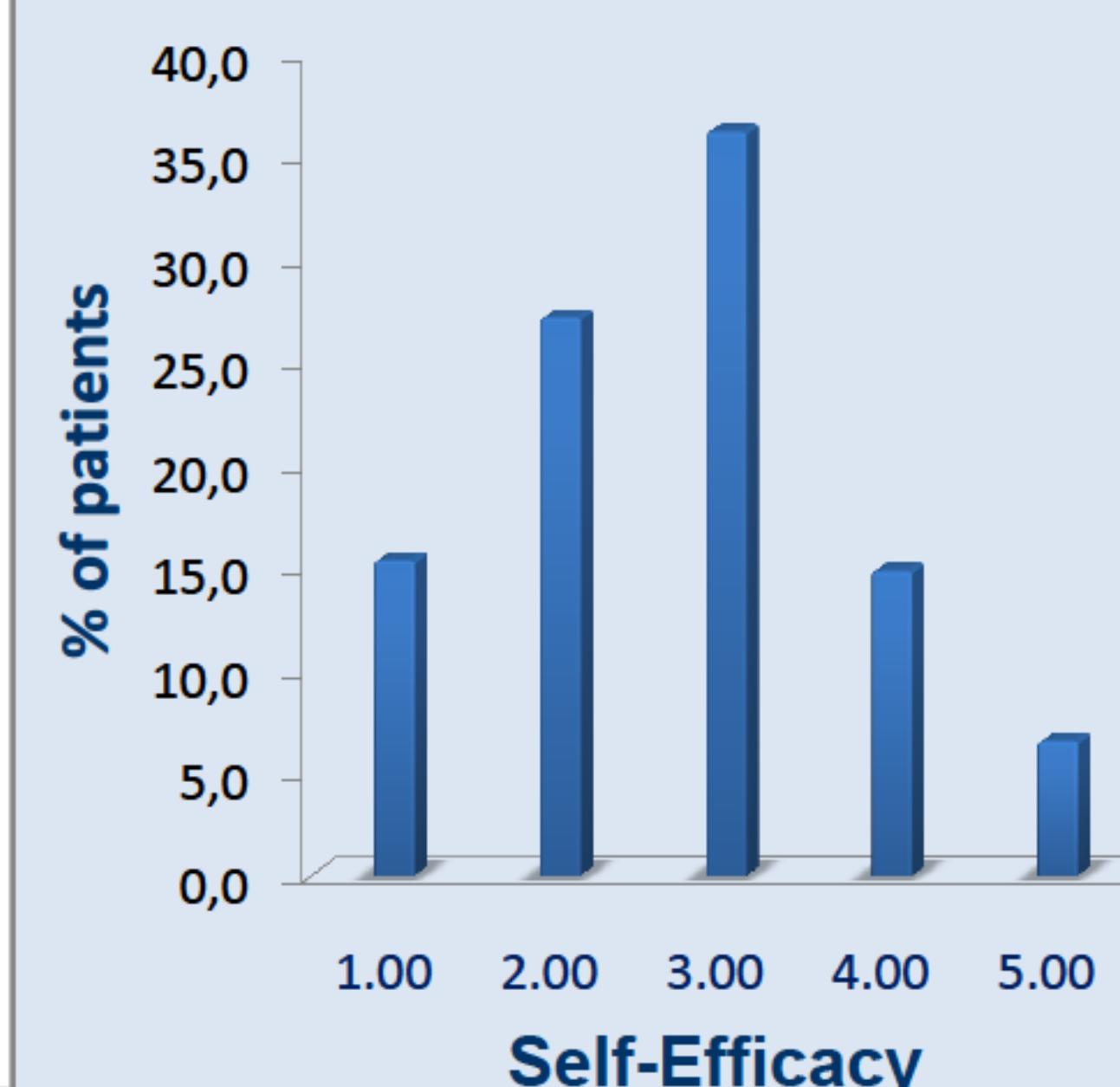
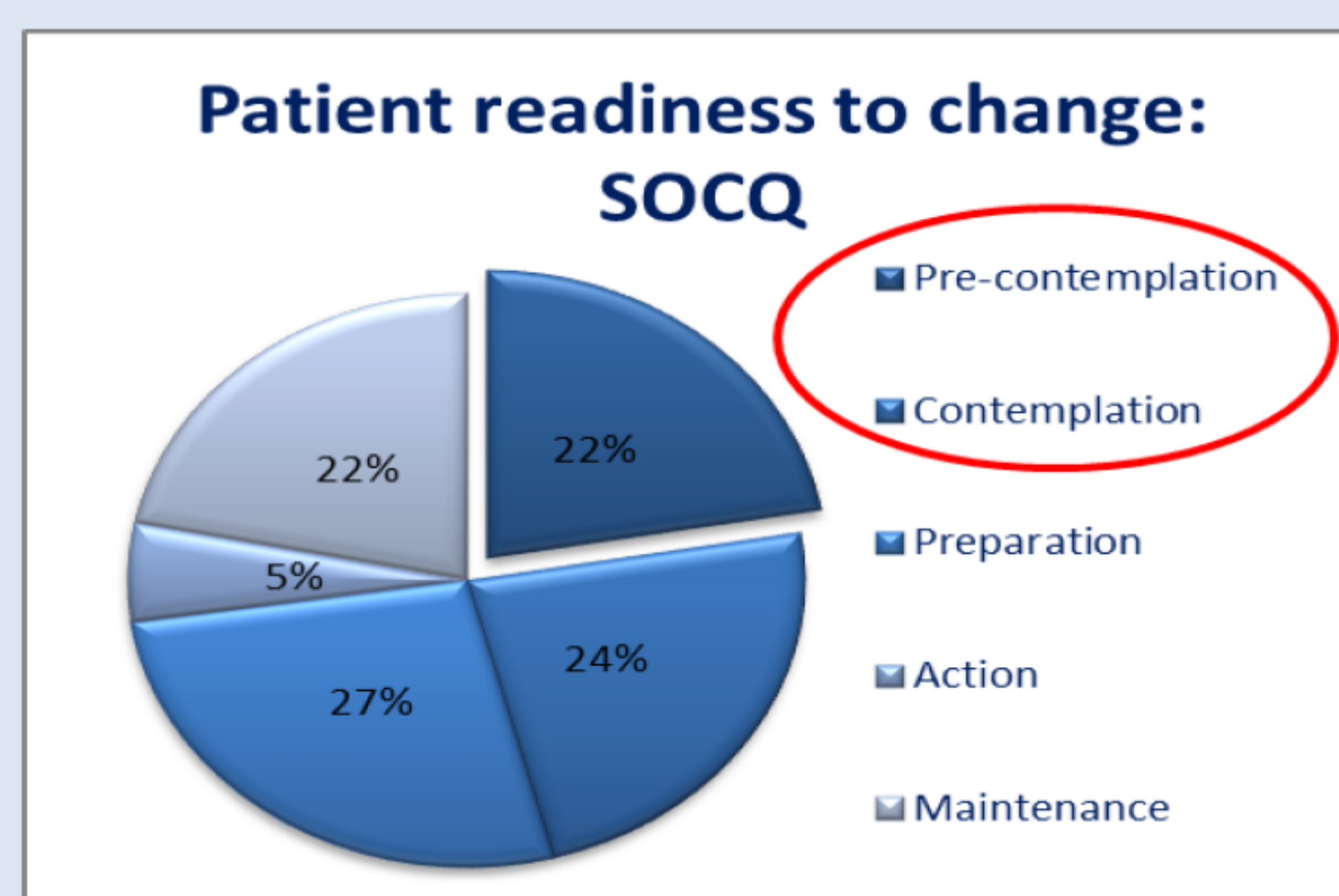
Part 1: Survey

N=399 patients with CKD stage 1-5 (223 male, median age 60, age range 16-93 years).

Part 2: Semi structured interviews and focus groups

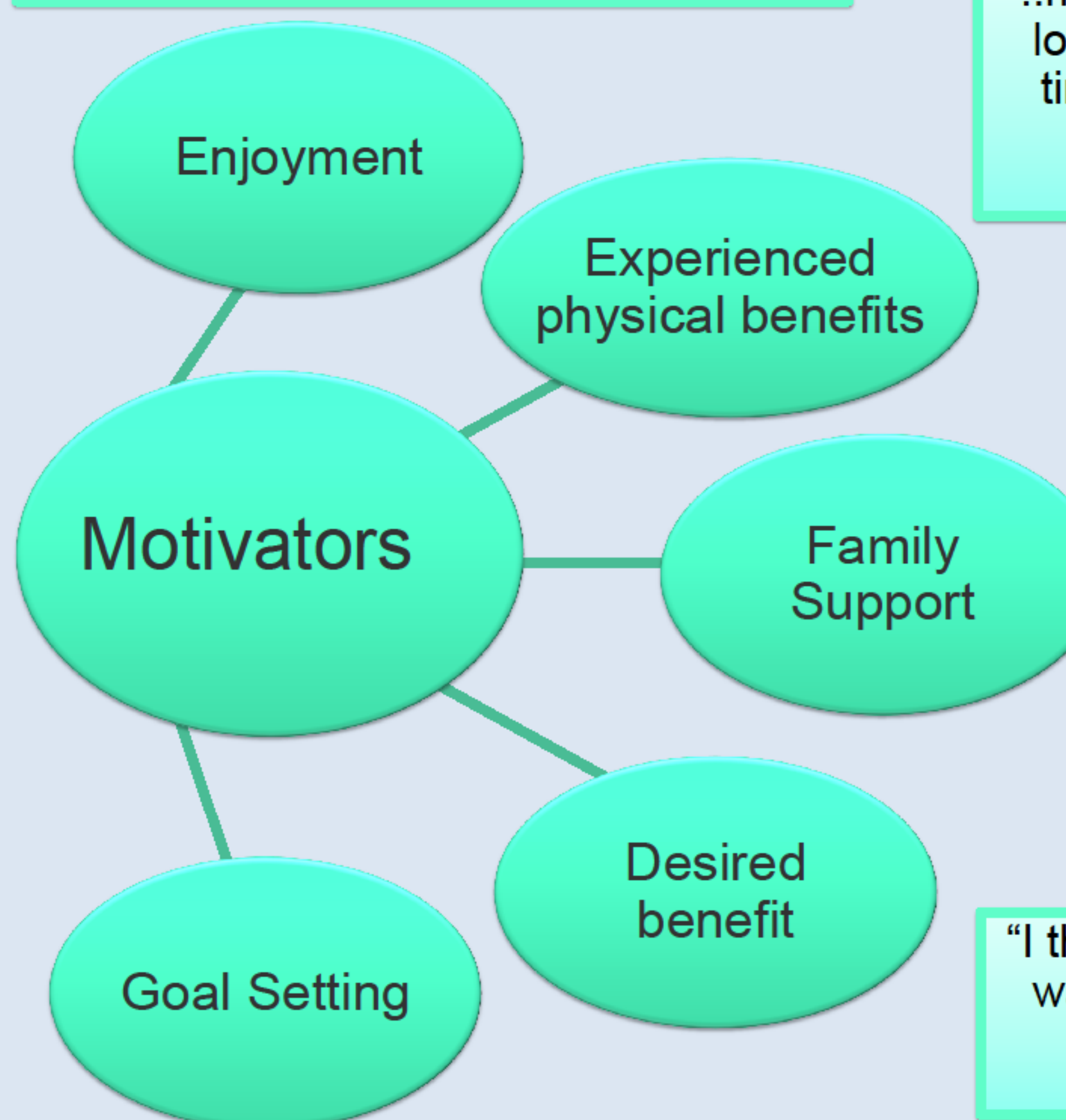
3 Focus groups and 22 semi-structured interview N=36 (20 male, mean age 64 years, SD=12.93, age range 26-83)

Results: Part 1



- SE was lower for patients who were in the earlier stages of change compared to the later stages ($Z=-4.81, P<0.05$).
- SE was positively correlated to SOC ($\rho=0.517, P<0.001$), this correlation remained significant when controlling for age ($\rho=0.503, P<0.001$) and CKD stage ($\rho=0.477, P<0.001$).

"Where as the running, cycling and swimming I enjoyed them, and they are the three that I maintained, so I think that is proof in the pudding if you want." **Male 26**



"...my BP has gone down, I feel a lot healthier, more active, less tired, and generally just more fitter". **Male 58**

"...It's just that extra encouragement and he [husband]... knows deep down it's probably because I am a bit unsure or a bit frightened of what I can and can't do." **Female 48**

"I think it's the challenge and I want to get back to normal" **Female 63**

"...you set yourself goals and every time you go there you think right I did that last week I can definitely do it so I may as well do a little bit more." **Male 58**

Conclusions

- The majority of CKD patients are in a receptive stage where they would benefit from a CKD Specific health behaviour change programme.
- Low SE is an important factor for patients readiness to change or adopt greater amounts of exercise.
- Patients presented a number of cognitive, behavioural and physical barriers to change but enhancing feelings of autonomy and relatedness has the potential to facilitate change.

Acknowledgments

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