

The “person-based approach” to developing a structured group education programme to increase physical activity in CKD: The PACT-Project.

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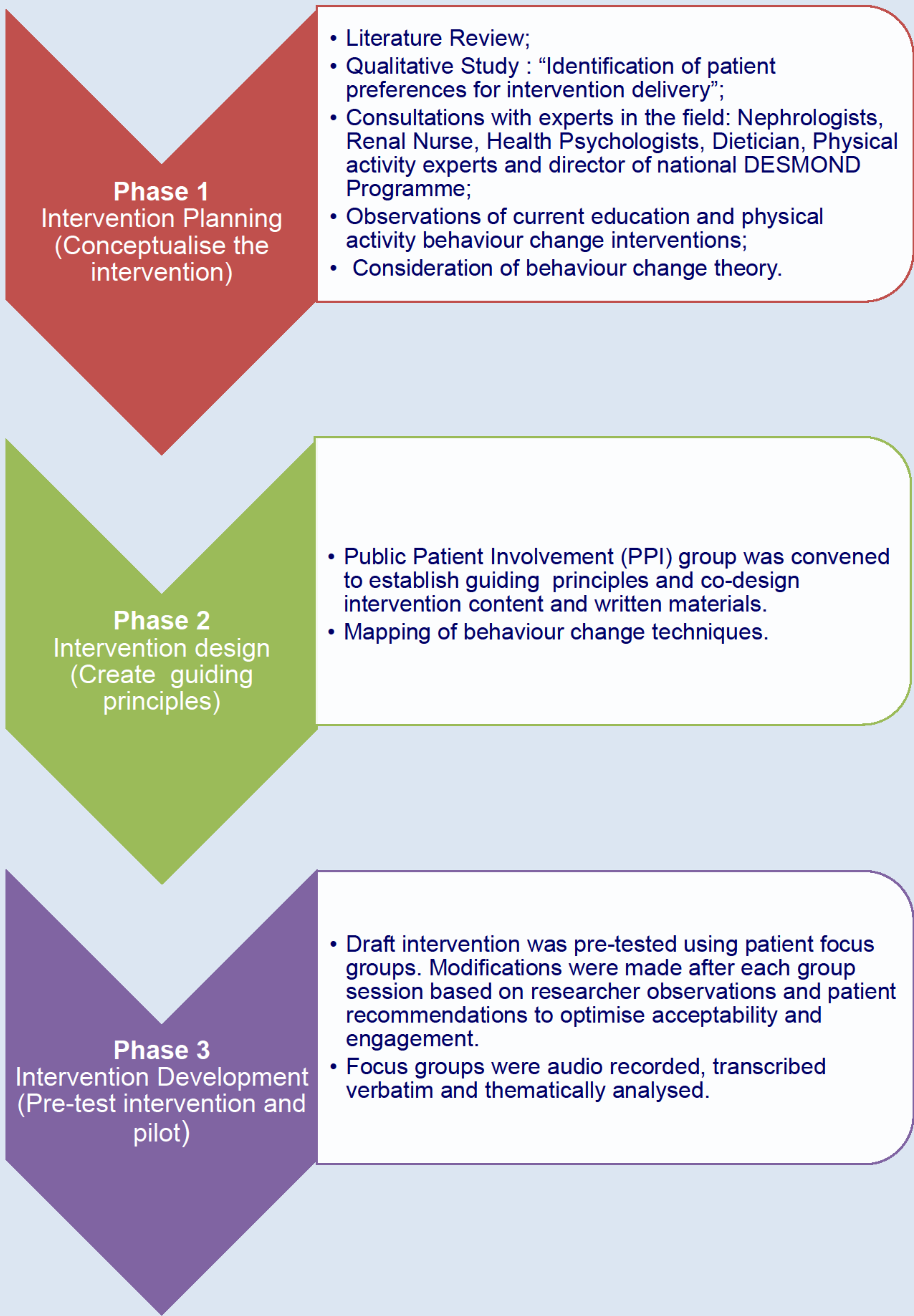
Introduction

- Physical activity (PA) is beneficial for patients with chronic kidney disease (CKD). However, PA is not routinely prescribed and the majority (~80%) of patients lead very sedentary lifestyles, and would benefit from a behaviour change intervention to increase levels of PA.
- Assessing patients’ needs and perspectives is an essential first step in optimising acceptability and engagement with a behaviour change intervention.
- The “person-based approach” uses iterative qualitative research to understand the users perspectives to ensure they can be incorporated during intervention planning, design and development.

Objective

- The objective of this study was to apply the “person-based approach” to the development of a self-directed, theory driven and evidence based structured group education programme “PACT” (Physical Activity Changing Together), designed to increase levels of PA in non-dialysis CKD patients.

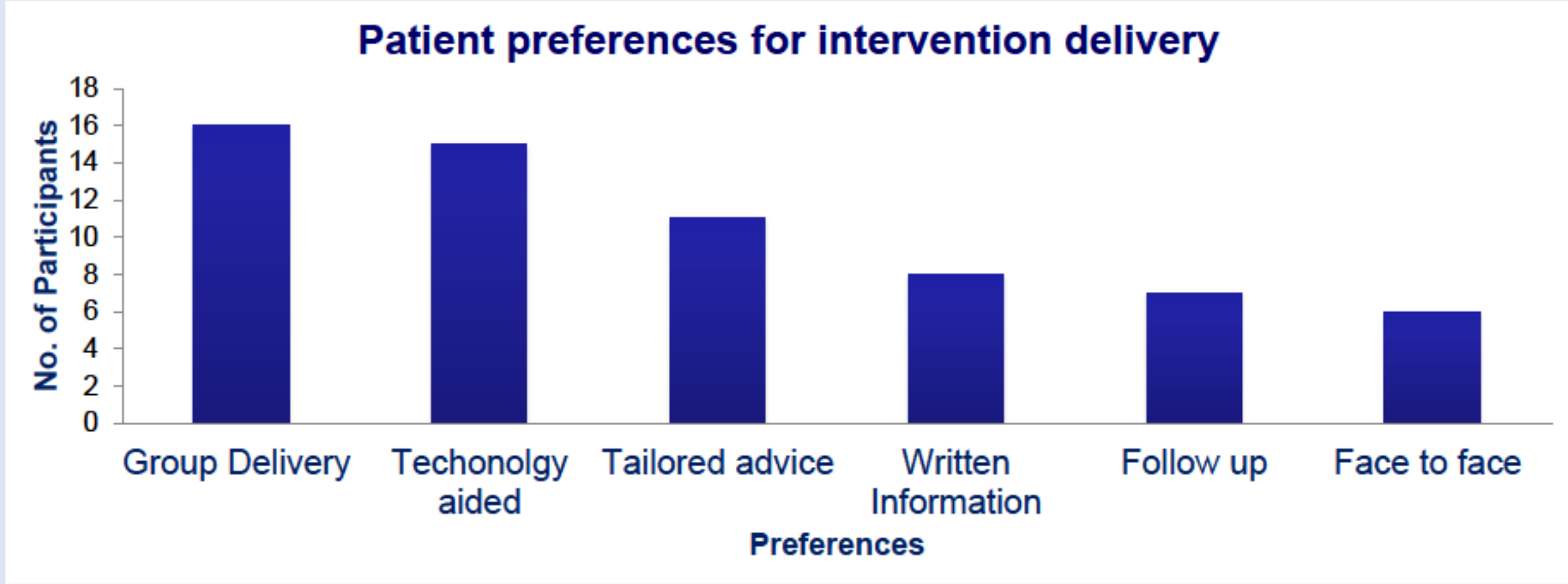
Methods: This work was conducted in three phases:



Findings

Phase 1: Intervention planning

- Qualitative study: N=36 patients CKD stages 1-5 not on dialysis. Patients described the following preferences for intervention delivery:

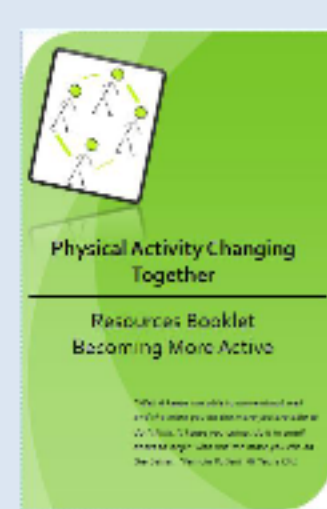
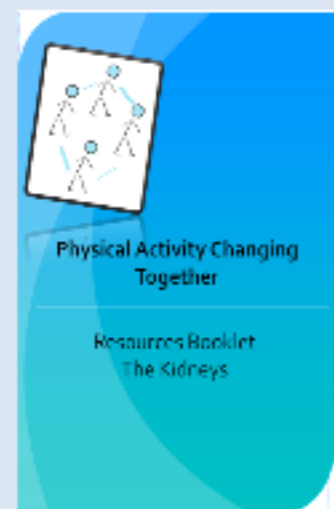


- Expert consultations and programmes observations confirmed that a structured group based education programme would be appropriate to target levels of PA in CKD patients.
- Suitable behaviour change theories identified included: Social Cognitive Theory, Common Sense Model and Gollwitzer’s Implementation Intentions.

Phase 2: Intervention design

- The PPI group (N=9) helped to establish key guiding principles including:

Written Materials on CKD and PA experiences



Self-monitor PA behaviour



Opportunity to share experiences



- Draft intervention: 3 ½ hour structured group based education programme including 6 modules, 2 written education booklets, PA diary, pedometer and individual telephone counselling.

Phase 3: Intervention development

- Preliminary findings from 4 of the pre-testing patient focus groups (n=14):

Major themes	Participant Quotations	Actions taken
Timing of education	"I wish this was here when I was newly diagnosed" Female FG1.	Recruitment will target newly diagnosed patients.
Group delivery	"...you can't beat the face to face sat round a table talking like this". Male FG4	No changes group session was positively received. Consider the potential for a follow up session.
Perceptions of activities	"I thought it was really comprehensive, and I think this sort of thing helps people ...we are obviously three quite confident people but if you get people who aren't, this sort of thing will bring people in, a visual activity." Female FG3	Activities positively received. Ensure space is sufficient and activity picture cards are big enough.
Perceptions of videos	"...I must say it was a bit of a garbled 45 seconds I think it could have spent twice as long..."Male FG1	Developed new simple but comprehensive video describing the roles of the kidneys.
Risk communication	"This might sound daft but would you be at risk of say having a stroke or getting depressed if your kidneys were A1?"FG1 Male	Cardiovascular risk introduced at population level with an activity promoting modifiable risk factors to reduce likelihood of developing other health conditions or making existing ones worse.

Conclusion

- The “person-based approach” provides a systematic framework to aid the development of a behaviour change intervention. The qualitative research and consultations with patient partners was invaluable to the development of the PACT Project. The next phase will be to pilot the intervention, with assessment of user experience via semi-structured interviews upon completion.

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