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kite-tin

Cross-border
Healthcare Intervention Trials
in Ireland Network

Walking for Health: WORtH project



Chief Investigator: Professor Suzanne McDonough

Lead Site: Ulster University

Research Associate: Dr Sarah Howes



Plan

- Background
- Intervention outline
- Progress and ongoing work



Background



- WORTH project: The feasibility of a walking intervention to increase activity and reduce sedentary behaviour in people with severe mental illness
- *What is severe mental illness?*
- *Why do we need this intervention?*



Background



What is severe mental illness?

“The phrase severe mental illness (SMI) refers to people with psychological problems that are often so debilitating that their ability to engage in functional and occupational activities is severely impaired.”



PHYSICAL HEALTH RISKS FOR PEOPLE WITH SEVERE MENTAL HEALTH PROBLEMS

People with severe mental health problems

General population



Diabetes



Hypertension



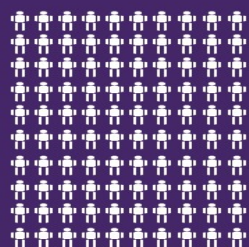
Coronary Heart disease



Gastro-intestinal disease



Cardio-vascular disease

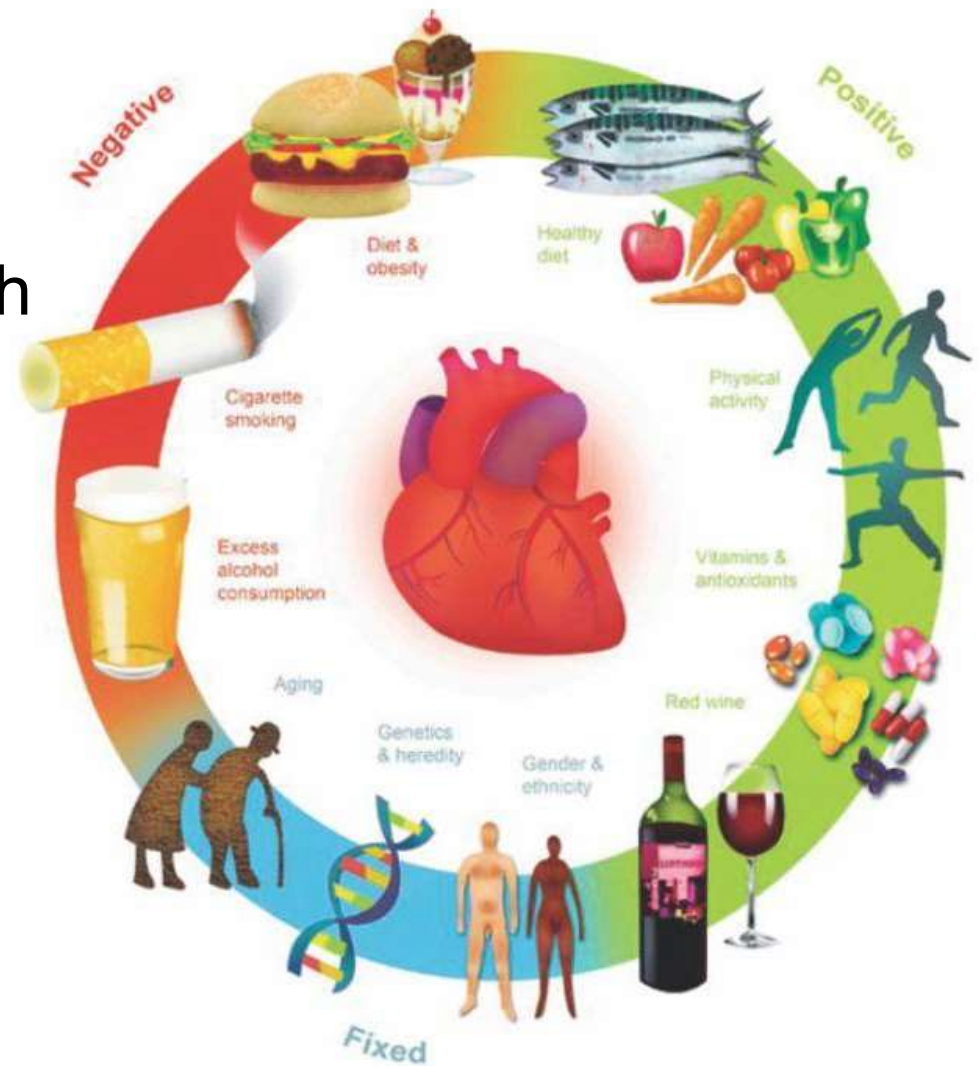


Respiratory disease

Why do we need this intervention?

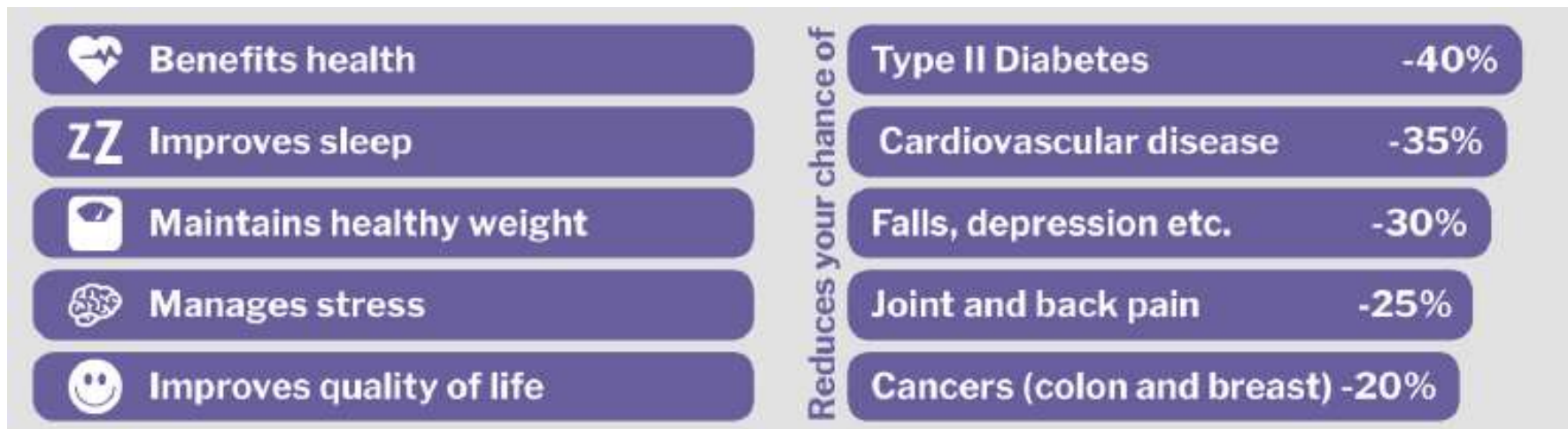
- People with SMI have increased risk of physical health problems.
- Risk of obesity, diabetes and cardiovascular disease is 1.4-2 times higher in people with mental health difficulties than those without.
- Impact on co-morbidity/multi-morbidity, life expectancy and burden of mental illness across the lifespan.

- To reduce health inequality, there is a need to reduce the prevalence of long term health conditions.
- Lifestyle factors, such as **physical inactivity**, are modifiable risk factors associated with cardiometabolic disease and other aspects of physical health.

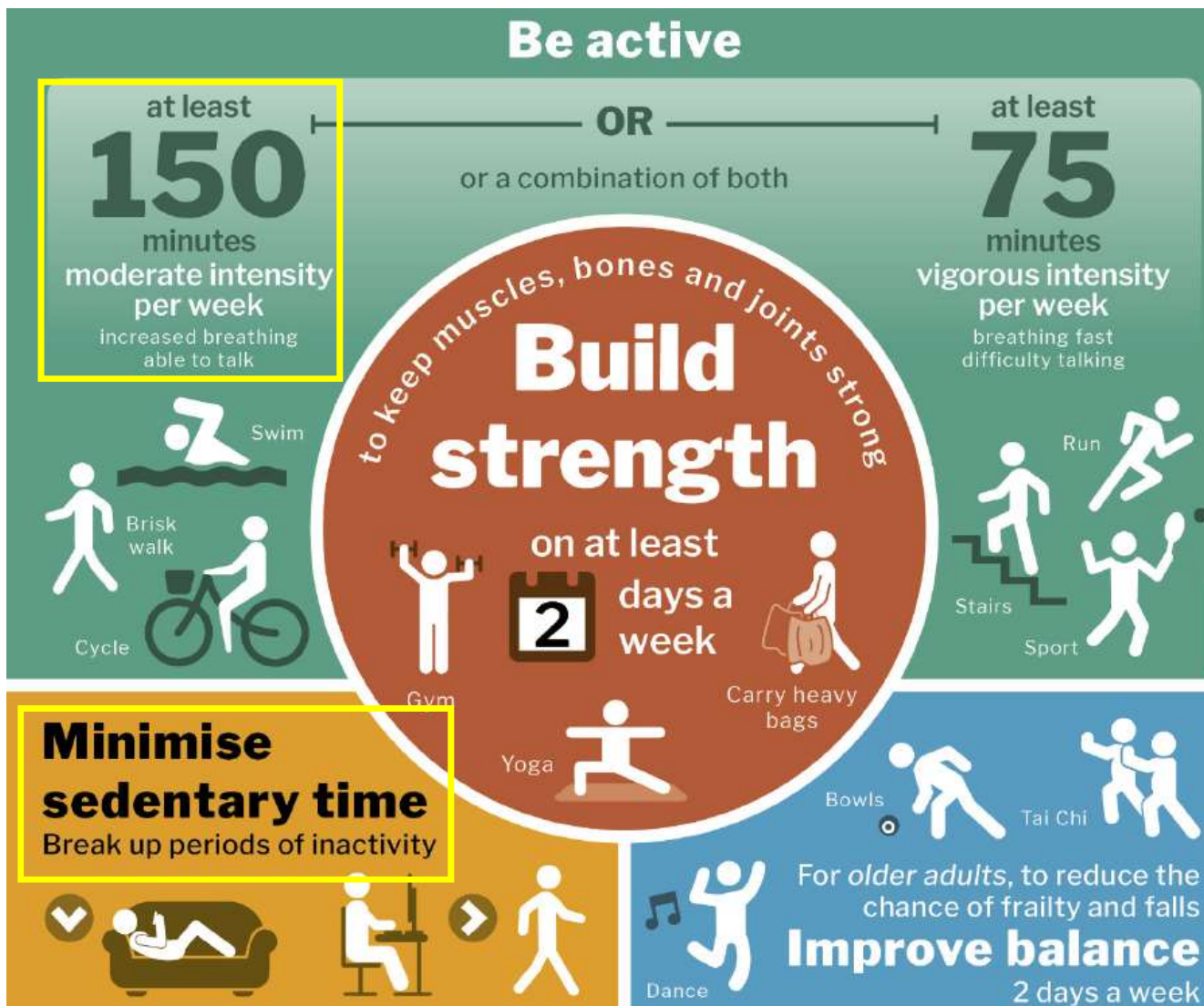


Why is sitting less and moving more so important.....?

“if it were a drug.....it would be described as a miracle cure”



UK Chief Medical Officers' Physical Activity Guidelines (2019)



Move more:
At least 150 minutes per week

Sit less:
Break up sitting time during the day

UK Chief Medical Officers' Physical Activity Guidelines (2019)



Up to 70% of adults with SMI are not meeting physical activity guidelines.

Many spend up to 11 hours per day sedentary.

(Matthews et al. 2018; Vancamfort, Firth et al. 2017)

UK Chief Medical Officers' Physical Activity Guidelines (2019)

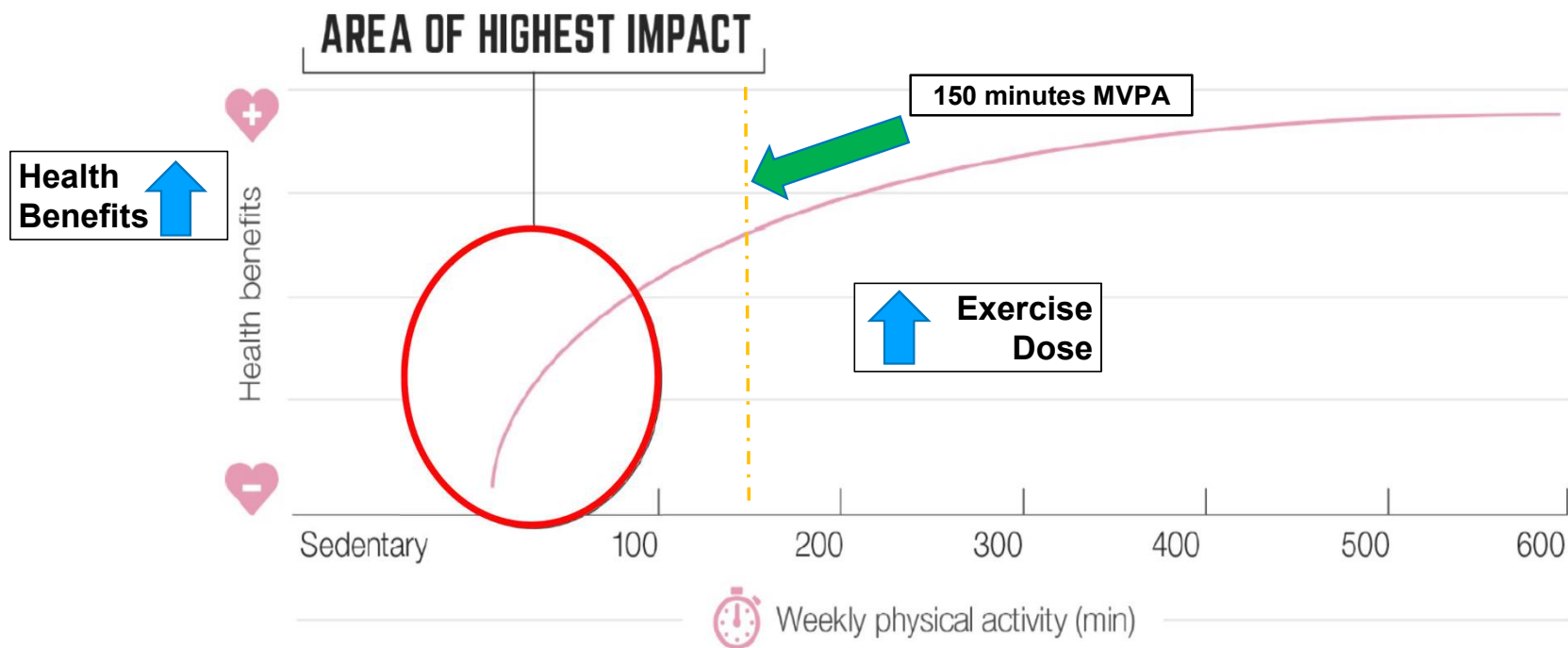


Figure 2: Dose-response curve of physical activity and health benefits. Adapted

Some is good, more is better

Make a start today: it's never too late

Every minute counts

WORtH intervention

Aim:

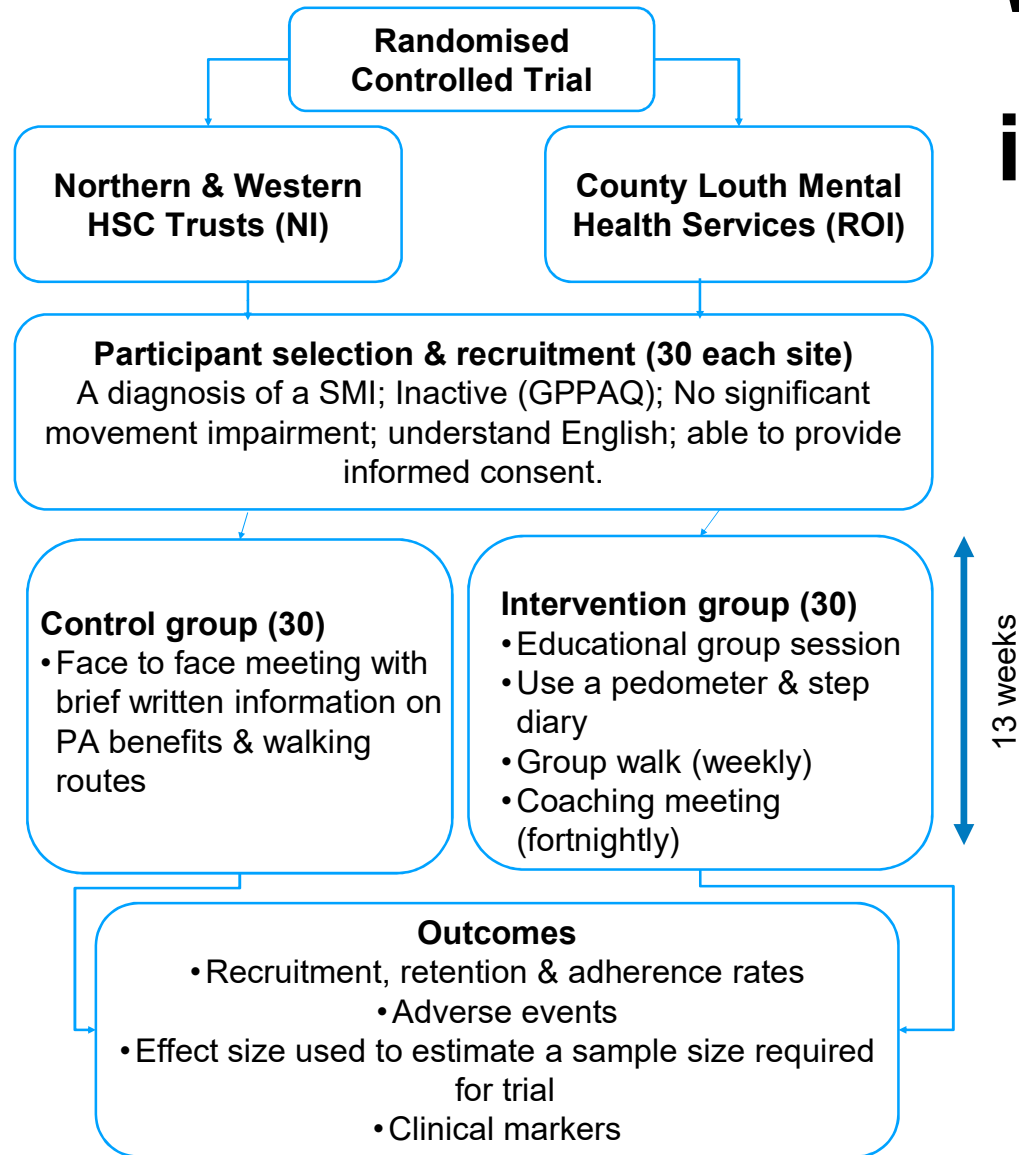
To test the feasibility of a health coaching intervention aimed at increasing physical activity and reducing sedentary behaviour in people with SMI living in rural and semi-rural locations.

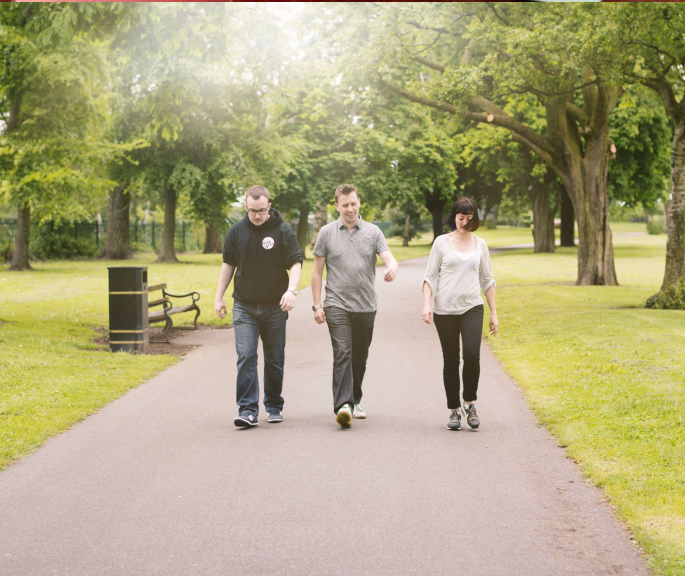
Objectives:

- Assess recruitment, retention and adherence
- Evaluate acceptability (safety, satisfaction)
- Explore change in clinical markers
- Process evaluation



WORTH intervention





- **Group education session**

Information on the health benefits of moving more and sitting less and how to be more active

- **Activity tracker and diary**

To self-monitor daily activity levels

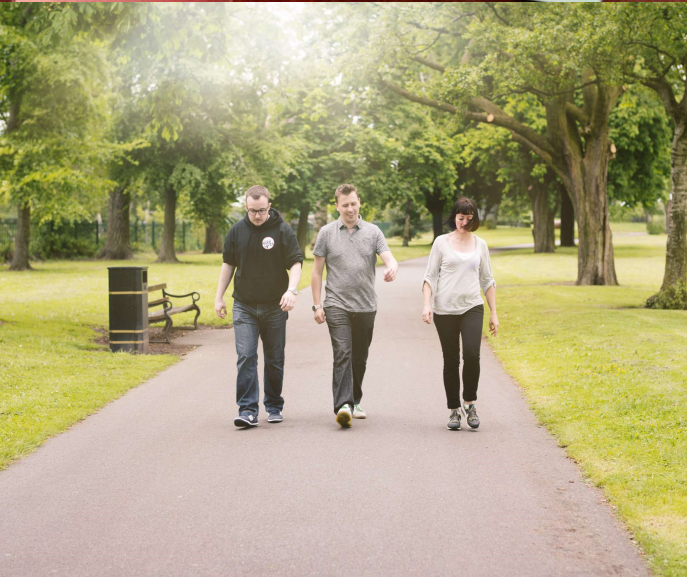
- **Coaching visits (fortnightly)**

Set, review and progress “move more” and “sit less” goals

Action planning, including overcoming barriers

- **Group walk (weekly)**

To provide an element of social support



Group education session

- Information on health and emotional consequences (5.1, 5.6)
- Instruction how to perform behaviour (4.1)
- Problem solving (1.2)

Activity tracker and diary

- Prompts/cues (7.1)
- Self-monitoring of behaviour (2.3)
- Feedback on behaviour (2.2)

Coaching visits

- Social support from coach who is a credible source (3.1, 9.1)
- Setting and reviewing behaviour goals (1.1, 1.5, 8.7)
- Action planning (1.4)

Group walks

- Social support (3.1)
- Practice and generalisation of target behaviour (8.1, 8.6)

Outcomes of interest

Feasibility	Recruitment, retention & adherence rates
Safety	Adverse events
Acceptability	Semi-structured interviews with participants and clinicians
Explore clinical markers	Physical activity and sedentary time. Body composition, functional mobility, quality of life, wellbeing
Process evaluation	Intervention components, behaviour change techniques Fidelity



Initial feedback

On the Mi Band:

“I thought it was very good. It could tell all the footsteps you were doing during the day and that. It was very interesting to wear it and do it, you know.”

“Initially was worried about distance, but happy to now. Feel good I can manage more steps.”

On the group walk: “It felt good walking with them. Because you can talk while you are walking. It feels good when people are walking with you and that.”

On the coaching visits:

“Setting a goal was useful. It was helpful to have someone to help.”

“The more steps I was taking every day, I was feeling better for doing it and all that”

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Progress to date



- Development of a training package including manual for trial delivery
- Pilot phase completed at one study site (complete; n=9 recruited)
- Feedback from participants and clinicians used to inform development of the intervention and clinician training
- Awaiting approval to start recruitment in NI





Ongoing work

- Approval for all 3 study sites
- Clinician training ongoing
- 6 phases (2 at each site)
- Findings to inform a main trial



WORtH team

Academic Partners	Ulster University (lead)	Prof Suzanne McDonough (CI) Prof Marie Murphy Prof Mark Tully
	Edinburgh University	Dr Ailsa Niven
	King's College London	Dr Julie Williams
	Queen's University Belfast	Dr Tony O'Neill Dr Iseult Wilson
	University College Dublin	Prof Mary Clarke Dr Catherine McDonough
Clinical Partners	University of Limerick	Mr Maurice Dillon Ms Duana McArdle
	NHSCT	Dr Judy McAuley
	WHSCT	Dr John Brady
Trial Steering Committee	King's College London	Dr Brendon Stubbs Dr Fiona Gaughran Dr David Shiers



**Thank you to all
the WOrth
participants,
clinicians and
collaborators.**

