

Trials: Implications for practice

ProActive UK

Can behavioural intervention increase physical activity?

Reference: Kinmonth A-L, Wareham NJ, Hardeman W et al; (2008) Efficacy of a theory-based behavioural intervention to increase physical activity in an at-risk group in primary care (ProActive UK): a randomised trial. *Lancet* 371: 41–8

The Study

DESIGN: randomised trial.

SETTING: primary care/outpatient?

PARTICIPANT DETAILS:

Number: three hundred and sixty five sedentary adults with a parental history of type 2 diabetes.

Age range: 30–50 years.

Inclusion criteria: must have a parent with type 2 diabetes and must not already have diabetes. Participants were identified because their parents were on diabetes registers at one of 20 general practice clinics in the UK, or from family history records at 7 of the 20 clinics.

METHODS: Participants were assigned to one of three groups (two intervention - IT and IP, and one comparison - CG) all were sent an advice leaflet: the first (intervention by telephone, IT) group followed a behavioural change programme delivered by a facilitator over the telephone; the second (intervention in person, IP) group followed the same programme but it was

delivered in the home; the third (comparison group, CG) were sent only the advice leaflet.

The programme lasted one year. Both methods were introduced by a session in the home. The IT group received four 45-minute calls and two 15-minute support calls during the 5-month intensive phase, followed by monthly postal contact for the following 7 months. The IP group received four 1-hour home visits and two 15-minute telephone calls during the 5-month intensive phase, followed by monthly phone calls for 7 months.

RESULTS: The study showed that IT and IP combined did not have a higher energy expenditure than the CG. IT was no more effective than IP. The physical-activity ratio increased in all participants by an average of 0.11 (95% CI 0.05–0.18) which is equivalent to 20-minutes of brisk walking every day.

AUTHOR'S CONCLUSIONS: Approaches based on personal education and individual behaviour change alone are unlikely to increase physical activity in a sedentary culture.

Implications for practice

Any type of intervention seems to have a small effect on the amount of exercise a person will do. However, HCPs should perhaps be hesitant in enrolling people with diabetes into behavioural programmes, as long-running expensive programmes appear to have no greater benefit than an information leaflet.

‘In our daily work in caring for people living with diabetes, many of whom are overweight and physically inactive, we spend quite a bit of time trying to encourage and motivate them to become more active. We may feel that if only we had more

resources we could do a better job. It is reassuring that simple interventions are just as effective as more expensive, complex ones for all of us in our daily one-to-one discussions with people with diabetes who are physically inactive. Advice on physical activity, encouragement to increase it and a leaflet are fairly low cost interventions that we can all do.

There is clearly a need for public health and environmental strategies at the population level to increase physical activity.’

Roger Gadsby, GP, Nuneaton and Associate Clinical Professor, Warwick Medical School, Warwick University.