

Structured education to promote walking in the non-surgical PAD patient

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Managing intermittent claudication in people with peripheral arterial disease

Lower limb peripheral arterial disease ▾

However, supervised exercise training:

... *is not widely available,*

- 24-36% of UK vascular surgeons have access to a supervised exercise programme [1,2]

... *can suffer poor uptake*

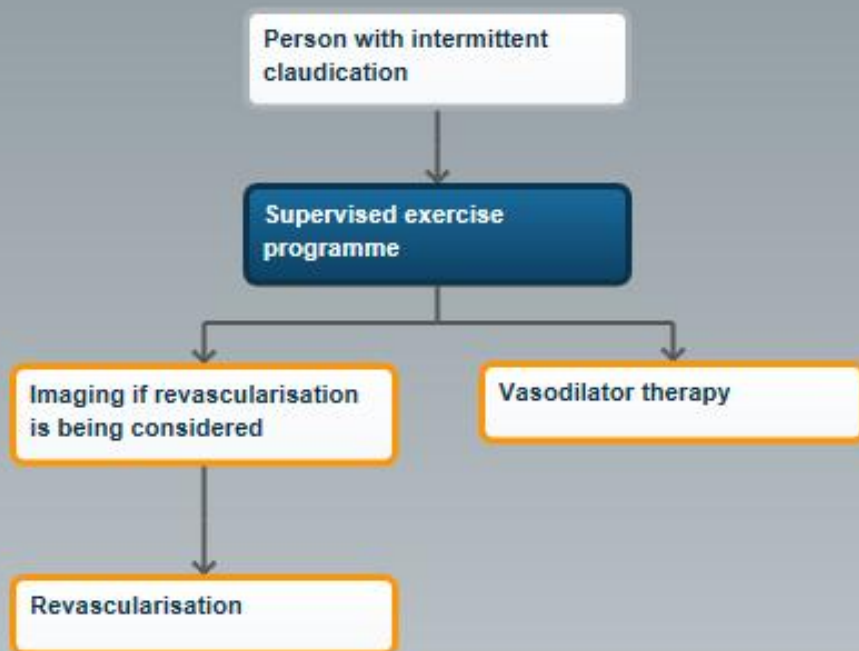
- cardiac rehab: 27-41% [3]

... *and high dropout,*

- up to 50% [4]

... *and may not increase walking activity*

- e.g. Crowther *et al.* [5]



... therefore, exercise for claudication is usually promoted by advice alone

- but, this has limited efficacy:

Daily steps in Cunningham *et al.* [6]:

Baseline 3826 ± 2313

4 months 3599 ± 3850 ($p > 0.05$)

Walking capacity in Tew *et al.* [7]:

Baseline 600 ± 300 m

12 weeks 626 ± 266 m ($p > 0.05$)

What about structured, home-based exercise?

Mixed findings, some evidence of benefit*:

- Cunningham *et al.* [6]: Motivational interviewing, goal setting, action planning and telephone follow-up increased daily steps by 35% at 4-month follow-up
- Wullink *et al.* [8]: Health counselling, instruction and walking diary improved maximum walking distance by 11% at 24-week follow-up
- Gardner *et al.* [9]: Step monitor, instruction and regular feedback improved peak walking time by 31% at 12-month follow-up

... but generally poorly studied:

- non-controlled/non-randomised designs
- no/poor quantification of exercise performed
- inadequate use of behaviour change techniques

*See SR of Makris *et al.* [2]

Current study

Aims:

- To develop a pragmatic structured education programme aimed at modifying illness perceptions and increasing walking activity in patients with intermittent claudication
- To explore the suitability of the education programme for a subsequent definitive randomised controlled trial

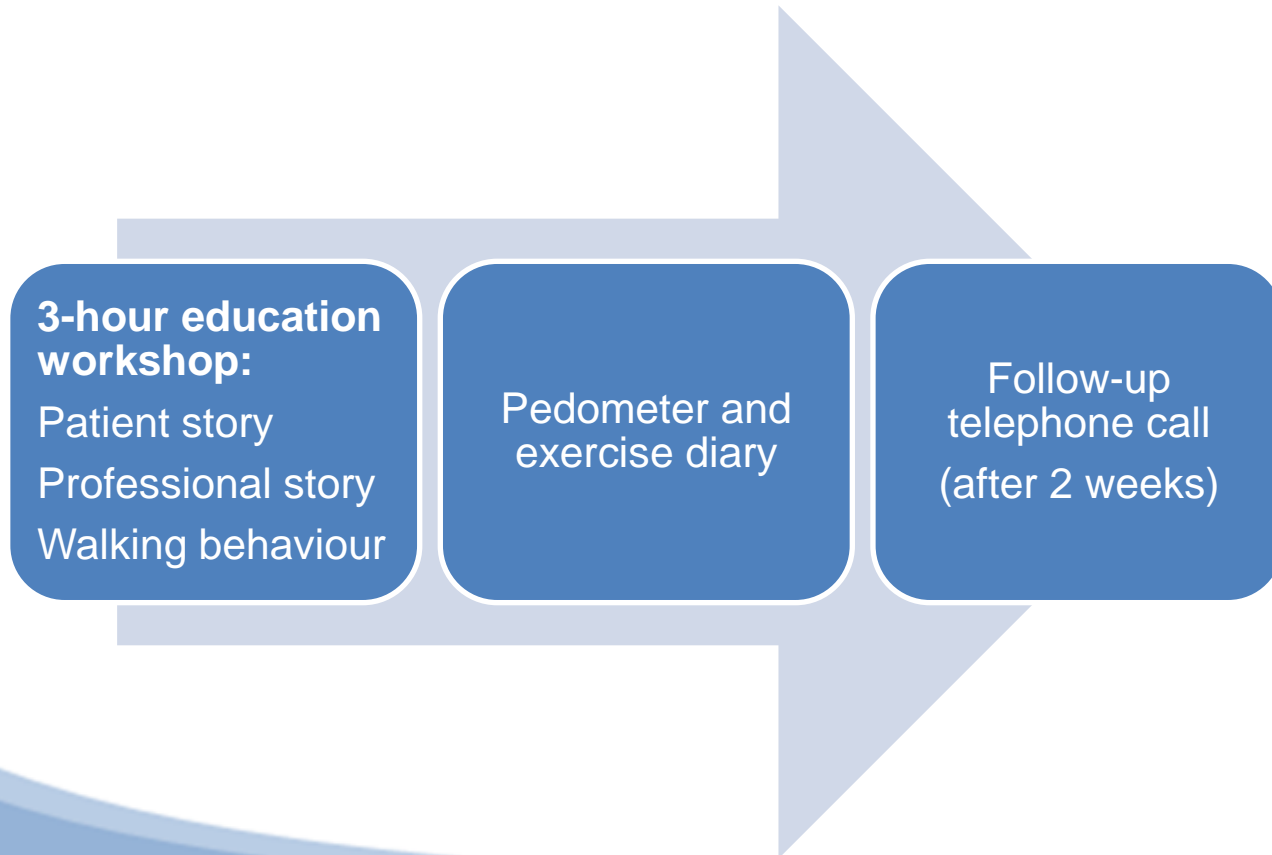
What should a structured patient education programme include?

(NICE criteria [10])

- Underpinning philosophy
- Suits the needs of the individual
- Specific aims and learning objectives
- Supports the development of self-management attitudes, beliefs, knowledge and skills
- Structured, written curriculum: evidence-based, theory-driven, resource-effective, having supporting materials
- Appropriately trained educators
- Quality-assured programme
- Outcomes regularly audited

Programme development

- Focus groups (at least 5 groups of 5)
- Test and refine (at least 2 groups of 6)



How do you change PA behaviour?

(an evidence-based approach)

40 strategies identified*
5 strategies work well**



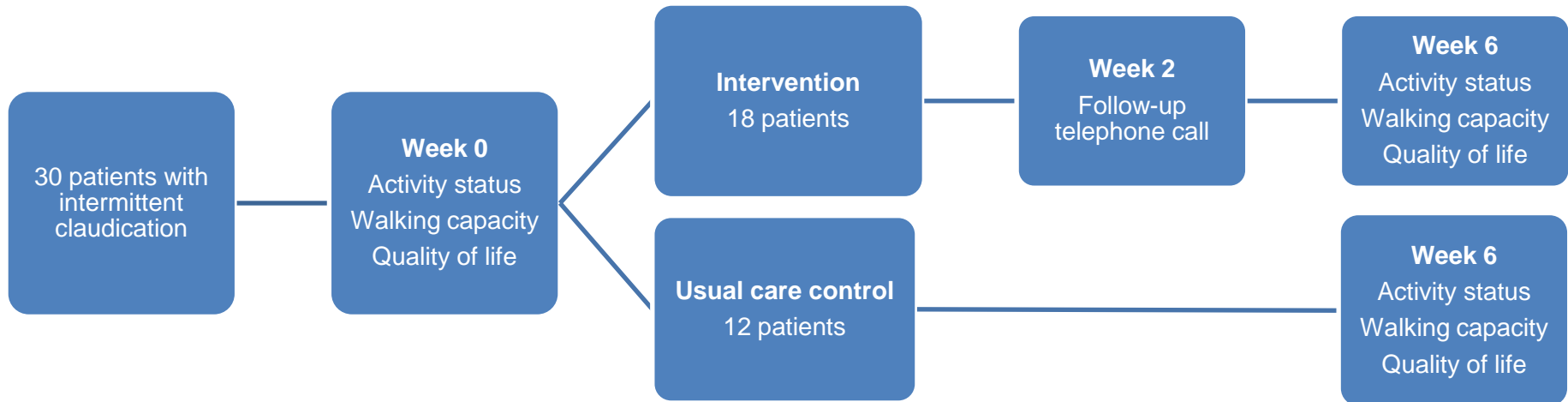
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Education workshop

- Patient story: Share experiences and perceptions of condition, highlight concerns want addressing
- Professional story: Overview of the condition using simple language and visual aids (causes, risk factors, complications), feedback on important health measures, identify personal modifiable risk factors
- Walking behaviour: Overview of health consequences of physical inactivity and how walking might be useful, feedback on activity status, discuss activity options and barriers, action planning and goal setting, demonstration of pedometer

Programme suitability



- Participants: >18 years, can exercise safely, not in another study, English speaking
- Recruitment rate, compliance, acceptability

**See you next year for the
results!**

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