Attitudes and beliefs about the uptake and adherence of exercise and physical activity in 60 – 70 year olds in relation to fall prevention.

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Key messages.
Older people are not generally motivated to perform exercise and physical activity on a regular basis purely to help prevent falls.

Social support and the social element of exercise and physical activity appear to be key motivators to their uptake and for getting through the exercise and physical activity programme.

Enjoyment, increased self-confidence and maintaining social networks appear to be important motivators in terms of adherence.

Health appears to be a secondary motivator in terms of adherence.

Background:
Falls and fractures are an important public health issue and a major cause of morbidity and mortality in older people (DOH 2001). Most fractures in older people are caused by falling. Some, 30-40% of community dwellers over 65 years of age fall each year (Skelton et al. 2004). Although the benefits of exercise in older adults are well documented, little is known about the factors associated with uptake and adherence of exercise (Brassington et al. 2002).

Aim:
The primary aim of this research study was to investigate the salient attitudes and beliefs of community dwelling 60–70 year olds towards uptake and adherence of exercise and physical activity relating to fall prevention.

Methods:
An Ethnographic approach (Hammersley & Atkinson 1995) using 9 focus group discussions (n = 58; mean age = 65.41 yrs) and 23 semi-structured interviews (mean age = 64.83 yrs) was used to elicit the salient attitudes and beliefs of 60-70yr old people. Framework analysis (Ritchie & Spencer 1994) was used for data classification.

Initial Findings:
Analyses of transcripts revealed five thematic areas:

1. Perceptions of exercise and physical activity:
   Some participants were clear about the differences between exercise and physical activity whereas others could not distinguish the difference between the two. Some participants felt that they were doing enough 'exercise' at home but in reality they did not meet DH classification of regular activity (DOH 1996; 2004). Most exercise activities were considered appropriate for people aged 60-70yrs old provided that people worked within their ability & enjoyed doing it.

2. Reasons for undertaking exercise and physical activity:
   Health, socialisation and the maintenance of independence were key triggers for people undertaking exercise – not fall prevention.

3. Motivation to do exercise and physical activity:
   Having social support appeared to be a key motivator to the uptake of exercise and physical activity.

4. Barriers to the uptake and adherence of exercise and physical activity:
   These included general health, lack of confidence/motivation, no support or encouragement & carer issues. Transport and financial obstacles were cited to a lesser degree.

5. Beliefs about exercise and physical activity in relation to fall prevention:
   There was some general awareness that exercise could help in fall prevention. Others found the idea too depressing. Although some participants expressed that they would exercise to help prevent falls most participants were generally not motivated to perform exercise and physical activity purely to help prevent falls.

Conclusions:
Older people are not generally motivated to perform exercise or physical activity on a regular basis purely to help prevent falls. Their main reason for taking up exercise or physical activity is largely for social contact, enjoyment, expression and self development and to maintain or improve general health; the health aspect appears to be a secondary motivator in terms of adherence. Future work using the theory of planned behaviour will investigate the relative strength of these different components.

References:
Skelton D. & Todd C. (2004) What are the main risk factors for falls amongst older people and what are the most effective interventions to prevent these falls? How should interventions to prevent falls be implemented? Denmark: World Health Organisation HEN.