

In people with intellectual disabilities (ID) falls are a threat for the functional status and quality of life. Compared to older persons the consequences are similarly multi-factorial. In contrast to fall prevention research in community-dwelling older persons or in nursing homes settings, knowledge and evidence for appropriate interventions are rare and missing. In a recent review on balance and gait capacities in persons with ID, it has been demonstrated that due to delayed balance and gait capacities in the developmental process persons with ID start on a lower functional balance and gait level. But these are the limiting factors – among others – for mobility and fall risk, and therefore it seems mandatory to address both, balance and gait, in a physical activity based intervention. In addition, this approach is in line with evidence of exercise intervention in community-dwelling older persons. Some research has already been done to investigate the trainability of both balance and gait in persons with ID but the evidence is weak. Due to the multifactorial nature of falls in persons with ID, physical activity based intervention have to target other domains as well. This approach is nested in the model of the ICF, and taking into account the personal factors e.g. motivation for physical activity also in account as environmental factors (accessibility of gymnastic rooms). The presentation will outline first planning and structuring a physical activity based exercise program in persons aged 18 and older with ID.

#### **THE PROACT65+ EXERCISE TRIAL SYMPOSIUM: AN OVERVIEW, PRACTICAL IMPLICATIONS AND LESSONS LEARNED**

Iliffe, Steve<sup>1</sup>; Haworth, Deborah<sup>1</sup>; Stevens, Zoe<sup>1</sup>; Barlow, Cate<sup>1</sup>; Gawler, Sheena<sup>1</sup>; Pearl, Mirilee<sup>1</sup>; Belcher, Carolyn<sup>1</sup>; Gage, Heather<sup>2</sup>; Carpenter, Hannah<sup>3</sup>; Kendrick, Denise<sup>3</sup>; Dinan-Young, Susie<sup>1</sup>; Bowling, Ann<sup>4</sup>; Masud, Tahir<sup>5</sup>; Skelton, Dawn A<sup>6</sup>

<sup>1</sup>Royal Free and University College Medical School, UK; <sup>2</sup>University of Surrey, UK; <sup>3</sup>The University of Nottingham, UK; <sup>4</sup>Southampton University; <sup>5</sup>Nottingham University Hospitals NHS Trust, UK; <sup>6</sup>Glasgow Caledonian University, UK.

**Background:** The ProAct65+ Trial is a multi-centre cluster randomised controlled trial comparing two exercise interventions, the Otago home based exercise programme (OEP), and, the Falls Management Exercise (FaME) programme, with a control group, in patients aged 65 and over in primary care. The study has recruited a total of 1256 participants through GP practices in London and Nottingham/Derby. **Aims:** To give an overview of the ProAct65+ Trial and how it has worked in practice and the lessons that have been learned from conducting the research and how these may be applied to its practical implication in “the real world.” **Method:** After a brief overview of the study, the symposium will be divided into four presentations and conclude with a group discussion. 1: The Interventions: a discussion of the home and community based exercise programmes, how these have worked in practice, the challenges that have been faced and the quality assurance techniques that have been utilised. 2: Participant Recruitment and characterisation: how do we get GPs and participants to join an exercise promotion trial run through general practice and what are the people like who do join? 3: Money Matters: what financial costs are associated with running a trial like this and how does this relate to the “real world”? 4: Safety Issues: how have we ensured that people who have participated in the trial have stayed safe and how have we dealt with any safety issues or concerns that we have come across.

**Recording adverse events for a complex intervention such as exercise in older people: How can we achieve consistency?**

Belcher, Carolyn on behalf of the ProAct65+ team

**Introduction:** An adverse event (AE) is any unfavourable and unintended sign, symptom, syndrome or illness that develops or worsens during a period of observation in a trial. Adverse events were recorded from participants taking part the ProAct65+ trial. This was especially important since exercise within this age group may be associated with an increased risk of AEs, particularly falls. All AEs were assessed for seriousness and causality. If a non-serious AE was judged to be possibly, probably or definitely related to the trial, this was recorded as an Adverse Reaction. A system of comparing results, for improved consistency, between the two participating centres was developed and modified. **Methods:** AEs were recorded in a several ways. Participants were questioned about possible AEs at follow-up appointments through falls and health-service-utilization diaries throughout the trial; and during telephone physical activity questionnaires. If insufficient information was included in diaries a researcher collected those details by telephone. As a measure of consistency, blinded AE forms were exchanged between the two centres and graded. Mismatches between sites were identified, and blinded forms then passed to the principal investigators who agreed a final category. **Results:** An initial comparison of 269 AEs showed a mismatch of 19% with the category of “possibly related” being open to subjective interpretation. As a result of these findings, a category of Possible Adverse Reaction was introduced. The mismatch rate in subsequent comparisons went down to less than 6%. **Conclusion:** Researchers on complex intervention trials need to set up a well-defined system of AE reporting which allows for consistency checking. Results from early comparisons can be used to modify categories if necessary.

**Working with volunteer peer mentors and paid professional exercise instructors in a trial of exercise interventions**

Stevens, Zoe & Pearl, Mirilee on behalf of the ProAct65+ team

**Introduction:** ProAct65+ tests whether a home-based (OEP) or group-based (FaME) exercise intervention promotes a long-term change in exercise behaviour. This presentation will discuss the use of health promoters in each exercise intervention; Postural Stability Instructors (PSI) in the FaME arm and Peer Mentors (PM) in the OEP arm, and describe the PMs experiences. **Methods:** Specialist PSIs were recruited through Later Life Training, or trained specifically for the trial, and employed by ProAct65+. Regular quality assurance visits reviewed performance against specific criteria and provided individual feedback to the PSI. PMs were recruited locally through exercise classes, email and newspaper advertisements on a voluntary basis. They were trained in OEP as Peer Mentors and attended quality assurance events regularly during the intervention period. Ten PMs were interviewed about their experiences on the trial and data was analysed using Thematic Content Analysis. **Results:** Despite quality assurance visits to standardise delivery, PSIs efforts to test and extend participants' skill level varied considerably. They were also less consistent than PMs in completing research documentation (attendance diaries, participant achievements etc). Recruiting PMs was difficult with significant regional variations between sites. PMs found home visits more useful than telephone contact to assist with exercise promotion, but barriers included difficulty making contact and locality issues. As lay volunteers, PMs' exercise promoting activity varied considerably as did their motivational expertise. PMs indicated they enjoyed meeting OEP participants and watching them progress throughout the intervention. **Conclusions:** It can be easier to recruit PSIs than volunteer peer mentors by training exist-

ing exercise instructors and PSIs are better equipped to deliver a standardised intervention. PSIs however, appear less focused on the research aspects of the intervention. ProAct65+ PMs experiences are consistent with other research on peer mentors. It is important that face-to-face contact is included in any PM intervention involving exercise.

### **ProAct65+: Resource implications of ProAct65+ exercise interventions for the NHS**

Gage Heather & Jackson, Daniel on behalf of the ProAct65+ team

**Introduction:** ProAct65+ is investigating the health benefits of two existing exercise interventions, delivered over 24 weeks, to people aged 65+, in two sites (London, and Nottinghamshire/ Derbyshire), compared with usual care (no specific exercise intervention). An economic evaluation is being conducted alongside the clinical trial. This paper reports the relative costs of delivering the interventions within the NHS. **Methods:** A 'top-down' approach was used to capture the resource implications for the NHS of delivering the interventions. FaME (Falls Management Exercise) is a community-centre based group programme delivered by Postural Stability Instructors (PSIs). OEP (Otago Exercise Programme) is a home-based exercise and walking plan comprising a professional-led induction and assessment meeting, followed by trained peer mentor support through home visits and telephone calls. Data were collected prospectively from PSIs and peer mentors (using specially designed logbooks) and from study records. Resource use will be converted into costs; total and average (per participant). Costs incurred by the NHS to deliver the interventions will be compared between FaME and OEP. **Results:** Four categories of resources were involved: SET UP: appointment of PSIs, peer mentors and training of mentors; FACILITIES: Hire of halls (24 sessions per group for PSI) and hire of halls for induction meetings; EQUIPMENT: Therabands, mats and instruction booklets for PSI and ankle cuff weights and booklets for OEP; HUMAN RESOURCES: remuneration and travel cost for PSIs and travel and phone call reimbursement for mentors. **Conclusion:** Intervention costs incurred by the NHS are only one element of overall costs. Others include: private / participant out-of-pocket expenses (e.g. travel to exercise classes, purchase of exercise clothing); costs of treating any new exercise-related injuries. Costs may be offset if exercise improves health and thereby reduces other service utilisation. Overall costs will be combined with measures of effectiveness to indicate the relative value-for-money of the interventions.

### **How do we recruit participants to an exercise promotion trial run through general practice and who joins? The experience of the ProAct65+ trial**

Carpenter, Hannah & Haworth, Deborah on behalf of the ProAct65+ team

**Introduction:** The ProAct65+ exercise trial has recruited 1256 participants, aged 65 and over in Nottinghamshire, Derbyshire and London. Participants were recruited through their GP practice and various barriers to recruitment were encountered. This presentation will describe this process and the type of people recruited to the study. **Methods:** General practices were recruited to the study through local Primary Care Research Networks. GP practices excluded unsuitable patients and posted an invitation pack to randomly selected eligible patients. Participants were recruited from 43 practices in the study areas. Baseline data collected included: age, sex, ethnicity, educational attainment, number of long-term conditions and repeat medications. Data were also collected on socioeconomic group, income and current level of physical activity. Participant characteristic data were compared with data from The Active People Survey 5 from Sport England. **Results:** The trial invited 20507 patients to participate. After a higher than expected response rate, the conversion rate from

'expression of interest' to 'recruited' was lower than anticipated. The mail-out size at each GP practice was increased from 450 to 600 to account for this. Of the 1530 patients booked in for assessment, 1256 were consented. Small list sizes at some GP practices meant that additional GP practices had to be recruited. The average age of participants was 73 with 84% of participants younger than 80. 62% of participants were female. 34 languages were spoken and 14% of participants were non-white. 43% of participants had completed some form of further education. On average, each individual had 2 co-morbidities and were on 4 medications. **Conclusion:** The ProAct65+ trial successfully reached its recruitment target due to a number of strategies, including adapting its methods when faced with barriers to recruitment. Participants in this trial are more likely to be female and under the age of 80. Compared to The Active People Survey participants, ProAct65+ participants were more educated, had a higher income and were more ethnically diverse.

### **SUSTAINABLE COMMUNITY-BASED FALLS PREVENTION: THE EXPERIENCE OF STEPPING ON**

Clemson, Lindy

*University of Sydney, Australia.*

Falls are common with injury costs far exceeding motor vehicle accidents, and the consequences can result in institutionalisation. For many people there are resultant quality of life issues with a third reporting they curtail usual activities. Reducing risk of falls, enabling people with the right tools as well as a sense of control will keep people safe, active and connected with their community. However, the challenge is to implement and sustain evidence-based programs. *Stepping On*, a community-based falls prevention program based on adult learning principals, self efficacy and a decision making framework, was found to reduce falls by 31% ( $P = .025$ ) and is being widely implemented in the US and Australia. A Delphi review by experts and qualitative findings of interviews with program leaders and participants from several projects provides an understanding of the underlying concepts and how these translate for older people to enable them to apply preventive techniques and enhance their sense of control. Drawing on research from Australia and the US, this presentation will explore some of the experiences in the development of Stepping On and the models of service delivery used to give a wider reach and support sustainability of the program. **Keywords:** Falls; Prevention; Quality of Life; Wellbeing.

### **AGILE: CHARTERED PHYSIOTHERAPISTS WORKING WITH OLDER PEOPLE SYMPOSIUM**

Thomas, Janet<sup>1</sup>, Townley Bex<sup>2</sup>; Rochester, Lynn<sup>3</sup>

*<sup>1</sup>Queen Margaret Hospital, UK; <sup>2</sup>Carmarthenshire County Council, UK; <sup>3</sup>Institute for Ageing and Health, Newcastle University, UK.*

The AGILE Symposium aims to focus on specific factors related to falling that are of interest to both Physiotherapists working in this area, and other Allied Health Professionals. Both sessions will have a strong practical element with take home messages that can be directly applied to practice. Firstly, Professor Rochester will examine gait, and the motor and non-motor characteristics of gait. She will focus on the requirements for successful mobility, especially in a community setting and the features of gait that predict functional decline and reduced mobility. Secondly, Bex Townley will take us through the exercise continuum,