

# Evaluating the implementation and effectiveness of schools-based programme to promote exercise self-efficacy in children and young people with risk factors for obesity: Steps to Active Kids (STAK)

<b>Submission date</b> 07/04/2011	<b>Recruitment status</b> No longer recruiting	<input type="checkbox"/> Prospectively registered <input checked="" type="checkbox"/> Protocol
<b>Registration date</b> 19/05/2011	<b>Overall study status</b> Completed	<input type="checkbox"/> Statistical analysis plan <input checked="" type="checkbox"/> Results
<b>Last Edited</b> 28/09/2018	<b>Condition category</b> Nutritional, Metabolic, Endocrine	<input type="checkbox"/> Individual participant data

**Plain English summary of protocol**  
Not provided at time of registration

## Contact information

**Type(s)**  
Scientific

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## Additional identifiers

**EudraCT/CTIS number**

**IRAS number**

**ClinicalTrials.gov number**

**Secondary identifying numbers**

N/A

## **Study information**

### **Scientific Title**

A randomised controlled trial evaluating the implementation and effectiveness of schools-based programme to promote exercise self-efficacy in children with risk factors for obesity: Steps to Active Kids (STAK)

### **Acronym**

STAK

### **Study objectives**

Children receiving the STAK intervention will have lower body mass index (BMI), smaller waist circumference, higher levels of self-reported physical activity and higher exercise self-efficacy than children in the control group. Children in the asthma group will have better lung function as assessed by peak flow meter.

### **Ethics approval required**

Old ethics approval format

### **Ethics approval(s)**

The University of Nottingham Medical School Ethics Committee approved on 12th February 2010 reference (B/10/2009)

### **Study design**

Randomised controlled trial

### **Primary study design**

Interventional

### **Secondary study design**

Randomised controlled trial

### **Study setting(s)**

Other

### **Study type(s)**

Prevention

### **Participant information sheet**

Not available in web format, please use the contact details below to request a patient information sheet

### **Health condition(s) or problem(s) studied**

Obesity, asthma

## **Interventions**

A stepped approach will be used for the intervention. Following initial screening all children who meet the inclusion criteria will, after informed consent of parent, complete Steps 1 and 2. Children who are above the 97th centile or above 91st centile for children with asthma will be invited to take part in Step 3.

Step 1: Participants will be given two Street Dance DVDs which comprise 10 minute daily exercise sessions, including a warm up, learning a new dance move and a cool down. Each DVD covers a two week period (14 different sessions). Sessions have been designed to be short and intensive and have been modelled by an ethnically diverse group of children with a range of body sizes. Children will also be given an Activity Diary to complete which will log their physical activity. Using the well known UK premise of five a day for eating five pieces of fruit or vegetables, children are encouraged to complete and log in the diary five pieces of physical activity a day, thereby meeting the recommended target of 60 minutes. Additional sections highlight the benefits of exercise, a healthy diet and exercising with asthma. The diary is reviewed on a weekly basis and activity reinforced by verbal praise and stickers.

Step 2: Children will participate in a fun circuit class held once a week for 4 weeks. The class, designed to maintain activity levels and motivate, comprises a circuit of two minute activity stations. Participants will record their scores after each activity station and a pedometer will be given as a motivational tool. Participants will continue to complete their diary.

Step 3: Comprises a short motivational interview including goal setting follow by a review session. Progress on these goals will be reviewed at 4 month follow up.

## **Intervention Type**

Other

## **Phase**

Not Applicable

## **Primary outcome measure**

Body mass index (BMI) and exercise self-efficacy at 12 month follow-up

## **Secondary outcome measures**

1. Self-reported activity
2. Emotional and behavioural wellbeing
3. Lung function (peak flow)
4. Waist circumference

Measured at 4 month and 12 month follow-up.

## **Overall study start date**

01/04/2010

## **Completion date**

31/12/2012

## **Eligibility**

**Key inclusion criteria**

1. Children aged 9 to 11 years with one, or more of the following risk factors;

1.1. Asthma

1.2. Low exercise self-efficacy

1.3. Teacher-rated build above the 75th centile

1.4. Teacher-rated concern about participation in physical activity

**Participant type(s)**

Patient

**Age group**

Child

**Lower age limit**

9 Years

**Upper age limit**

11 Years

**Sex**

Both

**Target number of participants**

600 children from 20 schools

**Key exclusion criteria**

Children with high levels of customary activity (teacher and pupil rated) this will include overweight children with high levels of customary activity

**Date of first enrolment**

01/04/2010

**Date of final enrolment**

31/12/2012

**Locations****Countries of recruitment**

England

United Kingdom

**Study participating centre**

Nottingham University Hospital

Nottingham

United Kingdom

NG72UH

# Sponsor information

## Organisation

University of Nottingham (UK)

## Sponsor details

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## Sponsor type

University/education

## Website

<http://www.nottingham.ac.uk>

## ROR

<https://ror.org/01ee9ar58>

# Funder(s)

## Funder type

Government

## Funder Name

National Institute of Healthcare Research (NIHR) (UK)

# Results and Publications

## Publication and dissemination plan

Not provided at time of registration

## Intention to publish date

## Individual participant data (IPD) sharing plan

## IPD sharing plan summary

Not provided at time of registration

## Study outputs

Output type	Details	Date created	Date added	Peer reviewed?	Patient-facing?
<a href="#">Protocol article</a>	protocol	26/10/2011		Yes	No
<a href="#">Abstract results</a>	results presented at the 4th Congress of the European Academy of Paediatric Societies	01/10/2012		No	No