

# MAP: Movement through active personalised engagement

<b>Submission date</b> 13/03/2017	<b>Recruitment status</b> No longer recruiting	<input checked="" type="checkbox"/> Prospectively registered <input checked="" type="checkbox"/> Protocol
<b>Registration date</b> 14/03/2017	<b>Overall study status</b> Completed	<input checked="" type="checkbox"/> Statistical analysis plan <input checked="" type="checkbox"/> Results
<b>Last Edited</b> 13/12/2021	<b>Condition category</b> Signs and Symptoms	<input type="checkbox"/> Individual participant data

## Plain English summary of protocol

### Background and study aims

In developed countries approximately 25-55% of people at the age of 60 have two or more long-term health conditions (multiple chronic conditions). Having two or more long-term conditions can negatively impact on people's lives and can lead to disability, poor quality of life and frailty. These problems are made worse with age, social deprivation and with people from Black and Minority ethnic backgrounds. A team of clinicians and researchers at the University Hospitals of Leicester have developed a group education programme (MAP programme) which aims to help people to manage their long-term health problems. The aim of this study is to evaluate the effectiveness of MAP in helping people with two or more long-term health conditions.

### Who can participate?

Adults aged 40-85 who have two or more long-term health conditions and access to a mobile phone.

### What does the study involve?

Participants are randomly allocated to one of two groups. Those in the first group take part in the MAP programme. This involves attending four sessions lasting around 1.5 hours each, spaced two weeks apart. The sessions are led by a trained facilitator and involve discussions about being active, managing emotions, treatments and communications. After the first education session participants are sent a series of automated motivating text messages. Those in the second group continue as usual for the duration of the study. At the start of the study and then after six and 12 months, participants in both groups complete questionnaires and assessments to assess how active they are, how well they are managing their conditions and quality of life.

### What are the possible benefits and risks of participating?

Whilst no direct benefits can be guaranteed, it is hoped that taking part in the study will still be a positive experience for those who attended. Half of the participants will attend the MAP programme, and, in addition, both groups will receive a health check during their clinic visits. There are no notable risks involved with participating.

### Where is the study run from?

Leicester Diabetes Centre (UK)

When is the study starting and how long is it expected to run for?  
November 2014 to May 2019

Who is funding the study?  
National Institute for Health Research (UK)

Who is the main contact?  
Dr Patrick Highton, ph204@leicester.ac.uk

## Contact information

**Type(s)**  
Public

**Contact name**  
Dr Patrick Highton

**Contact details**  
Broadleaf Wing  
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## Additional identifiers

**EudraCT/CTIS number**

**IRAS number**

**ClinicalTrials.gov number**

**Secondary identifying numbers**  
33099

## Study information

**Scientific Title**  
Promoting physical activity through group self-management support for those with multimorbidity: a randomised controlled trial

**Acronym**  
MAP

**Study objectives**

The aim of this study is to evaluate the effectiveness of a structured education programme designed to help people with two or more long-term health conditions.

**Ethics approval required**

Old ethics approval format

**Ethics approval(s)**

West Midlands - South Birmingham Research Ethics Committee, 16/01/2017, ref: 16/WM/0505

**Study design**

Randomised; Interventional; Design type: Treatment, Education or Self-Management

**Primary study design**

Interventional

**Secondary study design**

Randomised controlled trial

**Study setting(s)**

Hospital

**Study type(s)**

Treatment

**Participant information sheet**

See additional files

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

Specialty: Primary Care, Primary sub-specialty: Health services and delivery research; UKCRC code/ Disease: Other/ General symptoms and signs

**Interventions**

After recruitment participants will be randomly assigned to two groups in a 1:1 ratio, stratified by gender (men; women), and ethnicity (White European; other)

Intervention group: Participants will be invited to attend a group structured education programme - the MAP programme. They will also receive regular motivational text messages during the study period. The MAP programme consists of four sessions which last approximately 1.5 hours each and are two weeks apart. The sessions focus on personalised goal setting to increase physical activity and health related self-management activities, which impact on quality of life. Short motivational text messages will be sent to participants following the first education session. The text messages will be automated, unidirectional and will incur no charge to participants. The messages are motivational and will promote health behaviour change. The MAP education sessions will commence within approximately one month of recruitment. Participants will attend four education sessions. There will be approximately two weeks interval between the sessions. Short text messages will start soon after the first education session and will last up to the 12 month clinical assessment of participants. The frequency of the text messages will vary throughout the follow up period, i.e. up to the 12 month visit.

Control group: Participants will continue receiving their routine care in line with their clinical care team recommendations, i.e. there will be no change in their routine care.

Participants in both groups will be followed up for 12 month: they will be invited for clinic assessment and data collection. This will conclude participation to the study.

### **Intervention Type**

Other

### **Primary outcome measure**

Average daily physical activity is measured using an accelerometer and physical activity questionnaires (RPAQ and SEE) at baseline and 12 months

### **Secondary outcome measures**

Current version as of 06/04/2018:

1. Self-efficacy for managing chronic disease and exercise is measured by Chronic Disease Self-efficacy Scales at baseline, 6 and 12 months
2. Medication adherence is measured using the ASK 12 (Adherence Starts with Knowledge) Questionnaire at baseline and 12 months
3. Quality of life is measured using the HADS and EQ-5D-5L questionnaires at baseline and 12 months
4. Lifestyle behaviours other than physical activity will be measured by food intake and sleeping pattern questions at baseline and 12 months

Original version:

1. Self-efficacy for managing chronic disease and exercise is measured by Chronic Disease Self-efficacy Scales at baseline, 6 and 12 months
2. Medication adherence is measured by The Morisky Medication Adherence scale (MMAS-8) at baseline and 12 months
3. Quality of life is measured using the HADS and EQ-5D-5L questionnaires at baseline and 12 months
4. Lifestyle behaviours other than physical activity will be measured by food intake and sleeping pattern questions at baseline and 12 months

### **Overall study start date**

01/11/2014

### **Completion date**

10/04/2019

## **Eligibility**

### **Key inclusion criteria**

1. Good understanding in written and verbal English
2. Able to give informed consent
3. 40-85 years old inclusive
4. Have two or more chronic conditions
5. Have access to a mobile phone for use in potential study activities
6. Able to walk independently

### **Participant type(s)**

Patient

**Age group**

Adult

**Sex**

Both

**Target number of participants**

Planned Sample Size: 290; UK Sample Size: 290

**Total final enrolment**

353

**Key exclusion criteria**

1. Limited understanding of written and verbal English
2. Dementia, learning disability, mental health disorders other than depression or epilepsy
3. Palliative care
4. Pregnancy
5. Currently participating or participated in another interventional trial in the previous 12 weeks
6. Patients with frailty. The definition of frailty will be at the investigator's discretion and based on patients:
  - 6.1. Living in care homes or institutions
  - 6.2. Having support for daily activities such as washing, cooking, household tasks etc.
  - 6.3. Having had unintentional significant weight loss in the last 3-6 months
  - 6.4. Having BMI less than 18.5kg/m<sup>2</sup>

**Date of first enrolment**

14/06/2017

**Date of final enrolment**

31/12/2018

## **Locations**

**Countries of recruitment**

England

United Kingdom

**Study participating centre**

**Leicester Diabetes Centre**  
Leicester General Hospital  
Leicester  
United Kingdom  
LE5 4PW

# Sponsor information

## Organisation

University of Leicester

## Sponsor details

Research & Enterprise Division  
Research Governance Office  
Fielding Johnson Building  
Leicester  
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United Kingdom  
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## Sponsor type

University/education

## ROR

<https://ror.org/04h699437>

# Funder(s)

## Funder type

Government

## Funder Name

National Institute for Health Research

## Alternative Name(s)

National Institute for Health Research, NIHR Research, NIHRresearch, NIHR - National Institute for Health Research, NIHR (The National Institute for Health and Care Research), NIHR

## Funding Body Type

Government organisation

## Funding Body Subtype

National government

## Location

United Kingdom

# Results and Publications

## Publication and dissemination plan

Study results will be published in peer reviewed journals and presented at national and international conferences, with the intention of publishing around one year after the overall trial end date. A lay report summarising the results will be sent to participants and reports will also be sent to the funder.

## Intention to publish date

01/06/2021

## Individual participant data (IPD) sharing plan

The datasets generated and/or analysed during the current study are not expected to be made publically available due to ethical restrictions. An anonymized minimal dataset will be made available to bonafide researchers interested in collaborative research through requests sent to the lead author.

## IPD sharing plan summary

Data sharing statement to be made available at a later date

## Study outputs

Output type	Details	Date created	Date added	Peer reviewed?	Patient-facing?
<a href="#">Participant information sheet</a>	version V3	09/02/2017	14/03/2017	No	Yes
<a href="#">Protocol article</a>	protocol	20/10/2018		Yes	No
<a href="#">Statistical Analysis Plan</a>		10/09/2019	28/04/2020	No	No
<a href="#">Results article</a>		01/12/2021	13/12/2021	Yes	No
<a href="#">HRA research summary</a>			28/06/2023	No	No