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Older people's exercise intervention in residential and nursing accommodation

Submission date
23/05/2007

Recruitment status
No longer recruiting

Registration date
31/05/2007

Overall study status
Completed

Last Edited
14/02/2018

Condition category
Mental and Behavioural Disorders

[X] Prospectively registered
[X] Protocol
[_] Statistical analysis plan
[X] Results
[_] Individual participant data

Plain English summary of protocol

Background and study aims
Up to 40% of residential and nursing home residents are depressed. Both exercise and increased social interaction may have a positive effect on depression, and a group exercise programme that combines a social element and improved exercise tolerance is a promising non-drug approach to managing depression. We believe that for such a programme to be beneficial and sustainable residential home staff will also have to provide increased opportunities for residents to participate in safe physical activity in their daily lives. This study will examine whether a 'whole home' intervention, consisting of training for residential and nursing home staff and an ongoing, twice weekly, group exercise programme delivered by experienced physiotherapists, reduces the overall number of residents who are depressed after one year. We will also determine whether the programme reduces depression after six and 12 months amongst those residents identified as depressed at the start of the study.

Who can participate?
Permanent residents aged 65 or over in 77 residential or nursing homes in north east London and central England.

What does the study involve?
All able residents of all participating homes are invited to participate in a brief assessment lasting 15-20 minutes, measuring cognitive function, mobility, pain and quality of life. Participating homes are randomly allocated to either the exercise intervention or a comparison group. In the comparison group homes we implement a 'depression awareness programme' whereby we deliver brief-in house training to staff on recognising and managing depression, backed up by posters and leaflets and regular contact with study team members. In the exercise intervention group homes we implement a strategy to 'normalise' exercise into their daily routines. In addition to the depression awareness programme outlined above we provide a physical activation programme and a group-based exercise programme. The aim of the physical activation programme is to improve knowledge and awareness of the benefits of physical activity. We work with the managers at the homes and provide a review of mobility safety ensuring that appropriate walking aids and footwear are available to all residents. We work with the homes to review policies and strategies in place to promote physical activity and we identify a physical activity ‘champion’ within the home who will serve as the main point of contact with

the therapist and undertake a regular review of the organisation's progress. The group-based exercise programme is run by specially trained physiotherapists who run bi-weekly exercise classes in the homes. All residents are encouraged to attend these classes. Classes are appropriate to the levels of mobility of the residents. Before each class a brief risk assessment is carried out on each resident to assess their ability to participate. Classes last between 40 minutes to one hour.

What are the possible benefits and risks of participating?
Not provided at time of registration

Where is the study run from?
Barts and The London NHS Trust (UK)

When is the study starting and how long is it expected to run for?
February 2008 to July 2011

Who is funding the study?
Health Technology Assessment Programme (UK)

Who is the main contact?
Prof. Martin Underwood
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Contact information

Type(s)
Scientific

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Additional identifiers

Protocol serial number
HTA 06/02/01

Study information

Scientific Title
Older People's Exercise intervention in Residential and nursing Accommodation

Acronym
OPERA

Study objectives
This study will explore depression levels amongst residents of residential and nursing homes and the impact of a whole-home intervention on the rates of depression over a 12-month period.

Hypothesis: What is the effectiveness and cost-effectiveness of a whole home physical activity intervention to reduce depression in older people in residential and nursing homes?

More details can be found at: http://www.nets.nihr.ac.uk/projects/hta/060201
Protocol can be found at: http://www.nets.nihr.ac.uk/__data/assets/pdf_file/0015/51270/PRO-06-02-01.pdf

Ethics approval required
Old ethics approval format

Ethics approval(s)
Joint University College London/University College London Hospital Committees on the Ethics of Human Research, 30/04/2007, ref: 07/Q0505/56

Study design
Cluster randomised trial

Primary study design
Interventional

Study type(s)
Treatment

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

Interventions
All able residents of all participating homes will be invited to participate in a brief baseline assessment lasting 15-20 minutes, measuring cognitive function, mobility, pain and quality of life. We will also seek consent/assent to complete a record check allowing us to collect data on medication, injurious falls and routine data.

After all baseline assessments have been done, we will randomise the homes and run the interventions for 12 months.

Control intervention homes:
We will implement a 'depression awareness programme' in control homes whereby we will deliver brief-in house training to staff on recognising and managing depression. This will be backed up by posters and leaflets and regular contact with study team members.

Active intervention homes:
We will implement a whole-home strategy in order to 'normalise' exercise into the daily routines of the homes. In addition the depression awareness programme outlined above we will provide a double-pronged intervention - a physical activation programme and a group-based exercise programme.

The physical activation programme will aim to:
1. Improve knowledge and awareness of the benefits of physical activity to residents, staff and relatives of residents.
2. We will work with managers at homes and provide an individualised review of mobility safety ensuring that appropriate walking aids and footwear are available to all individuals.
3. We will work with the homes to review policies and strategies in place to promote physical activity
4. We will identify a physical activity champion within the home who will serve as the main point of contact with the therapist and undertake regular review of the organisations progress.

The group-based exercise programme will be run by specially trained physiotherapists who will run bi-weekly exercise classes in the homes. All residents will be encouraged to attend these classes. Classes will be appropriate to the levels of mobility of residents. Before each class a brief risk assessment will be carried out on each individual to assess their ability to participate. Classes will last between 40 minutes to one hour.

Intervention Type
Behavioural

Primary outcome(s)
Impact of the exercise intervention on depression levels measured through the use of the Geriatric Depression Scale (GDS) -15 at baseline and 12 months for all participants. For those who score highly on the GDS-15, we will also interview them at the 6-month stage in addition to the 2 timepoints for all residents.

Key secondary outcome(s))
1. Quality of life measured by EueroQoL 5 dimensions (EQ5D) at baseline and 12 months for all participants, and in addition at 6 months for those who score highly on the GDS-15.
2. Mobility measured by the Short Physical Performance Battery (SPPB) at baseline and 12 months for all participants, and in addition at 6 months for those who score highly on the GDS-15.
3. Injurious falls measured through home and hospital records. This will be collected at baseline, 3, 6, 9 and 12 months.
4. Cognitive function measured by the Mini Mental State Examination (MMSE) at baseline and 12 months for all participants, and in addition at 6 months for those who score highly on the GDS-15.
5. Pain, measured through participants' self reported level of pain on a five point scale at baseline and 12 months for all participants, and in addition at 6 months for those who score highly on the GDS-15.
6. Medication use, measured through their home records. This will be collected at baseline, 3, 6, 9 and 12 months.
7. Hospital Admissions. We will extract data on cause and duration of any hospital admissions during the study period from participants hospital records.

Completion date

31/07/2011

Eligibility

Key inclusion criteria
Assessment:
1. Permanent resident in residential or nursing home
2. Aged 65 or over
3. Consent/assent to assessment
4. Able to participate in baseline assessment

Record check:
5. Consent/assent

Exercise classes:
6. Able to transfer (with assistance from one person) from a wheelchair to a chair

Participant type(s)
Patient

Healthy volunteers allowed
No

Age group
Senior

Sex
All

Key exclusion criteria
Terminal or other serious illness

Date of first enrolment
01/02/2008

Date of final enrolment
31/07/2011

Locations

Countries of recruitment
United Kingdom

England

Study participating centre
Barts and The London NHS Trust
London

United Kingdom
E1 2AT

Sponsor information

Organisation
Department of Health (UK)

ROR
https://ror.org/03sbpja79

Funder(s)

Funder type
Government

Funder Name
Health Technology Assessment Programme

Alternative Name(s)
NIHR Health Technology Assessment Programme, Health Technology Assessment (HTA), HTA

Funding Body Type
Government organisation

Funding Body Subtype
National government

Location
United Kingdom

Results and Publications

Individual participant data (IPD) sharing plan

IPD sharing plan summary

Study outputs

Output type	Details	Date created	Date added	Peer reviewed?	Patient-facing?
Results article	results	02/02/2011		Yes	No

Results article	results	01/05/2013	Yes	No
Results article	results	06/07/2013	Yes	No
Results article	results	27/04/2017	Yes	No
Protocol article	protocol	02/02/2011	Yes	No