

# 'The Home-based Older People's Exercise (HOPE) Programme: An Exercise Programme to Improve the Functional Status of Older People

<b>Submission date</b> 19/05/2010	<b>Recruitment status</b> No longer recruiting	<input type="checkbox"/> Prospectively registered <input checked="" type="checkbox"/> Protocol
<b>Registration date</b> 19/05/2010	<b>Overall study status</b> Completed	<input type="checkbox"/> Statistical analysis plan <input checked="" type="checkbox"/> Results
<b>Last Edited</b> 22/04/2014	<b>Condition category</b> Signs and Symptoms	<input type="checkbox"/> Individual participant data

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

## Contact information

**Type(s)**  
Scientific

**Contact name**  
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## Additional identifiers

**Protocol serial number**  
7886

## Study information

**Scientific Title**  
Improving the functional status of community dwelling, frail older people: the impact of a targeted exercise programme

## **Acronym**

HOPE

## **Study objectives**

Our exploratory randomised controlled trial is to investigate whether the HOPE Programme, a 12 week exercise programme designed for frail older people living at home, can improve functional status, daily living activities and quality of life. Participants will be stratified by baseline Timed Up and Go test and will undergo concealed random allocation to the HOPE Programme or usual care. The HOPE Programme, developed and refined by multiperspective qualitative methods involving our user group and experienced healthcare professionals, will be delivered by community based therapists to older people under the care of a case manager (e.g. Community Matron) or older people who are housebound, defined as being unable to leave the house without the assistance of another person, in Bradford, UK.

Primary outcome will be the Timed Up and Go test. Secondary outcomes will include Barthel Index of Activities of Daily Living, quality of life measures and self-reported falls. We will also record participant comorbidity and operationalised measures of frailty.

As of 23/02/2011 this record has been updated, in response to a protocol amendment which was approved on 01/10/2010 by the Bradford REC. All changes can be found under the relevant section with the protocol update date of 01/10/2010.

## **Ethics approval required**

Old ethics approval format

## **Ethics approval(s)**

Bradford Research Ethics Committee approved on the 23rd June 2009 (ref: 09/H1302/55). Amendment approved on 01/10/2010.

## **Study design**

Single centre randomised interventional treatment and prevention trial

## **Primary study design**

Interventional

## **Study type(s)**

Treatment

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

Topic: Generic Health Relevance and Cross Cutting Themes; Subtopic: Generic Health Relevance (all Subtopics); Disease: Age and ageing

## **Interventions**

Our exploratory randomised controlled trial is to investigate whether the HOPE Programme, a 12 week manualised exercise programme designed for frail older people living at home, can improve functional status, daily living activities and quality of life. Participants will be older people under the care of a case manager (e.g. Community Matron) or older people who are housebound, defined as being unable to leave the house without the assistance of another person, in Bradford, UK. Participants will be stratified by baseline Timed Up and Go Test (TUGT) and will undergo concealed random allocation to the intervention or control group. The intervention group will receive a copy of the HOPE Programme Exercise Manual and will also

receive regular home visits from community-based therapists who will both teach the HOPE Programme to participants and provide support with compliance. Support will also be provided by regular telephone contact from therapists. Participants who are randomised to the control group will receive usual care from the case manager and GP.

Primary outcome will be the TUGT. Secondary outcomes will include Barthel Index of Activities of Daily Living, quality of life measures and self-reported falls. All outcomes will be measured at baseline and at 12 weeks post randomisation. We will also record participant comorbidity and operationalised measures of frailty.

### **Intervention Type**

Other

### **Phase**

Not Applicable

### **Primary outcome(s)**

Timed Up and Go test at 12 weeks post-randomisation

### **Key secondary outcome(s)**

1. Barthel Index of Activities of Daily Living, measured at baseline and at 12 weeks post-randomisation
2. EQ5D measure of health, measured at baseline and at 12 weeks post-randomisation
3. Edmonton Frail Scale, measured at baseline and at 12 weeks post-randomisation
4. Geriatric Depression Score, measured at baseline and at 12 weeks post-randomisation

### **Completion date**

30/09/2011

## **Eligibility**

### **Key inclusion criteria**

Current protocol (amendment approved 01/10/2010):

1. All patients who are under the care of a case manager (CM) in Bradford, UK. There are currently 21 CMs in Bradford, each with a caseload of approximately 50 patients
2. Older people who are housebound, defined as being unable to leave the house without the assistance of another person
3. Male and female, no age limits

Initial information at time of registration:

1. All patients who are under the care of a case manager (CM) in Bradford, UK. There are currently 21 CMs in Bradford, each with a caseload of approximately 50 patients.
2. Male and female, no age limits

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

Patient

### **Healthy volunteers allowed**

No

### **Age group**

Other

**Sex**

All

**Key exclusion criteria**

Current protocol (amendment approved 01/10/2010):

1. Severe dementia
2. Poorly controlled angina
3. Current participation in an alternative exercise programme (e.g. falls prevention programme, pulmonary rehabilitation)
4. Unable to stand from a chair and walk without the assistance of another person
5. Registered blind
6. Receiving palliative care

Initial information at time of registration:

1. Severe dementia
2. Poorly controlled angina
3. Current participation in an alternative exercise programme (e.g. falls prevention programme, pulmonary rehabilitation)
4. Unable to stand from a chair and walk without the assistance of another person
5. Registered blind

**Date of first enrolment**

01/04/2010

**Date of final enrolment**

30/09/2011

**Locations**

**Countries of recruitment**

United Kingdom

England

**Study participating centre**

**Institute for Health Research**

Bradford

United Kingdom

BD9 6RJ

**Sponsor information**

**Organisation**

Bradford Institute for Health Research (UK)

**ROR**

<https://ror.org/05gekvn04>

## Funder(s)

**Funder type**

Charity

**Funder Name**

Dunhill Medical Trust (UK)

**Alternative Name(s)**

The Dunhill Medical Trust, Dunhill Medical Trust, DunhillMedical, DMT

**Funding Body Type**

Private sector organisation

**Funding Body Subtype**

Trusts, charities, foundations (both public and private)

**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?
<a href="#">Results article</a>	results	01/09/2014		Yes	No
<a href="#">Protocol article</a>	protocol	08/06/2011		Yes	No