

# The effect of Exercise on Prescription (EoP) on activity levels in heart patients after a completed period of training in outpatient setting

<b>Submission date</b> 29/11/2011	<b>Recruitment status</b> No longer recruiting	<input checked="" type="checkbox"/> Prospectively registered <input type="checkbox"/> Protocol
<b>Registration date</b> 19/12/2011	<b>Overall study status</b> Completed	<input type="checkbox"/> Statistical analysis plan <input type="checkbox"/> Results
<b>Last Edited</b> 27/05/2025	<b>Condition category</b> Circulatory System	<input type="checkbox"/> Individual participant data <input checked="" type="checkbox"/> Record updated in last year

## Plain English summary of protocol

Not provided at time of registration

## Contact information

### Type(s)

Scientific

### Contact name

Mr Staffan Eriksson

### Contact details

-

Nyköping

Sweden

SE-61185

-

staffan.eriksson@umu.se

## Additional identifiers

### Protocol serial number

N/A

## Study information

Scientific Title

The effect of Exercise on Prescription (EoP) on activity levels in coronary artery disease patients after a completed a period of training in outpatient setting: a randomised controlled trial

## **Acronym**

EoP

## **Study objectives**

Primary hypothesis:

Information given as Exercise on Prescription (EoP) after a completed period of training in a coronary rehabilitation outpatients setting, including motivational interviewing, gives a larger proportion of individuals that reach an activity level equivalent to 1200 Metabolic Equivalent Task (MET) per week or more compared to orally given advice to be physically active.

Secondary hypotheses:

1. Information given as EoP after a completed period of training in a coronary rehabilitation outpatient setting, including motivational interviewing, gives a higher energy expenditure per week compared to orally given advice to be physically active.

2. Information given as EoP after a completed period of training in a coronary rehabilitation outpatient setting, including motivational interviewing, gives a higher energy expenditure per week by way of moderate intensity exercise (4-8 MET) compared to orally given advice to be physically active.

3. Information given as EoP after a completed period of training in a coronary rehabilitation outpatient setting, including motivational interviewing, gives a higher energy expenditure per week by way of high intensity exercise ( $\geq 8$  MET) compared to orally given advice to be physically active.

4. Information given as EoP after a completed period of training in a coronary rehabilitation outpatient setting, including motivational interviewing, gives a higher exercise capacity as measured by a submaximal bicycle exercise test compared to orally given advice to be physically active.

On 12/01/2015 the overall trial end date was changed from 31/12/2014 to 31/12/2017.

## **Ethics approval required**

Old ethics approval format

## **Ethics approval(s)**

Regional Ethical Review Board, Stockholm, Sweden, 07/10/2011, ref: 2011/1226-31/2

## **Study design**

Randomised controlled trial

## **Primary study design**

Interventional

## **Study type(s)**

Treatment

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

Coronary artery disease

## **Interventions**

Prior to study start all of the participants participate in the standard heart rehabilitation group for outpatients diagnosed with coronary artery disease at the Hospital of Nyköping. This standard heart rehabilitation is comprised of strength and fitness training up to three times per week and three months, in line with the Swedish guidelines for heart rehabilitation. In addition to the guidelines group relaxation is also performed two of three sessions each week. On the final session of the standard heart rehabilitation group, all participants will be advised to continue to be physically active, with specific emphasis placed on the importance of fitness training. After termination of the standard heart rehabilitation group participants will be randomly allocated to either an EoP-group or a control group. The control group will receive only the information mentioned above that all participants receive.

After completing the standard heart rehabilitation period outlined above, the EoP-group will meet a physiotherapist for a motivational interview (MI) and an exercise prescription. Two months after this meeting a follow up by telephone will be done. The EoP physiotherapist does not work in the heart rehabilitation team and is not involved in the standard heart rehabilitation group. The prescription can be for any form of exercise, but must last for thirty minutes or more of physical activity daily, and also include fitness training three times a week and strength training twice a week. The strength and fitness training can be combined in the same session. The training intensity for fitness training should be 12-15/20 on the Borg's RPE-scale for 20-40 minutes, depending on the intensity, with higher intensity requiring shorter training duration. The training intensity of strength training should be between 11-13/20 on the Borg's RPE-scale in the trained muscle. Strength training should be comprised of 1-3 sets of 12-15 repetitions of 8-10 different exercises.

### **Intervention Type**

Behavioural

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

International Physical Activity Questionnaire, short form measured at baseline and after 4 months

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

Submaximal bicycle exercise test measured at baseline and after 4 months

### **Completion date**

22/12/2021

## **Eligibility**

### **Key inclusion criteria**

Current inclusion criteria as of 17/04/2012:

1. Age 75 years or less
2. Coronary artery disease
3. Completion of a minimum of eight weeks, with a mean of at least one day per week, of group training for outpatients

Previous inclusion criteria:

1. Age 70 years or less
2. Coronary artery disease
3. Completion of a minimum of eight weeks, with a mean of at least one day per week, of group training for outpatients

**Participant type(s)**

Patient

**Healthy volunteers allowed**

No

**Age group**

Adult

**Sex**

All

**Key exclusion criteria**

1. Chronic obstructive lung-disease, according to medical records
2. Heart failure, according to medical records
3. Submaximal bicycle exercise test or survey administered by different physiotherapists at baseline and after the intervention period

**Date of first enrolment**

21/12/2011

**Date of final enrolment**

22/12/2021

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

Sweden

**Study participating centre**

Sjukgymnastiken

Nyköping

Sweden

SE-61185

**Sponsor information****Organisation**

Uppsala University (Sweden)

**ROR**

<https://ror.org/048a87296>

# Funder(s)

## Funder type

University/education

## Funder Name

Centre for Clinical Research Sörmland, Uppsala University (Sweden)

# Results and Publications

## Individual participant data (IPD) sharing plan

The datasets generated during and/or analysed during the current study are not expected to be made available because the researchers have promised confidentiality in the information letter to the participants. Specifically, they have stated that only the researchers conducting the study will be able to view the data at an individual level and that only group-level data will be displayed to individuals outside of the research group. This statement has also been approved by the Ethical Review Board in Stockholm.

## IPD sharing plan summary

Not expected to be made available

## Study outputs

Output type	Details	Date created	Date added	Peer reviewed?	Patient-facing?
<a href="#">Participant information sheet</a>	Participant information sheet	11/11/2025	11/11/2025	No	Yes