

Feasibility of the adapted LiFE (aLiFE) intervention – a pilot study

Submission date 21/04/2016	Recruitment status No longer recruiting	☐ Prospectively registered ☐ Protocol
Registration date 03/05/2016	Overall study status Completed	☐ Statistical analysis plan ☒ Results
Last Edited 10/06/2026	Condition category Other	☐ Individual participant data

Plain English summary of protocol

Background and study aims

A new behaviour change exercise programme named “adapted Lifestyle-integrated Exercise Program (aLiFE)” has been developed within the EU-funded project “PreventIT” (<http://www.preventit.eu/>). This study aims to evaluate the feasibility of the new aLiFE programme in young older adults aged 60-70.

Who can participate?

Community-dwelling men and women aged 60 to 70

What does the study involve?

The aLiFE programme is delivered by a specialist instructor during 4 home visits. The instructor teaches the participants balance and strength exercises which they can incorporate into their daily life. Participants are also taught to increase their physical activity level. Before and after the intervention participants undergo an assessment of their functional performance. After the intervention, participants are asked about their opinions regarding the aLiFE training.

What are the possible benefits and risks of participating?

Participants may benefit from the intervention in terms of improving their functional performance and increasing their physical activity, although this is not the aim of this study. The aim is to evaluate the participants’ opinions about the programme. The risk of adverse events during aLiFE training is estimated to be low.

Where is the study run from?

1. Robert-Bosch Hospital Stuttgart (Germany)
2. VU University Medical Center Amsterdam (Netherlands)
3. Norwegian University of Science and Technology (Norway)

When is the study starting and how long is it expected to run for?

January 2016 to December 2016

Who is funding the study?

European Commission Horizon 2020

Who is the main contact?
Dr Michael Schwenk

Contact information

Type(s)
Scientific

Contact name
Dr Michael Schwenk

Contact details
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Additional identifiers

Study information

Scientific Title
Feasibility of the adapted Lifestyle-integrated Exercise (aLiFE) Programme for improving functional performance and increasing physical activity in young older adults: a multicentre pilot study

Acronym
aLiFE pilot

Study objectives
Primary hypothesis: a newly developed adapted Lifestyle-integrated Exercise (aLiFE) Programme is feasible and well accepted in a sample of young older adults who are 60 to 70 years of age.

A secondary aim is to test the feasibility of different balance scales in young old adults regarding appropriateness, ceiling effects, and reliability in the target population.

Ethics approval required
Old ethics approval format

Ethics approval(s)
1. Stuttgart: Ethik-Kommission am Universitätsklinikum Tübingen, 07/04/2016, 033/2016BO2
2. Amsterdam: Medical Ethical Committee, VU University Medical Center, 13/04/2016, NL56456.029.16
3. Trondheim: REC central, anticipated date of approval 29/04/2016, central midt 2016/48

Primary study design
Interventional

Study design

4-week one-group pre-post test intervention study

Study type(s)

Prevention

Health condition(s) or problem(s) studied

Preventing functional decline in older adults

Interventions

The adapted Lifestyle-integrated Exercise (aLiFE) programme is an adapted version of the LiFE programme developed by Clemson et al. (BMJ 2012;345:e4547). aLiFE includes strength, balance, and physical activities integrated in everyday life, so that the activities can be performed in natural settings multiple times throughout the day. The aLiFE programme has been specifically adapted to fit people between 60 to 70 year of age.

Intervention Type

Behavioural

Primary outcome(s)

Feasibility of aLiFE as defined by:

1. Willingness to participate
2. Adherence
3. Possible harms
4. Acceptability (rating of helpfulness, safety, level of difficulty, and adaptability)
5. Participants' views on:
 - 5.1. Planning and engaging in aLiFE activities
 - 5.2. The aLiFE manual
 - 5.3. Support from the trainers
 - 5.4. Their ideas for improving the programme (semi-structured interviews)

Key secondary outcome(s)

Appropriateness of balance scales in the population of young old adults (ceiling effects, reliability)

Completion date

21/12/2016

Eligibility**Key inclusion criteria**

Community dwelling men and women at age 60 to 70 years

Participant type(s)

Healthy volunteer

Healthy volunteers allowed

No

Age group

Senior

Sex

All

Total final enrolment

51

Key exclusion criteria

1. Inability to walk 500 meters without aid
2. Cognitive impairment (Montreal Cognitive Assessment, MOCA ≥ 24 points)
3. Existence of severe cardiovascular, pulmonary, neurological, or mental disease where exercise is contraindicated
4. Attending organised exercise classes more than twice a week and/or not exercising more than 2 hours on their own each week

Date of first enrolment

01/05/2016

Date of final enrolment

31/08/2016

Locations

Countries of recruitment

Germany

Netherlands

Norway

Study participating centre

Robert-Bosch Hospital Stuttgart

Germany

70376

Study participating centre

VU University Medical Center Amsterdam

Netherlands

1007

Study participating centre

Norwegian University of Science and Technology

Norway

7491

Sponsor information

Organisation

Robert-Bosch Hospital Stuttgart (Germany)

ROR

<https://ror.org/034nkk84>

Funder(s)

Funder type

Other

Funder Name

European Commission Horizon 2020

Results and Publications

Individual participant data (IPD) sharing plan

IPD sharing plan summary

Not expected to be made available

Study outputs

Output type	Details	Date created	Date added	Peer reviewed?	Patient-facing?
Results article	Perceptions of participants and trainers	01/07/2019	15/04/2020	Yes	No
Other publications	Testing the the Community Balance and Mobility Scale (CBM)	03/07/2018		Yes	No
Other publications	Testing the Community Balance and Mobility Scale (CBMS)	25/06/2018	10/06/2026	Yes	No