

# M11A randomised controlled feasibility trial of a physical activity behaviour change intervention compared to social interaction in huntington's disease

Busse, Monica; Quinn, Lori; Drew, Cheney; Kelson, Mark; Trubey, Rob; McEwan, Kirsten; Jones, Carys; Townson, Julia; Dawes, Helen; Edwards, Rhiannon; Rosser, Anne; Hood, Kerenza

Journal of Neurology, Neurosurgery and Psychiatry

DOI:

10.1136/jnnp-2016-314597.296

Published: 01/09/2016

Peer reviewed version

Cyswllt i'r cyhoeddiad / Link to publication

Dyfyniad o'r fersiwn a gyhoeddwyd / Citation for published version (APA): Busse, M., Quinn, L., Drew, C., Kelson, M., Trubey, R., McEwan, K., Jones, C., Townson, J., Dawes, H., Edwards, R., Rosser, A., & Hood, K. (2016). M11A randomised controlled feasibility trial of a physical activity behaviour change intervention compared to social interaction in huntington's disease. Journal of Neurology, Neurosurgery and Psychiatry, 87(Suppl 1), A105. https://doi.org/10.1136/jnnp-2016-314597.296

Hawliau Cyffredinol / General rights

Copyright and moral rights for the publications made accessible in the public portal are retained by the authors and/or other copyright owners and it is a condition of accessing publications that users recognise and abide by the legal requirements associated with these rights.

- · Users may download and print one copy of any publication from the public portal for the purpose of private study or research.
  - You may not further distribute the material or use it for any profit-making activity or commercial gain
    You may freely distribute the URL identifying the publication in the public portal?

Take down policy

If you believe that this document breaches copyright please contact us providing details, and we will remove access to the work immediately and investigate your claim.

# M11 A RANDOMISED CONTROLLED FEASIBILITY TRIAL OF A PHYSICAL ACTIVITY BEHAVIOUR CHANGE INTERVENTION COMPARED TO SOCIAL INTERACTION IN HUNTINGTON'S DISEASE

- <sup>1,2</sup>Monica Busse\*, <sup>1,3</sup>Lori Quinn, <sup>2</sup>Cheney Drew, <sup>2</sup>Mark Kelson, <sup>2</sup>Rob Trubey, <sup>2</sup>Kirsten McEwan, <sup>4</sup>Carys Jones, <sup>2</sup>Julia Townson, <sup>5</sup>Helen Dawes, <sup>4</sup>Rhiannon Tudor Edwards, <sup>6</sup>Anne Rosser, <sup>3</sup>Kerenza Hood.
- 1 School of Healthcare Sciences, Cardiff University, Eastgate House, Cardiff, UK;
- 2 South East Wales Trials Unit, Centre for Trials Research, Cardiff University, Heath Park, Cardiff, UK;
- 3 Department of Biobehavioral Sciences, Teachers College, Columbia University, USA;
- 4 Centre for Health Economics and Medicines Evaluation, Bangor University, Bangor, India;
- 5 Oxford Institute of Nursing and Allied Health Research, Oxford Brookes University, Oxford, UK;
- 6 Schools of Medicine and Biosciences, Cardiff University, Cardiff, UK

### **Background**

Regular physical activity has health benefits for people with Huntington's disease (HD), however consistent engagement is challenging. We report the results of a single blind, multisite, randomised controlled feasibility trial of a physical activity intervention in HD.

#### **Methods**

Participants were randomly assigned to physical activity or social contact control interventions. The primary outcome was feasibility. Short-term benefit was assessed with the Physical Performance Test (PPT), a measure of functional ability. A range of exploratory outcomes including home and community mobility (Life Space), self-efficacy (Lorig), physical activity (International Physical Activity Questionnaire (IPAQ)), as well as disease-specific measures of motor and cognitive function were evaluated. Intervention fidelity and delivery costs were established. The trial was registered (ISRCTN 65378754 (13/03/2014)).

#### **Results**

We recruited 46 people with HD; 22 were randomised to the physical intervention (n = 16 analysed); 24 to social contact (n = 22 analysed). Retention, fidelity and adherence met predetermined criteria. IPAQ scores in the physical intervention group were 142% higher (1.42; 95% CI: [22%%, 653%]); and self-efficacy for exercise (1.6; 95% CI: [0.6, 2.7]) was also higher. Life Space scores were 12 points different between groups; 95% CI: [2, 27]. Cognitive function was better in the physical intervention group with 2.9 more correct responses (95% CI: [0.01, 5.9]) on the Symbol Digit Modality test. There were no differences in other exploratory outcome measures and in particular no between-group differences in the PPT (treatment effect: 0.3, 95% CI: [2.1, 2.7]). Mean (SD) physical intervention per session cost was £56.97 (£34.72).

#### Conclusion

A physical activity coaching intervention is feasible, can improve self-efficacy, physical activity behaviours and cognitive function in people with HD and represents excellent value for money in a devastating disease.

## **Funding**

Health and Care Research Wales.