Improving mood through physical activity for carers and care recipients (IMPACCT): protocol for a randomised trial

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Abstract

Introduction: Family carers play an important role in providing care for frail older Australians. Carers have increased rates of depression, burden and poor physical health compared with non-carers. Physical activity has been shown to improve outcomes; however there is limited research investigating outcomes in older carers and less on physical activity for both the carer and care recipient.

Research question: Does a home-based individualised physical activity intervention designed for both the carer and care recipient improve depression severity in older carers? Participants and setting: 273 community-dwelling carers with depressive symptoms and their care recipients will be recruited for a randomised controlled trial. Baseline assessment will consist of functional, psychological, and physical measures and information about service use.

Intervention and control: Participants will be randomised to receive either a physical activity program (intervention), a social support program (social control), or usual care (control). The intervention and social control groups will have five home visits over six months. Measurements: All participants will be re-assessed after completion of the program and then six months later to evaluate sustainability of outcomes. The primary outcome measure is the 15-item Geriatric Depression Scale for carers. Secondary outcomes include physical measures for carers and care recipients, carer burden, carer satisfaction, care recipient depression, and cost-effectiveness. All assessors will be blind to group allocation. Discussion: This study has the potential to demonstrate that physical activity interventions can be delivered simultaneously to older carers and care recipients to improve mental and physical outcomes.

Trial registration: Australian New Zealand Clinical Trials Registry. Registration number: ACTRN1261200094875. Prospective registration: Yes. Date of Registration 18.01.2012. Funded by: National Health and Medical Research Council of Australia. Approval number: APP1033828. Anticipated completion: 31 December 2015. Correspondence: Dr Briony Dow, National Ageing Research Institute, PO Box 2127, Royal Melbourne Hospital, Victoria, 3052 Australia. Email: b.dow@nari.unimelb.edu.au

Full protocol: Available on the eAddenda at jop.physiotherapy.asn.au

Commentary

Our population is ageing and a significant number of older people require assistance from an older partner to provide the necessary care for them to remain at home. It is important to explore strategies to maintain the health and wellbeing of these carers and reduce their burden of care. This study focuses on depression, a challenge faced by many carers. There is high level evidence that exercise improves depressive symptoms in people with a diagnosis of depression (Rimer et al 2012) and this is presumably the premise for the choice of the intervention. The protocol describes a randomised controlled trial that will recruit 273 carers with symptoms of depression and their care recipients to investigate the benefits of home exercise. The trial has three arms: the intervention group will undertake a home exercise program that combines the Otago exercise programme and the Visual Health Information Exercise Prescription Kit; and the two control groups involve a social control group and a usual care group. The primary outcome is the proportion of carers without depressive symptoms and the secondary outcomes include carer and care recipient physical function and activity, carer burden, health service usage, and care recipient falls. This is a well designed study investigating a potentially cost effective option to reduce carer depression and burden. Potential confounders may be if a large proportion of the carers recruited have high levels of depression on the Geriatric Depression Scale, they may improve but not drop below the cut off score of 4; people with depression may find it difficult to engage in a home exercise program; and if the care recipient has moderate or severe dementia it may be difficult for them to undertake a structured exercise program. Despite these potential confounders, this is a significant study as it represents one of a handful of studies that addresses an urgent issue in the care and wellbeing of older people.

Reference


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