Physical activity levels and barriers to exercise among patients with cancer

Dorothy Yang
ddy21@cam.ac.uk
The Primrose Unit, Bedford Hospital
University of Cambridge School of Clinical Medicine
Sponsorship and affiliations
Aims

• What are the physical activity levels of patients living with and beyond cancer (PLWBC)?

• What are patients concerns and barriers to exercise?

• How many are eligible for the National exercise referral scheme?
Methods

• Bedford Hospital, Primrose Unit
• Nov-Dec 2014
• Cross-sectional study
• 114 patients
• Mean age 70.2 years
• Types of patients
  – Breast
  – Bowel
  – Prostate
Methods

Patients approached during their routine consultations

We recorded demographics: height, weight, BMI, abdominal girth, smoking history, cancer diagnosis, past medical history

Questionnaire:

2) Current level of physical activity: GPPAQ

3) Qualify for exercise referral?: Inclusion criteria

4) Would they attend a referral programme?

5) Anticipated barriers to attendance
GPPAQ (General Practice Physical Activity Questionnaire)

- Physical Activity Index
  - Active
  - Moderately Active
  - Moderately Inactive
  - Inactive
Results: Body Mass Index

- Mean BMI 27.8 kg/m²
- 68% overweight or obese
Results: Physical activity levels

GPPAQ:
• Only 11% active
• The majority of patients were deemed not sufficiently active (89%)
• 78% inactive or moderately inactive
Results: Physical activity levels

Comparison with previous study (Thomas et al, 2013)
Results: Patient willingness for any exercise referral

• 47% would like to be referred
• 44% would not like to be referred
• 9% were undecided
Perceived barriers to exercise

Barriers to Exercise

- I feel too tired and unwell to exercise
- I’m in too much pain to exercise
- My work is too busy, I don’t have time for this exercise programme

Frequency (%)

<table>
<thead>
<tr>
<th>Barriers to Exercise</th>
<th>Frequency (%)</th>
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</thead>
<tbody>
<tr>
<td>Health</td>
<td>37</td>
</tr>
<tr>
<td>Time</td>
<td>31</td>
</tr>
<tr>
<td>Already exercising</td>
<td>24</td>
</tr>
<tr>
<td>Enjoyment</td>
<td>20</td>
</tr>
<tr>
<td>Transport</td>
<td>17</td>
</tr>
<tr>
<td>Motivation</td>
<td>14</td>
</tr>
<tr>
<td>Anxiety/uncertain about what to expect</td>
<td>14</td>
</tr>
<tr>
<td>Other</td>
<td>9</td>
</tr>
</tbody>
</table>
Heath issues

- Worried about safety
- Concerned they were of fit enough to start
- Arthritis
- Fatigue
- Body image mastectomy stoma etc

- Patients were aware exercise was good for them
Physical activity levels – patients’ perception vs. objective GPPAQ measures

Physical Activity Indices of patients who believe they are already exercising sufficiently

- Inactive 46%
- Moderately Inactive 17%
- Moderately Active 16%
- Active 21%

@NCRI  #NCRI2015         conference.ncri.org.uk
2-3 hour / week enjoyable and long term
Activity for Health Referral Scheme

- 2001 DoH white paper
- Run by PCT who pay for training of instructors
- Referral to one of 5,700 municipal leisure centres
- Usually a 12 week scheme £1.25- £2.5 a session
- Cancer as a 1\textsuperscript{0} referral criteria not DoH accepted
Current non cancer inclusion criteria for the UK national Exercise Referral Scheme

- Hypertension
- Diabetes mellitus
- ↑ cholesterol
- Overweight/obese
- High waist circumference
- Asthma
- COPD
- Osteoarthritis
- Rheumatoid arthritis
- Musculoskeletal pain
- Chronic lower back pain (no risk factors)
- Depression/anxiety requiring treatment
- Angina
- Previous myocardial infarction
Results: Patient eligibility for referral

- 82% of patients were eligible for referral
- Most common inclusion criteria were:
  - **CV risk factors** (high cholesterol, hypertension), high BMI and waist circumference
  - **Musculoskeletal conditions** (osteoarthritis, chronic lower back pain)
Conclusions - 1

• BMI is high in our patients

• PA levels are poor

• PA has not appeared to have improved over 4 years

• Perception of exercise poor in 25%

• If the national exercise referral scheme does not allow cancer eligibility in your area 80% could still be referred
Conclusions - 2

• Patients understand the benefits of exercise

• Worried about healthy issues such as arthritis fatigue

• Do not prioritise their time to include PA as part of their daily routine
Local strategies addressing this study

- Try harder to promote PA
- Educate doctors and patients
- Behaviour change skills training for staff
- Address health issues - barrier to exercise (eg arthritis)
- Information materials - reassure it’s safe and improves symptoms eg arthritis, fatigue
- On going encouragement /re-enforcement (Thomas et al. 2013: additional 20% of patients attended exercise programme following telephone reminders)
- Dedicated lifestyle survivorship coordinator
References


• Is the National activity for health referral scheme the practical solution for exercise referral for exercise rehabilitation after cancer. R Thomas, Pei Ding, M Williams. ncri.org.uk/ncriconference/2010abstracts/abstracts/A68.htm
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