

Centre for Ageing Research (C4AR)

Town and Gown 2020 Resources

This volume contains the documents that were presented during the event, where permission was given by the author to make them available to a wider audience.

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Sandra Varey, Carol Holland, Ian Garner, Fiona Eccles, Jane Simpson; Lancaster University

[If you don't use it, you lose it: the secret benefits of physical activity!](#)

Theodoros Bampouras, Lancaster University

What matters to older people in terms of research on maintaining health

Lancaster University C4AR Online Town & Gown Event

Asan(gaedem) Akpan MPH FRCP

Consultant Geriatrician, Liverpool University Hospitals NHS FT

01 October 2020

 @asanakpan



Interdisciplinary collaboration

- Determinants of wellbeing & health
- Ageing research
- Service development
- Part time PhD student

Ruth Simmons

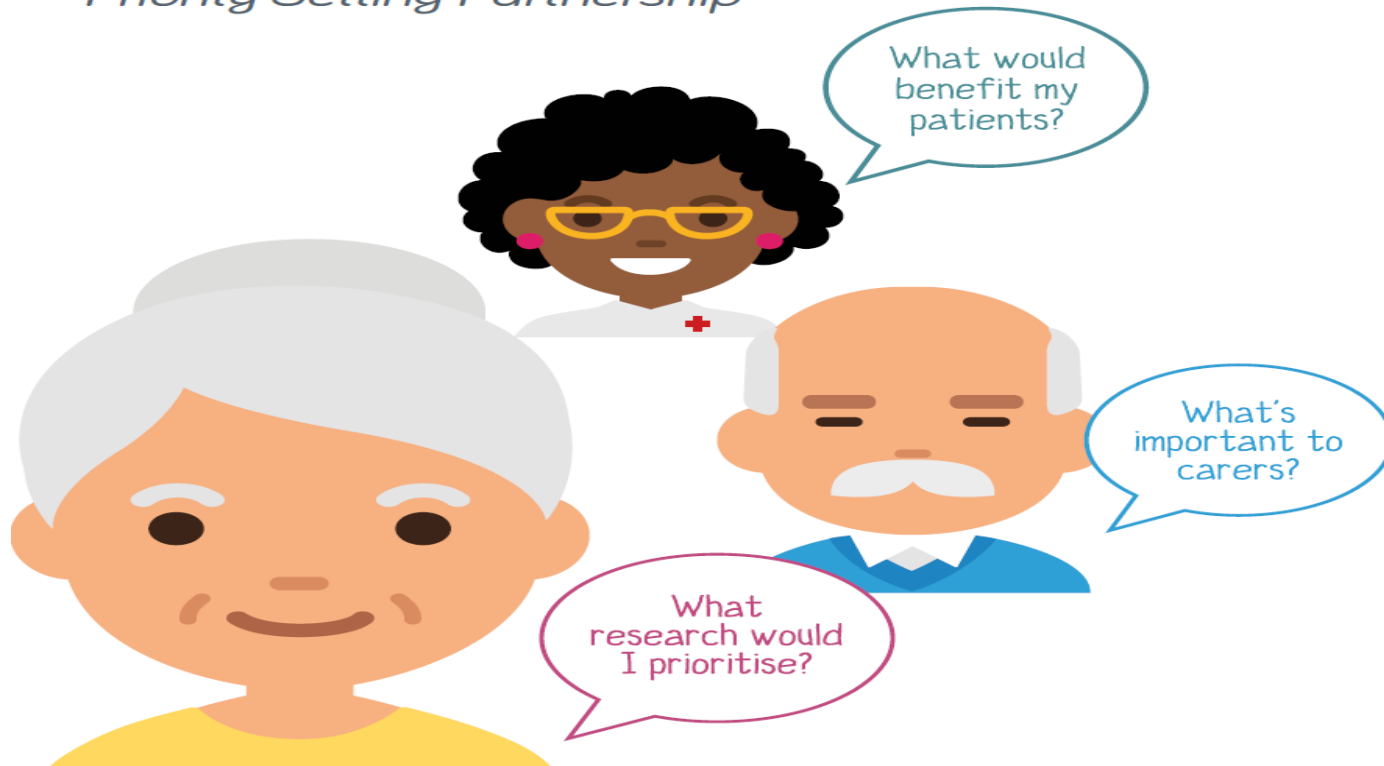


when you encounter difference, you get to do all kinds of things that prompt your thinking about that difference

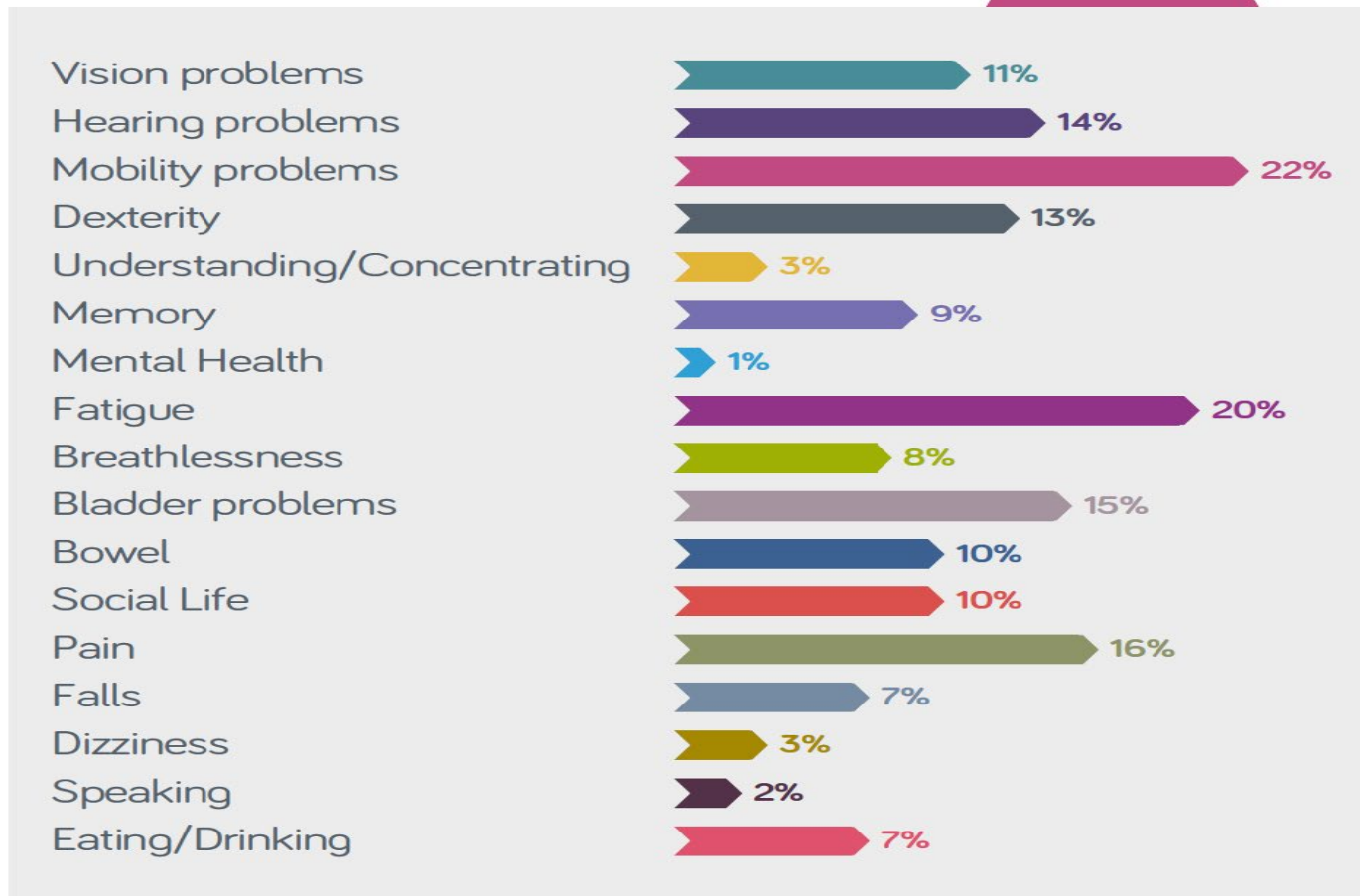


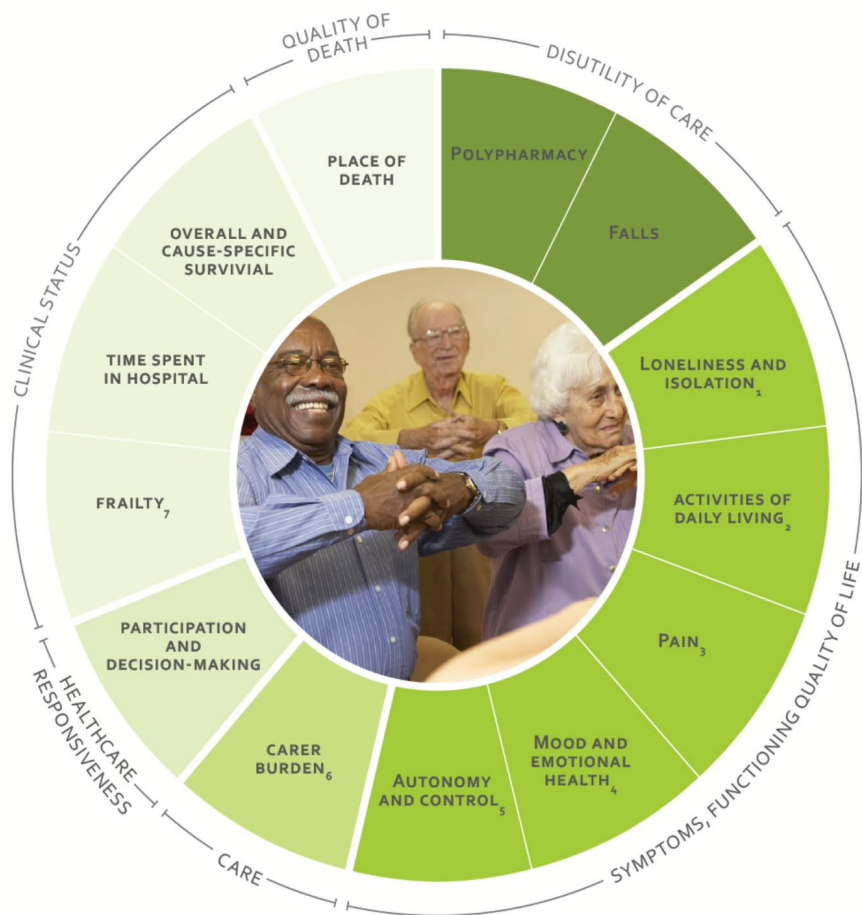
Multiple Conditions in Later Life

Priority Setting Partnership



Older people stated they suffered with problems in the following areas:





REFERENCE C

Akpan et al. *BMC Geriatrics* (2018) 18:36
DOI 10.1186/s12877-017-0701-3

BMC Geriatrics

RESEARCH ARTICLE

Open Access



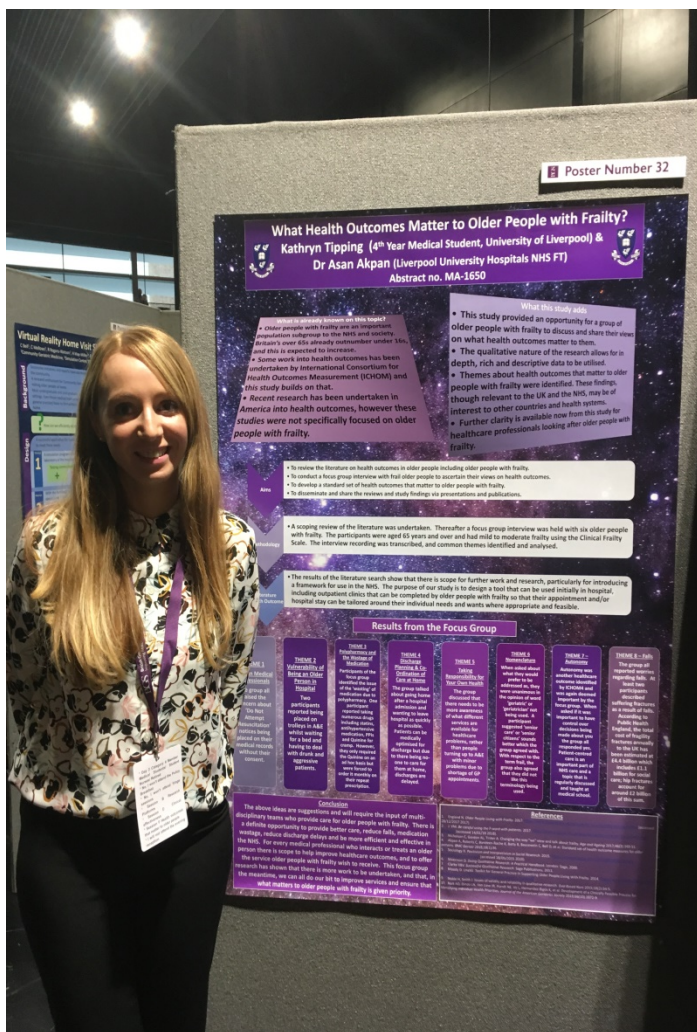
Standard set of health outcome measures for older persons

Asangaedem Akpan^{1*}, Charlotte Roberts^{2,3}, Karen Bandeen-Roche⁴, Barbara Batty⁵, Claudia Bausewein⁶, Diane Bell⁷, David Bramley⁸, Julie Bynum⁹, Ian D. Cameron¹⁰, Liang-Kung Chen^{11,12}, Anne Ekdahl¹³, Arnold Fertig¹⁴, Tom Gentry¹⁵, Marleen Harkes¹⁶, Donna Haslehurst¹⁷, Jonathon Hope³², Diana Rodriguez Hurtado¹⁸, Helen Lyndon⁸, Joanne Lynn¹⁹, Mike Martin²⁰, Ruthe Isden¹⁵, Francesco Mattace Raso²¹, Sheila Shaibu²², Jenny Shand²³, Cathie Sherrington²⁴, Samir Sinha^{25,26}, Gill Turner²⁷, Nienke De Vries²⁸, George Jia-Chyi Yi²⁹, John Young^{8,30} and Jay Banerjee³¹

version 1.0.4: july

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PLEAS



- Trust in medical professionals / Vulnerability in hospital
- Polypharmacy
- Discharge Planning & Co-Ordination of Care at Home
- Taking responsibility for your own health
- Autonomy / Falls
- Poster abstract November 2019 British Geriatrics Society Autumn Meeting, Leicester
- Kathryn S Tipping 5th year medical student, UoL

Aligning the various agendas....

- Mobility
 - Exercise therapy
- Fatigue
 - Falls
- Pain
 - Social isolation
 - Psychological wellbeing
 - Independent living
 - Carer wellbeing
- Bladder problems
 - Integrated care
- Hearing
 - Prevention of multiple chronic conditions
- Dexterity
 - Frailty
- Vision
 - Comprehensive Geriatric Assessment
- Bowels
- Social life
- Memory



- Thank you
- Please do contact me
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- @asanakpan



Wilderness and Wellbeing: Exploring mechanisms to wellbeing for older people through nature adventure activity

Christine Milligan, Garuth Chalfont, Alex Kaley and Fiona Lobban
Lancaster University

Context:

- Recent research acknowledging that physical activities in natural environments – including associated emotional components – can make a contribution to positive health and wellbeing (e.g. Buckley, 2020);
- Growing inclusion of engagement with the natural environment within mental health policies & social prescribing;
- Increased interest nationally and internationally in wilderness-based therapies

BUT

How does this work and why? Many unanswered questions!





Exploratory in-depth pilot study (N=12) to explore:



- **Why** do people engage with the wilderness?
- **What** are the impacts and how have they evolved over time?
- **How** does engaging with wilderness impact on mental and physical wellbeing and sense of self? i.e.
- **What** are the mechanisms through which this wellbeing is realised?
- **What** kinds of nature-adventure activities work for whom? (location, activities, social etc)
- **What** sustains engagement?

How do older people engaged in nature-adventure define wilderness?

- No 'real' wilderness left in UK (perhaps parts of Scottish Highlands) but 'less manicured, 'unmanaged' landscape' – often mountainous or seascapes;
- No, or limited, human impact , 'back country' ...away from civilisation, modern conveniences and a long way from help; -
- Characteristics of quiet, beauty, outside and remote, devoid of people; habitat for wildlife;
- A feeling or emotion – wonder, fear, terror, excitement, challenge, sense of alone-ness

BUT

Needs to be linked to adventure, risk and fun.

Routes into (what triggers engagement with nature-activity).

- Formative childhood/youth experiences (parents, community groups – scouts/guides, school/college/university groups, etc.);
- Work/voluntary related (armed forces, Duke of Edinburgh's Scheme);
- Partners, neighbours or friends;
- 'Critical moments' in the lifecourse, e.g. moving home, retirement; life change, health scare/awakening etc.



Vignette 'Bob' [68]

(Former architect, lives in Lake District)



Bob moved to the Lakes 30 years ago, found previous place of residence (a smallish city) become too 'urban'. Nature-activities include mountain-biking, cycling, mountaineering, skiing and windsurfing – although he hasn't done the latter for many years. While windsurfing was his 'first love' he changed to mountain biking some years ago as he got fed up having to wait for 'the right' conditions to windsurf. Mountain biking, [he says] can be done anytime, wet conditions only enhance 'the challenge'.

'Bob' loves the 'challenge' and adrenaline rush he gets from nature-activities. Maintains specific types of nature-activities, e.g. mountain biking, windsurfing and mountaineering good for his mental health, especially when experiencing a period of anxiety and depression. They require both mental and physical engagement in ways that leave no room for him to focus on his anxiety and depression. He compared this to walking and road biking which, while having their own wellbeing benefits, didn't require the same combination of mental concentration and physical engagement. Rather, he noted, these types of activities allowed him the 'mental head-space' to work through 'knotty issues' that he was unable to resolve 'in the office'.

Says would not have gained the same benefits from exercising in a gym, where body becomes physically exhausted, but there is no mental stimulation. Sitting, painting or doing less physical activities in wilderness would also not have the same impact because he feels the dual physical/mental capacities are not fully engaged in the same way.

Ageing and nature-adventure activity

- **Activity as enhancing and enabling in later life**

- *Even now I quite like climbing with friends my own age because I can look at challenges that I have physically and come up with solutions for someone else who is probably in the same boat as me.*
- *I think a lot of the people that stick with it, they are getting some mental filip, a kick, there is some positive impact on their mental health.*

- **Recognising and dealing with non-completion**

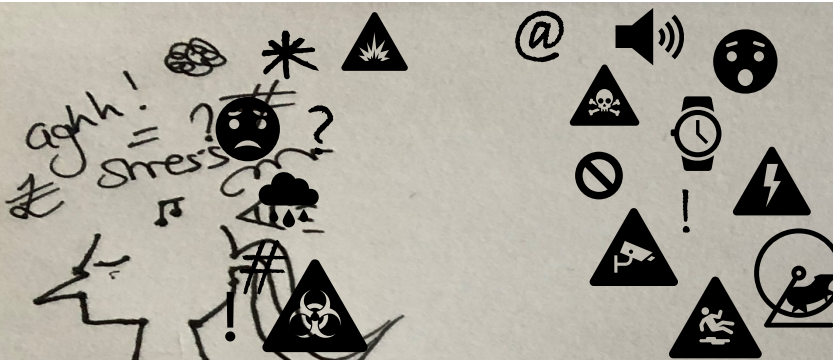
- *You do spend a lot of time analysing ... well maybe I haven't eaten properly, maybe I haven't trained enough, instead of just accepting; you can't do everything well, you can't. It's dealing with that failure - well I don't think you should call it failure - but you've got to deal with the fact that you haven't completed something when you've gone out to do that.*

- **Coping with the challenge of the ageing body**

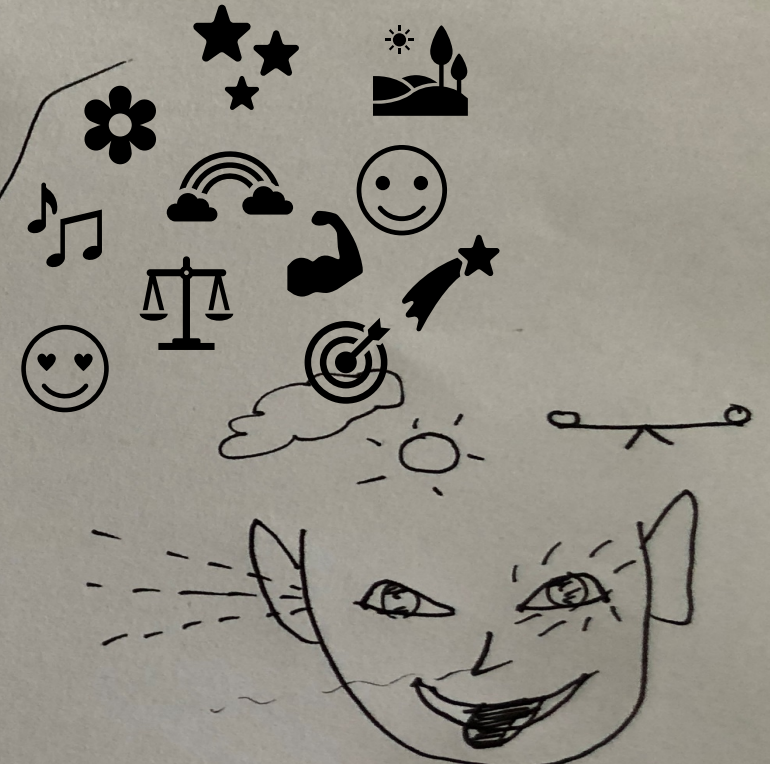
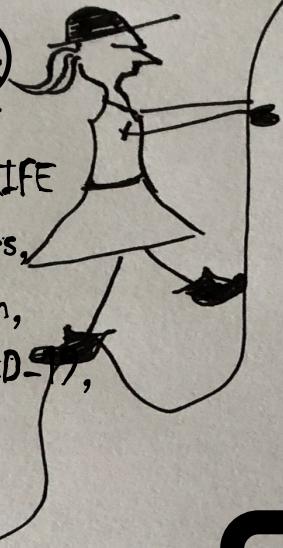
- *So I do go climbing but I will do the easier stuff now because I haven't got the strength to do the harder stuff. Plus I've lost my head for confidence at height again...I find it physically harder now I'm older; I have to face it.*
- ***I've been doing it for a long time now. So as you get older you're relying less on your strength and more on technique.***

Preference for nature-activities can change over the lifecourse

- *...getting into swimming I've noticed a lot of older women get into swimming. It seems to suit our bodies quite well and is much less damaging*
- *...It's nice to think that's the challenge; what am I going to do next and how do I keep up to that level whilst still recognising that some of these youngsters come past me on their bikes when I'm out riding, it's no use me getting upset about that, I can accept that because they are younger and they are fitter (and I wouldn't necessarily say healthier because I would like to think I am healthy), but it's recognising the age difference isn't it and what comes with ageing.*



PROBLEMS/CONFLICTS/WORRIES/STRIFE
 Relationships, Teenagers, Job, Deadlines,
 Debt, Unemployment, Poverty, Pollution,
 Politics, Society, Crime, Illness, COVID-19,
 Existential threats, etc....

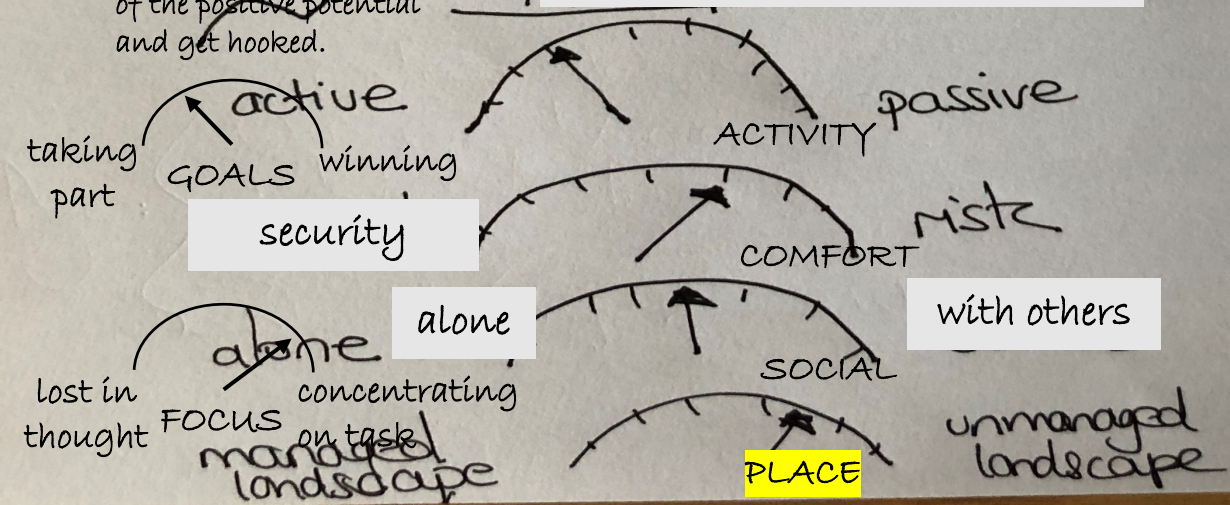


ATTITUDE or BELIEFS about AGEING drive all of these

A ROUTE INTO WILDERNESS facilitates awareness of positive interactions of ACTIVITY and PLACE. People experience how to use it for themselves, grab hold of the positive potential and get hooked.

CHOICES of (or Preferred level of) ENGAGEMENT (ABSORPTION)

"Increased sensory present moment focus increases wellbeing" for some, but for everyone WELLBEING is determined by their ability to achieve their preferred level of engagement/absorption PLUS the qualities of nature that afford their experience and sensations.



PLACE is MOST IMPORTANT as it AFFORDS these other CHOICES

PARKINSON'S^{UK}
CHANGE ATTITUDES.
FIND A CURE.
JOIN US.



Impacts of lockdown on wellbeing for people with Parkinson's

1st October 2020

Fiona Eccles (f.eccles@lancaster.ac.uk)

Simpson, J., Eccles, FJR. & Doyle, C. (2020). The impact of coronavirus restrictions on people affected by Parkinson's: The findings from a survey by Parkinson's UK: <https://www.parkinsons.org.uk/news/how-have-coronavirus-covid-19-restrictions-impacted-people-affected-parkinsons>

Parkinson's

- Progressive neurological condition causing tremor, slowness of movement and stiffness
- Other difficulties, e.g., pain, fatigue, sleep, bowel & bladder, skin/sweating, swallowing/saliva, anxiety, depression, apathy, thinking & memory, hallucinations & delusions
- Age of onset typically over age of 50, but younger onset also possible
- In 2018 about 145,000 people in UK had Parkinson's

Parkinson's UK survey

- Parkinson's UK surveyed their members in April- May 2020 (during lockdown)
- Survey available online
- Quantitative (tick box) and free text
- Data analysed jointly by Parkinson's UK and Lancaster University



[This Photo](#) by Unknown Author is licensed under [CC BY-SA](#)

Respondents

- Completed by 1491 people with Parkinson's and 275 carers on behalf of someone with Parkinson's
- Age 32-90 (mean 67 years)
- 45% female, 97% White
- 80% lived with partner, 16% alone
- 78% retired

Change in symptoms during lockdown

- Over third experienced increased slowness of movement, stiffness and fatigue
- Over quarter experienced increased tremor, anxiety and sleep problems
- Also increases in pain, other movement problems, memory problems, depression, hallucinations and delusions, eating and drinking problems

Experiences of symptoms

- *“The last few weeks have been exhausting. I'm still working (from home), home-schooling my 3 kids and all the usual household chores. Trying to exercise also. **The stress has definitely made my Parkinson's much worse - more tremor, more anxiety, more pain**”*
- *“Since the lockdown it has been sheer hell, I am currently experiencing severe problems with extended off periods and freezing up when trying to walk. **I am finding it increasingly difficult to do anything, and as a result become very anxious and frightened.** The problems are particularly severe during the night.”*

Impact on healthcare

- A third had appointments with Parkinson's nurse cancelled; over half were not offered a phone or online appointment
- A third had appointments with their Parkinson's consultant cancelled; over two-thirds were not offered a phone or online appointment
- 70% physiotherapy cancelled
- Nearly half of those previously receiving social care, received less care during lockdown

NHS appointments

- *“I feel abandoned really. All my NHS appointments [...] with the neurologist, PD nurse and neurophysio, that I have waited a long time for, have been cancelled with no alternative offered. I had built up a whole programme of activities for myself (outside the house) and was feeling much better as a result. I am obviously not able to do them now. I have tried to fill the gaps with exercising at home, joining various zoom classes but I am still regressing. My meds. don't work as well and I need some professional support.”*

Impact on everyday life

- 46% did not go out (or only exercise)

Main problems

- Accessing exercise or physical activity
- Getting food or other essential items
- Getting prescriptions from the pharmacy
- Reduced socialising with family and friends
- Loneliness
- Lack of clear guidance

Exercise and shopping

- *“**Taking away my regular exercise has been the worst thing.** Weekly sessions with a lively, positive group and brilliant leader are what keeps me going. Trying to follow it from home is just not working. I am getting stiffer and weaker and that has an effect on my mental state too.”*
- *“Before the coronavirus crisis **we were shopping online, now we cannot** - no free supermarkets slots. We are immobile, I am 74, my husband 79. What can we do?”*

Social contact

- *“Coronavirus pandemic initially felt like a bereavement, a loss to me. One day I was allowed out and the next day had to stay home. There was no time to adapt to the lock down. I have been having zoom calls but this is nothing like face to face contact.”*
- *“[Local Parkinson’s UK Branch] have been splendid keeping everyone together with Zoom meetings as well as Zoom singing groups, Tai Chi, Camera Club, [Name of area] Group, Facebook Group and Quiz nights to name a few.”*

Lack of clear guidance

- *“The guidelines for people with Parkinson’s have been vague and changing. It was really unclear why we are not in the 12-week isolation group. To say that we are at high risk of complications if we got the virus, yet provided with no shielding, was and is a great cause of anxiety.”*

Good care

- *“I am pleased with the contact we have had with offers of help and people checking on us. Our health coach at the GP surgery has phoned, the council have phoned to check if we need food or anything else, we had a telephone consultation with our neurologist & our Parkinson’s nurse will also be making a phone call. We have our carer calling once a week to do shopping and we shop online”.*

Positives

- *“In some ways it has been a relief to let go of some responsibilities. I am lucky to live in a retirement village with lovely grounds, so I can walk.”*
- *“People offering help more, thinking of one another more [...] plus more time to pursue hobbies and try new ones. At least— — for us oldies!! The weather has certainly helped as well. I’m not that proficient with all this techno stuff but am getting better almost without realising it! Another bonus.”*

Parkinson's UK response

Examples

- Helpline
- Tailored guidance on the website (e.g. mental health, physical health)
- Guidance to professionals about online vs face-to-face delivery
- Influencing government policy
- Liaising (with other charities) with supermarkets
- Providing guidance on levels of vulnerability

<https://www.parkinsons.org.uk/get-involved/campaigns-coronavirus>

Thank you

PARKINSON'S^{UK}
CHANGE ATTITUDES.
FIND A CURE.
JOIN US.



Survey respondents

Lancaster University

- **Jane Simpson**
- Nicolò Zarotti
- Sandra Varey
- Carol Holland
- Ian Garner

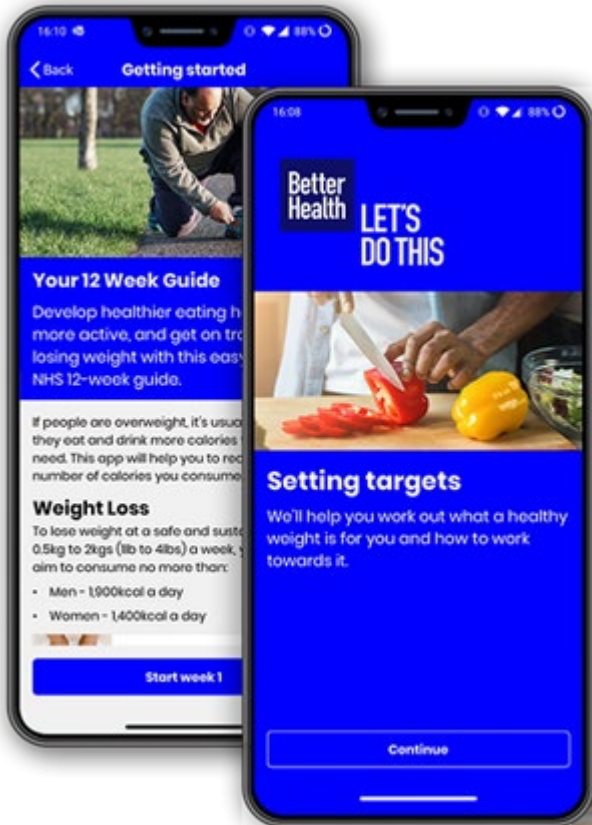
Parkinson's UK

- **Cathal Doyle**
- Natasha Ratcliffe
- Liz Nash
- David Dexter
- Patient and Public Involvement Volunteers and Research Support Network members

Intentional weight loss in later life – is it a good thing?

Dr Jennifer Logue

Reader & Honorary Consultant in Metabolic Medicine



OB_S__Y
is a cause of cancer



Guess what is the biggest preventable cause of cancer after smoking.

Together we will beat cancer



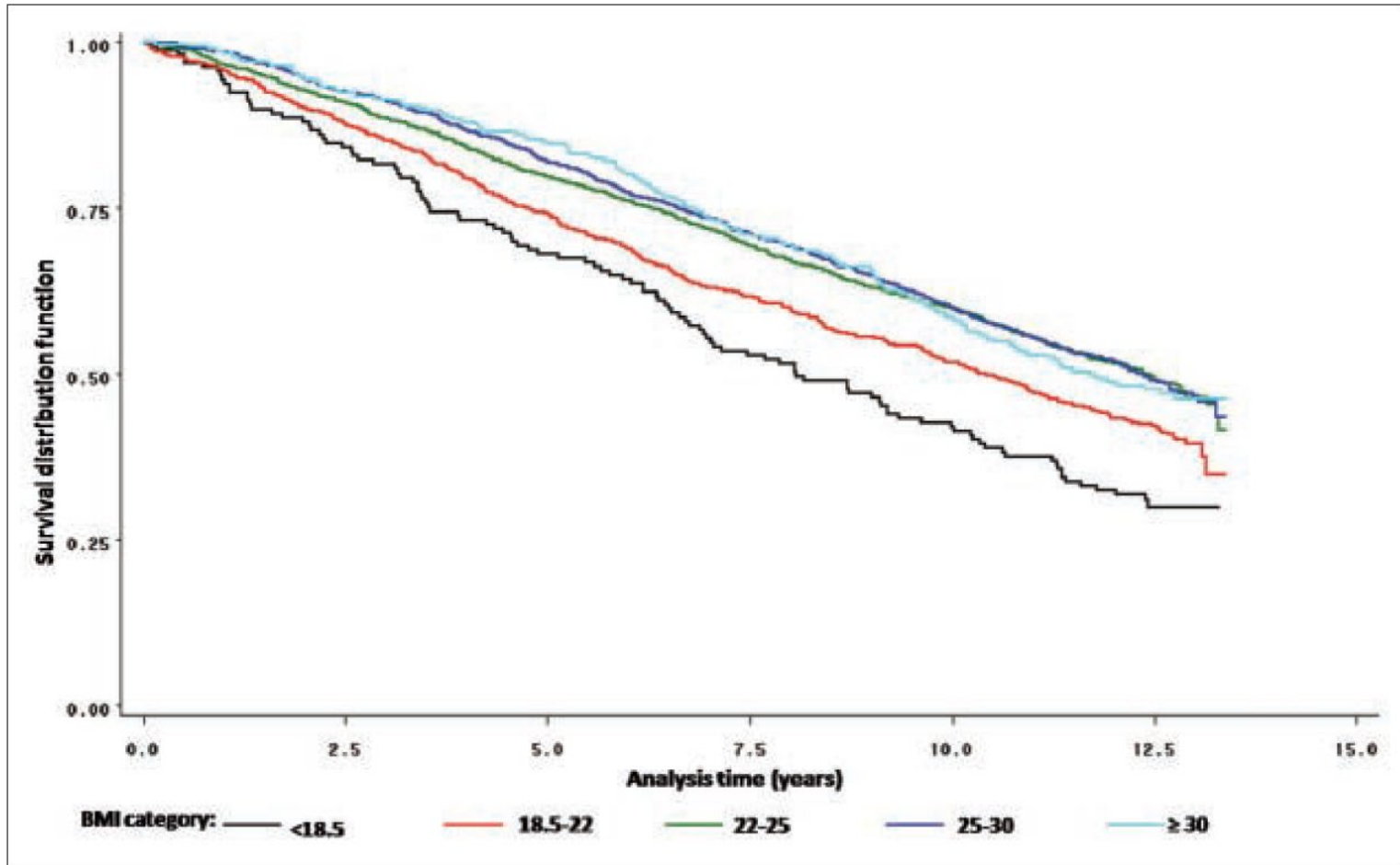
Obesity: losing just 13pc of your weight halves Type 2 diabetes risk

A study also reveals that a similar drop in body weight appears to reduce the risk of high blood pressure by up to 25pc

Why COVID-19 is more deadly in people with obesity—even if they're young

By [Meredith Wadman](#) | Sep. 8, 2020 , 6:00 PM

Is weight loss good for you?



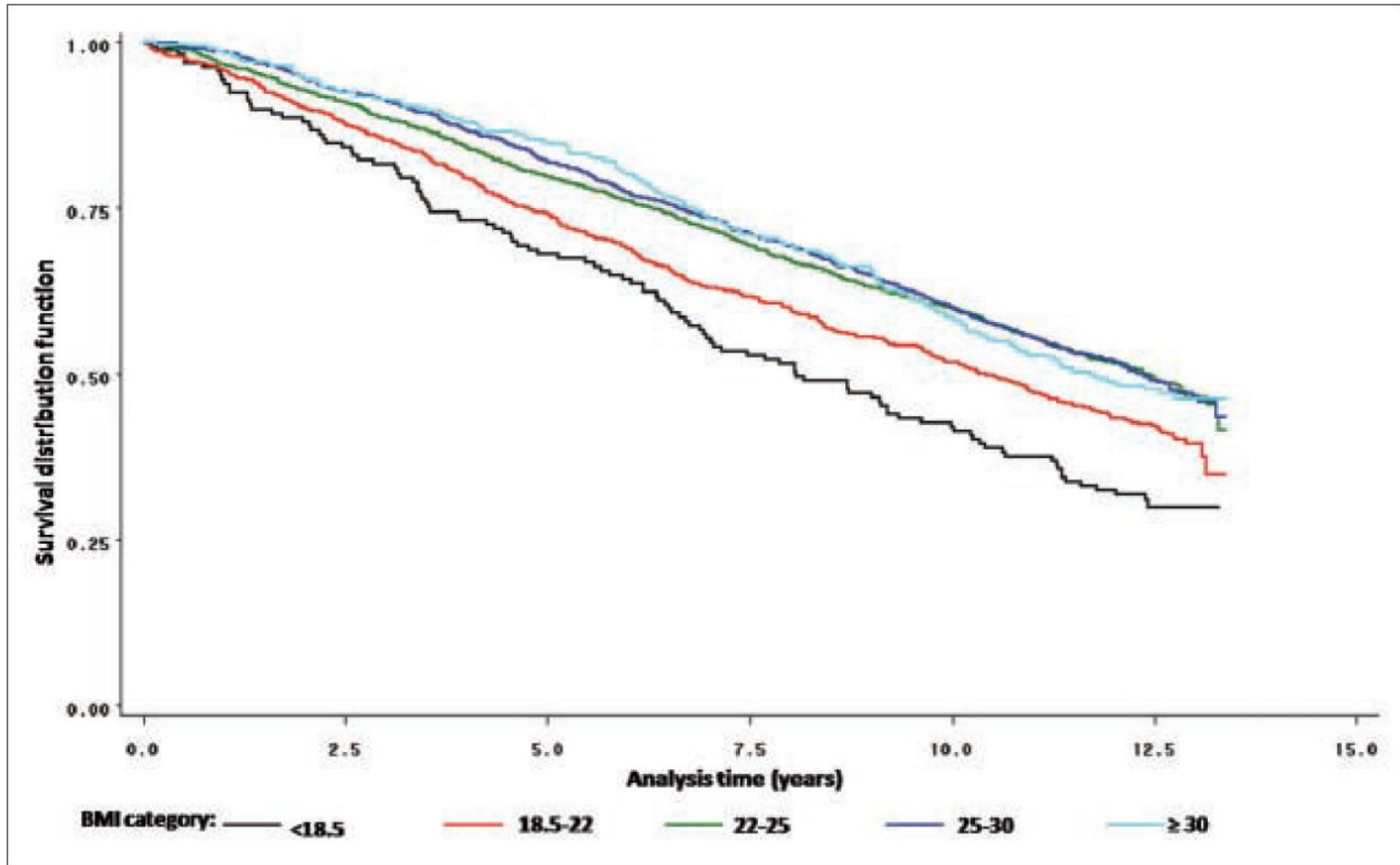
Why are some people thin?

- Healthy diet
- Physical activity
- Lucky genetics

- Smoking?
- Chronic illness?
- Fatal illness?

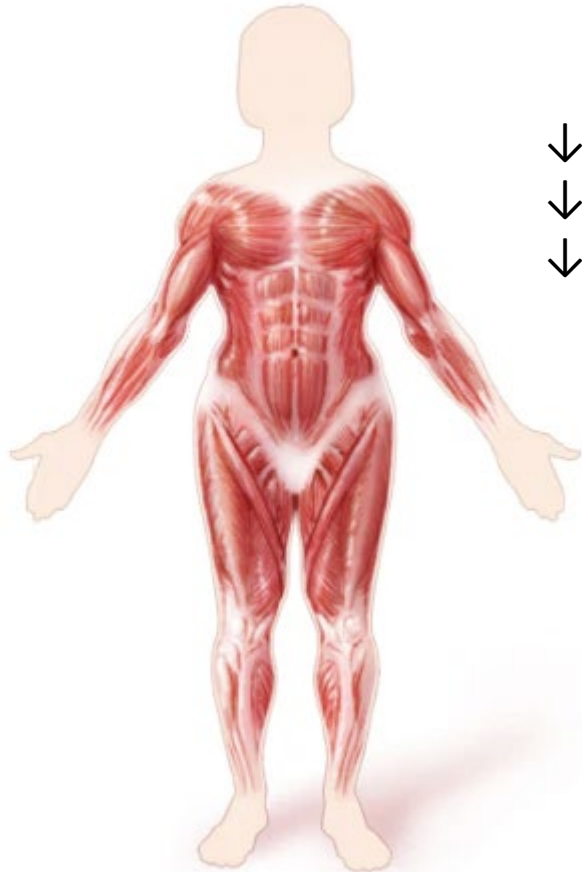


Is weight loss good for you?



Sarcopenia

Normal muscle mass



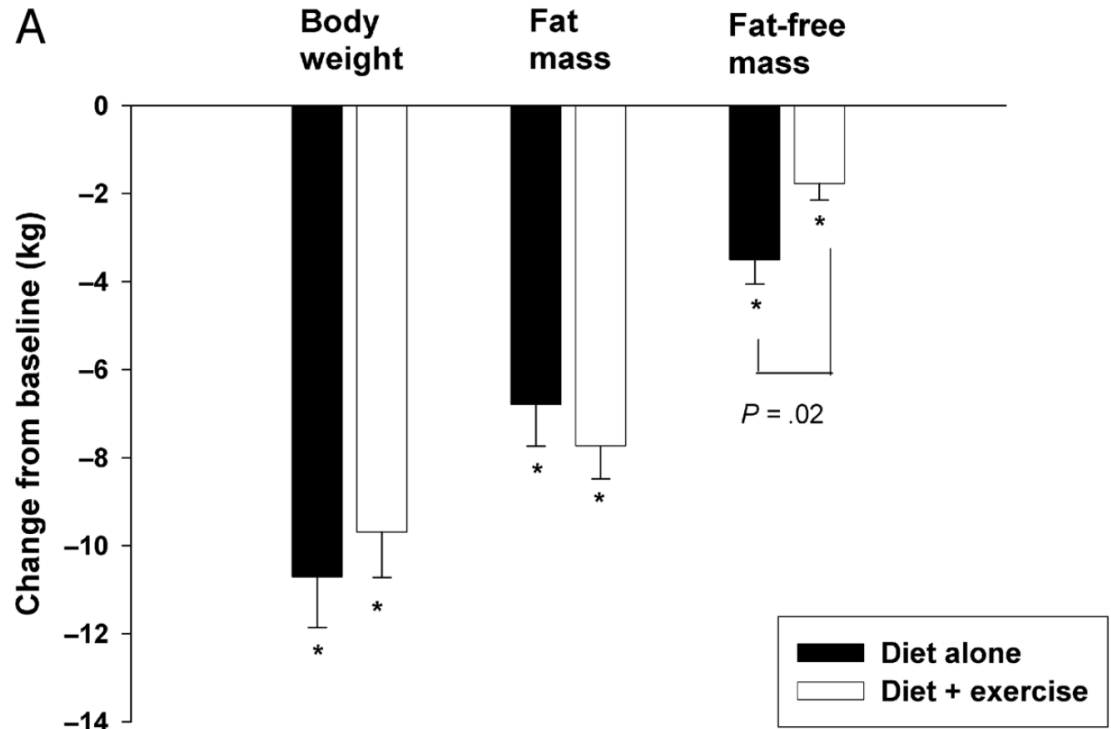
- ↓ muscle strength
- ↓ muscle quantity
- ↓ physical performance

Sarcopenia -
loss of muscle mass



What can happen when an older adult loses weight?

Low calorie diet:
↓ body weight
↓ fat mass
↓ fat free mass -
(↓ muscle and bone)





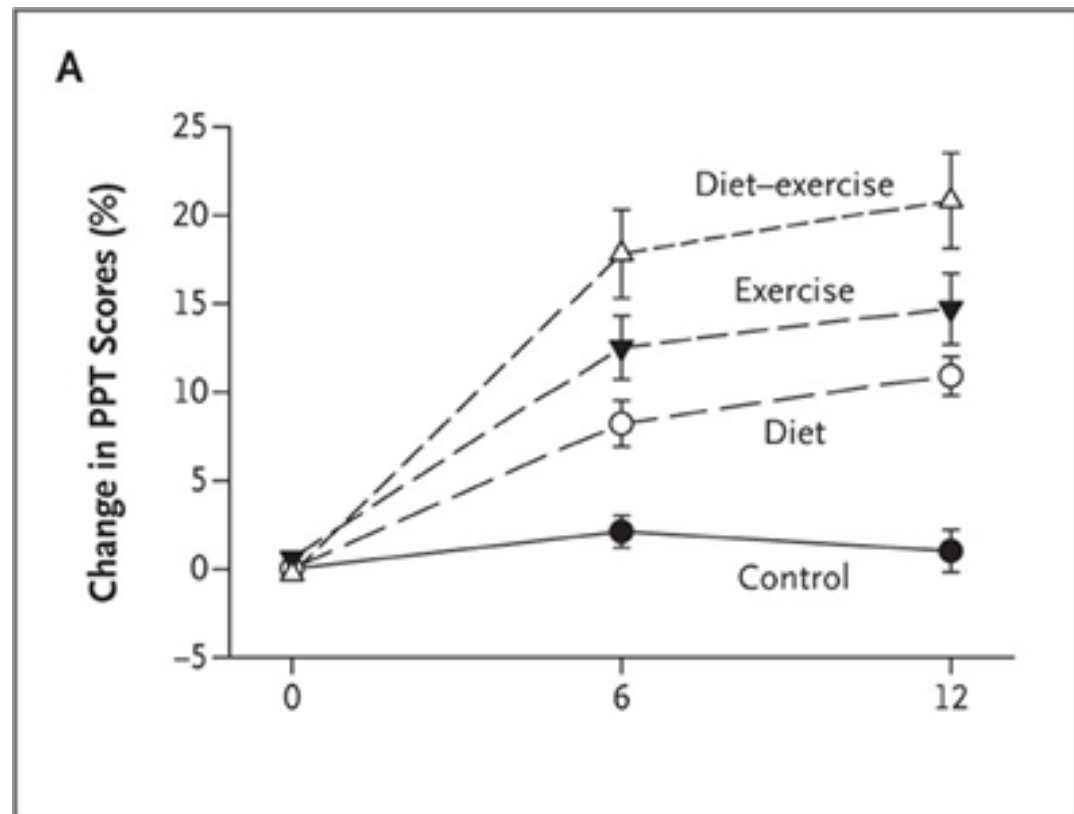
But what should I do?

Diet and exercise in older adults

107 adults >65 + obesity

Randomly assigned to 1 year of:

- Low calorie diet
- 3 x90 min exercise classes/ week
- Diet + exercise
- None



Personalised approach



Thank you for listening



Maintaining Wellbeing through the Arts for People Living with Dementia

MEGHÁNN WARD, PHD STUDENT

m.ward4@lancaster.ac.uk

SUPERVISED BY: CHRISTINE MILLIGAN, EMMA ROSE
AND MARY ELLIOTT

LANCASTER UNIVERSITY + THEATRE BY THE LAKE, UK

What are Participatory Arts?

Participatory arts:

- Involving any arts or multi-arts
- Group-based community settings
- Professional artists and practitioners
- Promoting health and wellness
- Active engagement

(Zeilig, Killick and Fox, 2014)



Participatory Arts for Dementia

- **Strength-Based Approach:** Demonstrate individual skills and capacities.
- **Maintaining skills and learning new skills** supported by the arts (Unadkat et al, 2017)
- **Stigma around 'loss' in dementia:** Memory loss, mood changes, motor function, verbal impairments...



Participatory Arts for Dementia

- **In-the-moment:**

- 'It's the taking part that counts'

- **Sense of community:**

- Encouraging social inclusion
- Combining social and creative activities

(e.g. Wilkinson, 2002; Moyle et al, 2011; Johnson et al, 2017)



‘Setting the Scene’: ‘a series of creative sessions enabling people to share, create and connect.’

(Theatre by the Lake, 2020)



Jeeves and Wooster (Theatre production)



Hadrian's Wall

Celebrations



World of Work



Joseph and his Technicolor Dreamcoat

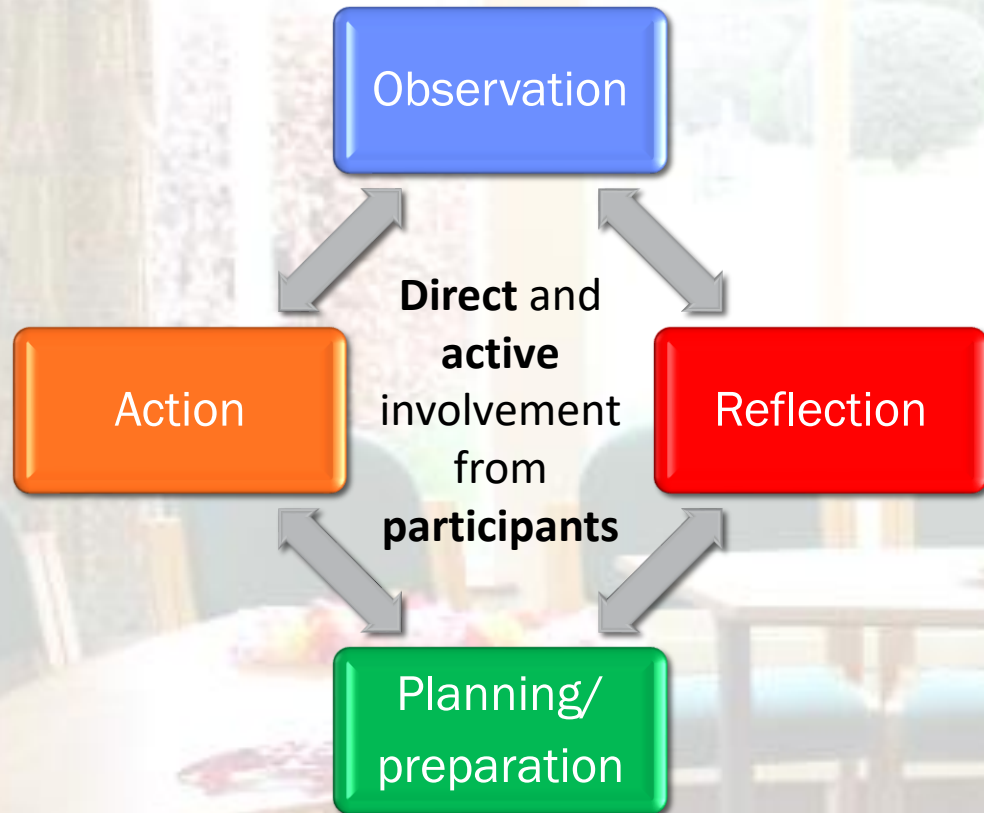


Research Aims and Interests

- The Role of Different Art Forms e.g. art-making, music, dance, storytelling
- How to Best Sustain the Attention and Engagement of Participants
- The Influence of Setting, Objects and Group Relations
- **The ‘Voices’ of Participants Living with Dementia**



Research Methodology: Participatory Action Research (PAR)



Flexible, iterative, repetitive methodology
Social change, justice, **service improvements**

Data collection: Multi-methods informed by ethnography

Participant observation

Visual methods (photography and video)

Ethnographic/in-the-moment conversations

Dyadic interviews (a person with dementia and their carer together)

Action learning discussion groups

Video/photo elicitation

Research Methodology: Participatory Action Research (PAR)



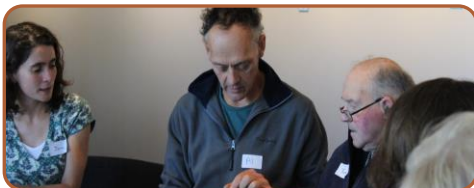
Phase 1: Pilot Study – brief ‘action and reflection’ cycle

- Four session visits
- Testing materials (forms, consent forms, surveys)
- Two interviews



Phase 2: Beginning main fieldwork using traditional four-step PAR cycle

- Eight session visits
- Three dyadic interviews and two group interviews with theatre staff
- A nine-member action learning group



Phase 3: Repeat Phase Two plus new actions/refinement of activities

- Seven visited sessions
- Five dyadic interviews and two interviews with theatre staff
- A sixteen-member action learning group



Phase 4: Post-fieldwork. Develop preliminary findings and research dissemination

- Occasional visits maintained to sessions (not recorded)
- Deliberative panel, open exhibition and content for toolkit/guidebook (postponed)

Findings: Redefining 'Voice'

'Voice': Any verbal or non-verbal way that participants communicated, interacted or engaged with each other or an activity.



‘Voice’ and Choice

Importance of facilitators and session themes

Multi-arts approach:

- Choice and satisfaction in group settings
- Different benefits, different senses

Storytelling	Singing	Dancing
Playfulness	Lyrical recall	Instructions
Imagination	Teamwork	Motor skills
Attentiveness	Hearing	Touch



Jenn, Ray and Rachel during ‘Wedding’ theme

‘Voice’ and Choice

Importance of facilitators and session themes

Multi-arts approach:

- Choice and satisfaction in group settings
- Different benefits, different senses

Storytelling	Singing	Dancing
Playfulness	Lyrical recall	Instructions
Imagination	Teamwork	Motor skills
Attentiveness	Hearing	Touch



‘My Favourite Things’

'Voice' and Video Elicitation

'Sam: And we all try to... to... stick, stick... we all... want to be... we're with her and everything. And we give her 'come on come on', you know?'

Deborah: Oh to encourage her?

Sam: Yes, encouragement-

Deborah: -oh that's kind.'

(Dyadic interview with Sam – person with dementia – and wife Deborah)



'Voice' and Video Elicitation



'Harriett: /Ah look at this [turns attention to video clip playing].

Interviewer: Oh yes, that's Rob and Maura together drawing.

Harriett: Aww it was so lovely because... seeing their... **the people who are connected** and, and it's just so beautiful, because **I feel like as though I wasn't there for my family, in the way that, I'm here, for other families.'**

(An individual interview with Harriett - person with dementia - who lives alone)

'Voice' and Beyond – Material Culture



Conversation starters, narrative memories and objects as part of a social network

Conclusion: Reflecting on 'Setting the Scene'

- **Social** connection, **creative** self-expression and individual **strengths**
- Role of facilitators – **in-the-moment, person-centred, with humour**
- **Multi-sensory** stimulation: **visual methods** and **session props**
- Making research accessible using **inclusive** methods to support '**voice**'

Thank you very much for listening.
Contact: m.ward4@lancaster.ac.uk

Experiences and impacts of the Covid-19 outbreak for older adults: initial findings from the qualitative interviews

Sandra Varey, Carol Holland, Ian Garner,
Fiona Eccles, Jane Simpson

Centre for Ageing Research, Lancaster University, UK

September 2020





Participant profile

- 20 participants taking part in qualitative telephone interviews
- 10 participants received a high risk letter (Cohort 1) and 10 are not high risk (Cohort 2)
- 12 women and 8 men
- Age range 70-85 years (mean age 74.4 years)
- 7 participants live alone, 13 live with a partner/spouse
- Cohort 1 (high risk) illnesses include: COPD, heart failure, hypertension, Motor Neurone Disease and lung cancer



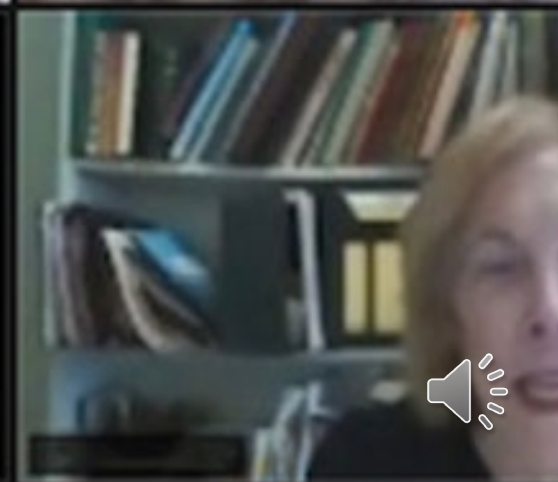
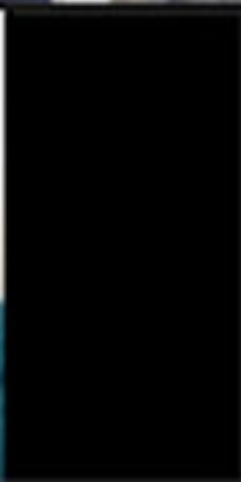
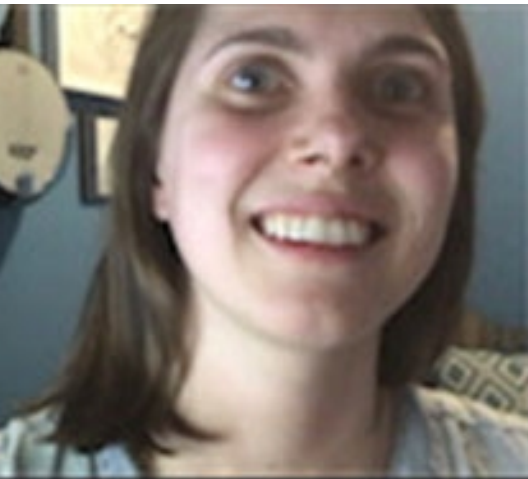
Methods

-
- 40 qualitative interviews undertaken by telephone
 - Two time points: Round 1: May 2020 and Round 2: June / July 2020
 - All interviews were audio recorded and transcribed
 - Interview transcripts and researcher interview notes analysed thematically using the software Nvivo



Social interactions and relationships





*On the way home they'll call in and they'll give a bunch of flowers to [my wife] [...] just all bits of surprises and **it makes the day, cheers you up.***

*Well I think phone calls from my brother that's sort of increased [...] And oh something else, my brother started **telling me that he loves me.***



*My husband has Alzheimer's, he's been in care since last year
[...] The fact that I can't go and see him now really upsets me
[...] I do have **depressed days** where I have a cry to myself ...*

*We're not going to be able to **hug them** before they
[emigrate] [...] I mean normally if it hadn't been for the virus
we'd have been with them [...] on at least two occasions for
several days at a time [...] Of course none of that happened.*



Physical and mental health and wellbeing





*Physically I'm fine, but I do find myself going into a little self bubble of thinking how crap it is really [...] I don't know I just can't relax [I'm very] **lethargic** [...] I am quite a big worrier about things, you know and that's what I tend to do most of the time is **worry** about how things are going to happen.*



*I just can't get motivated, I'm **lacking motivation** [...] I'm walking up hills [with the dog] and my breathing's not been brilliant [...] I was thinking about going back to the gym and I thought crikey I'll never get in my gym gear anyway 'cos I've put on another couple of pounds.*

Participant is not as active as she was before March. She feels creakier in her movements since not swimming and is not sleeping very well, due to the lack of exercise. (Researcher interview notes)



Uncertainty





Where is this going? We can't live in lockdown forever.

The joy of retirement is doing what you want and it feels like that's been taken away from me.

What's the point? Are we going to get back to reality in the few years I have left?



Interviewer: What stopped you from going [to the GP] do you think?

*Participant: Well it was really the fact that there was a **chance of catching the virus**, I just wanted to delay as long as possible [...] but it got that bad I just had to phone for an **ambulance**.*



Concluding thoughts



Thank you to everyone
who is taking part in and supporting
this project



If you don't use it, you lose it: the secret benefits of physical activity!

Dr Theodoros Bampouras
Lecturer in Biomechanics

Maintaining health

Everyday life

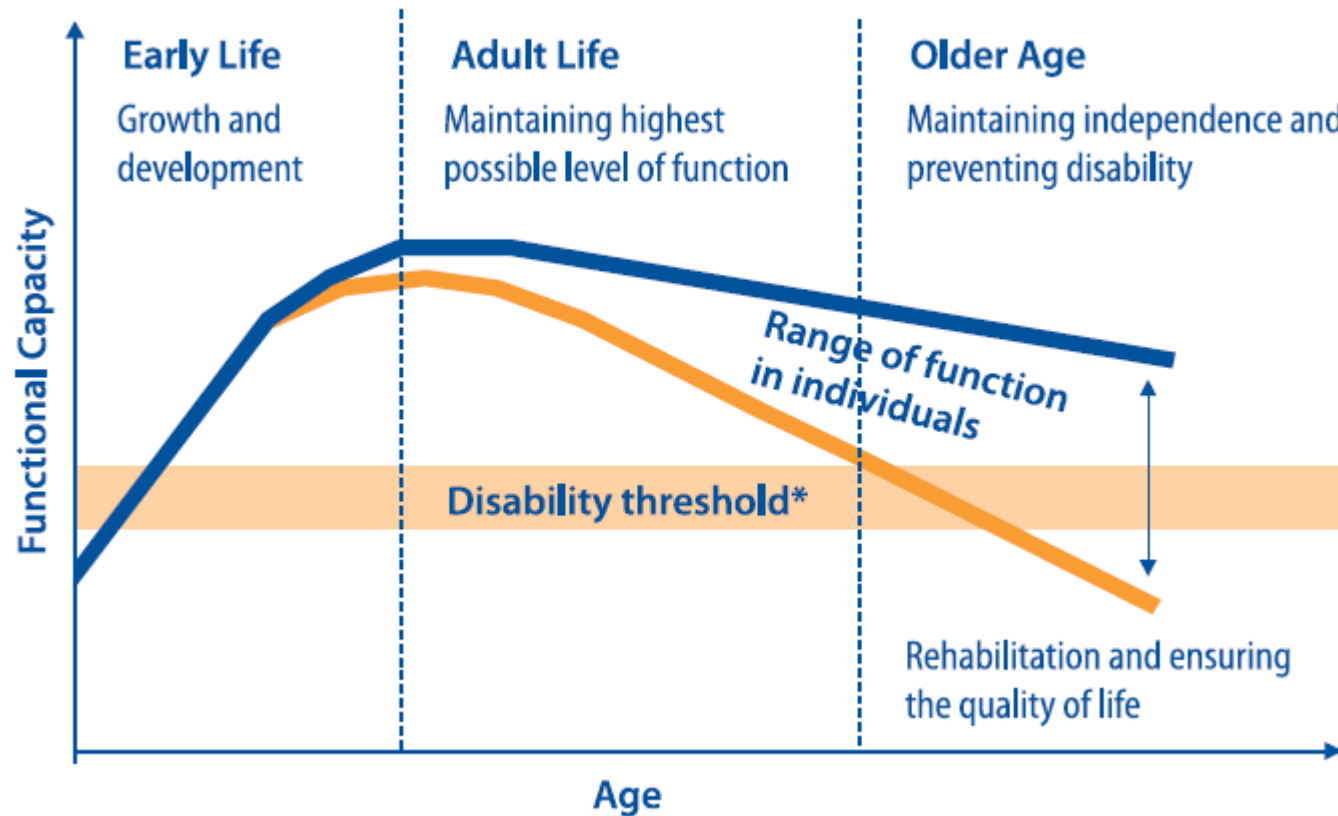


Prehabilitation / rehabilitation



Image by Kurt Russell on flickr.com

Everyday life



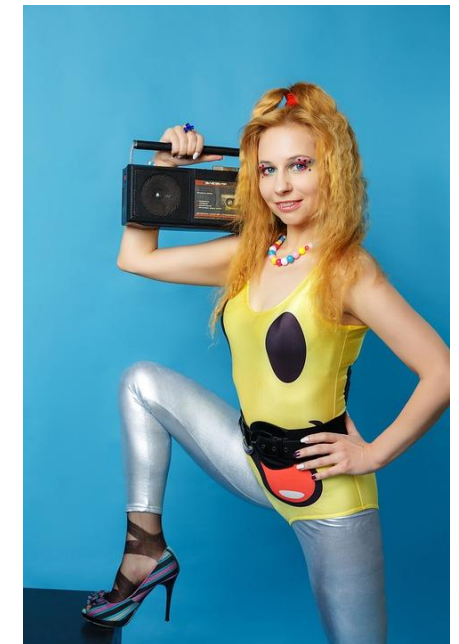
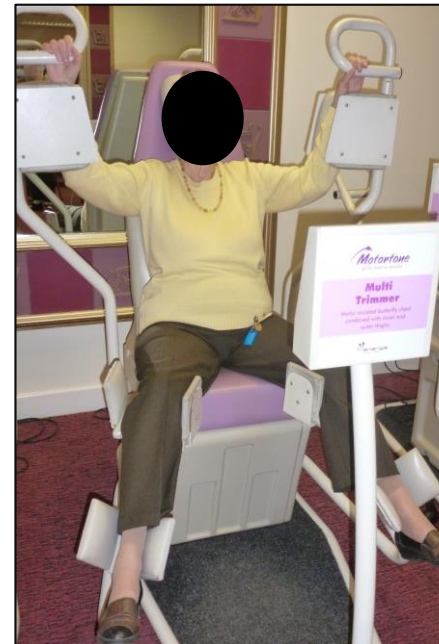
Functional capacity over the life course

*threshold below which we are unable to function independently (e.g. look after ourselves)

Actionable?

Yes!

- Resistance training
- High intensity interval training
- Cycling, running, walking
- Yoga, Tai-Chi, dancing
- Walking the dog, shopping



Contents lists available at [ScienceDirect](https://www.sciencedirect.com)

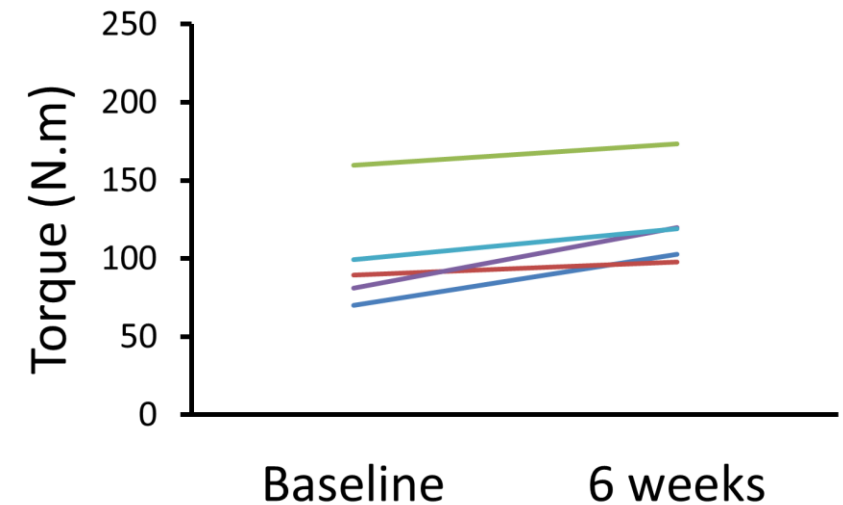
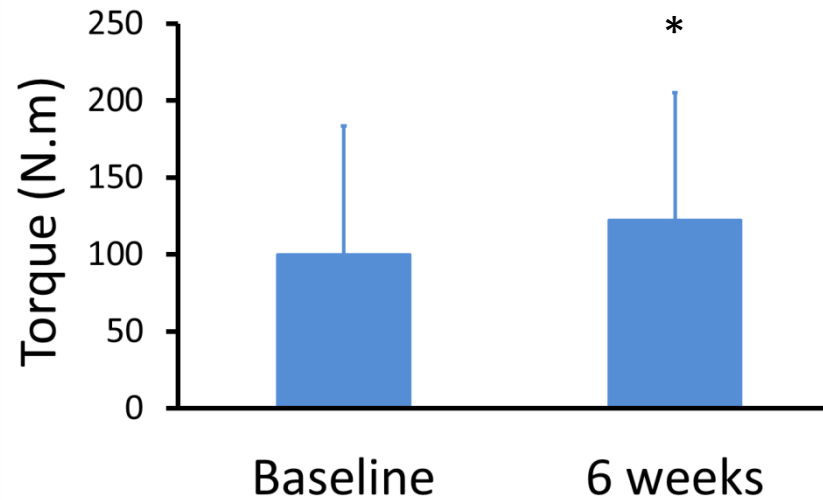
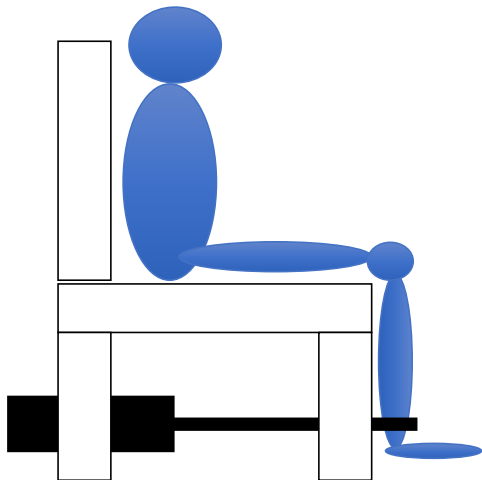
Gait & Posture

journal homepage: www.elsevier.com/locate/gaitpost



Carrying shopping bags does not alter static postural stability and gait parameters in healthy older females

Prehabilitation / rehabilitation




Mean leg strength increased by 16.4% (4.4% to 47.5%)

Open access

Protocol

BMJ Open The EX-FRAIL CKD trial: a study protocol for a pilot randomised controlled trial of a home-based EXercise programme for pre-frail and FRAIL, older adults with Chronic Kidney Disease

Andrew Christopher Nixon  ^{1,2,3} Theodoros M Bampouras, ^{4,5} Helen J Gooch, ^{3,6}
Hannah M L Young, ^{7,8} Kenneth William Finlayson, ⁹ Neil Pendleton, ¹⁰
Sandip Mitra, ^{11,12} Mark E Brady, ¹ Ajay P Dhaygude ¹

Conclusions

- Physical activity is important for more than just 'looking fit'
- Several ways one can use to become or be active
- Not one way suits all, but there will be one for you!
- Find that one..

...and enjoy it!!



Thank you for attending, any questions?
