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MIXED-METHOD STUDY OF EXERCISE IN ADVANCED CANCER: MULTIPLE VIEWS ON ADHERENCE AND LASTING BEHAVIOUR

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Introduction Research suggests exercise can provide numerous benefits for people with advanced cancer. Reported benefits include improved physical performance (Temel, Greer, Goldberg, Vogel, *et al.*, 2009; Bourke, Doll, Crank, Daley, *et al.*, 2011; Oldervoll, Loge, Lydersen, Paltiel *et al.*, 2011; Quist, Rorth, Langer, Jones *et al.*, 2012; Cheville, Kollasch, Vandenberg, Shen *et al.*, 2013; Cormie, Newton, Spry, Joseph *et al.*, 2013; Litterini, Fieler, Cavanaugh & Lee, 2013; Jensen, Baumann, Stein, Bloch *et al.*, 2014; Rief, Petersen, Omlor, Akbar *et al.*, 2014; Quist, Adamsen, Rorth, Laursen *et al.*, 2015) improved psychological wellbeing (Quist, Rorth, Langer, Jones *et al.*, 2012; Quist, Adamsen, Rorth, Laursen *et al.*, 2015; Burke, Brunet, Sabiston, Jack *et al.*, 2013; Rief, Akbar, Keller, Omlor *et al.*, 2014), reduced fatigue (Bourke, Doll, Crank, Daley *et al.*, 2011; Cheville, Kollasch, Vandenberg, Shen *et al.*, 2013; Litterini, Fieler, Cavanaugh & Lee, 2013; Jensen, Baumann, Stein, Bloch *et al.*, 2014; Burke, Brunet, Sabiston, Jack *et al.*, 2013; Rief, Akbar, Keller, Omlor *et al.*, 2014), increased completion of planned treatments (Cheville, Alberts, Rummans, Bashford *et al.*, 2015), and fewer hospital admissions (Cheville, Alberts, Rummans, Bashford *et al.*, 2015).

Much of the research into exercise in advanced cancer has involved supervised sessions in specialist settings (Temel, Greer, Goldberg, Vogel *et al.*, 2009; Oldervoll, Loge, Lydersen, Paltiel *et al.*, 2011; Litterini, Fieler, Cavanaugh & Lee, 2013; Jensen, Baumann, Stein, Bloch *et al.*, 2014; Quist, Adamsen, Rorth, Laursen *et al.*, 2015; Burke, Brunet, Sabiston, Jack *et al.*, 2013; Cheville, Alberts, Rummans, Bashford *et al.*, 2015). Limited healthcare resources mean exercise interventions delivered under these specialist conditions may not be deliverable across a larger population in standard healthcare settings. Attempts to address this have combined supervised hospital-based sessions with less resource intensive unsupervised home-based sessions. However, several studies have reported a large drop in adherence during the unsupervised exercise (Quist, Rorth, Langer, Jones *et al.*, 2012; Kuehr, Wiskemann, Abel, Ulrich *et al.*, 2014; Winters-Stone, Dobek, Bennett, Maddalozzo *et al.*, 2014; Winters-Stone, Dobek, Bennett, Dieckmann *et al.*, 2015). Reasons for the decline in adherence to the unsupervised home-based sessions have not been thoroughly investigated.

Aim To investigate factors that influence exercise adherence in a series of supervised exercise classes in a hospice day service, and investigate continuing exercise behaviour after class completion.

Methods and analysis People with advanced cancer (n=11), enrolled in a hospice day care exercise class, took part in semi-structured interviews at two time points. Firstly during the supervised class period, secondly six weeks post class completion. At both time points participants also completed a validated questionnaire (Kirby, Donovan-Hall & Yardley, 2014) which measured factors perceived to have impeded exercise. All staff who delivered the classes (n=4) also participated in one semi-structured interview.

Interview data will be analysed using the framework approach (Richie & Spencer, 1994; Smith & Firth, 2011; Spencer, Ritchie, Ormston, O'Connor *et al.*, 2014) to gain knowledge in relation to the identified study aims. The questionnaire will be analysed using descriptive statistics, to show central tendency and dispersion of factors perceived to have prevented exercise.

Results Data collection has been completed. Data analysis is underway.

Conclusion Findings will create a set of recommendations, for intervention designers, to maximise adherence to unsupervised exercise for people with advanced cancer. The recommendations will intend to be applicable in both clinical practice and research settings.

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KEEP MOVING – 5 DAYS A WEEK GYM SERVICE HELPING PALLIATIVE CARE PATIENTS

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With the national agenda on palliative rehabilitation and with an increase (up 66%) in referrals to Dorothy House Physiotherapy team in 2015, the team reviewed their gym sessions and in 2017 opened the gym sessions out to include outpatients, day patients and inpatients. This service is now available five days a week and provides group and individual sessions. Due to the increase in sessions and availability of the gym the contacts have increased 327% from 17/18–18/19.

The review originated from a Palliative Rehabilitation Steering Group that aimed to address wellbeing, falls prevention and rehabilitation in a safe environment. The ultimate aim was to encourage people to work on what they can do now and be able to move to community leisure facilities as/when they are able.

Benefits

- Partnership working with local leisure providers;
- Eased pressure on Dorothy House Hospice Care community Physios;
- Provided a safe environment for people to build confidence and self-esteem when exercising;
- Monitors and addresses other symptoms such as pain, breathlessness and fatigue;
- Can be accessed by all patients referred to Dorothy House Hospice Care;
- Inclusive use of outcome measures e.g. grip strength are used to monitor patients' physical health.

Issues

- There is not always an appropriate place for patients to move on to;
- Variations in exercise provision in the different counties;
- External communication could be improved to GPs;
- Palliative care means that there often needs to be an option for patients to move between service providers if their symptoms improve or deteriorate. This can be more difficult at times.

The future

- Increased partnership working to ensure that the patients will be able to access exercise facilities and support, no matter what stage of their illness they are in.