



Can person characteristics predict engagement in physical activity? Experience from the Promoting Activity, Independence and Stability in Early Dementia (PrAISED) intervention

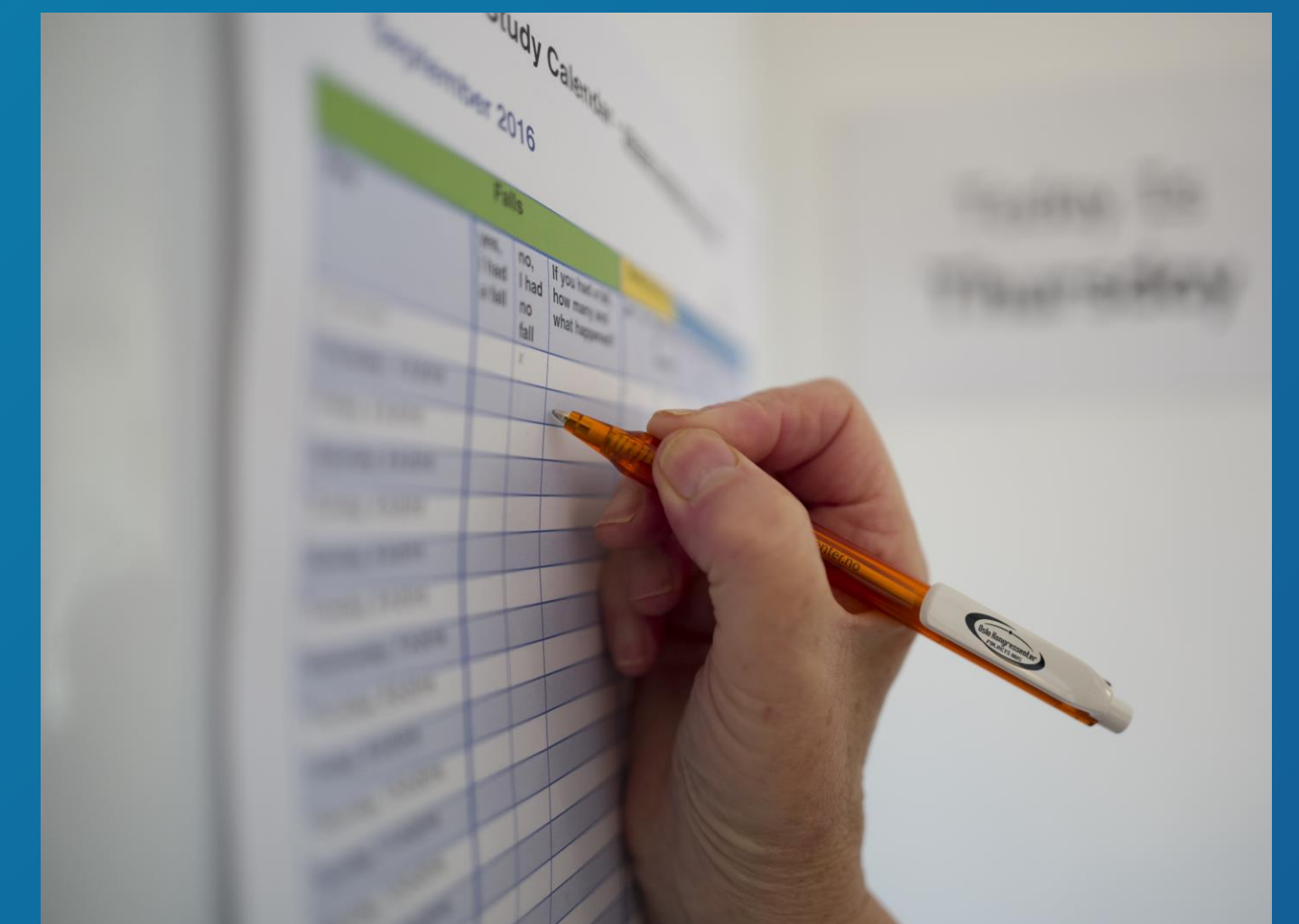
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Introduction

Physical activity has multiple benefits in people with dementia but encouraging people to be more active can be difficult. The randomised controlled PrAISED feasibility study tested two interventions with different intensities (9 and 50 sessions) aimed to increase physical activity in people with Mild Cognitive Impairment (MCI) and early dementia. The aim of this analysis was to explore if physical activity at follow-up could be predicted by emotional, cognitive or physiological measures at baseline.

Methods

The 12 months follow-up assessments of the intervention groups included 39 participants with an average age of 76 years (33% female) diagnosed with MCI or dementia. Pearson's correlations examined if age, fear of falling, frailty, cognition (executive function, verbal and spatial memory), depression, balance, walking speed, carer burden or activities of daily living (DAD) at baseline were related to physical activity (International Physical Activity Questionnaire scores) at follow-up.



Results:

There was no significant difference between the moderate and high intensity intervention groups in physical activity scores at follow-up. Physical activity at 12 months was not significantly related to any of the baseline measurements. Only DAD baseline scores showed a trend towards a significant relationship with physical activity follow-up scores ($r=0.36$; $n=27$; $p=0.07$).

Conclusion:

The psychological and physiological measures used in this study at baseline were unable to predict engagement in physical activity following the PrAISED intervention. Other parameters such as personality traits or health beliefs should be explored to investigate characteristics of people with MCI or mild dementia that can predict engagement in exercise or physical activity levels.

However, engagement is also likely to depend on the other factors, such as the relationship with the therapists, disease progression and comorbidity development, which cannot be predicted at the start of a therapy programme and which might change over time.

