Group-Mediated Activity Counseling and Self-Reported Physical Activity in Older, Knee Osteoarthritis Patients: Evidence from the IMPACT-Pilot Trial

> Brian C. Focht, Matthew J. Garver, Steven T. Devor, Justin Dials, Charles F. Emery, & Kevin Hackshaw The Ohio State University

Study was supported by NIH/NIAMS Grant # R21 AR054595

Knee Osteoarthritis (OA)

- Degenerative joint disease characterized by loss of cartilage and joint space narrowing
- Pain, stiffness, and fatigue accompanying knee OA is linked with reduced quality of life
- Knee OA is a leading cause of activity restriction, functional limitations, and disability

Physical Activity (PA) and Knee OA

 PA consistently results in modest, yet meaningful, improvements in clinically-relevant OA outcomes



 Poor post-intervention PA adherence and erosion of treatment effects undermine the efficacy of PA interventions for knee OA patients

Applying the Group-Mediated Cognitive Behavioral (GMCB) Intervention to Knee OA Patients

- Determining the efficacy of innovative PA promotion interventions is integral to enhancing lifestyle approaches to managing knee OA
- The GMCB is one innovative intervention that has produced meaningful increases in PA among older adults with chronic disease

Brawley et al., 2000; Rejeski et al., 2003; Focht et al., 2004; Rejeski et al., 2011

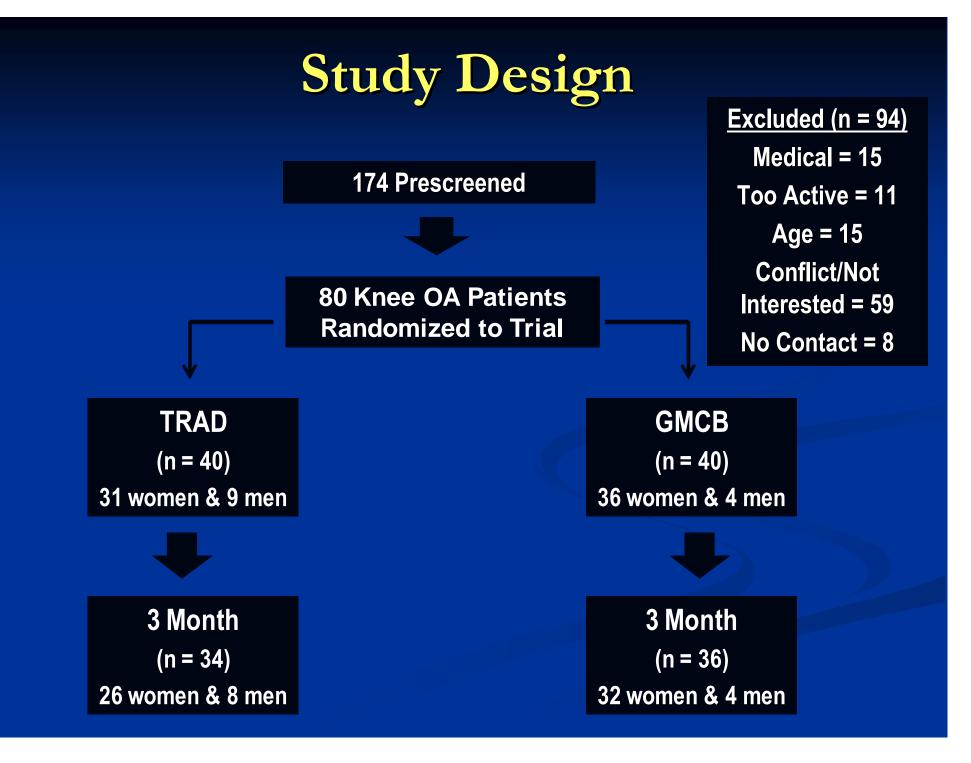
<u>Improving Maintenance of Physical</u> <u>ACtivity in OA Trial Pilot</u> (IMPACT-P)

IMPACT-P is a single blind, 2 arm randomized controlled pilot trial

Determine the comparable efficacy of traditional exercise therapy (TRAD) and GMCB PA intervention approaches for improving PA and select OA outcomes in sedentary, older knee OA patients

Participants

- 80 sedentary, knee OA patients
- *M* age = 63 years; *SD* = 6.52
- 67% Caucasian, 26% AA, 4% Latino, 2% Asian
- Self-reported pain and functional limitations



Procedures

TRAD Intervention. Participants received a traditional supervised center-based exercise intervention and education.

GMCB Intervention. GMCB participants received the same exercise prescription coupled with 20-min of group-based selfregulatory skills counseling

36 contact hours provided to each arm

Differential timing, structure, and goals of the intervention delivery

Procedures

Intervention Criteria	GMCB	TRAD
Exercise Prescription	60 Minutes/Session - 30-40 Min Moderate Intensity Walking and Progressive Lower Body Strength Training 8-12 Reps of 4 Lower Body Exercises	60 Minutes/Session - 30-40 Min Moderate Intensity Walking and Progressive Lower Body Strength Training 8-12 Reps of 4 Lower Body Exercises
Supervised Ex Month 1	2 Sessions/Week	3 Sessions/Week
Supervised Ex Month 2-4	1 Sessions/Week	3 Sessions/Week
Supervised Ex Month 5-6	2 Sessions/Month	N/A
Supervised Ex Month 7-9	1 Session/Month	N/A

GMCB Intervention Goals

Identical exercise prescription as TRAD arm

 Systematically phased: (a) decrease in centerbased exercise and (b) increase in independent exercise and PA across the trial

 Practice of self-regulatory skills via behavioral homework assignments

GMCB Counseling Targets

- Self-monitoring of activity, effort, and symptoms
- Individual and group goal-setting
- Social problem-solving to overcome barriers to increasing physical activity
- Mindfulness-based approaches pain management

 Independent activity planning and relapse prevention strategies

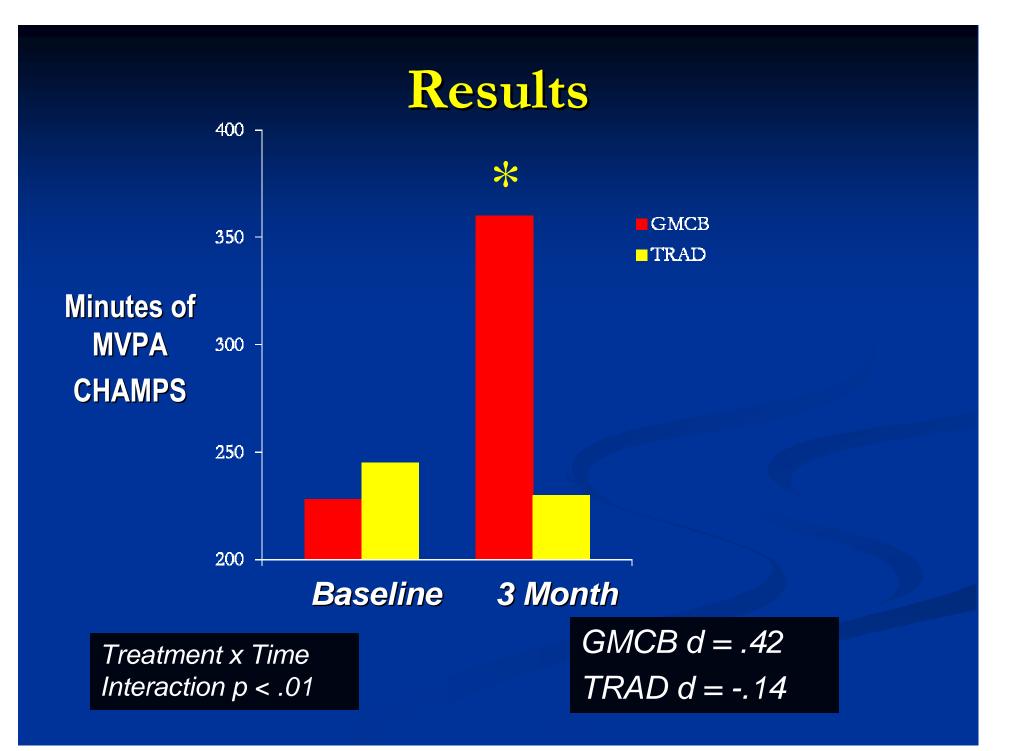
Measures/Analysis

Moderate Intensity PA (MVPA): Selfreported MVPA was assessed via the CHAMPS PA questionnaire (Stewart et al. 2001)

Cohen's d effect sizes: calculated via mean difference/pooled SD

Assessments were obtained by study staff blinded to intervention assignment at baseline and 3 months

2 (Intervention: GMCB & TRAD) X 2 (Time: Baseline & 3 Month) ANCOVA controlling for age & BMI – Intention to treat



Conclusions

- Findings from the IMPACT-P trial provide evidence supporting the feasibility and preliminary efficacy of the GMCB approach for promoting short-term changes in PA among older knee OA patients
- Results suggest that integrating self-regulatory skill counseling in PA interventions result in superior short-term increases in MVPA relative to traditional center-based exercise approaches
- GMCB intervention represents a valuable approach to be implemented in the design and delivery of future PA interventions targeting older knee OA patients

Thank You !