

International Conference on **Clinical Trials**

July 27-29, 2015 Orlando-FL, USA

Behavioural intervention to increase physical activity in adults with coronary heart disease in Jordan

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Background: Patients with CHD often do not follow prescribed physical activity recommendations.

Aim: To assess the efficacy of behavioural intervention to increase physical activity in patients not attending supervised physical activity programmes.

Design: Randomised controlled trial comparing 6-month multi-component behavioural change intervention (n=85) with usual care (n=71). Intervention included one face-to-face individualised consultation, 6 telephone support calls (for goal-setting, feedback and self-monitoring) and 18 reminder text messages.

Setting: Two hospitals in Jordan, Middle East.

Participants: 156 patients with CHD (mean age 57.5 years; 54% male, 46% female).

Measurements: Outcomes measured at baseline and 6 months. Primary outcome was physical activity level. Secondary outcomes were blood pressure, body mass index, exercise self-efficacy for exercise and health-related quality of life.

Findings: Intervention and control groups were comparable at baseline. Moderate physical activity significantly increased in intervention group compared with control group (mean change (SD) of frequency: 0.23 (0.87) days/week vs. -.06 (0.40), duration: 15.53 (90.15) minutes/week vs. -3.67 (22.60) minutes/week and intensity: 31.05 (105.98) Metabolic equivalents (METs) vs. 14.68 (90.40) METs. Walking significantly increased in the intervention group compared with control group (the mean change (SD) of frequency: 3.15 (2.75) days/week vs. 0.37 (1.83) days/week, duration: 150.90 (124.47) minutes/week vs. 24.05(195.93) minutes/week and intensity: 495.12 (413.74) METs vs. 14.62 (265.06) METs. Intervention participants had significantly lower blood pressure, lower body mass index, greater exercise self-efficacy and better health-related quality of life at 6 months compared with controls.

Conclusions: Multi-component behavioural intervention increases physical activity, and improves body composition, physiological and psychological outcomes in CHD patients not attending structured rehabilitation programmes.

Biography

Eman Alsaleh is a PhD student in University of Nottingham, School of Health science (School of Nursing). She is registered nurse and she had master degree in nursing (adult care nursing). She worked as teaching assistant in the Hashemite University (Jordan) for four years and as cardiac care nurse in King Abdullah University Hospital (Jordan) for four years.

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