

P104

## P104 -What can help people with chronic kidney disease (CKD) be more active?

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### Introduction:

Engaging in physical activity (PA) has been shown to improve the symptom burden of Chronic Kidney Disease (CKD), reduce cardiovascular risk and improve quality of life, but the patient population remains inactive. This study explored the perspectives of patients with CKD on the benefits and risks of exercise and the factors that either facilitate or block their participation. Current exercise behaviour and preferred activities are also explored.

### Methods:

A convenience sample was obtained by approaching patients attending Nephrology clinics at three secondary care centres. Patients were asked to complete questionnaires and informed consent to access electronic medical notes was gained.

The survey comprised demographic information, three PA questionnaires (including the Godin Leisure Time Exercise Questionnaire (GLTEQ)), a stage of change survey, a self-efficacy assessment and a free text comments page, with questions regarding the benefits, risks and barriers and facilitators to exercise. This project utilised the demographic data, estimated glomerular filtration (eGFR) blood result, GLTEQ and the free text comments.

The GLTEQ is a validated questionnaire that asks participants to recall a 7-day history of frequency and intensity of exercise. A scoring system has been developed which multiplies frequency of activity at each intensity by a MET-score (metabolic equivalent of task).

The free text comments were transcribed verbatim and thematically analysed in NVivo.

### Results:

1088 completed questionnaires were returned. 1015 included a fully completed GLTEQ (586males (58%); mean age=63.11[17.79] years; mean eGFR=38.16[30.88]mL/min/1.73m<sup>2</sup>), 708 (65%) included free text comments and 822 (82%) consented to medical notes being reviewed

838 participants (77%) were classified as inactive by the LTEQ and walking was the preferred modality of activity.

591 participants cited one or more benefits of being active. These were coded into 4 themes "general health", "physical benefits", "social benefits" and "psychological benefits". The subthemes included reduction of symptom burden, reducing co-morbidity effects, weight loss, enjoyment and improved mental health.

174 people identified a risk of being active. Increased fatigue, risk of injury or negative effect on a co-morbidity were the most commonly identified potential issues.

Factors that were considered to support physical activity behaviour were coded into 11 themes, including education, motivation, enjoyment and access to equipment and support from professionals, peers and family members.

Barriers to being active were described by 424 participants and were coded into physical, psychological, and social subthemes. The most common physical barriers were fatigue, general malaise, dyspnoea and musculo-skeletal issues. Social barriers included cost and family responsibilities. Psychological barriers included anxiety, low mood and reduced motivation.

#### Discussion

This study uses a large sample with an excellent questionnaire completion rate and provides insight into the factors that PA interventions need to address. It demonstrates a high proportion of people living with CKD are inactive, emphasising a need for PA interventions. An intervention needs to provide education about appropriate activity levels and use behaviour change techniques to support goal-setting and development of strategies to overcome barriers.