

Primary care nurse-delivered interventions can increase physical activity in older adults

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A primary care nurse-delivered intervention can lead to sustained increases in physical activity (PA) among older adults, according to an article published by Tess Harris of St George's University of London, and colleagues in this week's *PLOS Medicine*.

To evaluate the safety, acceptability, and efficacy of this [intervention](#), the researchers enrolled 298 people, 60-75 years old, and randomized them by household to receive either standard care or an intervention aimed to increase PA. The intervention included four PA consultations delivered by a primary care nurse over three months, which provided the participants with individualized PA plan and pedometer and accelerometer feedback. Between consultations, the participants were asked to keep a PA diary and wear a pedometer, which provided them with immediate step-count feedback. At three months, and again at 12 months, both the control and intervention groups were asked to wear accelerometers to objectively measure PA intensity and duration. At three months, the intervention group's average daily step-counts were 1037 steps higher than the control group's, and participants in the [intervention group](#) spent 63 more minutes per week in moderate-to-vigorous PA bouts of 10 minutes or more. At 12 months, those differences were 609 steps per day and 40 minutes per week. This level of increased PA is estimated to decrease risk of heart disease and type 2 diabetes by 5.5% and 9.1%, respectively. Adverse effects, such as falls or injuries, were similar between groups, and qualitative interviews and a focus group conducted at the end of the study revealed that participants and practice nurses were positive about the intervention.

While the findings suggest that this intervention might provide an effective way to increase PA, and therefore health, in [older adults](#), further trials are needed to distinguish which aspects of the intervention were most effective, whether the intervention will be effective in more socio-economically diverse populations, and to determine the costs of implementing a program like this on a larger scale.

The authors say: "Our study demonstrates that practice nurses can safely deliver an intervention to increase objectively measured PA levels in older people at 3 months, with a sustained effect at 12 months," and that "... the main advantage that [primary care](#) offers is an ideal setting for delivering PA interventions in this age group and the opportunity to integrate this into routine care."

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More information: Harris T, Kerry SM, Victor CR, Ekelund U, Woodcock A, Iliffe S, et al. (2015) A Primary Care Nurse-Delivered Walking Intervention in Older Adults: PACE (Pedometer Accelerometer Consultation Evaluation)-Lift Cluster Randomised Controlled Trial. *PLoS Med* 12(2): e1001783. [DOI: 10.1371/journal.pmed.1001783](https://doi.org/10.1371/journal.pmed.1001783)

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