

Helping older people to stay active during the COVID-19 lockdown

Chris Todd
Annemarie Money
Healthy Ageing Research Group
School of Health Sciences

chris.todd@manchester.ac.uk

No conflicts of interest

Research Funders



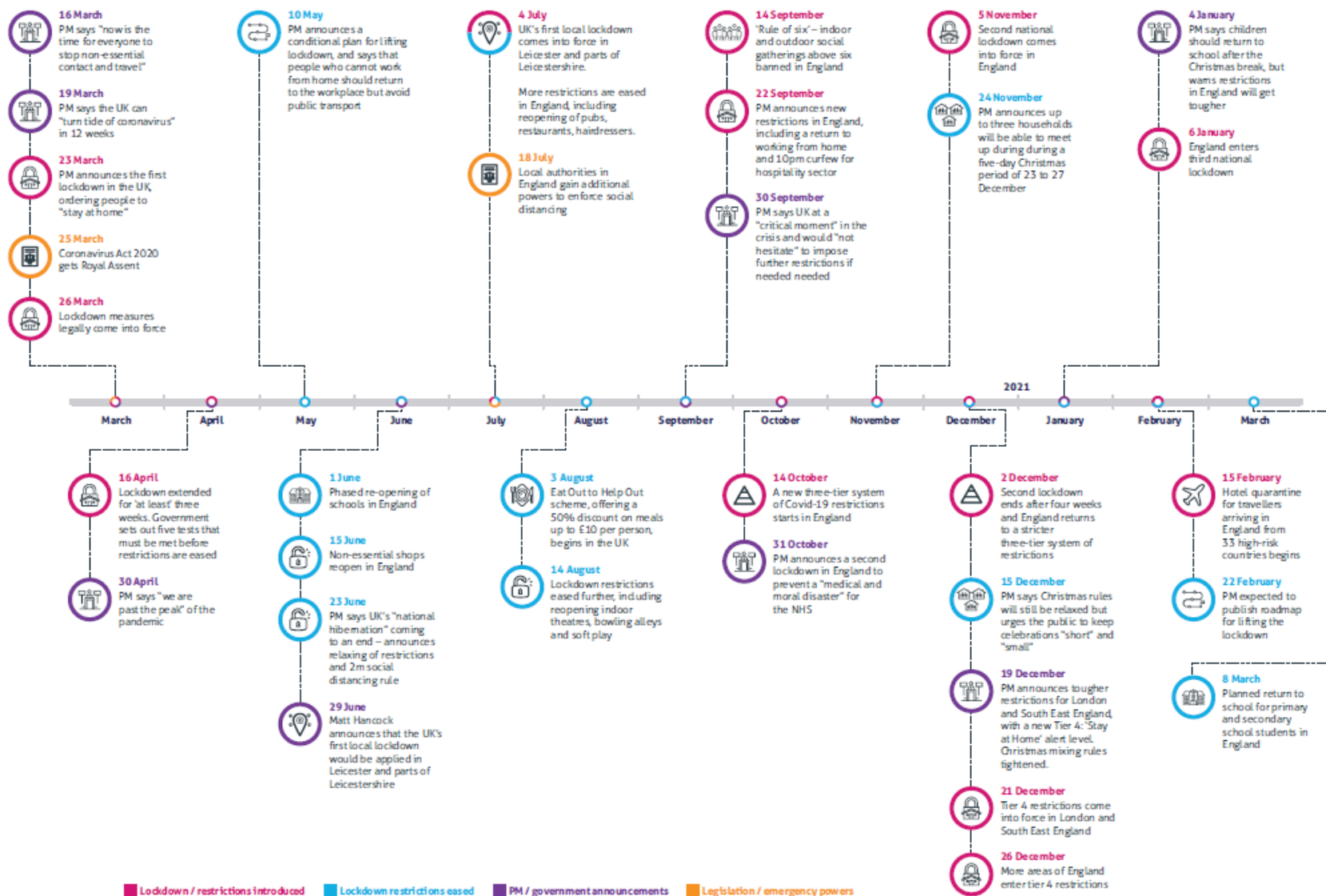
NIHR | National Institute
for Health Research



Australian Government
National Health and Medical Research Council



UK coronavirus lockdowns 2020-2021



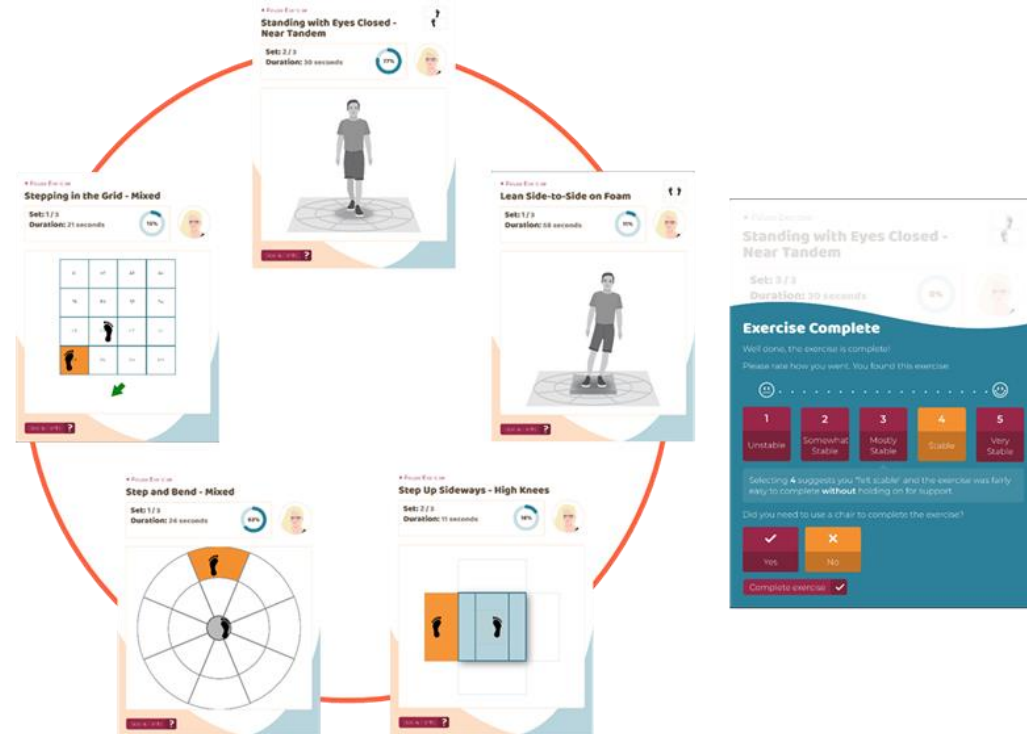
Covid-19 pandemic & inactivity

- March 2020 – April 2021 nearly 10 months of national lockdown
 - Many older people shielded, stayed at home
 - Even with mass vaccination and restrictions being lifted, few activity opportunities available
- 25-66% of falls services closed down; moved to online etc.
- Activity restriction results in increased fall risk by contributing to deconditioning and functional loss

The accepted view is we face deconditioning/rehabilitation pandemic

- Rehabilitation/activity programmes will be needed for
 - COVID-19 survivors especially those with long COVID,
 - Those deconditioned because of movement restrictions, social isolation
 - Those deconditioned because of inability to access healthcare
 - Those with pre-existing or new non-COVID-19 illnesses which have progressed
- Most falls services not up and running with an increasing waiting list

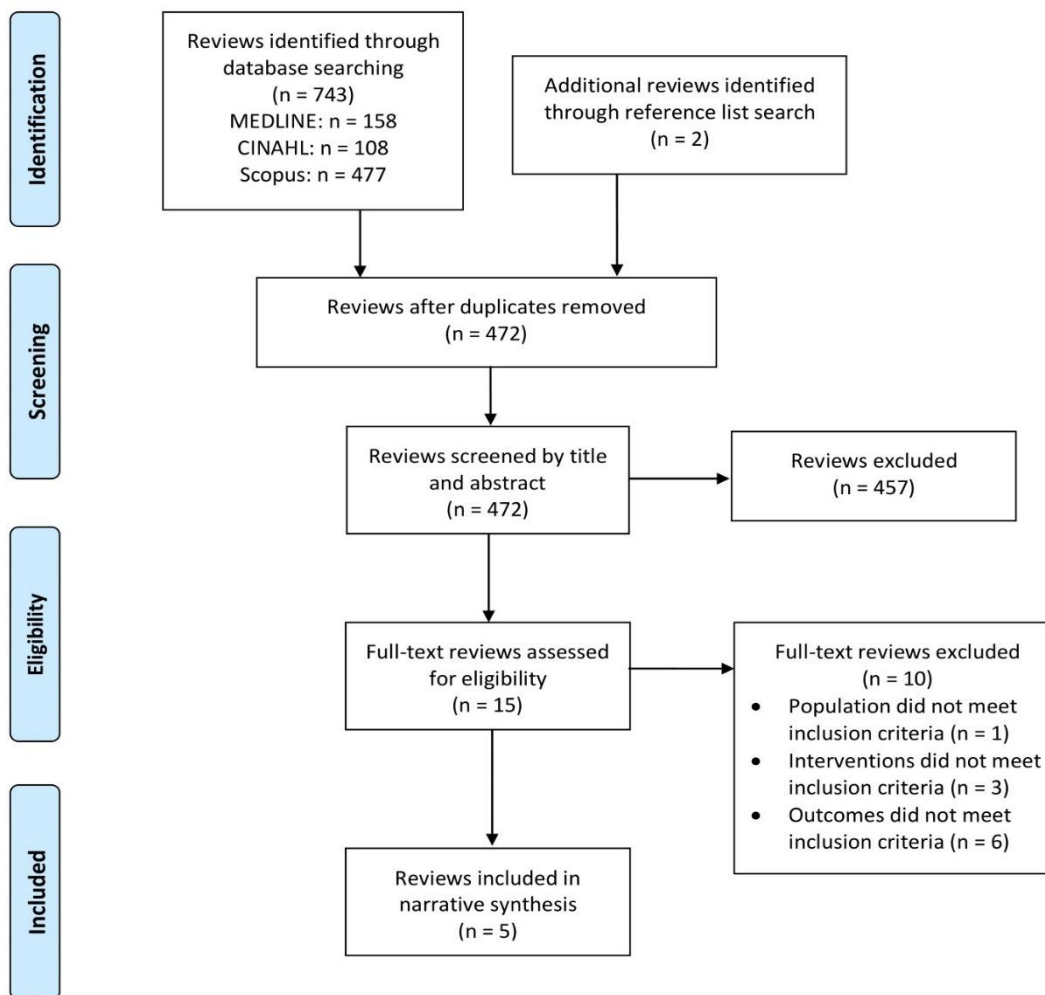
Standing Taller



PRU Briefing for DHSC

- **Delivery of strength and balance exercises for falls prevention amongst older people using digital technologies to replace face-to-face contact during COVID-19 home isolation and physical distancing.**
- <https://www.opfpru.nihr.ac.uk/covid-19-research/rr7-covid-19-technology-for-strength-and-balance/>
- McGarrigle L, Todd C (2020) Promotion of physical activity in older people using mHealth and eHealth technologies: Review of reviews *Journal of Medical Internet Research*
- McGarrigle L, Boulton E, Todd C (2020) Map the Apps: a rapid review of digital approaches to support the engagement of older adults in strength and balance exercises *BMC Geriatrics*

eHealth mHealth: Review of reviews



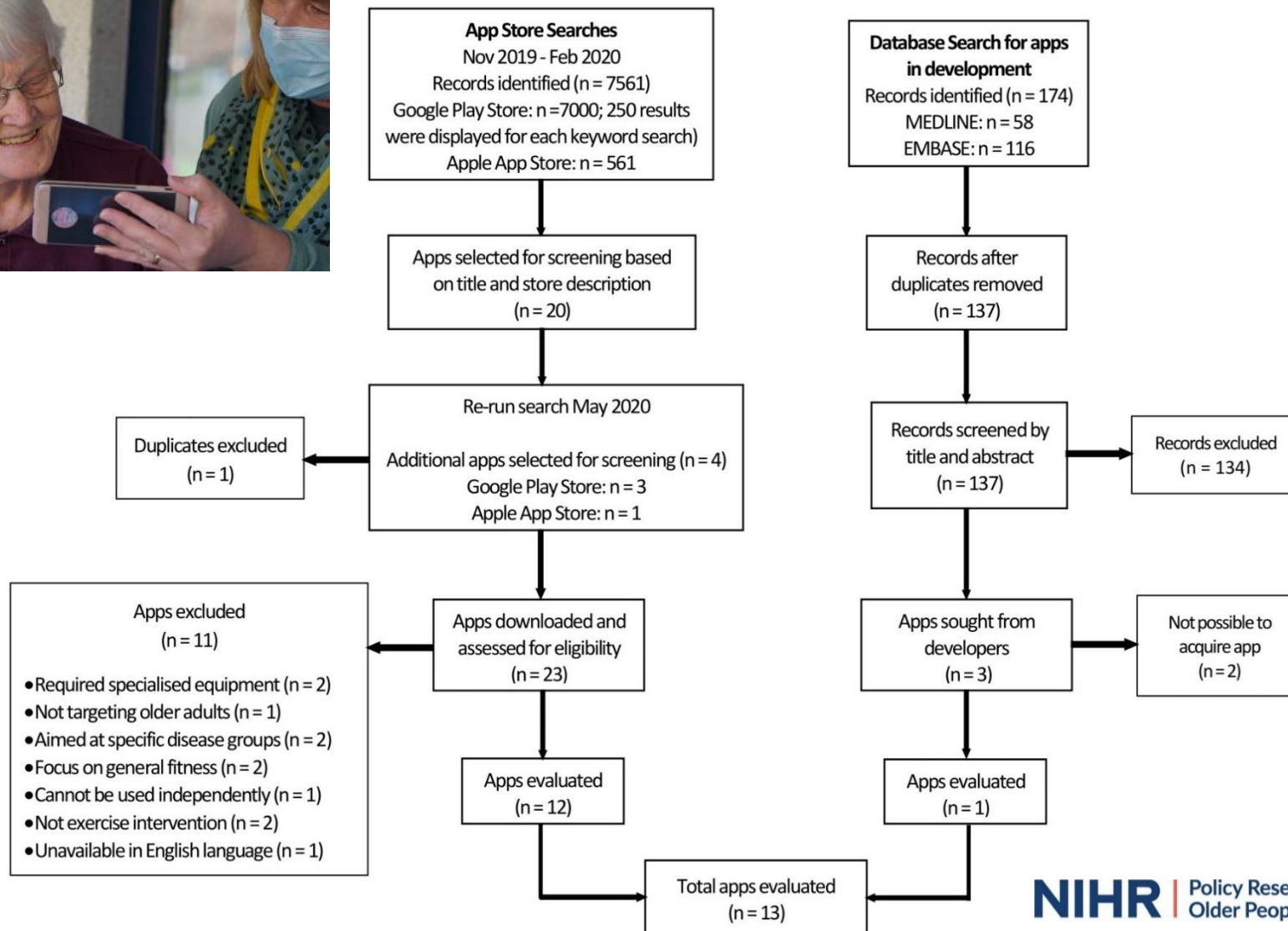
From: Moher D, Liberati A, Tetzlaff J, Altman DG, The PRISMA Group (2009). Preferred Reporting Items for Systematic Reviews and Meta-Analyses: The PRISMA Statement. PLoS Med 6(7): e1000097. doi:10.1371/journal.pmed1000097

For more information, visit www.prisma-statement.org.

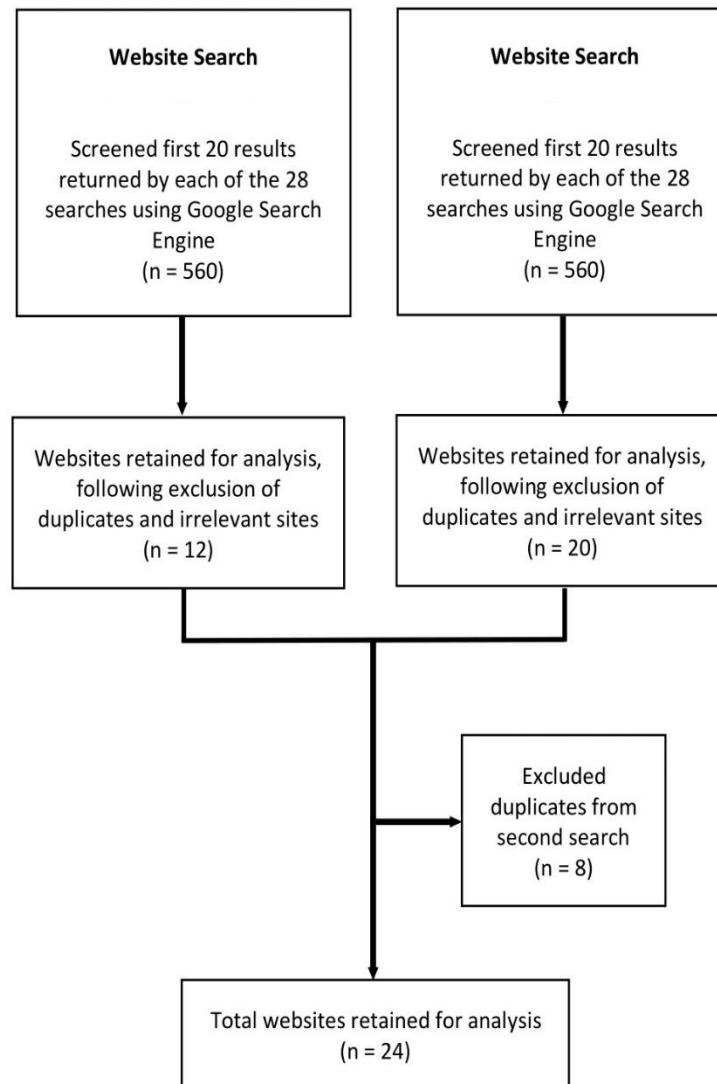
General evidence for digital exercise promotion to older people

- Mobile/smartphone apps appears to be **acceptable** to older people.
- Older people appear to **adhere** to apps (at least in the short term).
- Apps may be **effective** in decreasing sedentary time, increasing physical activity and physical fitness (over 3 or so months).
- Apps that are **theory-based**, include behaviour change techniques, clear instructions, social and professional support may be more effective
- Apps should provide exercise/activity interventions that fit in with older people's **lifestyles** and **expectations** and offer **tailored** interventions taking account of individual preferences and capabilities.
- **Positive messages** are crucial.
- Older people need to understand and **appreciate the benefits** they will gain and benefits need to be in accord with older people's own lifestyle and aspirations.
- Emphasising **staying independent**- important to many older people.
- When introducing apps to older people the **steep learning curve** must be recognised and support supplied to help them.

App searches



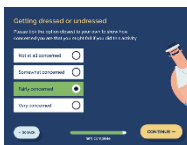
Website searches



Apps

- Currently available*

- Otago Exercise Programme
- Nymbal Balance¹
- Keep On Keep Up



- Under development²

- Standing Tall



* Assessed using underlying evidence base, MARS & use of BCTs. **No** RCTs or evidence of effectiveness

¹ USA only

² RCT published BMJ March 2021

Websites

- Currently available**

- csp.org.uk
- fallsassistant.org.uk
- go4life.nia.nih.gov
- nhs.uk/live-well
- profound.eu.com
- betterhealthwhileaging.net
- caringseniorservice.com

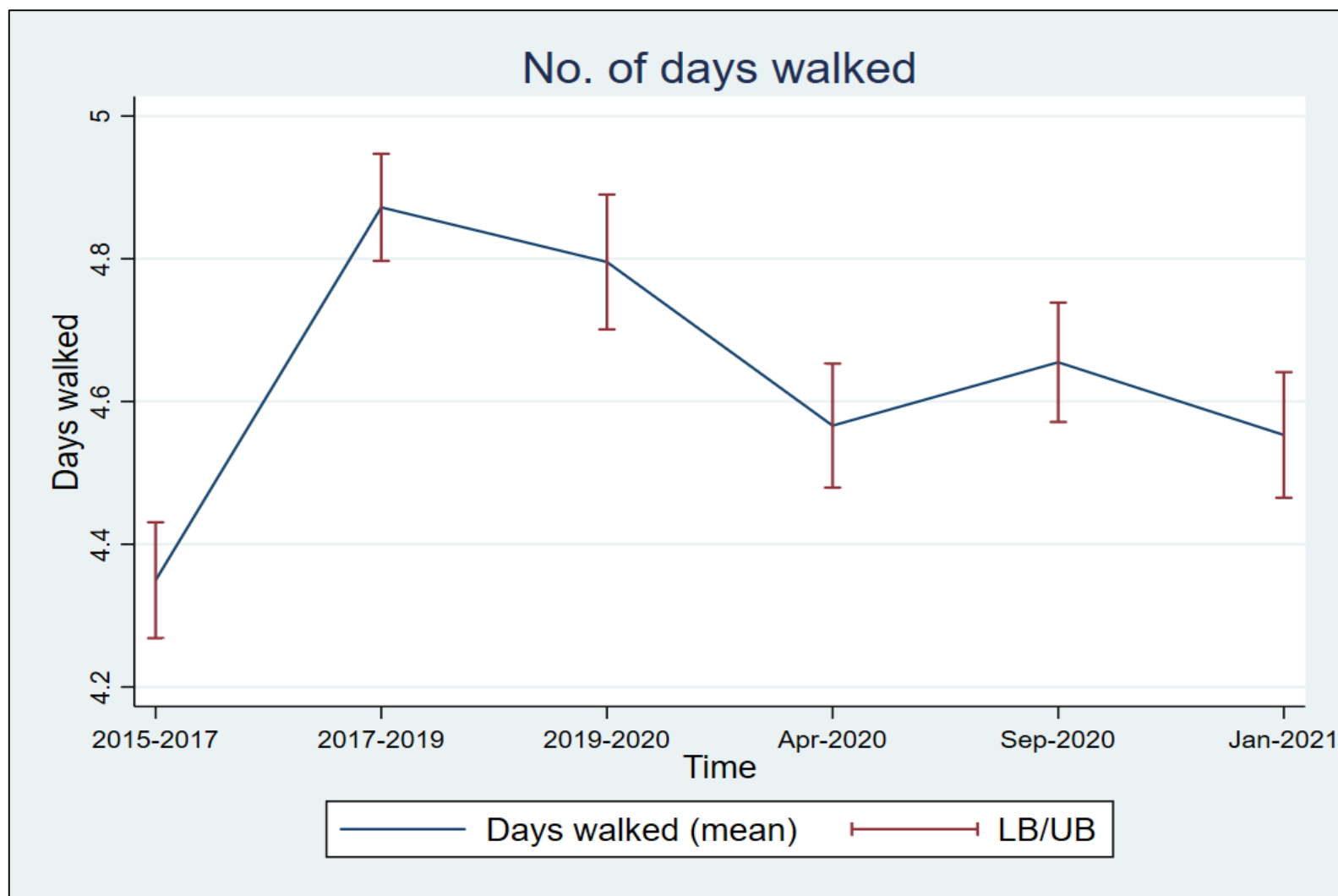
- For resources see also

- laterlifetraining.co.uk

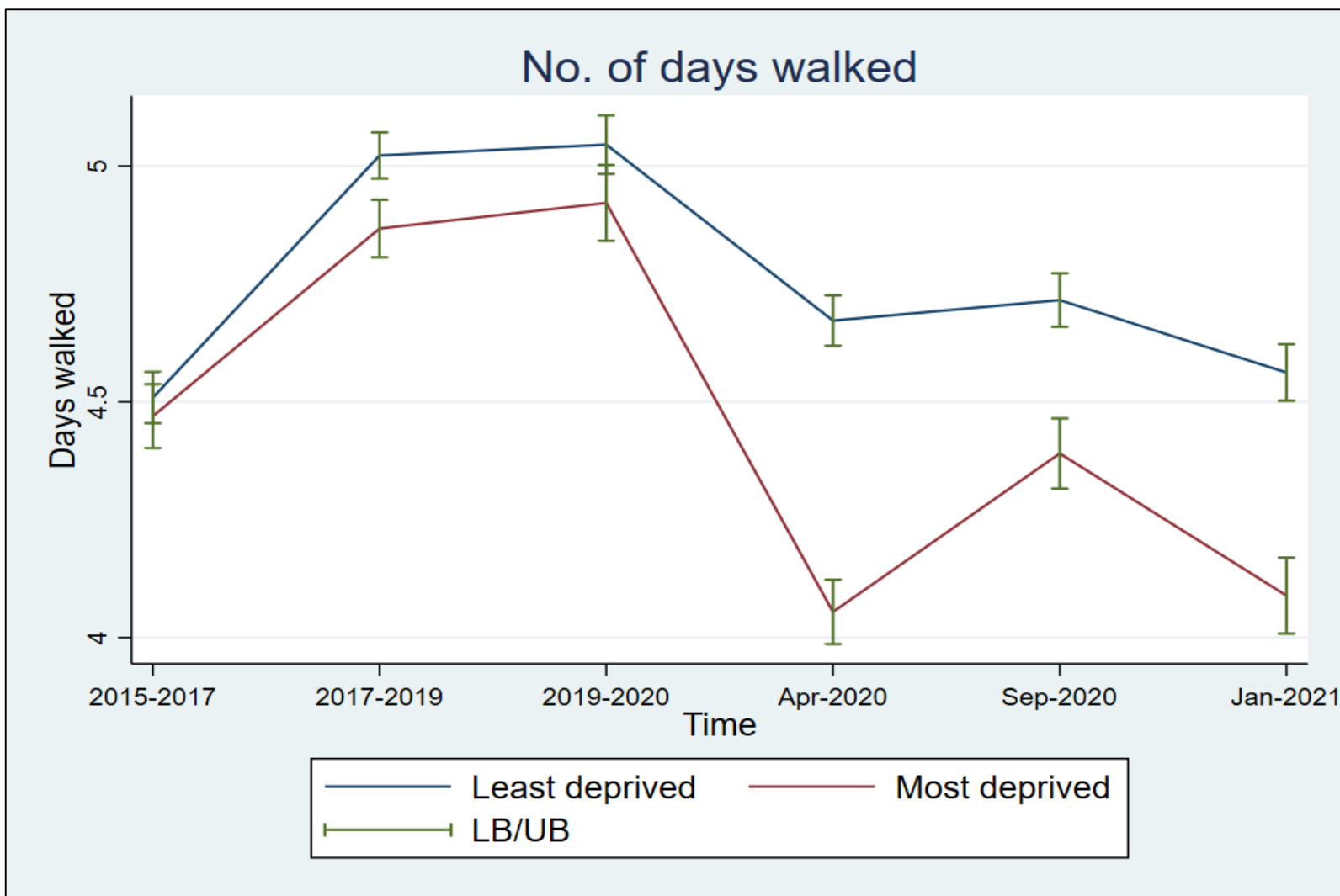
** Assessed using underlying evidence base, HoNCode & use of BCTs. **No** RCTs or evidence of effectiveness

Conclusions

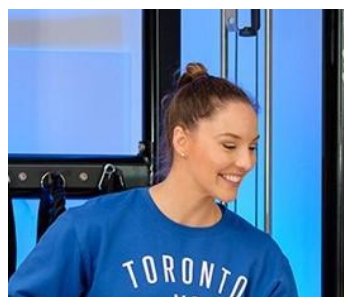
- Digital delivery better than no delivery
- Rapidly changing area
- In longer term digital could (will) become common, but needs carefully phased roll out
- Ensure co-development work with older people
- For the immediate future focus on
 1. Those already familiar with S&B, assessed and previously receiving face-to-face delivery, and stable health
 2. Relatively healthy and digitally literate capable of remote set-up
 3. Rehabilitation following hospital discharge with set-up done face-to-face in hospital
- NB Digital exclusion and exacerbation of health inequalities
older, female, deprived, BaME, marginalised



Activity levels during COVID-19 pandemic lockdowns: Evidence from *Understanding Society* Luke Munford, Jack Elliott, Saima Ahmed, Chris Todd



Activity levels during COVID-19 pandemic lockdowns: Evidence from *Understanding Society* Luke Munford, Jack Elliott, Saima Ahmed, Chris Todd



Falls and Exercise Researchers

Annemarie Money
Ashley Gluchowski
Elisabeth Boulton
Emma Stanmore
Helen Hawley-Hague
Jana Sremanakova
Jane McDermott
Lisa McGarrigle
Reena Lasrado
Saima Ahmed
Yang Yang



chris.todd@manchester.ac.uk

Otago



Keep on
Keep Up

Getting dressed or undressed

Please tick the option closest to your own to show how concerned you are that you might fall if you did this activity.

Not at all concerned

☐

Somewhat concerned

☐

Fairly concerned

☒

Very concerned

☐

← GO BACK

95% complete

CONTINUE →



Cluster RCT of Exergame in 18 sheltered housing facilities



Stammers et al. BMC Medicine (2019) 17:46
<https://doi.org/10.1186/s12916-019-1278-9>

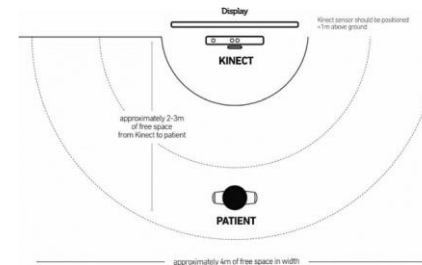
BMC Medicine

RESEARCH ARTICLE

Open Access

The effectiveness and cost-effectiveness of strength and balance Exergames to reduce falls risk for people aged 55 years and older in UK assisted living facilities: a multi-centre, cluster randomised controlled trial

Emma K. Stanmore^{1,2,3*}, Alexandra Mavrogianni^{1,2}, Lex D. de Jong^{1,2}, Dawn A. Sleeton^{1,2}, Chris J. Sutton^{1,2}, Valerio Benedetto¹, Luke A. Munford², Wynne Meeles¹, Vicky Bell¹ and Chris Todd^{1,2,3}



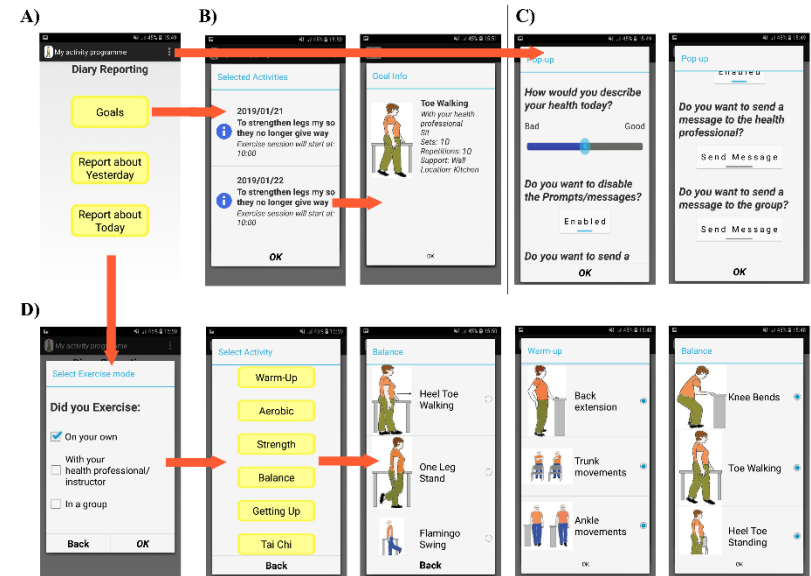
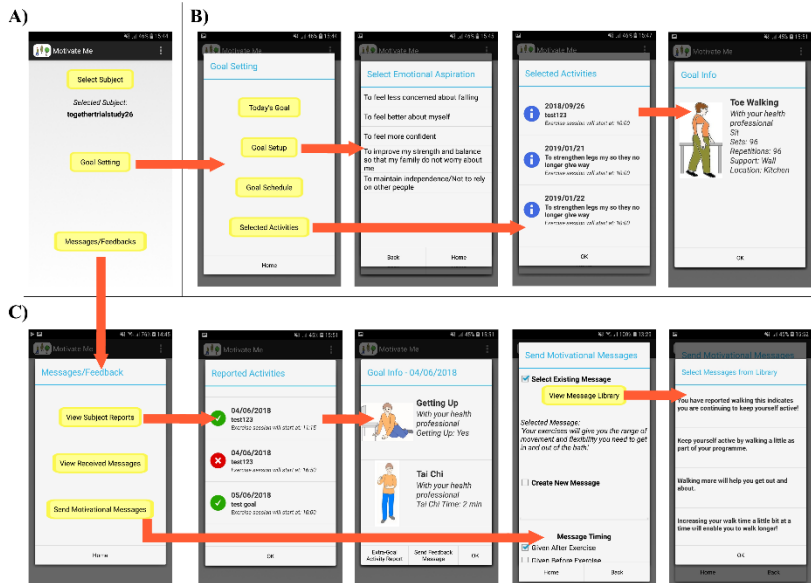
Improvement in Exergame group
Falls incident rate ratio **0.31 (95% CI 0.16 to 0.62)**

Balance 6.2 (95% CI 2.4 to 10.0)
Short FES-I -2.7 (95% CI -4.5 to -0.8)
VAS pain scale -12.1 (95% CI -22.3 to -1.8)

Adherence at 12 weeks 87%

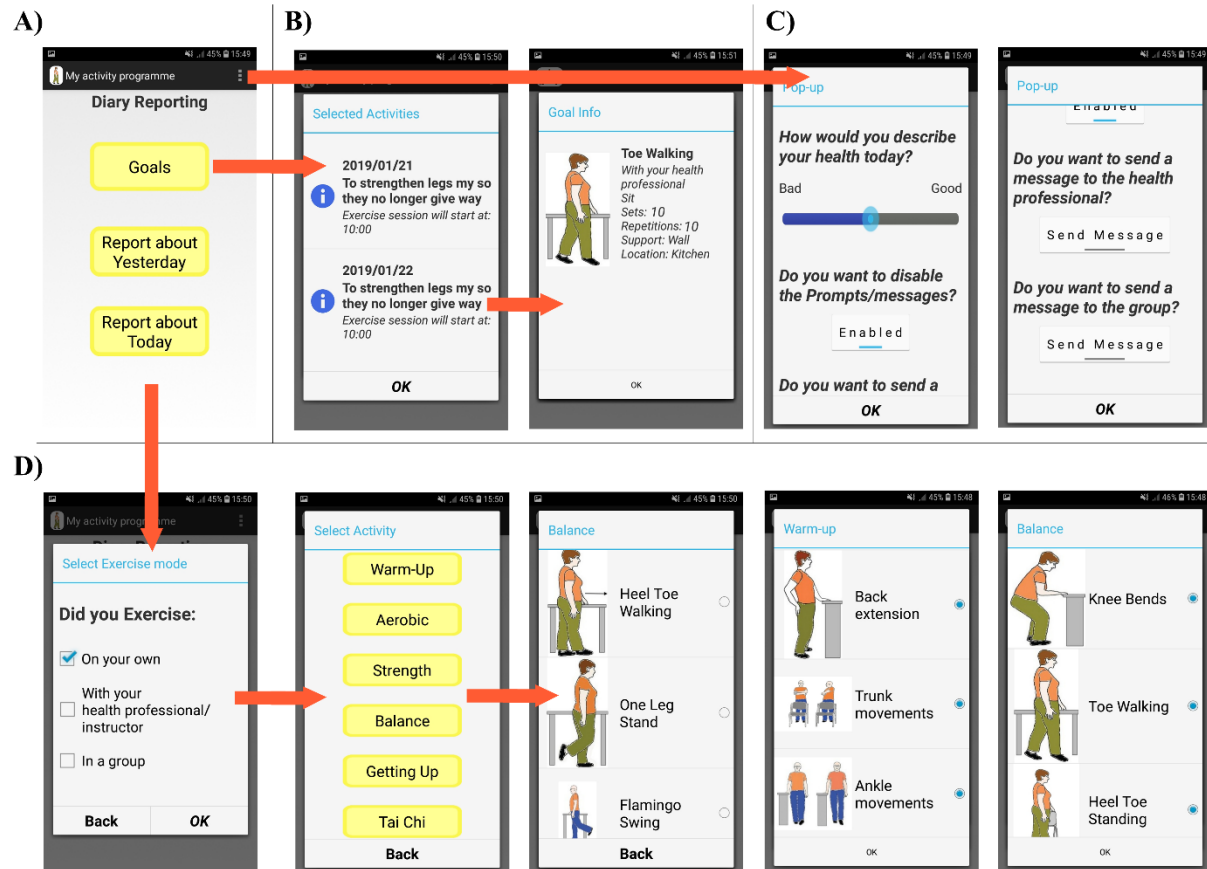
<https://doi.org/10.1186/s12916-019-1278-9>

Motivate Me and My Activity apps

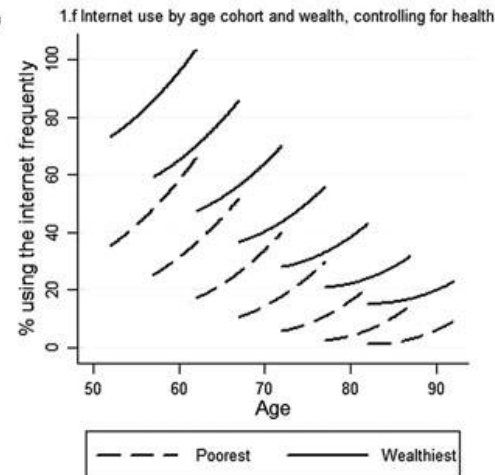
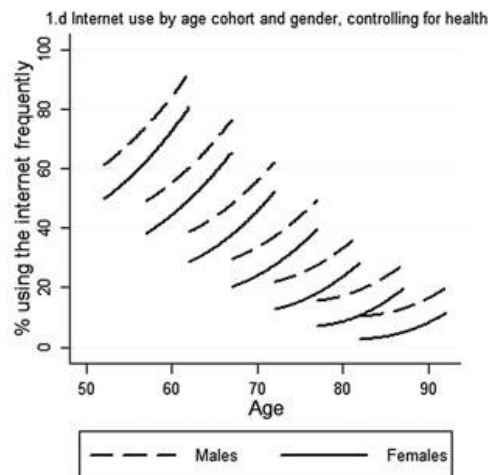
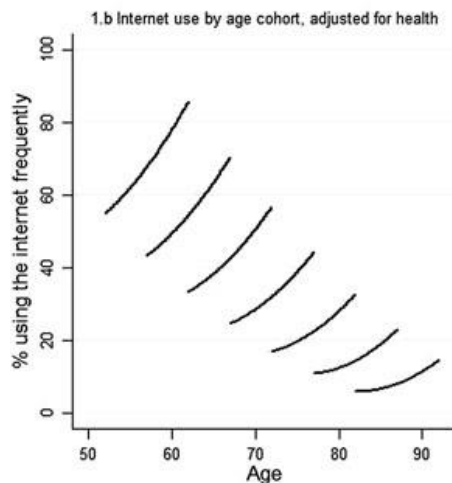
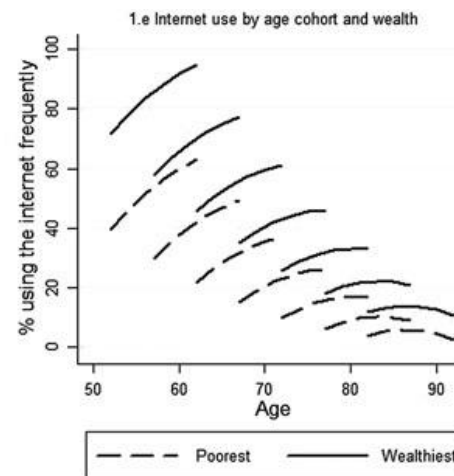
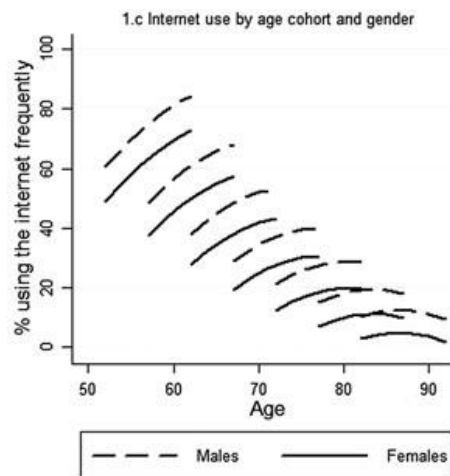
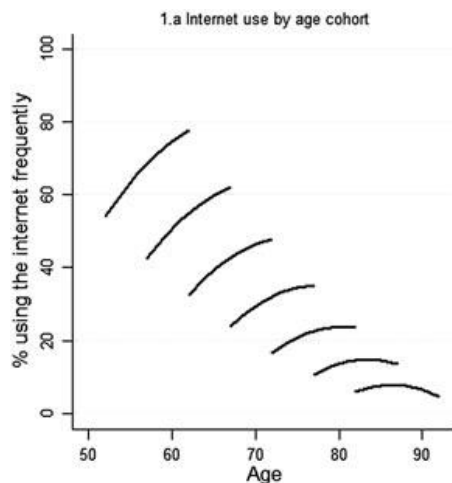


helen.hawley-hague@manchester.ac.uk

My Activity app



Growth curve models of frequent internet use by age cohort, gender and wealth.

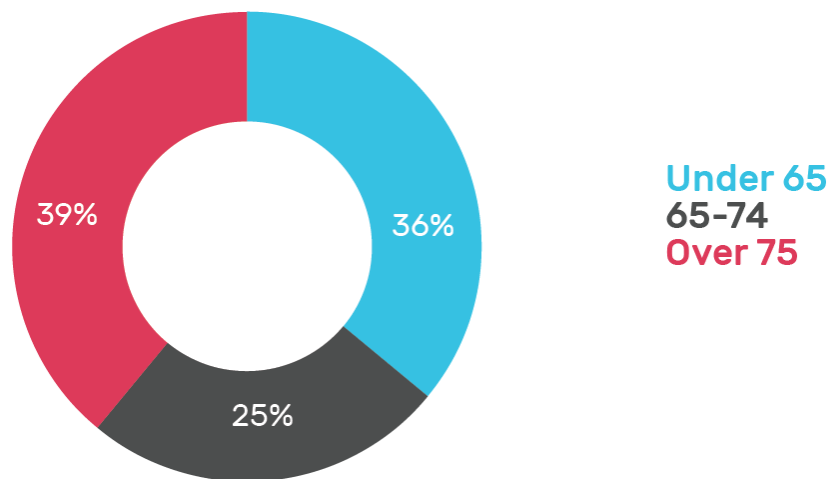


Internet use in UK 2017

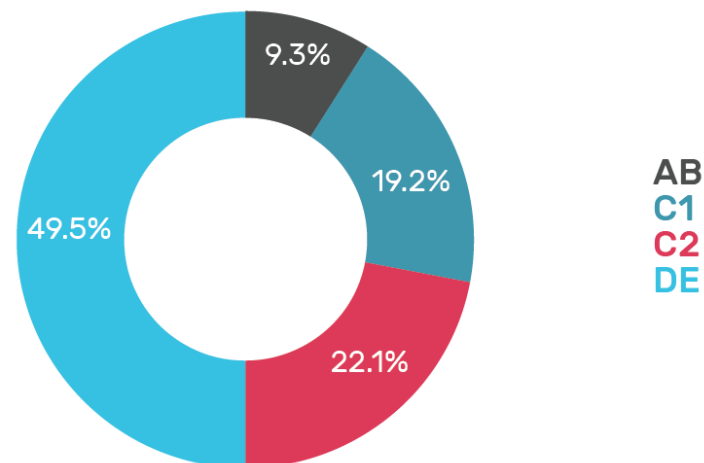
- 7.8 million people (14.9%) do not use internet
- 7.4 million people (14.3%) 'limited users'
- Non- users
 - 64% aged >65
 - 48% have a disability or long standing health issue.
 - 49% in DE social class.
 - 44.5% annual household income <£11,500.
 - 78% left education at 16 or younger

Internet use in UK 2017

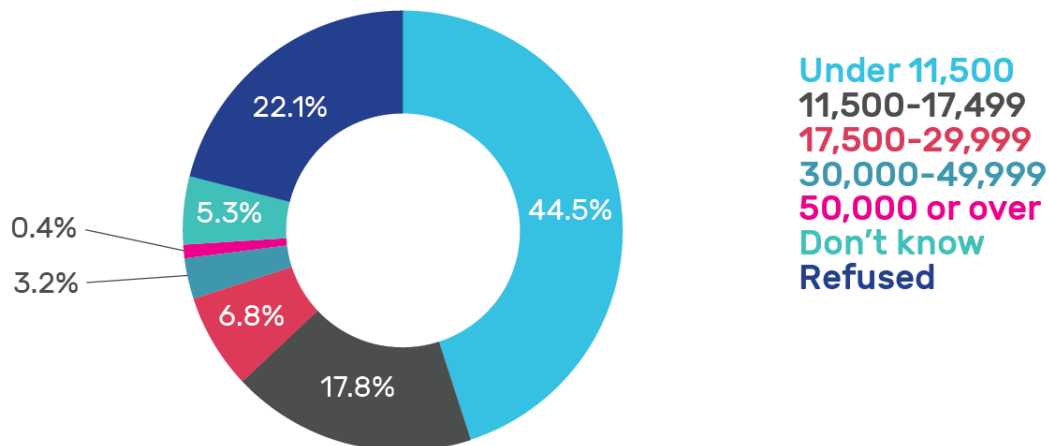
The non user population split by age groups



The non user population split by social class



The non user population split by annual household income



Otago



Keep on Keep Up

Getting dressed or undressed

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Very concerned ☐

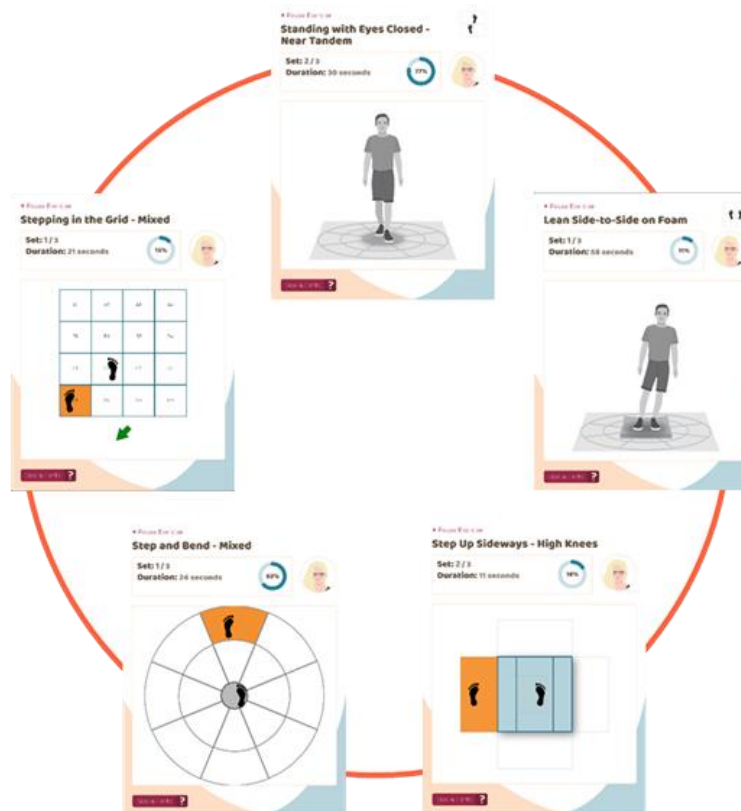
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Standing Tall (Balance app)



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