



# CLAHRC BITE



A bite-sized summary produced by the Leeds, York and Bradford CLAHRC

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BITE 12



## Who?


Older adults at risk of a cardio-vascular event (usually related to excess weight or high-blood pressure), who had been referred to a Leeds scheme by a primary health professional.

## Findings...

We interviewed older adults who had attended the scheme long-term, for a 12-week education and activity programme, or had minimal contact.

They commonly described an increased awareness of their health with age, and beliefs that referral was appropriate.

Long-term attenders were more likely to be women, have caring responsibilities, and report a greater range of health difficulties. However, they were not more likely to have made the greatest changes to their lifestyle (activity or diet) or experienced reduced risk of a cardio-vascular event (due to decreased weight or blood pressure).



Age can increase our risk of a cardio-vascular event, but 80% of risk factors are lifestyle-related, and so are changeable (WHO, 2011). Community based active lifestyle schemes aim to help people change their lifestyles and reduce risk by offering lifestyle education and activity sessions. However, problems with non-uptake, low-adherence and inadequate evaluation are common.

## Active lifestyle schemes may not be meeting the needs of all referred.

Though participants reported a number of improvements to lifestyle (improved diet and activity), physical health (reduced weight and blood pressure), mood, and age-related lifestyle and health beliefs (*'One of the things I've learned ... old age is in fact not a disease on its own.'*), they had different views of the knowledge and resources provided, and social (relational and support) benefits of attending.

We recommend that referrers to schemes and schemes themselves:

**ADDRESS** beliefs about age, referral, causes of health difficulties and possible risk reduction through lifestyle change.

**DELIVER** a closed and fixed-term rolling programme that collects clinical and lifestyle data routinely and acknowledges relapse prevention and how to maintain changes.

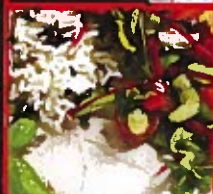
**DISSEMINATE** information about the scheme and possible outcomes to all who could benefit.

These steps would ensure that schemes are able to deliver benefits 'for the body' as well as 'the social' to all adults referred, regardless of age.

## References

WHO (World Health Organisation). (2011). Cardiovascular diseases (CVD). Factsheet number 317 from [www.who.int/mediacentre/factsheets/fs317/en/index.html](http://www.who.int/mediacentre/factsheets/fs317/en/index.html)

This research was conducted by Dr Grania Fenton & Dr Kate Hill on behalf of the Leeds, York and Bradford CLAHRC at the University of Leeds



## An explanation of CLAHRC and its role

The NIHR Collaboration for Leadership in Applied Health Research and Care (CLAHRC) is a partnership between the NHS, social care and academia in Leeds, York and Bradford.

Funded by the National Institute for Health Research, our mission is to drive improvements in clinical services and public health for the benefit of patients and service users, through providing world-class research capacity which demonstrates a clear and sustainable impact on commissioning, service delivery and clinical outcomes.

This is a bite-sized summary of a piece of CLAHRC research. It is part of a series designed to make such work more available to clinicians.

For further information, visit:

## Our website

<http://www.clahrc-lyb.nihr.ac.uk/research-and-development/improve-pc/>

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