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Extended Research Article

Behaviour change interventions to promote physical activity in people with intermittent claudication: the OPTIMA systematic review

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Plain language summary

Behaviour change interventions to promote physical activity in people with intermittent claudication: the OPTIMA systematic review

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Plain language summary

Around 3.2 million people in the United Kingdom have a condition called peripheral arterial disease, where the arteries in the legs become clogged, leading to fatigue, pain or cramps (known as intermittent claudication) when people walk, but going away with rest. Consequently, over time, people walk less and sit more, leading to further health deterioration. Walking for the recommended 30 minutes a day to maintain health can be challenging because of pain, so we need to know if supporting people to change their behaviour in unsupervised walking could help.

This project examined studies from other research teams who have looked into a variety of walking programmes, in terms of daily physical activity, how far people could walk without pain, self-reported walking difficulties, quality of life and ankle–brachial pressure index, which takes blood pressure readings from the ankles as an indication of any blockages. Finally, we aimed to understand the feasibility and acceptability of these programmes.

Eleven studies were included in the review and programmes which included strategies to support people's intentions to engage in physical activity showed an increase of around 473 more steps a day in the short term, compared to those that did not include that support. Over time, 6 months after the programmes finished, this dropped to 288 steps/day. These programmes also improved the distance people could walk before pain started or they had to rest, perceived walking difficulties and disease-specific quality of life. There were no changes in ankle–brachial pressure index. While supervised exercise ranks first in terms of short-term daily activity, behaviour-change-focused unsupervised walking programmes were better for medium-term outcomes and are feasible to set up and acceptable to the people taking part. They would be a suitable alternative or choice to supervised walking programmes.

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This article

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