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P102 -Cultural influences on physical activity and exercise beliefs in patients with Chronic Kidney Disease.

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Introduction:
Cardiovascular disease (CVD) remains the leading cause of mortality for patients with Chronic Kidney Disease (CKD). Inactivity increases the chance of developing CVD. Interventions designed to increase the physical activity (PA) levels for people with CKD are warranted. Research investigating exercise interventions following kidney transplantation has shown benefits in exercise capacity and arterial stiffness. Further investigation of the 18 non-completers during this 12-month study revealed that 11 of these participants were from black and minority ethnic groups. This pilot study used a mixed-method approach to explore cultural and ethnic influences on the perception of, and decision to engage with PA and exercise training in patients with CKD from the most widely represented ethnic groups at an NHS Foundation Trust .

Methods:
Participants were recruited from the renal unit at an NHS Foundation Trust between April and November 2018. Twenty patients with a diagnosis of CKD (stages 1-5), aged between 31-82 (mean 56 years) were recruited. Ethnicities represented included participants from South Asian (n=5), Black-African and Black Caribbean (n=8), and White Caucasian (n=7) backgrounds. All participants completed an individual semi-structured interview as well as the General Practice Physical Activity Questionnaire (GPPAQ) and Self-Efficacy to Regulate Exercise Questionnaire. Interviews were performed in the individuals primary language, with use of a translator as required (n=3). Interview data was transcribed verbatim and analysed using an inductive, thematic analysis approach, including line by line open coding grounded in the data. GPPAQ and Self-Efficacy to Regulate Exercise Questionnaires were analysed using Spearman's rank correlation to determine if there was a significant relationship between the Self-Efficacy to Regulate Exercise scores and GPPAQ levels.

Results:
Qualitative analysis revealed that a range of physical, psychological, social, and environmental factors were perceived to influence exercise. The impact of CKD, specifically a reduction in functional ability, psychological impact and fear was shown to influence choice or decisions to participate in PA or exercise. A variety of elements were shown to predispose exercise behaviours, including life experiences, personal identity as an individual with CKD, and prior experience of undertaking a supervised exercise programme. Challenges to exercise for people with CKD include confidence, logistics, alongside the treatment burden of living with CKD. Participants highlighted the importance of being understood as an individual, by the healthcare professional, to facilitate tailored and individualised exercise prescription. A Spearman's rank correlation revealed a significant correlation between GPPAQ levels of activity and Self-Efficacy to Regulate Exercise behaviour ($r = -0.47$, $p=0.04$).

Conclusion:

These findings suggest that there is a relationship between levels of self-efficacy for exercise behaviours and GPPAQ reported levels of physical activity. Thematic analyses suggest the importance of facilitating support for individuals with a diagnosis of CKD from a variety of ethnic backgrounds to engage in PA or exercise interventions. This current study informs future research to explore exercise, PA and cultural influences through focus group interviews. Understanding patient's experiences, thoughts and beliefs may be of relevance to clinicians when setting up exercise services for individuals living with CKD.