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P177 -Greater knowledge of the health benefits of exercise is associated with higher physical activity levels in haemodialysis and peritoneal dialysis patients

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Introduction: Dialysis patients have reduced levels of physical activity and exercise which is associated with an increased risk of mortality and poor quality of life. Therefore increasing physical activity may have a survival benefit in this population. Exercise and physical activity are generally self-directed and require an understanding of the benefits for effective and sustained participation. Lack of knowledge about the benefits of exercise may result in low levels of physical activity behaviour and conversely, increasing this understanding may confer positive benefits in activity levels.
Aim: The aim of this study was to investigate whether a greater understanding of the benefits of exercise in patients receiving haemodialysis (HD) and peritoneal dialysis (PD) was associated with a higher level of physical activity.
Methods: 334 HD patients (64±15 years, 65% male) and 102 PD patients (62±15 years, 73% male) participated in a survey study to assess their self-rated understanding of the health benefits of exercise and their physical activity level. Understanding the health benefits of exercise was assessed by a question from the Dialysis Patient-Perceived Exercise Benefits and Barriers Scale (DPEBBS): "I lack an understanding of the benefits of exercise" which had 4 possible answers: 1 strongly disagree, 2 disagree, 3 agree, and 4 strongly agree. These answers were grouped into two groups: answers 1 & 2 as 'Understand the benefits of exercise', and answers 3 & 4 as 'Do not understand the benefits of exercise'. Activity levels were measured using the Leisure Time Exercise Questionnaire (LTEQ); a higher score equates to higher physical activity levels with a score <23 deemed inactive. LTEQ scores of those who understood the benefits were compared against those who did not understand the benefits by ANCOVA. Results were analysed individually for PD patients and HD patients. Age, sex and ethnicity were used as covariates.
Results: 85% of HD patients were deemed inactive. HD patients whom understood the benefits of exercise had a significantly (P=0.017) 53% higher LTEQ score (15.6±21.0) than those whom did not understand the benefits (10.2±16.6). 85% of PD patients were also deemed inactive. PD patients whom understood the benefits of exercise had a 44% higher LTEQ score (12.1±13.5) than those whom did not understand the benefits (8.4±11.1), although this was not significant (P=.080).
Discussion: 85% HD and PD patients are physically inactive; this is likely due to a multitue of factors spanning capability, opportunity and motivation. However patients that understood the benefits of exercise were more physically active than those patients who did not understand the benefits. This supports the barriers to exercise found in previous research conducted in the US. These results indicate a need to educate HD patients on the benefits of exercise, which may ultimately increase levels of physical activity and exercise, with the potential to improve patient outcomes.