

National Institute for Health and Care Excellence

Centre for Public Health

Review proposal: December 2014

Consideration of an update of the public health guideline on [Occupational therapy and physical activity interventions to promote the mental wellbeing of older people in primary care and residential care](#)

[Previously titled 'Mental wellbeing and older people']

1 Background information

Guideline issue date: October 2008
Second 3 year review

2 Process for updating guideline

The process within CPH for updating guidance is:

- NICE convenes an **expert panel** to consider whether any new evidence or significant changes in policy and practice would be likely to lead to substantively different recommendations. The panel may consist of members of the original committee (including co-optees) that developed the guidance, key experts in the area and representatives of relevant government departments.
- NICE consults with stakeholders on its proposal.
- NICE may amend its proposal, in light of feedback from stakeholder consultation.

- NICE determines where any guidance update fits within its work programme, alongside other priorities.

Review of the guideline was aligned with the production of an **Evidence Update** in the same topic area. The Evidence Update Advisory Group (EUAG) fulfilled the functions of the 'expert panel'.

Evidence Updates are produced by NICE and are published on [NICE Evidence Search](#). They are based on the scope of the guideline they relate to and provide a commentary on a selection of new articles published since the guideline was issued. Evidence is highlighted that supports current guideline or where new evidence that may be of interest to practitioners. The evidence Update does not replace the guideline or provide formal practice recommendations.

More information on the process and methods used to produce Evidence Updates is available on [NICE Evidence](#).

The Evidence Update for this topic is due to publish in March 2015.

3 Consideration of the evidence and practice

The original inclusion criteria, methods and considerations used to develop the original guideline (PH16) were used to create a project brief, outlining the scope and search parameters for the Evidence Update. These were further refined to be specific to the range of the recommendations in PH16 (The original scope for the guidance was broader than recommendations subsequently developed by the Advisory Body).

Searches of bibliographic databases (see below) were undertaken to identify primary research and reviews relevant to the refined brief.

The Evidence Update project team prepared a shortlist of identified records (162), according to explicit criteria. The Chair of the EUAG further prioritised papers (21) for consideration by the Group ahead of the EUAG meeting on

7 November 2014. The EUAG met to discuss the papers and agree which were to be included in the Evidence Update.

Literature sources searched, selection criteria and references of the included papers can be found in Appendix 1–3, respectively.

In addition to selecting papers for the Evidence Update, the EUAG was also asked to advise NICE on the need to update the guideline. Recommendations from PH16 were considered in turn. Key questions for the EUAG were:

- Is there significant new evidence that would change or add to this recommendation?
- Is this recommendation still relevant and useful?
- How might it be amended to improve implementation?
- Do any changes in policy or practice affect this recommendation?

The EUAG also received an overview of policy and organisational factors relate to the guideline topic area from Public Health England. Members of NICE staff, including a Clinical Adviser and Evidence Update and Centre for Public Health representatives, also contributed to the meeting with respect to their areas of responsibility at NICE.

Summaries of the evidence below are taken from the draft Evidence Update produced by the Evidence Update project team.

Occupational therapy interventions

EUAG considered 4 papers. It agreed the following were relevant to the Evidence Update:

A randomised controlled trial (Clark et al. 2012; USA-based) investigated the effectiveness of a lifestyle-based occupational therapy intervention delivered in groups and individually appears to improve mental wellbeing among ethnically diverse older people living in the community.

A cluster randomised controlled trial (Mozley et al. 2007; UK) indicated that providing group and individual activities led by an occupational therapist appeared not to affect depression among older people in care homes, though qualitative research carried out with residents, carers and relatives valued the activities.

The Group considered that Clark study was consistent with the current recommendation and that although the Mozley did not detect a change in depression, it was a feasibility study with limitations. It agreed that the evidence identified is unlikely to impact this recommendation.

Physical activity in the community

EUAG considered 14 papers. It agreed the following were relevant to the Evidence Update:

A retrospective cohort study (Hamar et al. 2013; USA) found that a 'comprehensive' mixed exercise programme of personalised age-appropriate fitness activities (including fitness centre membership, adviser and online support) appears to improve physical and mental health in older people.

A randomised controlled trial (Kolt et al. 2012; New Zealand) and associated substudy (which included depressive scale measurements, Patel et al. 2013) assessed advice focused on pedometer-based goals and advice focused on time-based goals. Both appear to provide long-term improvements in physical activity, quality of life and mental health in older people, with no significant difference in outcome detected between intervention types. Advice was provided face-to-face by primary care doctors and by telephone by physical activity counsellors.

A systematic review (Müller and Khoo 2014; included studies Australia, New Zealand, The Netherlands, USA) of interventions to increase physical activity that were delivered by methods other than to face-to-face contact. These included tailored use of print, telephone and internet or other information technology. Providing tailored advice on physical activity in a non-face-to-face

format appears to increase physical activity among older adults who live in the community.

The Group recognised that PH16 recommends tailored advice in the community. It agreed that evidence identified indicates that non-face-to-face modes of delivery may be effective and warrant further assessment, but does not conflict with and would be unlikely to result in change in main themes of the recommendation.

Walking schemes for older people

EUAG considered 1 paper. No new key evidence was selected for inclusion the Evidence Update.

The Group agreed that the recommendation remained relevant. It questioned if 'Walking the way to health initiative' was still as prominent and if specifying 'Walking the way to health initiative' walk leaders in this recommendation was necessary or supported better implementation. Reference to this initiative could be omitted, as part of guideline editorial 'refresh'.

Training

No papers were shortlisted. No new key evidence was selected for inclusion the Evidence Update.

The Group agreed the recommendation remained relevant. It also noted the lack of effect, though valued in qualitative terms, reported in the UK-based trial of an occupational therapist led activities (Mozley et al. 2007) and considered that workers other than occupational therapists may deliver activities in care homes, supported by implementation of this training recommendations.

Research recommendations

The EUAG considered these key questions in relation to the research recommendations in PH16:

- Are these still relevant?

- Has evidence addressed any of these questions?

The Group agreed that the research recommendations outline and promote research relevant to the guideline topic.

Policy and practice

The Group, through discussion at the EUAG meeting, noted that:

- Publication of the Evidence Update offered an opportunity to promote the guideline again.
- Occupational therapists tend to operate within services based in secondary care this may impact on access and participation of older people
- Integrated commissioning across services (settings and target groups) is challenging for commissioners and providers, but could be supported through consideration of NICE guidance across the commissioned activities.
- Professional bodies, including those representing Occupational Therapists, could have an important role in supporting implementation (by, for examples, logging enquiries about implementation and sharing studies of how to implement good practice).
- The Public Health guideline in development: [Older people - independence and mental wellbeing](#) could consider how to promote implementation of PH16.
- The title of PH16 may inadvertently, for some potential users of the guidance, imply that it has a focus on only 'primary care' and 'residential care' settings and does not identify with local authority or other service providers. An editorial change to the title should be considered by NICE.

4 Related NICE guidance

Published (since 2011)

[Walking and cycling: local measures to promote walking and cycling as forms of travel or recreation](#). NICE public health guidance 41 (2012)

In development

[Independence and mental wellbeing \(including social and emotional wellbeing\) for older people](#). NICE public health guidance (publication expected November 2015)

5 Equality and diversity considerations

The Group were asked to consider evidence (not limited to the Evidence Update search) relevant to consideration of equalities.

There has been no evidence to indicate that the guideline does not comply with equalities legislation.

6 Discussion

The Group agreed that no published evidence identified would likely change the recommendations in PH16. Additionally, it agreed that there had not been significant changes to policy or practice that would impact on the implementation of the recommendations.

7 Recommendation

The guideline does not need updating.

It is recommended that the guideline is considered for review in 4 years.

To more accurately reflect the content, the title should be changed to: 'Older people: occupational therapy and physical activity interventions for mental wellbeing'.

NICE Project team

Mike Kelly, CPH Director

Kay Nolan, Associate Director - CPH

Ruaraidh Hill, Lead Analyst – CPH

Evidence Update project team – Evidence Resources

Reference

[Occupational therapy and physical activity interventions to promote the mental wellbeing of older people in primary care and residential care](#). NICE public health guidance 16 (2008)

[Review of Public Health guidance \(PH16\) – Occupational therapy interventions and physical activity interventions to promote the mental wellbeing of older people in primary care and residential care](#). NICE (October 2011)

Appendices

1. Databases

The following databases were searched 1 June 2011 to 28 July 2014:

AMED (Allied and Complementary Medicine Database)

ASSIA (Applied Social Sciences Index and Abstracts)

CDSR (Cochrane Database of Systematic Reviews)

CENTRAL (Cochrane Central Register of Controlled Trials)

CINAHL (Cumulative Index to Nursing and Allied Health Literature)

DARE (Database of Abstracts of Reviews of Effects)

HMIC (Health Management Information Consortium) database

HTA (Health Technology Assessment) database

MEDLINE (Medical Literature Analysis and Retrieval System Online)

MEDLINE In-Process

NHS EED (Economic Evaluation Database)

PsycINFO

PubMed

Social Care Online

Social Policy and Practice

Sociological Abstracts

This was supplemented with searches for systematic reviews published between 2007 (the search date cut-off for the PH16) and 2011; references citing two key papers from the guideline (Clark et al. 1997; Mountain et al. 2008) and inviting suggestions from EUAG.

2. Selection

Studies controlled or non-controlled which include an element of analysis of effect of interventions relevant to the intervention area specified in the project brief. Non-analytical studies (including case reports and case series) were excluded.

The searches resulted in 7330 non duplicate records; 1107 remained after first and 162 after second screening stages (one additional reference was suggested by EUAG) and 21 records were reviewed and discussed by EUAG and it agreed to include 6 papers in the Evidence Update.

3. Included papers

Clark F, Jackson J, Carlson M et al. (2012) Effectiveness of a lifestyle intervention in promoting the well-being of independently living older people: results of the Well Elderly 2 randomised controlled trial. *Journal of Epidemiology & Community Health* 66: 782–90

Hamar B, Coberley CR, Pope JE et al. (2013) Impact of a senior fitness program on measures of physical and emotional health and functioning. *Population Health Management* 16: 364–72

Kolt GS, Schofield GM, Kerse N et al. (2012) Healthy Steps trial: pedometer-based advice and physical activity for low-active older adults. *Annals of Family Medicine* 10: 206–12 [NIH Public Access author manuscript – full text]

Mozley CG, Schneider J, Cordingley L et al. (2007) The Care Home Activity Project: does introducing an occupational therapy programme reduce depression in care homes? *Aging & Mental Health* 11: 99–107

Müller AM, Khoo S (2014) Non-face-to-face physical activity interventions in older adults: a systematic review. *International Journal of Behavioral Nutrition & Physical Activity* 11: 35

Patel A, Keogh JW, Kolt GS et al. (2013) The long-term effects of a primary care physical activity intervention on mental health in low-active, community-dwelling older adults. *Aging & Mental Health* 17: 766–72