



# Surveillance report 2018 – Mental wellbeing in over 65s: occupational therapy and physical activity interventions (2008) NICE guideline PH16 and Older people: independence and mental wellbeing (2015) NICE guideline NG32

Surveillance report

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## Surveillance decision

We will plan a partial update of the guideline on [mental wellbeing in over 65s: occupational therapy and physical activity interventions](#). During surveillance editorial or factual corrections were identified. Details are included in [appendix A: summary of evidence from surveillance](#).

We will not update the guideline on [older people: independence and mental wellbeing](#) at this time.

## Reason for the decision

The surveillance review on NICE guidelines that are within the theme of mental health and wellbeing includes 2 NICE guidelines on older adults:

- Mental wellbeing in over 65s: occupational therapy and physical activity interventions (2008) NICE guideline PH16
- Older people: independence and mental wellbeing (2015) NICE guideline NG32

## Mental wellbeing in over 65s: occupational therapy and physical activity interventions

For [NICE guideline PH16](#) new evidence that could affect recommendations was identified on the impact of relaxation and balance activities on mental wellbeing in older adults. There was new evidence to indicate that physical activity interventions such as yoga, pilates and tai chi that focus on relaxation and balance, are effective at improving mental health and wellbeing in older adults. As these types of physical activity are not currently recommended in NICE guideline PH16, it is recommended that this is an area for update.

We also found new evidence on the impact of other physical activity and occupational therapy interventions on mental health and wellbeing in older adults that supports current recommendations. We did not find any evidence related to training professionals on the delivery of interventions.

## **Older people: independence and mental wellbeing**

For [NICE guideline NG32](#) we identified new evidence that supports current recommendations on the effects of group-based interventions, one-to-one activities and volunteering on the mental wellbeing of older adults. We did not find any new evidence related to principles of good practice or on identifying those most at risk of a decline in their independence and mental wellbeing.

### **Overall decision**

After considering all the evidence and views of topic experts and stakeholders, we decided that a partial update is necessary for NICE guideline PH16 and that no update is necessary for NICE guideline NG32.

## How we made the decision

We check our guidelines regularly to ensure they remain up to date. We based the decision on surveillance 10 years after the publication of NICE's guideline on [mental wellbeing in over 65s: occupational therapy and physical activity interventions](#) (NICE guideline PH16) and 2 years after the publication of NICE's guideline on [older people: independence and mental wellbeing](#) (NICE guideline NG32) in 2018.

For details of the process and update decisions that are available, see [ensuring that published guidelines are current and accurate](#) in developing NICE guidelines: the manual.

Previous [surveillance update decisions](#) for NICE guideline PH16 are on our website. There have been no previous update decisions for NICE guideline NG32.

## Evidence

We found 52 studies in a search for quantitative studies published between 1 January 2014 to 5 October 2017 reporting on the effectiveness of interventions for adults aged 65 years and over on mental health and wellbeing outcomes. Twenty-eight studies were relevant to NICE guideline PH16 and 27 were relevant to NICE guideline NG32 (3 studies were relevant to both guidelines).

We also considered evidence identified in previous surveillance of NICE guideline PH16. The first surveillance review in [November 2011](#) concluded that no update was required. The second surveillance review in [March 2015](#) also concluded that no update was required but did recommend an editorial refresh.

We checked for ongoing and recently published research from the National Institute for Health Research (NIHR) and Cochrane and new policy developments. No recently published studies were identified, but 2 pieces of on-going research (on an occupational therapy intervention relevant to NICE guideline PH16; and a befriending initiative relevant to NICE guideline NG32) and 1 report on physical activity guidelines (relevant to NICE guideline PH16) was identified.

We reviewed studies highlighted by topic experts for any potential impact on the scope and remit of both guidelines, with 2 studies (also identified in the literature search) and 1

piece of on-going research (on an occupational therapy intervention) meeting inclusion criteria.

All relevant abstracts were assessed for their impact on the recommendations within NICE guidelines PH16 and NG32. See [appendix A](#): summary of evidence from surveillance for details of all evidence considered, and references.

## Views of topic experts

We considered the views of topic experts, including those who helped to develop the guideline.

For NICE guideline PH16, 3 experts responded, 2 explicitly stated that the guideline should be updated:

- Areas for update related to new legislation and new systems, changes in guidance on recommended levels of physical activity, return on investment (ROI) evidence (no references provided) and the view that the guideline should focus on interventions beyond physical activity, focusing on other interventions that promote mental wellbeing. New legislation, systems and advice on recommended levels of physical activity will be addressed via an editorial refresh; interventions that are not based on physical activity are covered within NICE guideline NG32; and issues around ROI cannot be assessed for impact on the guideline as no evidence was provided in this area.
- Other issues that were noted, had no supporting evidence provided but included highlighting the absence of any recommendations on assessment, referencing of online reliable information and use of apps to support physical activity.

Five experts responded to the request for views and evidence concerning the need to update NICE guideline NG32. Three thought the guideline did not need updating, 1 did not indicate any preference and 1 expert said it should be updated due to a recently published trial, this however was considered to be more relevant to NICE guideline PH16 as it was for an intervention based on recommendations within that guideline.

See [appendix A](#) for discussion of issues raised by topic experts.

## Views of stakeholders

Stakeholders commented on the decision to partially update NICE guideline PH16 and not to update NICE guideline NG32.

Four stakeholders commented on the proposal to partially update NICE guideline PH16: all agreed with the decision. During stakeholder consultation, a stakeholder suggested that NICE guideline PH16 should address barriers to walking in the physical environment, however this is an area outside of the scope of the guideline, and it is addressed in [physical activity and the environment](#) (NICE guideline NG90), published in March 2018.

Eleven stakeholders commented on the proposal to not update NICE guideline NG32: 3 agreed with the decision; 8 disagreed with the decision; and 1 noted that they had no comments on the proposals.

Several stakeholders stated that recommendations should highlight the impact of hearing loss on older adults' wellbeing and identify measures that should be taken to address hearing loss when delivering interventions. NICE guideline NG32 ensures that the needs of older adults with varying conditions are taken into account, and recognises that hearing loss can have a major impact on the independence and mental wellbeing of older people. Recommendations on [principles of good practice](#) and [identifying people most at risk](#) highlight the importance of identifying and taking into account the needs of older people with an age-related disability, which has been defined in the [glossary](#) as 'any physical or mental impairment associated with ageing, such as a reduction in, or loss of vision, hearing, mobility or cognitive ability'. The [implementation section](#) also focuses on addressing the needs of people with hearing loss, making reference to planning for the needs of older people with a sensory impairment and providing help and advocacy for people who have difficulties seeing. The management of deafness and hearing loss is also being addressed in an in-development NICE guideline on [hearing loss in adults: assessment and management](#).

Additionally, a stakeholder said that culturally appropriate, person-centred support for planning for end of life is severely lacking for older lesbian, gay, bisexual and transgender people and black or minority ethnic communities. However, these areas are out of scope and beyond the Department of Health referral for the guideline; and there are a number of [NICE guidelines](#) that focus on end of life care in different populations.

See [appendix B](#) for NICE guideline PH16 and [appendix B](#) for NICE guideline NG32 for

stakeholders' comments and our responses.

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