



2019 exceptional surveillance of physical activity: walking and cycling (NICE guideline PH41)

Surveillance report

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Surveillance decision

We will not update the guideline on [physical activity: walking and cycling](#).

Reasons for the decision

The purpose of this exceptional review was to examine the impact of 2 recently published studies, [A pedometer-based walking intervention in 45- to 75-year-olds, with and without practice nurse support: the PACE-UP three-arm cluster RCT](#) (Harris et al. 2018a) and the follow up study, [Physical activity levels in adults and older adults 3–4 years after pedometer-based walking interventions](#) (Harris et al. 2018b) on NICE's guideline on walking and cycling. The first study involved 956 participants who were aged between 45 and 75 taking part in a 3-armed trial. One group was the control. One group received a pedometer and 3 sessions of nurse support to help increase physical activity. The final group received a pedometer and further documentation via post including a pedometer based walking programme and a goal setting diary. Both intervention groups significantly increased their physical activity after 12 months and the effects were still seen 3 years later. The postal group intervention was significantly more cost effective than the nurse support group. There were low levels of Asian and socioeconomically deprived participants however, which limits the generalisability of the findings. The follow-up study requested that participants of the first study and 1 other study that had not involved a 'postal' group (entitled PACE-LIFT), monitor their activity levels over 1 week, 3 years later, with the aid of a pedometer. Participation was over 65% of the original participants from both studies. It was noted that activity levels remained significantly higher than they had been at baseline in all intervention groups.

The studies were considered to be relevant to recommendation 7 in NICE's guideline on [walking: individual support, including the use of pedometers](#). This recommendation currently states that individual support should be made available and could include individual, targeted information and goal-setting (which may or may not include the use of pedometers). It also advises that pedometers should only be used as part of a package, which includes support to set realistic goals (whereby the number of steps taken is gradually increased), monitoring and feedback.

After considering this new evidence it is believed that the studies reinforce NICE's current recommendations. The new evidence supports the use of print-based materials and

pedometers as part of a package that delivers effective walking interventions that can increase levels of physical activity in sedentary older adults. The studies highlight the importance of monitoring progress and setting goals when using pedometers. The results do not conflict with current NICE advice and therefore no amendments to the guideline are necessary.

At the time of publication of NICE's guideline, it was noted within the considerations that "The Programme Development Group discussed the role of other technologies that might replicate pedometers, including mobile phone apps. While these may have a role to play in getting people to walk more, there is a lack of robust evidence to indicate whether or not they are effective." This remains, as, to date, there appears to be little research published on the effectiveness of these types of activity monitors at increasing walking. According to [Harris et al. \(2018b\)](#), implementation work is currently being conducted to look at online resources and mobile apps. NICE is also developing a guideline on [behaviour change: digital and mobile health interventions](#), publishing in August 2020. It is suggested that this is an area that should be revisited at the next surveillance review.

Overview of 2019 surveillance methods

NICE's surveillance team checked whether recommendations in [physical activity: walking and cycling](#) (NICE guideline PH41) remain up to date. The 2019 surveillance followed the exceptional review process, consisting of:

- Feedback from topic experts on the content of the review.
- Consideration of evidence from previous surveillance.
- Examining related NICE guidance and quality standards and NIHR signals.
- Examining the NICE event tracker for relevant ongoing and published events.

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

Evidence considered in surveillance

Previous surveillance

In the previous surveillance review, which was published in 2016, NICE noted that a relevant study was due to publish on [Interventions to promote or maintain physical activity during and after the transition to retirement: evidence synthesis to inform recommendations for policy and practice](#) (Baxter et al. 2016). This has now published and the results show that providing pedometers could be effective but that they did not produce superior results to behaviour change advice only. The results supported the effectiveness of home-based interventions delivered via telephone, internet or post including pedometers in increasing physical activity.

A number of studies involving pedometers were considered during the previous surveillance review in 2016 and 7 randomised controlled trials supported the recommendation that pedometers alongside goal setting can increase physical activity.

Related NICE guidance

NICE's guideline on [dementia, disability and frailty in later life – mid-life approaches to delay or prevent onset](#) is relevant to this study as it involves increasing physical activity in older adults. This guideline is currently being reviewed and this evidence will be considered as part of that review.

Intelligence gathered during surveillance

Views of topic experts

We considered the views of topic experts, including those who helped to develop the guideline. For this surveillance review, topic experts were asked about their thoughts around the paper and were asked to review this document. We received 3 responses and all confirmed that they believed that these studies reinforced NICE's recommendations and did not alter the recommendation content.

Equalities

No equalities issues were identified during the surveillance process.

Editorial amendments

During surveillance of the guideline, we identified the following points in the guideline that should be amended.

Short version of NICE guideline

- The link to the Department for Transport's Manual for Streets in recommendation 3 is broken and [should be updated](#).
- The link to the National Obesity Observatory evaluation tool in recommendation 3 is broken and [should be updated](#).
- The link to the Let's Get Moving physical activity care pathway in recommendation 10 is broken and [should be updated](#).

- The link to the National Obesity Observatory guide to evaluation in the second footnote is broken and should be updated.

Overall decision

After considering all evidence and other intelligence and the impact on current recommendations, we decided that no update is necessary.

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