

# A randomized controlled trial evaluating effects on health for individuals with mobility disability: eHealth vs. standard care

<b>Submission date</b> 04/02/2018	<b>Recruitment status</b> No longer recruiting	<input type="checkbox"/> Prospectively registered <input checked="" type="checkbox"/> Protocol
<b>Registration date</b> 03/04/2018	<b>Overall study status</b> Completed	<input type="checkbox"/> Statistical analysis plan <input checked="" type="checkbox"/> Results
<b>Last Edited</b> 08/06/2023	<b>Condition category</b> Signs and Symptoms	<input type="checkbox"/> Individual participant data

## Plain English summary of protocol

### Background and study aims

Young adults with mobility disability (MD) are less likely to take part in regular physical activity (PA) compared with their able-bodied peers, and inactive adults with MD are 50% more likely to report one or more chronic diseases compared to those who are physically active. Despite the vast amount of research published in the field of PA interventions, little attention has been on interventions aiming to increase PA among individuals with MD. This study aims to evaluate the effect of an eHealth programme compared to standard care lifestyle exercise programme.

### Who can participate?

Adults aged 18-35 with mobility disability

### What does the study involve?

Participants are randomly allocated into one of two groups. Those in the first group receive a 12 week eHealth walking and exercise programme delivered via smartphone apps. The other group receive standard care individualized lifestyle exercise and dietary programme, lead by healthy educators and personal trainers in face to face weekly sessions. Participants have outcomes measured before the programme, at programme midpoint (6 weeks), end point (12 weeks) and one year after completion.

### What are the possible benefits and risks of participating?

Participants may benefit from health improvements from increased physical activity. Participation is associated with low risk from low intensity physical activity and VO2max testing. Blood samples are taken by a nurse.

### Where is the study run from?

TWITCH Healthcare AB (Sweden)

### When is the study starting and how long is it expected to run for?

August 2017 to April 2019

Who is funding the study?  
Swedish Research Council for Health, Working life and Welfare (FORTE) (Sweden)

Who is the main contact?  
Dr Daniel Berglind (scientific)  
daniel.berglind@ki.se

## Contact information

**Type(s)**  
Scientific

**Contact name**  
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## Additional identifiers

**EudraCT/CTIS number**

**IRAS number**

**ClinicalTrials.gov number**

**Secondary identifying numbers**  
1

## Study information

**Scientific Title**  
An eHealth based health program vs. a standard care health program randomized controlled trial for individuals with mobility disability

**Study objectives**  
An eHealth based exercise program entails similar increases in moderate to vigorous physical activity, at 12 weeks and at 12 months' follow-up, compared with a standard care supervised lifestyle exercise programme.

**Ethics approval required**  
Old ethics approval format

**Ethics approval(s)**

Stockholm Ethical Review Board, 06/09/2017, ref: 2017/1206-31/1

**Study design**

Randomized controlled trial

**Primary study design**

Interventional

**Secondary study design**

Randomised controlled trial

**Study setting(s)**

Other

**Study type(s)**

Quality of life

**Participant information sheet**

Participant information material can be found at: <https://www.twitchhealth.se/wp-content/uploads/Informationsbrev.-RCT-MD.-webb.pdf>

**Health condition(s) or problem(s) studied**

Self-reported mobility disability

**Interventions**

A block randomized control design allocates the sample of young adults with MD into two equal groups. Those in the eHealth group have a low-cost 12 week walking and exercise programme delivered via smartphone apps (a walking app, an exercise app and a food photography app). These also provide training/health advice and feedback. The other group receive a 12 week standard care individualised lifestyle exercise and dietary programme delivered by health educators and personal trainers. This includes face to face counselling and weekly personal trainer led sessions.

The 12 weeks' trial will examine the efficacy of an eHealth vs. a standard care exercise program on PA level (primary outcome) and as secondary outcomes effects on health related quality of life, musculoskeletal pain, perceived stress, symptoms of depression, eating behavior, workability, body composition and fitness. Examinations will be performed at baseline, midpoint (week 6), at the end of the intervention (week 12) and 12 months' post intervention.

**Intervention Type**

Behavioural

**Primary outcome measure**

Levels of moderate to vigorous physical activity (MVPA) measured by the Actigraph GT3X+ accelerometer at baseline, 6 weeks (midpoint of intervention), 12 weeks (endpoint of intervention) and 12 months post intervention

**Secondary outcome measures**

1. Health related quality of life is measured by SF-36 at baseline, 6 weeks (midpoint of intervention), 12 weeks (endpoint of intervention) and 12 months post intervention
2. Musculoskeletal pain is measured by visual analogue scale (VAS) at baseline, 6 weeks (midpoint of intervention), 12 weeks (endpoint of intervention) and 12 months post intervention
3. Perceived stress is measured by the perceived stress scale at baseline, 6 weeks (midpoint of intervention), 12 weeks (endpoint of intervention) and 12 months post intervention
4. Symptoms of depression is measured by the Beck Depression Inventory-II baseline, 6 weeks (midpoint of intervention), 12 weeks (endpoint of intervention) and 12 months post intervention
5. Eating behavior is measured by a 24 hour recall questionnaire at baseline, 6 weeks (midpoint of intervention), 12 weeks (endpoint of intervention) and 12 months post intervention
6. Workability is measured by the symptom of depression questionnaire (SDQ) at baseline, 6 weeks (midpoint of intervention), 12 weeks (endpoint of intervention) and 12 months post intervention
7. Body composition is measured by bioelectrical impedance (BIA), weight, height, and waist circumference measures at baseline, 6 weeks (midpoint of intervention), 12 weeks (endpoint of intervention) and 12 months post intervention
8. Fitness is measured by the Elin-Ekbom-Bak submaximal VO2max test at baseline, 6 weeks (midpoint of intervention), 12 weeks (endpoint of intervention) and 12 months post intervention
9. Blood samples will be taken for genetic/epigenetic analysis at baseline, 6 weeks (midpoint of intervention), 12 weeks (endpoint of intervention) and 12 months post intervention.

**Overall study start date**

01/08/2017

**Completion date**

01/04/2019

## Eligibility

**Key inclusion criteria**

1. Classified with a mobility disability, acquired within the past three years
2. Aged 18-35 years

**Participant type(s)**

Patient

**Age group**

Adult

**Lower age limit**

18 Years

**Upper age limit**

35 Years

**Sex**

Both

**Target number of participants**

110

**Total final enrolment**

110

**Key exclusion criteria**

1. Problems walking

**Date of first enrolment**

01/03/2018

**Date of final enrolment**

01/04/2018

## **Locations**

**Countries of recruitment**

Sweden

**Study participating centre**

**TWITCH Healthcare AB**

Stockholm

Sweden

11323

## **Sponsor information**

**Organisation**

Karolinska Institute

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**Sponsor type**

University/education

**Website**

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**ROR**

## Funder(s)

### Funder type

Research council

### Funder Name

Swedish Research Council for Health, Working Life and Welfare, FORTE (Forskningsrådet om Hälsa, Arbetsliv och Välfärd)

### Alternative Name(s)

Swedish Research Council for Health, Working Life and Welfare, FORTE

### Funding Body Type

Government organisation

### Funding Body Subtype

Local government

### Location

Sweden

## Results and Publications

### Publication and dissemination plan

Planned publication in high-impact peer reviewed journals.

### Intention to publish date

01/12/2019

### Individual participant data (IPD) sharing plan

The datasets generated during and/or analysed during the current study are/will be available upon request from Dr Daniel Berglind, daniel.berglind@ki.se

### IPD sharing plan summary

Available on request

### Study outputs

Output type	Details	Date created	Date added	Peer reviewed?	Patient-facing?
<a href="#">Protocol article</a>	protocol	27/04/2018		Yes	No
<a href="#">Results article</a>	results	04/02/2020	06/02/2020	Yes	No
<a href="#">Results article</a>		03/02/2022	08/06/2023	Yes	No
	Secondary analysis				

[Results article](#)

16/11/2020

08/06/2023

Yes

No