



Lifelong Health and Wellbeing Phase 2 Collaborative Grant Awards

Additional information on each award, including a list of the co-investigators and an abstract of the proposal, can be found by clicking the name of the Principle Investigator.

Name	Institution	Award Title
Professor John Cummings Mathers	University of Newcastle	Development of interventions to enhance health and wellbeing in later life (The LIVEWELL programme)
Professor Philip Rowe	University of Strathclyde	Promoting Physical independence by involving users in rehabilitation through dynamic visualisations of movement data
Professor Blair Smith	University of Aberdeen	Engaging with Older People to Develop and Deliver Interventions for the Self-management of Chronic Pain (EPIC)

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Grant holder	Institutions	Title of award
Professor John Cummings Mathers	University of Newcastle	Development of interventions to enhance health and wellbeing in later life (The LIVEWELL programme)
Co-Investigators		Abstract
Professor I McKeith (University of Newcastle)		<p>The dramatic increase in human longevity has been accompanied by an increasing burden of frailty and of chronic poor health. Much of humankind's experience of ill-health and expenditure on medical and social care (especially in Western countries) are concentrated in the later years of life. The challenge is to find ways of improving health and maintaining wellbeing throughout the life-course.</p> <p>In contrast with the wealth of observational data supporting the hypothesis that health and wellbeing in later life are influenced strongly by behavioural factors and social conditions, there is a dearth of evidence about interventions that are effective in promoting improved health and wellbeing. Prerequisites for the development of such interventions include identification of i) intervention modalities that will be effective, culturally appropriate and cost effective; ii) windows of opportunity when interventions are likely to be most effective; and iii) outcomes measures responsive to the interventions that can measure change in health and wellbeing. The LIVEWELL programme will fill this research gap by addressing these prerequisites for interventions. Based on the MRC framework for development and evaluation of complex interventions, we will identify types of intervention that are expected to be feasible, effective, and cost effective i.e. behavioural and social changes that will be attractive to older people. The lack of outcome measures which capture the healthy ageing phenotype, as distinct from measuring disability or ill-health, is a significant impediment to the evaluation of interventions. We will develop tools for this purpose.</p> <p>We will focus on the 'retirement window' i.e. the period before and after the main income provider in a household retires from primary employment. In discussion with older people, and based on both rigorous systematic reviews of the literature and behaviour change theory, we will develop interventions to address each of the main modifiable behavioural and social factors. This will include novel interventions in the areas of diet (encouraging a Mediterranean eating pattern), physical activity (e.g. walking and swimming) and social interactions. We will integrate these new interventions with more established interventions on smoking cessation and moderate alcohol consumption to develop a package of interventions which, when appropriate, can be tailored to the needs of individuals and communities. Further, we will develop novel ways of delivering these interventions which will be feasible and cost-effective and which will encourage sustained behaviour change and improved social circumstances in preparation for later studies to test the intervention package.</p>
Professor P Moynihan (University of Newcastle)		
Professor L Rochester (University of Newcastle)		
Dr F Sniehotta (University of Aberdeen)		
Professor M While (University of Newcastle)		

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Professor Philip Rowe	University of Strathclyde	Promoting Physical independence by involving users in rehabilitation through dynamic visualisations of movement data
Co-Investigators		Abstract
<p>Dr L Baillie (Glasgow Caledonian University)</p> <p>Professor C Ballinger (Glasgow Caledonian University)</p> <p>Mr M Blyth (Glasgow Royal Infirmary)</p> <p>Mr R Bowers (University of Strathclyde)</p> <p>Professor I Ford (University of Glasgow)</p> <p>Professor Tracy Howe (Glasgow Caledonian University)</p> <p>Professor P Langhorne (University of Glasgow)</p> <p>Professor A MacDonald (Glasgow School of Art)</p> <p>Dr B Meadows (WESTMARC)</p> <p>Professor J Norris (University of Glasgow)</p> <p>Professor L Rochester (University of Newcastle)</p> <p>Dr D Skelton (Glasgow Caledonian University)</p>		<p>The ability to initiate and maintain movement to perform the physical tasks of normal daily activity are crucial factors for a healthy and fulfilling life. Across the lifespan injury, illnesses and ageing factors affecting the musculoskeletal or neurological systems can reduce one’s capacity to live an independent life. Appropriate rehabilitation has the potential to restore individuals to their optimum functional capability and participation, and hence to reduce the impact on physical and mental wellbeing. We are currently suffering an epidemic of long-term health conditions, a significant number impacting on functional ability. As the population ages this situation will worsen, leading to an increasing burden on community health services and social service support.</p> <p>We aim to help optimise rehabilitation through an innovative method of visualising biomechanical data intended to enable clients to perform to their optimal functional capability. The method retains the accuracy and accessibility of the scientific data for patients, clinicians and scientists while presenting it in a non technical way. Our objectives are:</p> <ol style="list-style-type: none"> 1) to test the effectiveness of an innovative method of visualisation of biomechanical data in a variety of rehabilitation applications using a spectrum of 5 Phase II trials: i) in improving uptake of exercise in older people; ii) reducing falls in older people; iii) following knee arthroplasty; iv) improving coordination and mobility after stroke; v) application of Ankle Foot Orthoses following stroke; 2) to make biomechanical data accessible to a much broader range of health professionals and to clients and carers; 3) to deliver clinical biomechanics as a discipline at the centre of rehabilitation healthcare service delivery; 4) to exploit the findings in enhanced education, training, communication, therapy, rehabilitation; and 5) to exploit the IP potential from these and further diagnostic applications. Data will be gathered using a spectrum of technologies from full motion biomechanics laboratory set-ups to wearable miniaturised technologies for use in the community. The objectives will be achieved using defined outcomes for the 5 trials and by evaluating the success of visualisation using an over-arching qualitative methodological framework involving teams of client representatives and reference groups of leading national experts.

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Professor Blair Smith	University of Aberdeen	Engaging with Older People to Develop and Deliver Interventions for the Self-management of Chronic Pain (EPIC)
Co-Investigators		Abstract
Dr A Clarke (University of Aberdeen)		<p>Some suggest that with increasing age comes an increase in the incidence of chronic pain (Ferrell et al), with a potential to impact upon 50% of community dwelling older adults over the age of 65 (Helme & Gibson 2001). While adults with chronic pain may view their health as poorer (Reyes-Gibby et al 2002) there has been limited research that has focussed upon the specific impact of chronic pain amongst older adults as perceived by them and a limited attempt to identify their preferred pain management strategies (Schofield et al 2005).</p> <p>The strategic vision of this study is to obtain a deep understanding of chronic pain and its economic impact as experienced by older adults. At the same time we will determine the perspectives of health care professionals through a series of interviews and surveys and by conducting a comprehensive review of the literature. This period of data collection will lead to the development of self-help materials along with the most acceptable and feasible ways of delivering these self-help materials. Therefore we will make recommendations for modes of delivering educational material, information & support to older adults living with chronic pain in the community. The study will comprise five phases, each informing the other and delivered between three institutions. Fundamental to the study will be the views and perspectives of the older adults who will inform each phase in a meaningful way.</p>
Dr D Jones (Queen Margaret University)		
Dr D Martin (University of Teesside)		
Dr P McNamee (University of Aberdeen)		
Dr P Schofield (University of Aberdeen)		