

Clinical Sciences - Poster Abstracts / Sciences cliniques - Abrégés affiches

Abstract #234

Changes in Disability during a Two-Phased Online Community-Based Exercise (CBE) Intervention Study with Adults Living with HIV: Results from the Tele-Coaching CBE Study

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Objective: To examine changes in disability among adults with HIV engaged in an online community-based exercise (CBE) intervention in Toronto, Canada.

Methods: We conducted a 12-month study with adults with HIV involving two phases: 1) Intervention: participants were asked to exercise 3 times/week, supervised biweekly with online personal coaching, and monthly online educational sessions(6-months), and 2) Follow-Up: participants were asked to continue exercising thrice weekly, independently(6-months). We measured disability bimonthly using the Episodic Disability Questionnaire(EDQ) which includes six domains: physical, cognitive, and mental-emotional symptoms; difficulties with day-to-day activities; uncertainty about future health; challenges to social inclusion. Higher scores (range:0-100) indicate greater presence, severity and episodic nature (within past week) of disability. We conducted a mixed-effects segmented regression analysis to assess changes between and within phases.

Results: Of 32 participants who initiated (69% males, median age:53 years), 22(69%) completed the intervention; and 18(56%) completed the study. Participants attended median 10/13(77%) coaching sessions. Highest EDQ scores at baseline were in the uncertainty domain for severity (34.1) and presence (64.5), and mental-emotional domain for episodic nature(27.5). At the end of the intervention, there was a significant mean decrease in EDQ uncertainty scores for severity (-5.2 points; 95%Confidence Interval(CI):-9.3,-1.0); increase in physical scores for severity (4.2; 95%CI:0.5,7.9) and episodic nature (10.3; 95%CI:0.2,20.5); and social scores for episodic (8.4; 95%CI:1.9,14.8). At the end of follow-up, there was a significant decrease (improvement) in the EDQ mental-emotional episodic scale (-14.9; 95%CI:-29.3,-0.4). During follow-up, there was an improvement for physical symptoms and reduction in benefits with uncertainty. There were no changes in EDQ presence scores.

Conclusion: Participants demonstrated an increase in severity of physical symptoms and improvement with uncertainty about future health during the online CBE intervention phase, which were diminished during follow-up. Future work should examine the clinical importance of disability changes and influence of contextual factors among persons with HIV.