

Barriers and facilitators to adjunct exercise treatment: Bridging the gap

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Background

Exercise treatment for depression:

- Is effective
- Accessible
- Covered by health insurances
- Recommended in the Dutch multidisciplinary guidelines
- Suited for long-term use
- Improves physical comorbidities

Evidence-based exercise prescription

- Aerobic exercise
- 3 times a week, 45-60min
- Moderate intensity
- 10-12 weeks



Yet, not many patients receive exercise treatment

Method

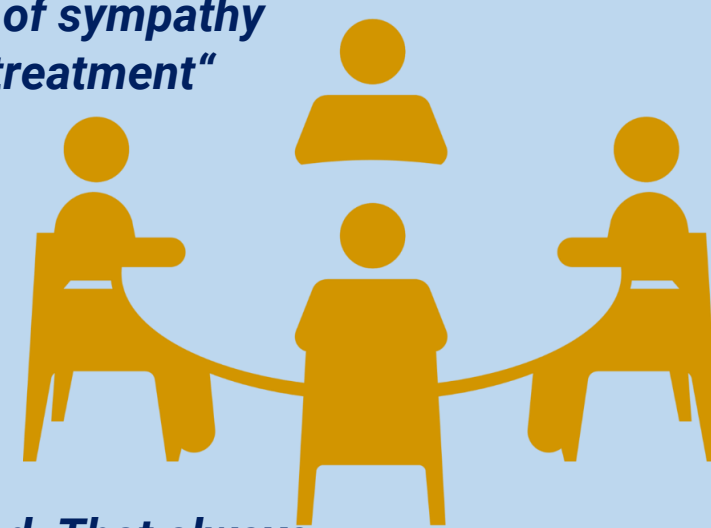
"You always feel a little bit better. It's not a huge difference but you notice that your mood goes up so to speak, and you also feel a sense of achievement"



"Working out is the only time for me that I feel like the mind is quiet for a while"



"There is always a lot of sympathy for offering exercise treatment"



"Often we see that patients exercise once a week supervised. That always works out and once independently, too. But exercising the third time alone is more difficult"

Patient level

- $n=8$ patients with major depressive disorder (MDD)
- Derived from ongoing RCT Sporten Versterkt
- All patients received adjunct exercise treatment
- Within: Pro Persona, Radboudumc, GGNet & GGZ Oost Brabant
- Interviews on satisfaction with exercise treatment

Organizational level

- In 2020: Interviews with researchers ($n=2$) and health care professionals ($n=4$) to improve exercise implementation
- In 2022: online survey amongst health care professionals ($n=12$) to guide focus group discussions
- In 2022: Two focus groups of each $n=4$ to identify facilitating factors, barriers and strategies to address barriers

Results

Facilitators

Barriers

| Facilitators | Barriers |
|--|--|
| Professionals' enthusiasm | Exercise modalities are restricted to running/cycling |
| Group setting, Fitbit, personalization and direct mood effects stimulate adherence | Few time slots to exercise and extra travel time |
| Combination of exercise and psychological treatment | Motivational barriers to exercise three times a week and maintain exercise routine |
| Patients are motivated for exercise treatment | |
| Purpose and value is clear | Workload is high: which hinders introducing exercise treatment to patients |
| Preconditions are met: Psychomotor therapists (PMT) have the necessary skills, part of existing workflow | PMTs have limited workhours and exchange with colleagues |
| Sporten Versterkt already increased exercise prescription | Staff turnover |

Recommendations

1. Invest in PMT hours for more exercise supervision and exercise equipment
2. Let PMTs attend multidisciplinary consultations to promote exercise treatment
3. New colleagues should participate once in an exercise treatment session
4. Pair psychological treatment with exercise treatment
5. If patient is hesitant towards exercise treatment, keep motivating throughout treatment
6. Appoint an exercise promotor in your institution