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Physical Activity and Sedentary Experiences in Hip and Knee Osteoarthritis: Balancing between Being Constrained and to Keep Enjoying Life

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Introduction

Promotion of a physically active lifestyle, including sedentary time reduction, should be an integral part of health-care provision for people living with hip and knee osteoarthritis (OA). Living with OA means living with limitations and pain in movement. For promotion of physical activity (PA) to be effective, it is important to understand such behaviours in the context of individuals' daily lives and experience of well-being.

Methods

Twelve individuals with knee or/ and hip OA from secondary care and community settings took part in semi-structured face-to-face interviews. This was a sub-sample from a prospective, observational study with good representation of age, gender, OA duration and severity. Inductive thematic analysis was used for data analysis. Trustworthiness was ensured through several processes (i.e. prolonged engagement, peer debriefing, external audit, thick description, negative case analysis, reflexivity).

Results

There were two overarching themes: PA Negotiations, including the themes valuing mobility, the burden of osteoarthritis, keep going, the feel-good factor and Sedentary Behaviour Negotiations, including the themes the joy of sitting, a lot is too bad, the osteoarthritis constraints. Two more themes, the life context and finding a balance, overlapped between the overarching themes.

Discussion

The findings revealed that PA and sedentary behaviours were multifaceted experiences, related to the burden of OA, the need to keep mobile and keep enjoying life, and life circumstances. There was a dynamic relationship among these facets and a constant negotiation of their relative importance, which was reflected on overt behaviours. PA was impinged by OA, but was also a means of coping with OA and a means of enjoyment and living life to the fullest. Importantly, PA choices were not made solely on the grounds of short term pain relief, but these individuals were consciously aiming at long-term preservation of mobility and living status. Engagement in sedentary activities were viewed as part of a desired way of life: selected activities were enjoyable, although there was a consensus that too much sitting was harmful and signified a degradation of health and well-being. Physical and psychological aspects of PA and sedentary experiences appeared to be interwoven. Well-being was not just a mental state, it was an embodied experience. In line with theoretical frameworks of behaviour change such as Social-Cognitive and Self-Determination Theories, positive PA experiences, beliefs and motivation synergistically laid the foundation for an active lifestyle. Targeting these aspects, with emphasis on mobility and living status preservation, as well as psychological support could hold promise for effective interventions in this population.

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