

Results/conclusions: Using an inductive content analysis procedure, major themes across the interviews were identified. Themes to be discussed in this presentation include: (1) feelings before, during, and after physical activity; (2) major types of motivating factors to engage in physical activity; (3) main factors perceived to prevent physical activity; and (4) future intentions in relation to physical activity involvement. Each of these themes will be discussed in relation to sub-themes of which they were comprised, and illustrated with quotations from the participants. The majority of participants expressed positive attitudes toward physical activity, and identified that doing physical activity made them feel good. Major categories of motivation to be active included, “fun/enjoyment”, “experiencing flow”, “fitness”, “health reasons”, “social”, and “weight loss”. The main identified barriers to being active included “lack of time”, “children”, “work”, and “finances”. Physical activity appeared to play a significant role in the lives of the majority of participants, who spoke of wanting to maintain their level of activity in the future. Understanding factors associated with women choosing to be physically active, as well as factors that make their physical activity experience positive, may assist with design of programs to increase levels of activity in this priority population group.

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Physical activity interventions in ambulatory primary health care services result in positive outcomes in the prevention of chronic disease

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Introduction: Do It For Life (DIFL) is a Chronic Disease Prevention Program funded by the South Australian Government Department of Health. The DIFL program provides members of the community, whom are at risk of preventable chronic disease, direct one on one access to health professionals for support to address the modifiable risk factors of Chronic Disease; Smoking, Nutrition, Alcohol, Physical Activity (PA), and Stress (SNAPS). Within this intervention program, clientele are eligible for Exercise Physiologist (EP) assistance if they are at high risk for exercise safety/complications including family history of Diabetes/Heart Disease, Asthma, or sedentary lifestyle >3 years and, Hypertension and/or, Arthritis and/or, BMI >30. The aim of the Exercise Physiology intervention is to reduce the physical risk factors of chronic disease, increase current levels of physical activity and to promote life long physical activity.

Methods: EP intervention consists of direct one on one service provision in exercise/PA education and support, with a maximum of bi-weekly contact, for either twelve

visits, or twelve weeks, depending the client’s needs. During the intervention, clients were exposed to motivational interviewing/self-empowerment, goal setting, and exercise prescription and monitoring. Pre- and post-assessments were conducted during the initial and final consultations. The assessments included: body composition, blood pressure (BP), resting heart rate (HR), 6 min walk test (6MWT), sit to stand, bicep curls, sit and reach, and back scratch flexibility tests.

Results: Preliminary data ($n=6$) median age = 52.5 years, range 44–71 years, (Males/Females) The preliminary data analysis (Wilcoxon Signed Ranks Test) showed a significant difference ($P < 0.05$) in systolic blood pressure, waist circumference, bicep curl, frequency and total time of moderate exercise. Systolic blood pressure was reduced by 8% of the median score, the median waist circumference reduced by 1.5 cm, bicep strength/function increased by 37%, and the sampled population increased the median frequency of moderate PA from 0–1 to 3×/week, totalling an increase from 60 min/week to 135 min/week. Further analysis on a larger sample will follow for cardio-respiratory capacity, diastolic BP, resting heart rate, and body fat%.

Conclusion: Preliminary evidence suggests that one on one health interventions in Ambulatory Primary Health Care, with regular client contact in a community setting, can result in positive outcomes in the risk factors of preventable chronic disease.

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Quality of life in patients with peripheral arterial disease

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Introduction: Although the health benefits of physical activity and other health behaviour changes are well understood for patients with Peripheral Arterial Disease (PAD) less is known about the most effective interventions for facilitating such behaviour changes within this population. Understanding the motives for patients with PAD to engage in lifestyle changes may be essential to developing more effective and multi-disciplinary approaches to treatment. A pilot study has been established that incorporates psychological sessions involving principles of Motivational Interviewing (MI) and psycho-education to improve the capacity for patients with PAD to facilitate and maintain positive health behaviours, such as engaging in physical activity, medical compliance, dietary improvement and smoking cessation. The impact of these changes on an individual’s quality of life will also be assessed, whereby the aim is to identify the elements of a behavioural intervention that are effective in increasing health behaviour changes that may be applied to other populations of patients with chronic illness.