

## ECFC Liverpool 2019

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**Title:** A before-and-after feasibility study of an intervention to increase chest physiotherapy adherence among young children with cystic fibrosis

**Objective:** To test the feasibility of delivering and evaluating a theoretically-informed, 2-component intervention (online documentary film and family action plan including behaviour change techniques) to improve adherence to physiotherapy among children with CF aged 0 to 8 years.

**Methods:**

Design: mixed-methods, before-and-after feasibility study with repeated measures. Participants: 20 children with CF and their parents recruited via NHS CF clinics and community routes. Feasibility outcomes: intervention acceptability; rates of recruitment, retention and completion of measures (adherence, parental depression/anxiety, and burden of care); change in outcome scores. Assessed at baseline and after 4 and 8 weeks. Qualitative interviews explored parents' experiences/acceptability of the intervention. Inclusion criteria: child with CF aged 1 month to ≤8 years old whose parent/carer administers home physiotherapy.

**Results:** Community recruitment failed. 71% of 14 invited NHS clinics took part (N=10). 75% of 292 screened patients/parents were eligible (N=219). NHS recruitment rate (11%), participant recruitment (100%) and retention (85%), measure completion (100%), intervention acceptability (100%) and scores on measures exceeded targets of 10%, >50%, ≥70%, ≥80%, ≥75% and 'stay the same/improve' respectively. 23 completed parent/child consent forms were returned - 20 were contacted, recruited and took part; attrition was 15% (N=17). 17 parents (100%) used the film which they saw as acceptable (supportive, non-patronising). Only 7 used the action plan due to lack of perceived need related to high baseline adherence (N=14/20 adherent). Overall, 8 weeks after baseline, the trend for adherence increased (mean increase in N physiotherapy sessions = 0.68). Reported parental depression/anxiety (mean change in anxiety score = -2.53; depression score = -0.71) and perceived care burden decreased (mean change in score = -2.33).

**Conclusions:** A larger-scale study is feasible.