Reviewer’s report

Title: Who stays, who drops out? Biosocial predictors of adherence in participants attending a longer term exercise referral scheme in the UK

Version: 1 Date: 23 July 2011

Reviewer: Afroditi Stathi

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FEEDBACK FORM

General comments:

The topic of this paper is worthy of research and reporting.

There is great need for studies which shed light into the determinants of uptake, programme attendance and long-term adherence to (i.e. maintenance of) an active lifestyle. This study has attempted to identify determinants of attendance at an exercise referral scheme lasting between 20 weeks (five months) and 26 weeks (six and a half months). The study provides the reader with some useful but quite descriptive information which demonstrates the inherent weaknesses of evaluation of community programmes (i.e. the lack of comprehensive data that could provide a real insight on what triggers adherence to or drop-out of such programmes). This is really a missed opportunity as there is scarcity of this type of data, a point that the authors nicely stress in their introduction. It stresses also the need for involvement of researchers at the design stage of community programmes where they could consult on both outcome and process evaluation measurement issues. I would suggest the authors to revisit their paper and the programme dataset and try to identify and present information on the following:

Major Compulsory Revisions

1. There seems to be a mistake in the regression data. An OR of 1.02 does not represent a tenfold increase in odds of attendance. The authors need to check these analyses.

2. Explain why the duration of the programme ranges from 20 to 26 weeks. Can you describe the type and duration of individual activities within the programme? i.e. what was the content of the programme? Do these factors affect programme attendance?

3. What is the frequency of programme sessions (i.e. once/twice a week?). What is the total number of sessions that participants could attend? Does that differ depending on the type of chosen activities? That would provide more meaningful data than simply the percentage (%) of session attendance.
5. The authors highlight inadequate participant profiling as a major weakness of many exercise referral schemes. In this study, people with orthopaedic and cardiovascular conditions had lower rates of attendance. Do these people differ from participants in other groups in other characteristics? Could the authors provide such data? What possible confounders were taken into account in the analyses. Indeed, were predictors entered into a multi-variate model or a series of univariate models? – this is not clear in the description of the analysis.

6. The authors say in the introduction that most programmes report an 80% drop-out. Williams et al (2007) stress the low uptake rates in exercise on referral programmes. Here we are modelling short-term attendance with the starting point being attendance at session 1. What was the drop out between referral and attendance at session 1? What was the attendance at the gym or leisure centre after the exercise of referral programme finished? The terminology and place of this data in the overall model of a) uptake then b) programme attendance and c) maintenance of an active lifestyle needs to be made much clearer.

6. This exercise programme targeted particularly Black and Minority Ethnic People. Their proportion in the programme (37% compared to the 29% in the general population of Greenwich) demonstrates that the programme was quite successful in its target. What were the programme characteristics/strategies that not only attracted Black and Minority Ethnic people but helped them to adhere to the programme at comparable levels with White people could be very useful information and perhaps a direction for further research?

7. Page 13, second paragraph. The authors have stressed that the adherence rates presented in this paper refer only to participation in structured exercise. That is a very good point as there is no information on whether this programme triggers changes in everyday life, motivating people to become more active in general during the programme or after its completion. Therefore, we can not even speculate that this could be the case so the authors could probably omit the final sentence in Page 13, Paragraph two “while it is highly likely….real world”.

The authors could add to their discussion that in future studies we need to address some of the following issues: a) Do exercise on referral programmes with a fixed duration actively prepare participants for long term maintenance of physically active lifestyle? If yes, what are the successful strategies for helping people stay active in the long term? b) Can we monitor activity levels and patterns after programme completion to examine the long term effects of participation in exercise on referral programmes?

8. The definition “longer term adherence” is highly misleading and does not imply maintenance to an active lifestyle – the timeframe for this that would be recognised by most experts would be much longer than six months. Even if we use the 6 month period as a cut-off point, the programme as a whole does not meet that criterion as the different activities range from 20-26 weeks. “Adherence” as a term would be sufficient.
Level of interest: An article of limited interest

Quality of written English: Acceptable

Statistical review: No, the manuscript does not need to be seen by a statistician.

Declaration of competing interests:
I declare that I have no competing interests.