

were evaluated twice during each 3-weeks period, i.e., baseline (BSL), treatment with daily oral administration (Tx), and recovery (Ry). The PGA-EP consisted of an initial trotting ramp, a jump down and a passage over a pressure-sensitive mattress, before a jump up on a second ramp. Analysis included velocity and peak vertical force (PVF). For SAC, over a 4-min period, cats were encouraged to climb up and down a 16-steps staircase: the median value of up or down passages for the whole colony was calculated during BSL, and the percentage of cats reaching this value (defined as “finish line”) was assessed under Tx and Ry. Degree of reliability between BSL measurements was acquired using the intraclass coefficient correlation (ICC), and the within-time and comparative analysis used a generalized linear mixed model.

During BSL, ICC was very good to moderate for summated fore- and hind-limbs values, respectively [PVF: 0.82 (95% CI 0.66–0.91) and 0.55 (95% CI 0.25–0.75)]. The sum of hind-limbs PVF was stable over time for Gr. D ($P = 0.931$), but significantly changed for the pooled Tx ($P = 0.033$). Interestingly, the PVF increase waned during Ry for the Gr. C, but was sustained for both Gr. A and B. Furthermore, the velocity, before and over the pressure-sensitive mattress, was stable over time for Gr. D ($P = 0.204$, and $P = 0.833$, respectively), whereas it improved for treated cats under Tx, before coming back to initial level during Ry ($P < 0.001$, and $P = 0.005$, respectively), except for Gr. A maintaining its increased velocity during Ry. The percentage of cats crossing the finish line was stable for Gr. D (25–38%), responsive to treatment from BSL (38%) to Tx (71%; $P = 0.017$, and different to Placebo $P = 0.014$), and maintained during Ry (67%; $P = 0.038$).

The PGA-EP and SAC are promising outcomes (being reliable, sensitive and responsive to treatment) to better diagnose feline OA pain and precisely detect analgesic effect.

Reference: 1. Moreau M et al. Res Veterinary Sci 2013;95:219.

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DEVELOPMENT AND VALIDATION OF NEW EXERCISES TO PROMOTE PHYSICAL ACTIVITY IN NURSING HOME SETTINGS, THROUGH QUALITATIVE METHOD

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Objective: The GAMotion is a giant physical activity boardgame intended to improve the level of physical activity and a broader array of physical and psychological outcomes among nursing home residents. The aim of the present study is to develop and validate new balance, flexibility, muscle strength and walking exercises to be included in the GAMotion.

Methods: A two-steps qualitative study combining Focus group and Delphi method was conducted among healthcare professionals divided into two independent samples of experts. The first sample was asked to develop exercises during a focus group. The second sample participated in a two-round Delphi method. During the first round, participants were asked to rate the exercises developed during the focus group on a 4-point Likert scale (from 1: not adapted at all to 4: very adapted). The exercises that did not reach consensus were removed (consensus established: median ≥ 3 in the Likert scale and at least 75% of experts rating the exercises as « adapted» or « very adapted»). During the second round, it was asked to rank the exercises selected at the end of the first round from most suitable to least suitable.

Results: The Focus group developed 9 balance, 12 flexibility, 12 strength and 9 walking exercises. Following the first round of the Delphi method, 2 exercises in each category did not reach the consensus and were then removed. In the second round, the remaining 7 balance, 10 flexibility, 10 strength and 7 walking exercises were ranked by the experts and this classification allowed us determined the 4 most suitable exercises from each category to be included in the GAMotion.

Conclusion: A consensus based approach among healthcare professionals allowed us to contribute to the development of new exercises to promote physical activity in nursing homes. These validated exercises can be included in the GAMotion boardgame.