

Showcasing LifeGuide: software that allows YOU to create internet-delivered interventions



LifeGuide: the first five years

Lucy Yardley Faculty of Social and Human Sciences Mark Weal Electronic and Computing Sciences





- unique set of software tools enabling researchers with no programming skills to create interactive online behaviour change interventions
- easy to quickly modify interventions (e.g. during development, after feedback, when circumstances change)
- reduces time and costs caused by duplication of programming for each intervention
- open source, free opens up use by new researchers, developing countries, facilitates collaboration

www.LifeGuideonline.org

Highlights from just 5 years of LifeGuide

Attracted over £15 million funding to University of Southampton (ESRC, EPSRC, MRC, NIHR, EC, DoH, MoD)

Now over 1500 people worldwide registered on the LifeGuide Community website

First full trial of a completed LifeGuide intervention (carried out in 6 European countries) published in Lancet

Many interventions developed and being trialled at Southampton and internationally – those presented today just a taster



SPaCE: an intervention for parents and carers of children with eczema

Miriam Santer





Miriam Santer¹, Ingrid Muller², Lucy Yardley², Sue Lewis-Jones³, Steve Ersser⁴, Paul Little¹.

¹Primary Care and Population Sciences, University of Southampton ² School of Psychology , University of Southampton ³University of Dundee ⁴University of Hull

Funding: £129,000 **Funder:** NIHR Research for Patient Benefit

Aim: To develop and test a web-based behavioural intervention for parents and carers of children with eczema.





- 1. Qualitative study with 28 parents to inform intervention
- 2. Pilot RCT with 143 carers recruited through 31 practices
- 3. Qualitative interviews with 13 HCPs (mainly practice nurses) and 26 participants

Spear for Parents & Course of Chadres with Eccesso	Speace Support for Parents & Corrers of Children with Eczemo
Two week challenge	Main menu
Two week challenge The best way for you to find out how much emollient moisturisers can help your child is to try putting them on as much as possible on a daily basis. The two week challenge is a way you can test this yourself by choosing an emollient and using it regularly for two weeks to see how much difference it makes to your child's skin.	Diet and allergy Topical steroids Emollient moisturiser Talking to your GP Starting school Managing scratching Sleep problems Involving your child Click on any of the units you would like to read about Bath time
	 ★ You marked this unit as a favourite ✓ You've completed this unit Washing clothes Going on holiday Swimming Eczema in summer Eczema in winter
	Click here to meet the SPaCE team Pictures Videos Print sheets





- The mean decrease in follow-up compared with baseline POEM score was 1.56 in website groups and 0.41 in the usual care group, i.e. a difference between groups of 1.15 (95% confidence interval -0.81 to 2.3)
- Health care professional support did not improve outcomes and was not valued by participants as website was a better 'fit' with their lives

Next steps:

Seek funding for full-scale trial to measure effect on eczema severity



ACTIB – Assessing Cognitive behavioural Therapy in Irritable Bowel

Hazel Everitt & Stephanie Hughes

Hazel Everitt¹, Rona Moss-Morris², Trudie Chalder², Paul McCrone³, Sabine Landau³, Flis Bishop⁴, Robert Logan⁵, Nicholas Coleman⁶, Paul Little¹

¹School of Medicine, University of Southampton ² Department of Psychology, Kings College, London ³ Institute of Psychiatry, Kings College London ⁴School of Psychology, University of Southampton ⁵ Kings College Hospital, London ⁶ Southampton University Hospital Trust

Funding: £1,232,554 **Funder:** NIHR

LifeGuide is being used to develop web-based materials to support people with Irritable Bowel Syndrome.

Regul-8 self-management website previously developed for MIBS. This is being amended and updated for the ACTIB trial.

Aim:

Southampton

To determine the clinical and costeffectiveness of therapist delivered cognitive behavioural therapy and web-based CBT selfmanagement in irritable bowel syndrome.

3 arms in the trial:

- 1. 8 one hour telephone CBT sessions + Paper manual
- 2. 8 on-line modules + 5 thirty minute telephone CBT sessions
- 3. Treatment as Usual
- · Recruitment target: 495 from Southampton and London

 \cdot Clinical effectiveness will be assessed by examining the difference between arms in the IBS Symptom Severity Score and Work and Social Adjustment Scale

• ACTIB will go live in Spring 2014



삼 Home

Back

Southampton

A snapshot of the ACTIB website - Regul-8

Regul-8 An 8 Session Self Management Programme for Irritable Bowel Syndrome (IBS)

Session 5: Identifying your thought patterns

Thoughts like those in your personal model probably happen every day.

To understand more about these unhelpful thoughts it is good to record them when



A thought record is an excellent way of understanding how your thought patterns may affect your emotions, behaviours and symptoms. It may sound easy - but capturing our unhelpful thoughts can actually be quite hard as they happen so automatically we are not aware of them.



INDRA: An intervention for managing stress in primary care

Adam Geraghty

Adam Geraghty¹, Michael Moore¹, Paul Little¹, Lucy Yardley², Ricardo Munoz³

¹Primary Care and Population Sciences
²School of Psychology
³Palo Alto University/University of California, San Francisco
Funding: £45,094
Funder: NIHR School for Primary Care Research

LifeGuide is being used to develop an intervention for patients who present in primary care experiencing emotional distress.

- **Aim:** To develop an internet intervention to support patients in managing difficult emotions by
- 1. Providing a broad range of psychological and behavioural techniques
- 2. Allowing patients to chose techniques that suit them
- 3. Encouraging use as and when needed, rather than as a linear course



- Qualitative testing is ongoing with primary care patients
- Patient's experience and understanding of distress is being explored through in-depth interviews. Emerging themes are being used to modify and contextualise LifeGuide material
- Use of LifeGuide allows US team to develop a version of INDRA intervention for Spanish speakers

Next steps:

- Complete qualitative testing
- Intervention to be tested in large trial in comparison to smart phone App. Plans for large US trial. Grant submissions for UK trials for distress and disease-related distress



POWeR Plus: Trialling an intervention for sustained weight loss

Emily Smith





Emily Smith, Jo Kelly, Lucy Yardley, Paul Little with

Julie Hooper, Stephanie Hughes, Michael Moore, Mark Weal, Peter Smith, Beth Stuart, James Raftery, Christopher Byrne, Barrie Margetts, Hilary Warwick, Ravita Taheem, Richard Hobbs, Mike Lean, David Turner, Simon Griffin, Catherine Brant

Faculties of Medicine, Social and Human Sciences and ECS at University of Southampton, plus University of Oxford

Funding: £1,090,461 **Funder:** National Institute of Health Research: Health Technologies Agency

LifeGuide was used to develop web-based materials suitable for helping people to self-manage their weight with support from practice nurses.



Aim: To estimate the effectiveness and cost-effectiveness of an internet based behavioural intervention with face-to-face nurse support vs remote nurse support:

1.Uses goal setting to establish long lasting healthy eating and exercise behaviours

2.Nurses encouraged to use motivational interviewing techniques to support but not advise participants

3. Individual tailoring to support self-management of weight







- Pilot study recruited 179 participants across 5 practices.
 - Pilot study reported greatest weight loss with regular (7 face-to-face sessions) nurse support at 6 months, but greater weight loss maintenance at 12 months with basic (3 face-to-face sessions) nurse support.
- Main trial recruiting 790 participants across 55 practices
- LifeGuide allows delivery of a tailored weight management programme encouraging sustained weight loss
- Next steps:
 - Complete recruitment for main trial
 - Begin 12 month follow-up of first participants
 - Due to complete early 2015



LifeCIT

A web-based support programme for people using Constraint Induced Movement Therapy (CIMT) at home

Jane Burridge, Lucy Yardley, Ann-Marie Hughes, Sebastien Pollet and Claire Meagher



This presentation presents independent research funded by the National Institute for Health Research (NIHR) under its Research for Patient Benefit (RfPB) Programme (Grant Reference Number PB-PG-0909-20145). The views expressed are those of the authors and not necessarily those of the NHS, the NIHR or the Department of Health.

Constraint Induced Movement Therapy - CIMT

- Learnt non-use changes in motor cortex topology weakening of synaptic connections etc.
- Intensive short-term training
- Evidence: from animal models to large clinical trials and systematic reviews (Taub, 1994) (Sirtori et al., 2009)
- CIMT programme:
 - Constraint of the unaffected limb (90% of waking hours)
 - Repetitive training
 - 1:1 therapy (6 hours/day for 2 weeks) + activities at home
- Cost of therapy time
- Patient and carer burden adherence & motivation



The C-Mit www.odstockmedical.c om



Forced Use trial with patients <6 months post-stroke



- Study design: ABA N=10
- All completed the trial
- No adverse events



- Mean change in ARAT score from 38.3 (SD 13.7) (A1) to 53.1 (SD 15.13) (A4)
- Statistically significant changes (A3-A2) corrected for natural recovery (p=0.016)
- Lower functioning patients benefitted

less

Burns A and Burridge JH. Clinical Rehabilitation 2007; 21; 895

The LifeCIT concept

- Forced use therapy 3 weeks
- Interactive website
- Motivating support and feedback
- Exercises and games
- Minimal cost: £50 for the constraint mitt



Phases of the study

- Phase 1: development (18 months) (2011-2012)
- Phase 2: multi-centre pilot RCT (24 months) (2012-2013)



Phase 1: Prototype 2. Developed via think-aloud studies with 12 sub-acute (<12 weeks) patients in hospital and home

Developments based on observed patients' behavior navigating the website and simultaneous oral feedback

Developments based on observed patients' behavior navigating the website and simultaneous oral feedback

- Website navigation:
 - avoid multiple menu options linear progression through the pages
 - no scrolling all information on one page
- Clarity of instructions:
 - minimal text and avoiding ambiguity
 - motivational language and illustrations e.g. 'congratulations' 'use or lose it'
 - Instructions via video with a voice-over rather than text



Final Version of the Website

		LifeCIT	ţ
Welcome to	LifeCIT		
	If this is the very first time on the LifeCIT website then click here: This is the first time I am using LifeCIT		
	If you already registered with LifeCIT then click here:		
	I've used LifeCIT before		
	If an existing LifeCIT user has given you their user		
	name to view their progress, click this button: progress		



LifeCIT 😭

How long do I need to use LifeCIT for?

LifeCIT has been designed to help you to wear your mitt for 15 days, 5 days a week (3 weeks in total)

Doing LifeCIT for 5 days in a row and then having 2 days off may give you the most benefit - you can choose which days are rest days.



Click here to continue:

Next





	LifeCIT 😭
Question 1 of 10	
Can you turn a light switch on with your stroke hand?	
Please click on yes or no	
Yes No	

LifeCIT 😫

Question 1 of 10 That's great! How well can you turn a light switch on with your stroke hand? Click on the O symbol next to the best answer Very slowly, with difficulty \bigcirc Slowly, with some effort Almost normally \bigcirc As well as before my stroke \bigcirc Back Next

LifeCIT 😫

Question 10 of 10

That's great!

How well can you open a door by turning the door knob or handle with your stroke hand?

Click on the 🔘 symbol next to the best answer

- Very slowly, with difficulty
- Slowly, with some effort
- Almost normally
- As well as before my stroke

Back	Next


											LifeCIT 😭	
Se	Set your goals for this week											
s	elect											
	vill we	ar the	mitt fo	or:							The numbers in orange are our suggestions for a goal, but you can choose what is	
1	2									hours a day	realistic for you this week	
0	\bigcirc		\bigcirc	0	\bigcirc	\bigcirc	\bigcirc	۲	\bigcirc			
	vill do	activi	ties fo	<u>r:</u>								
1	2	3	4	5	6	7	8	9	10	hours a day		
\odot	\bigcirc	\odot	۲	Ô	O	\bigcirc	\odot	\bigcirc	0			
I will play LifeCIT computer games for:												
0		15		30		45		60	min	utes, twice a day	Next	
0		O		۲		O		O			INEXL	



Next

LifeCIT 😭

Your list of activities for today (19 Sep 2012):

- Hand painting with grandson
- Eat a meal/snack with fingers
- Drink from glass/cup
- Open a letter
- Wipe down kitchen surfaces
- Set the table
- Clean windows (inside)
- Carry a shopping bag from a shop
- Unload dishwasher
- Play scrabble
- Play Connect 4
- Do a jigsaw puzzle (small pieces)



LifeCIT 🚊

Wrist bending and straightening

- Place your forearm over the edge of a chair arm or table with the palm of your hand facing down
- Hold your arm with your other hand to keep it in place
- Lift your wrist as high as you can for a count of 3
- Lower your wrist down for a count of 3
- Repeat 5 times



Next

LifeCIT 😭

Targets

- You can only do this exercise if you have a printer
- Print the targets sheet by clicking here:

Targets sheet printing page

- Attach the sheet to a wall
- Using a felt-tip pen or marker, try to hit the inside of each circle, starting with the largest one



Next



Game instructions:

When you start the game, your computer mouse will be in control of a green square on the screen:

Move the green square with your computer mouse to swat the black "flies" inside the purple box. The more flies you swat, the better your score will be! But be careful not to hit any yellow-and-black "bees" - hit 10, and it's Game Over! Your scores are recorded below

Pause	
Current score:	1
Bees struck:	4
Best score so far:	0
0 2007 Ben Bryant, First Objective Software, Inc.	







Developing materials for people with low health literacy: an international study

Ingrid Muller



Ingrid Muller¹, Ali Rowsell¹, Chris Byrne², Paul Little², Don Nutbeam³, Lucy Yardley¹

¹ School of Psychology
² School of Medicine
³ Office of the Vice-Chancellor

Funding: €455,000 **Funder:** European Union under the Seventh Framework Programme (FP7)

LifeGuide was used to develop web-based materials suitable for people with lower levels of health literacy using tailoring, interactivity and engaging audio-visual and quiz formats.



- **Aim:** To examine the potential for web-based materials and tools to provide enhanced support by:
- 1. Tailoring the material to the user
- 2. Employing engaging audio-visual presentation and quiz formats
- 3. Providing simple interactive tools to support self-management





- Qualitative testing of 35 participants in the UK
- > Positive feedback, similar across health literacy levels
- LifeGuide allows rapid duplication and adaptation of interventions: Intervention has been adapted for use in USA and Ireland, and translated for use in Austria and Germany
- Next steps:
- Complete qualitative testing in Ireland, USA, Germany and Austria
- Intervention to be tested in a RCT across all 5 countries comparing it to a static version of the website (N = 700)



Evaluating a self-management intervention for older adults with dizziness

Rosie Essery



Rosie Essery¹, Adam Geraghty², Sarah Kirby¹, Paul Little², Adolfo Bronstein³, Gerhard Andersson⁴, Per Carlbring⁵, Beth Stuart², David Turner⁶, Lucy Yardley¹

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Funding: £155,380 Funder: The Dunhill Medical Trust

Utilising LifeGuide to develop 'Balance Retraining': a standalone intervention for the treatment of vestibular-related dizziness suitable for use by adults aged 50+.



Using LifeGuide In This Project Southampton

Research Question: 'Can an online intervention for dizziness be more effective than usual care in reducing self-reported symptoms amongst adults aged 50 years+?'



- Central component of intervention Vestibular Rehabilitation Therapy exercises:
- Instructions
- Demonstrations
- Information
- Tailored support and feedback

Balance Retraining	Exercise that speeds recovery from dizziness and unsteadiness
Your Balance Retraini	ng exercises for this week
o recap, here are the exercises Balance Retraining Exercise Scoring Test feedback. You may find it help	recommends for you this week based on your Timed ful to make a note of these.
This week you should practice the shake exercise w	vhilst standing up.
This week you should practice the nod exercise whi	ist standing up.
This week you should practice the shake, eyes close	sed exercise whilst standing up.
This week you should practice the nod, eyes close forwards.	d exercise whilst walking a few steps backwards and
This week you should practice the shake, stare exe	ercise whilst standing up.
This week you should practice the nod , stare exerc	ise whilst standing up.
4 Back	Nevt



Preliminary Feedback and Current Work

Southampton

Development – longitudinal design: semi-structured and thinkaloud interviews with 18 users of development version:

- liked general 'look and feel', especially positive about demo videos and tailored feedback

"I am managing the way I deal with my Meniere' s better since I' ve been doing the balance retraining." (P203, Int. 3, M) "I found that helpful, to actually see somebody else doing it, so that you know you're doing it exactly correctly" (P204, Int.3, F)

- many also reported benefits from practicing exercises after just 6 weeks

- **Current phase** RCT investigating effectiveness and costeffectiveness of intervention in primary care:
- 71 GP practices to recruit 262 participants, randomisation, baseline measures and follow up at 3 and 6 months. Primary outcome: VSS.
- Intervention group: access intervention once per week, practice exercises 2 x per day for min. 9-12 weeks.





RESTORE: An exploratory randomised controlled trial of an online intervention to enhance confidence to manage problems associated with cancer related fatigue following primary cancer treatment.

Claire Foster



Claire Foster¹, Chloe Grimmett¹, Chris May¹, Lynn Calman¹, Jo Armes⁵, Matthew Breckons⁶, Jessica Corner², Deborah Fenlon², Claire Hulme⁷, Carl May², Emma Ream⁵, Alison Richardson², Peter Smith⁴, Lucy Yardley³

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⁴ Social Sciences: Social Statistics & Demography

⁵ Florence Nightingale School of Nursing & Midwifery

⁶ Institute of Health & Society, Newcastle University

⁷Leeds Institute of Health Sciences, University of Leeds

Funding: £ 350,000 (approx) **Funder:** Macmillan Cancer Support

LifeGuide was used to develop an online intervention to enhance confidence to manage problems associated with cancer related fatigue following cancer treatment.

RESTORE Living with cancer related fatigue after treatment

Southampton

Exploratory Randomised Controlled Trial

- **The aim** of this study is to test whether the use of an online intervention increases **self-efficacy** to self manage fatigue following completion of primary cancer treatment.
- Participants (n=166) randomised (1:1) to RESTORE intervention vs. Macmillan Coping with Fatigue leaflet. The intervention lasted 6 weeks plus 3 month follow-up
- Process evaluation of the RESTORE intervention is also underway using semi-structured interviews of recruitment site staff, RESTORE intervention participants and participants in the Coping with Fatigue leaflet group

The RESTORE resource is divided into 5 sessions:

RESTORE

≻Session 1. Introduction

➢ Session 2. Goal setting and planning

≻Session 3 – 5. Choice of areas to focus on

- Diet, sleep, exercise, home life, work
- Managing thoughts and feelings about fatigue
- Talking to others about fatigue

Activities:

Goal setting, selfmonitoring, feedback/ evaluation, links to other resources; relaxation & mindfulness training

	faligue after treatment	- 1
Velcome		
How will these sessions help me?		
estore will: • give you information about fatigue • help you to set personal goals • allow you to read about other people's		
experiences his is so you can feel more confident and able live with your cancer related fatigue.		
hese are methods that have been shown to help eople increase their confidence in managing ealth conditions.	There will be links to other recommended websites which will provide you with extra tools you may find helpful.	
	Next	
RESTORE		
	I faligue aller healment	
CESTORE Wing with concerventeed Dession 2 - setting goals - This session introduces setting goals and planning. - You will be able to develop a goal which will help you become more could be able to develop a goal which will be able to develop a goal wh	Torigue after heatment It may be helpful to refer to your fatigue diary when deciding what your goal is.	

© Macmillan Cancer Support - University of Southamptor

How are you this week?												
Last session we asked you to think about how fatigued you are feeling and how confident you are to manage your fatigue. Please answer the questions below. You will be able to see if things have changed on the next page.												
I. ⊓ No fatigue		1 ©				a scale (5 6 • •					Worst imaginable fatigue	
			are you gs you v			manage	your ca	ncer re	elated fa	atigue t	o allow	
Not at all confident	1	2	3 ©	4 ©	5 ©	6 	7 ©	8	9 ©	10 ©	Totally confident	
Back)									C	Next	
				© Macmillar	Cancer Su	pport - Univers	ity of Southam	pton				

RESTC Setting your		Jving with cancer related fatigue after treatment
	gouio	
		week from the session and your fatigue diary, write up to sek and a plan of how you will achieve them:
	1) Goal:	
GOAL SETTING	Plan:	R
SPECIFIC MEASURABLE	2) Goal:	
ATTAINABLE RELEVANT	Plan:	
TIME-BOUND	3) Goal:	
	Plan:	
		ß
Back		Next

© Macmillan Cancer Support - University of



Internet Intervention Supporting Management of Low Back Pain in Primary Care: a feasibility study

Rosie Stanford

Rosie Stanford¹, Lucy Yardley², Paul Little¹, Lisa Roberts³, Nadine Foster⁴, Jonathan Hill⁴, Elaine Hay⁴, Adam Geraghty¹

Primary Care and Population Sciences¹ School of Psychology², School of Health Sciences³, Keele University ⁴

Funding: £249,934 **Funder:** NIHR Research for Patient Benefit Scheme

LifeGuide is being used to develop a web-based intervention supporting people with low back pain within primary care, using tailored activity and self-management modules.

Aim: To examine the potential of an internet intervention to support self-management of low back pain in primary care by:

1. Tailoring information to the user based on functional difficulty.

2. Providing positive advice and support to obtain activity goals.

3.Offering novel material back pain-related material at each login.



- **Phase 1:** Development of the intervention
- > Working with clinicians to develop and finalise content.
- Iterative evaluation of the intervention by patient panel (n = 25) via semi structured interviews and think aloud methods.
- **Phase 2:** Feasibility trial (n = 60 90)
- 3 x trial arms (supported intervention/unsupported intervention/usual care) with 3 month follow up.
- **Next Steps:** To investigate effectiveness in a large-scale trial if feasibility of the intervention is demonstrated.



UBhave: software for creating interventions for smart phones

Charlie Hargood



Charlie Hargood¹, Veljko Pejovic², Neal Lathia³, Danius Michealides¹, Leanne Morrison⁴, Mark Weal¹, Mirco Musolesi², Cecila Mascolo³, Lucy Yardley⁴

¹ Electronics and Computer Science Southampton
 ² Computer Science Birmingham
 ³ Computer Science Cambridge
 ⁴ Psychology Southampton

Funding: £1.5 million **Funder:** Economic and Physical Sciences Research Council (under Cross-Disciplinary Interfaces Programme)

Developing a framework for authoring behaviour change mobile interventions on android.



Aim: To create a dynamic generic android client capable of delivering defined interventions created with an authoring tool through templates of common activities.

1. What are the key generic activities required for mobile interventions?

2. What level of support for author tailoring and custom design is required?

3. How can we make best use of the affordances of pervasive technology (sensors, notifications, etc.)







- Initial prototyping complete with android client
- Provides range of generic activities and notification triggers
 - Surveys, Diaries, Information pages and lists
 - Notifications triggered on time or sensor data
- Stores intervention data and usage logs on central server
- Next Steps:
 - Authoring Tool: Visual tool for designing and creating interventions
 - Intelligent Triggering: Systems that learn when to notify users
 - Increased range of activities and visual elements
 - Multimedia slideshows, adaptive visual feedback, tailored structures and content



Understanding development and usage of health behaviour change apps

Leanne Morrison



Leanne Morrison¹, Laura Dennison¹, Charlie Hargood², Sharon Lin³, Danius Michaelides², Mark Weal², Peter Smith³, Lucy Yardley¹

¹ Psychology
 ² Electronics and Computer Science
 ³ Statistical Sciences Research Institute

Funding: £1.5 million **Funder:** Economic and Physical Sciences Research Council (under Cross-Disciplinary Interfaces Programme)

Existing LifeGuide authored interventions informed the development of health behaviour change 'apps'.



- **Aim:** whether and how an app could add to participants' experiences of using web-based POWeR
- 1. Does access to an app improve thoughts and awareness of weight management goals?
- 2.When, why, and how is an app-based tool used?





- Southampton
- Mixed method 'n of 1' case studies with 13 participants
- > Improved awareness and perceptions of eating goals
- App more convenient, but website still useful; use of the app triggered by time-relevant app tools, automated notifications, and availability of free moments; individual differences in tool preferences.

• Next steps:

- Roll-out POWeR Tracker to up to over 40,000 people in workplaces across North East England
- Development and evaluation of stress management app harnessing sensing capabilities of the phone (in collaboration with the INDRA project)



Visualising LifeGuide usage data

Danius Michaelides Laura Dennison



- Take the PageFlow data that LifeGuide records and visualise it as sequences
- \cdot Get an intuition of the usage of an intervention
- Explore the data and begin to look for interesting usage patterns
- · Export participant groupings for further analysis
- Page names -> code -> colour



Sequence Analysis

Regen	erate plot			
Plot Type	• 0	1		
🔘 Norma	al			
Frequ	ency			
Cluster	ered			
Group)			
Sort Part	icipants 🕄			
None				
🔘 Seque	ence Length			
Data	Coding	Filtering	Tools	Config
Summ	ary			
✓Limit r	number of p	articipants 🛙		
250				
	sequence le	ngth 🖯		
✓Limit s				
✓ Limit s				
	ext:0			
750	ext:9			
750 Legend t	ext:			





60 seconds per interval

	1	4	7	10	13	16
	2	5	8	11	14	
	3	6	9	12	15	

Save Plot

Notice:Loaded Page flow Loaded User Data Loaded Codes Loaded Colours



female



- Next steps:
- Visualise usage of mixed (web+mobile) interventions
- Release more widely



LifeGuide: the next five years

Lucy Yardley and Mark Weal

Future is bright for next 5 years!

- DIPPS: Integrating Digital Interventions into Patient Self-Management Support, NIHR, £2 million, 2014-2019
- -working with primary care in hypertension and asthma
- CLAHRC: Collaborations for Leadership in Applied Health Research and Care, NIHR, £18 million
- -LifeGuide interventions proposed for implementation in 3 of the 6 CLAHRC themes
- Numerous proposals submitted/ in preparation (for EC, NIHR, medical charities...)

Thanks to all the LifeGuide contributors who did not present

LifeGuide support team

Matt Taylor, Judy Joseph, Jin Zhang

Primary care team

Jane Barnett, Judy Chatwin, Sue Edwards, Julie Hooper, Jo Kelly, Karen Middleton, Gilly O'Reilly, Beth Stuart, Tammy Thomas

and last but not least Paul Little!

