# Comparability of Output from Actigraph Accelerometer Models 7164 and GT3X+ in Youth with Multiple Sclerosis

**Centre for Brain** & Mental Health

**SickKids** 

Danusha Nandamalavan<sup>1</sup>, Samantha Stephens<sup>1</sup>, Stephanie A Grover<sup>1</sup>, Dominique Kinnett-Hopkins<sup>2</sup>, Marcia Finlayson<sup>3</sup>, Robert W Motl<sup>4</sup>, E. Ann Yeh<sup>5,6</sup>, Department of Neurosciences and Mental Health, The Hospital for Sick Children<sup>1</sup>, Department of Kinesiology and Community Health, University of Illinois at Urbana-Champaign<sup>2</sup>, School of Rehabilitation Therapy, Queen's University<sup>3</sup>, Department of Physical Therapy, University of Alabama<sup>4</sup>, Division of Neurology, The Hospital for Sick Children<sup>5</sup>, Faculty of Medicine, The University of Toronto, Canada<sup>6</sup>

### BACKGROUND

- Accelerometers are valid objective measures of physical activity (PA) in children<sup>1</sup>
- Older versions of accelerometers have become outdated due to upgrades in technology
- Comparison of different generations of ActiGraph activity monitors have been explored in healthy children and adolescents<sup>2,3</sup>
- However, comparability of output from original model with newly developed accelerometers has not been studied in youth with multiple sclerosis (MS)
- This can have implications on the interpretation and validity of data, specifically for longitudinal studies that have used two different accelerometer versions

## **OBJECTIVE(S)**

To determine the level of consistency between minutes spent in sedentary, light, moderate, vigorous and moderate-to-vigorous (MVPA) activity using ActiGraph 7164 and GT3X+ accelerometers in youth with MS

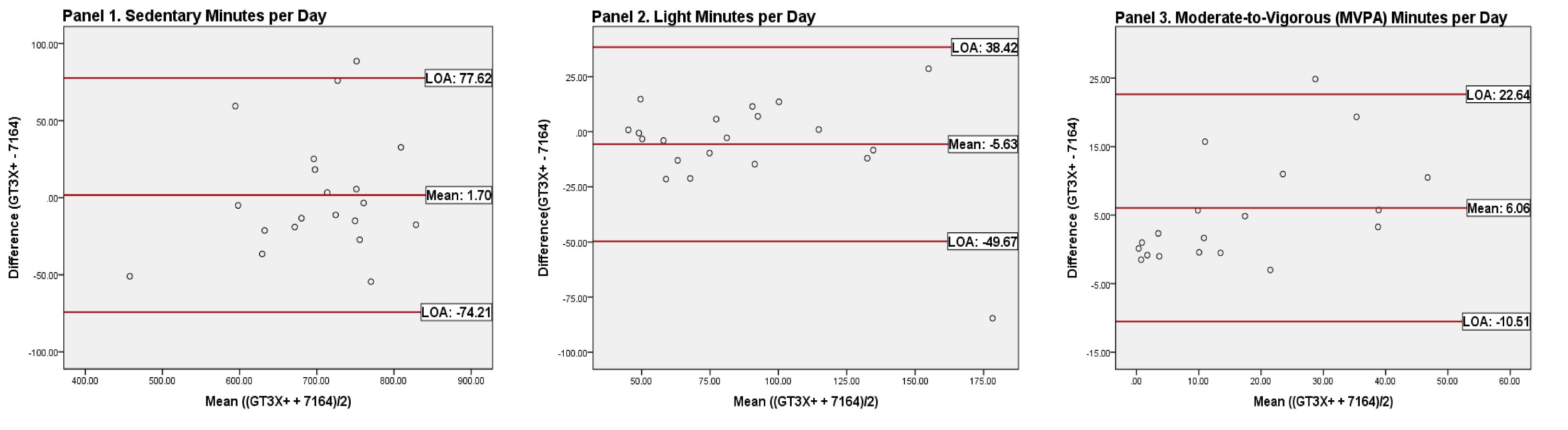
# **DESIGN / METHODS**

- Youth with a diagnosis of MS were recruited at The Hospital for Sick Children in Toronto, Canada
- Youth were directed to wear 7164 and GT3X+ accelerometers on their non-dominant hip simultaneously for 7 days
- As participants varied in total number of valid days they wore both accelerometers, we included in the analysis all valid days in which participants wore both accelerometers for minimum of 10 hours per day
- Average time spent in sedentary, light, moderate, vigorous and MVPA activity was calculated
- Puyau cut-points used to determine activity intensity<sup>4</sup>
  - Sedentary : <799 CPM (e.g. sitting)
  - Light:  $\geq$  800 CPM (e.g. slow walking)
  - Moderate :  $\geq$  3200 CPM (e.g. badminton)
  - Vigorous: ≥8200 CPM (e.g. running)
- Consistency between time spent at different intensities were analyzed by intra-class correlation coefficients (ICC) with 95% confidence intervals (CI)
- Mean differences (MD) and limits of agreement (LOA) were used to visualize Bland-Altman plots

### Table 1. Population Demographics and Characteristics

MS	N= 19	
Age in years (median (IQR))	16.41 (3.15)	
Range	13.3-18.2	
Sex (# of females)	F= 12	
Valid days	5.15 ±1.95	
Range	1.0-7.0	
EDSS score (median (IQR))	1.5 (0.5)	

### Figure 1. Bland-Altman plots for sedentary, light and moderate-to-vigorous activity



There is sufficient consistency between ActiGraph 7164 and GT3X+ for time spent in different intensity levels in youth with MS to support the conclusion that the data from these devices can be used in longitudinal analyses

### REFERENCES

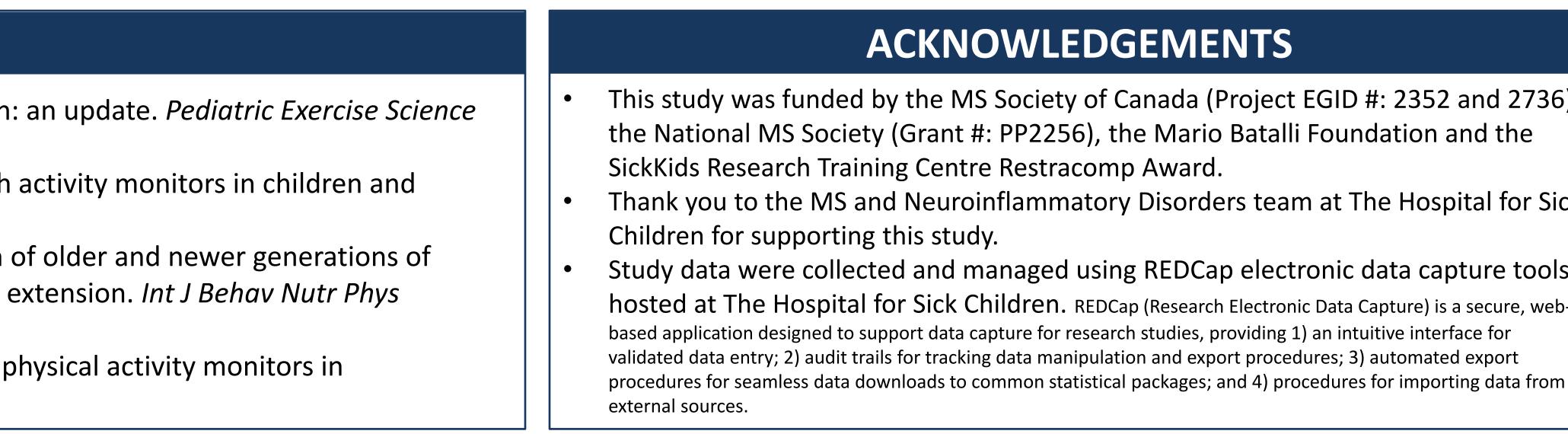
- Rowlands, A.V. Accelerometer assessment of physical activity in children: an update. *Pediatric Exercise Science 19*, 2007;252-266
- Robusto, K.M., Trost, S.G. Comparison of three generations of ActiGraph activity monitors in children and adolescents. *J Sports Sci*, 2012;30:1429–1435
- Cain, K.L., Conway, T.L., Adams, M.A., Husak, L.E., Sallis, J.F. Comparison of older and newer generations of ActiGraph accelerometers with the normal filter and the low frequency extension. Int J Behav Nutr Phys Act 2013;10:51
- Puyau MR, Adolph AL, Vohra FA, Butte NF. Validation and calibration of physical activity monitors in children. *Obes Res* 2002; 10: 150–157

### RESULTS

### Table 2. Intra-class correlation coefficients, 95% confidence intervals and mean differences for time spent at each intensity level

	ICC	95% CI	Mean difference (Minutes per Day)	Limits of Agreement (mean diff ± 2 SD)
Sedentary	0.95	0.86-0.98	1.70	-74.21, 77.61
Light	0.91	0.78-0.97	-5.63	-49.67, 38.42
Moderate	0.94	0.86-0.98	6.00	-9.76 <i>,</i> 21.75
Vigorous	0.86	0.65-0.95	0.14	-1.48, 1.76
MVPA	0.94	0.85-0.98	6.06	-10.51, 22.64

### CONCLUSIONS







### ACKNOWLEDGEMENTS

This study was funded by the MS Society of Canada (Project EGID #: 2352 and 2736), the National MS Society (Grant #: PP2256), the Mario Batalli Foundation and the

Thank you to the MS and Neuroinflammatory Disorders team at The Hospital for Sick

Study data were collected and managed using REDCap electronic data capture tools hosted at The Hospital for Sick Children. REDCap (Research Electronic Data Capture) is a secure, webbased application designed to support data capture for research studies, providing 1) an intuitive interface for validated data entry; 2) audit trails for tracking data manipulation and export procedures; 3) automated export