

How to get patients moving



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Some practical advice on helping unmotivated patients to change their lifestyle

REGULAR physical activity is associated with lower all-cause and cardiovascular disease mortality.

Physical activity can limit the development of chronic diseases such as hypertension, type 2 diabetes, stroke and cancer. It is also associated with healthy cognitive and psychosocial function.¹

At a broader level, physical activity can reduce family and community consequences of disease, injury and disability. It can produce a healthier workforce, leading to greater economic functioning and productivity.²

Because of the known benefits associated with physical activity, leading health authorities including the World Health Organization, the US Department of Health and Human Services and the Australian Department of Health recommend that adults (18-64 years) should be active on most, preferably all, days every week and should accumulate up to 150-300 minutes of moderate-intensity physical activity (MPA), or 75-150 minutes of vigorous physical activity (VPA) or an equivalent combination of MPA and VPA each week.³

Evidence suggests, however, that 50-60% of Australian adults are insufficiently active for good health.⁴ Consequently, reducing rates of physical inactivity is now a key public health challenge.

GPs are well placed to promote physical activity and to encourage lifestyle changes. Being face-to-face with patients provides a valuable opportunity to effect change. However, it is often problematic, as GPs face several barriers in relation to providing activity advice.⁵

These barriers include:

- A lack of time in appointments;
- A lack of training in relation to physical activity behaviour change;
- A lack of confidence in counselling patients on changing lifestyle;
- Patients who are not prepared to change; and
- Patients with complex comorbidities, where more urgent issues may take precedence.

Telling patients that they “should exercise more” has been shown to be highly ineffective. Behaviour change is a complex process, influenced by an individual’s already-formed perceptions and thoughts, their social connections and physical environment, as well as the impact of wider policy influences.

It is therefore advised that GPs:

- Listen to and work with patients to plan simple, measurable changes;
- Consider strategies that target physical activity influencers, such as social support (family, friends), awareness of activity opportunities in their neighbourhood, extrinsic rewards and goal setting. It can

be as simple as asking patients to walk their dog every day, to find out about local walking tracks or to park further away from work; and

- Encourage patients to build up physical activity levels as they improve.
- Finally, GPs are also encouraged to use the term physical activity rather than exercise. Referring to exercise may actually deter patients who do little activity.

Government recommendations refer to overall physical activity, a term that is defined as any activity produced by skeletal muscles that requires energy expenditure.

This activity can be undertaken in any domain, including active transport (walking to the tram/bus stop), the workplace (walking meetings), during leisure time (playing sport, bushwalking) and incidentally (using stairs rather than the lift). ■

References at medobs.com.au

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