

Physical activity

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This paper provides a background to the Royal Australian College of General Practitioners' (RACGP) current position on physical activity, as set out in the RACGP *Guidelines for preventive activities in general practice* (the 'red book') and *Smoking, nutrition, alcohol and physical activity (SNAP): a population health guide to behavioural risk factors in general practice* (the 'SNAP guide').



Background

Prevalence

The percentage of adult Australians undertaking at least the recommended 150 minutes of moderate and/or vigorous activity per week declined from 62.2% in 1997 to 56.6% in 1999, and was 56.8% in 2000. Levels of physical inactivity increased from 13.4% in 1997 to 14.6% in 1999, and to 15.3% in 2000.¹

Impact on health

Lack of physical activity is a major risk factor in cardiovascular disease, which is the leading cause of death in Australia.² People who are not physically active are almost twice as likely to die from coronary heart disease as those who are.² Lack of physical activity has also been associated with hypertension, diabetes, colon cancer, breast cancer, osteoporosis and premature mortality.³ There is evidence that the increasing prevalence of overweight and obesity is linked to a decline in energy expenditure through physical activity and movement.²

Children

Behaviour patterns for physical activity are established early in life, and there is evidence that active children are more likely to become active adults.⁴ Sedentary activities such as watching television and videos, playing computer games and using the internet are competing with time for physical activity.

Burden of disease

Physical inactivity is responsible for 7% of the total burden of disease and accounts for approximately 8000 deaths in Australia each year.⁵ This disease burden is second only to tobacco as a risk factor in Australia.⁶

Economic impact

It is estimated that the annual direct health care cost of physical inactivity is around \$377 million.⁷

Role of general practitioners

General practitioners play a key role in preventive care and can provide support services to patients. General practitioners can provide advice and increase patient awareness of the issues and health benefits associated with physical activity. Information on risk factors can be used to help educate patients about the need to change their lifestyle and to help the GP and patient decide when and how to intervene. The interventions agreed to can be summarised in a management plan of the patient's care and risk factors referred to in subsequent consultations.⁵

Issues

Benefits of physical activity

Regular physical activity reduces the risk of all-cause mortality as well as cardiovascular disease and noninsulin dependent diabetes, and has a positive effect on weight, blood pressure and lipid profiles.² Benefits of physical activity also include a decreased risk of hypertension, diabetes, cardiovascular disease, colon cancer, breast cancer, osteoporosis, as well as improvement in mental health, weight loss/maintenance, arthritis, functional capacity and quality of life.³

There is evidence that benefits occur soon after beginning regular physical activity and are likely to occur when commencing regular physical activity at any age.³ Lasting health benefits can be provided even after maintaining activity for only two years.³

Interventions

There is evidence that primary care interventions can increase physical activity in the short term, and that brief interventions appear to be as likely to succeed as more intensive interventions.⁷ A literature review undertaken by the National Institute of Clinical Studies⁷ recommended that brief interventions be undertaken with inactive patients who have health conditions which would benefit from physical activity, such as hypertension, overweight, obesity, anxiety or depression. Brief interventions for prevention, including those of 1 minute or less, have been shown to be both effective and efficient,⁸ and could therefore be adopted for promoting physical activity to patients. Use of the Lifescrpts resources may assist by providing patients with information about the amount of activity required and levels of intensity.

A whole practice approach can be introduced, making use of practice systems and staff roles to identify and advise patients at risk from lifestyle factors.³ The RACGP⁸ has suggested strategies for implementing such an approach. The 45–49 year old preventive health check can also include physical activity counselling. Practices should be aware of local referral pathways; referral to a physical activity program or exercise physiologist is important, yet very few patients are referred to these services.⁹

Barriers

General practice is considered to have good potential for the promotion of physical activity, due to the fact that GPs have opportunistic access to patients and are valued as a source of health information.⁶ There are, however, barriers such as lack of time, doctor and/or patient disinterest, lack of financial incentive, and insufficient training.⁶ Barriers to referral include lack of locally available services and programs, timely availability, cost, and lack of information and understanding by GPs and patients of the role of such referral services.

In addition, primary care interventions will not be sufficient to promote physical activity in the population; community based strategies are also required.¹⁰ While physical activity counselling is an important preventive activity, it is not currently as much a part of mainstream primary care practice as counselling for other behavioural risk factors, and new strategies may be required to encourage interventions.¹¹

Recommendations

The key college statements about physical activity are contained in the RACGP *Guidelines for preventive activities in general practice* (the 'red book') and *Smoking, nutrition, alcohol and physical activity (SNAP): a population health guide to behavioural risk factors in general practice* (the 'SNAP guide') and are excerpted as follows.

Red book recommendations

Children

Prevention area	What advice should be given?	How often?	References
Physical activity advice	5–12 years At least 60 minutes (and up to several hours) of moderate to vigorous physical activity every day No more than 2 hours per day of electronic media for entertainment, eg. computer games, television and internet	At every visit	11
	12–18 years At least 60 minutes of moderate to vigorous physical activity every day No more than 2 hours per day of electronic media for entertainment		12

Adults

All adults should be advised to participate in 30 minutes of moderate activity on most, preferably all days of the week. While moderate physical activity is recommended for health benefit, more vigorous exercise may confer additional cardiovascular health and cancer prevention benefits, if carried out for a minimum of 30 minutes 3–4 times a week.

Who is at higher risk?	What should be done?	How often?	References
Average risk Those already performing moderate levels of activity for 30 minutes daily on at least 5 days of the week	Question regarding current level of activity	Every 12 months	13
Increased risk Those at higher risk include: teenage girls, Aboriginal or Torres Strait Islander peoples, low socioeconomic backgrounds and non-English speaking backgrounds	Question regarding current level of activity and readiness to be more active	Every visit	14
Increased risk Those with a chronic condition or other cardiovascular disease risk factors	Question regarding current level of activity and readiness to be more active	Every visit	15

Test	Technique	References
Determine level of physical activity	Question regarding current level of activity and readiness to be more active. See RACGP SNAP guide	5
Brief interventions to increase levels of physical activity	Interventions in general practice that have been shown to have short term benefit in changing behaviour related to physical activity include: <ul style="list-style-type: none"> • patient screening to identify current level of activity and readiness to be more active • provision of brief advice or counselling on exercise • supporting written materials • written prescription for exercise. See RACGP SNAP guide	14

Epidemiology

Engaging in regular, moderate intensity physical activity reduces the risk of diseases such as cardiovascular disease, type 2 diabetes, osteoporosis, colon cancer, breast cancer, obesity, falls in the elderly and mental illness. The amount of disease that could be prevented if the population was at least moderately active is 18% for coronary heart disease (CHD), up to 16% for stroke, 13% for type 2 diabetes, 19% for colon cancer, 9–12% for breast cancer and up to 10% for depression symptoms. Approximately 122 deaths per year from CHD, diabetes and colon cancer could be avoided for every 1% increase in the proportion of population achieving sufficient level of regular activity.¹⁴

Implementation

Inequality

Lower levels of physical activity have been reported for Aboriginal and Torres Strait Islander peoples¹⁶ and people living in rural and remote areas.¹⁷ There is poor access to facilities for physical activity in many Aboriginal communities.¹⁸

Strategy

Facilitate improvements in physical activity by linking health advice with locally available and appropriate Aboriginal and Torres Strait Islander community sport and recreation programs, as well as social support programs (eg. Group activities).¹⁹

SNAP guide

The RACGP SNAP guide is compatible with the red book and offers a '5As' process for GP management involving:

1. Ask about daily physical activity
2. Assess whether this is of sufficient intensity and duration for health benefits, and readiness to change
3. Advise on the benefits of moderate physical activity and the type and amount recommended for the person
4. Assist with a physical activity prescription
5. Arrange referrals as required. Arrange follow up at 3–6 month intervals to help promote compliance and provide feedback on improvements.

The RACGP publication *Putting prevention into practice: guidelines for the implementation of prevention in the general practice setting* (the 'green book') may also be of assistance to GPs in implementing prevention programs.

Resources

The National Heart Foundation

The NHF runs walking groups and exercise programs nationally, and offers physical activity recommendations for people with cardiovascular disease.

www.heartfoundation.org.au/healthy_living/physical_activity.htm

www.heartfoundation.org.au/Professional_Information/Lifestyle_Risk/Physical_Activity.htm

RACGP Guidelines for preventive activities in general practice (the 'red book')

www.racgp.org.au/guidelines/redbook

Smoking, nutrition, alcohol and physical activity: a population health guide to behavioural risk factors in general practice (the SNAP guide)

www.racgp.org.au/guidelines/snap

Exercise physiologists: roles and referrals

The RACGP website provides information on services provided by exercise physiologists, and links to the Australian Association for Exercise and Sports Science referral directory. www.racgp.org.au/Content/NavigationMenu/ClinicalResources/Referraldirectories/Exercisephysiologistsrolesandreferrals/default.htm

Lifescrpts

Lifescrpts are tools for GPs to use when providing lifestyle advice to patients about quitting smoking, increasing physical activity, eating a healthier diet, maintaining healthy weight, reducing alcohol consumption, or a combination of these.

www.health.gov.au/internet/main/publishing.nsf/Content/health-publth-strateg-lifescrpts-index.htm

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