

Primary care physicians primed to help patients be more active

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Exercise plays a crucial role in being healthy and preventing disease. Because of their close relationship to patients, primary care physicians (PCPs) can act as a catalyst to help people be more active through physical activity counseling; however, doctors often encounter barriers to being able to properly address inactivity. A new paper from *The American Journal of Medicine* offers PCPs implementable strategies to break down those barriers and help their patients get more exercise.

In 2014, the Society of Behavioral Medicine and the American College of Sports Medicine held a joint symposium to formulate a model for PCPs to draw from when integrating [physical activity](#) counseling into their practices. "Despite evidence of the [cost effectiveness](#) of physical activity counseling in primary care, only one-third of [patients](#) report the receipt of physical activity counseling by their PCPs," stated lead author Mona AuYoung, PhD, MS, MPH, Veterans Affairs (VA) Health Services Research & Development (HSR&D) Advanced Postdoctoral Research Fellow. "PCPs face many barriers to counseling their patients on physical activity. However, they are in a unique position to provide physical activity counseling because of their ability to reach a large segment of the overall population, their role as a trusted source of health information, and the range of other health professionals available within clinics. "

Currently in the U.S. only half of adults meet the most recent CDC guidelines for physical activity (at least 150 minutes of moderate activity per week) and disparities exist in physical activity rates by

race/ethnicity, gender, age and region. Faced with an increasingly sedentary population, doctors must find ways to help patients be more active. Yet, PCPs currently face many roadblocks to providing adequate physical activity counseling including lack of sufficient time with patients, lack of provider skill, lack of proper reimbursement, inability to reach at-risk patients, not requiring routine activity screenings, and barriers on the patient end.

In order to help PCPs better serve their patients in this regard, the authors explore potential interventions to guide change and suggest a multilevel approach. "With primary care practices," explained Dr. AuYoung, "physical activity screening is the simplest way to begin a conversation about the importance of physical activity. This is especially beneficial to providers who may not otherwise be comfortable initiating this conversation with the patient."

After the physical activity screening, PCPs can offer a "prescription" for physical activity, centered on offering advice about positive lifestyle modifications. The prescription for activity would help ready patients for change and help them to address their specific barriers to exercise. The authors recommend that PCPs employ the 5 As—assess, advise, agree, assist, and arrange. This mnemonic is designed to help to cultivate counseling skills that will engage the patient in developing a specific action plan.

The authors also suggest utilizing additional primary care office resources as an efficient way to provide targeted care without the need for additional time with the physician. "PCPs may work in tandem with other primary care team members so that the nurse practitioner may administer the routine physical activity screening, the PCP may write the prescription to exercise, the exercise physiologist or trainer may create an individualized exercise plan, and the behavioral counselor may follow-up with the patient and refer him/her to local physical activity resources,

depending on patient readiness to exercise and preferred forms of physical activity," added Dr. AuYoung.

Another resource PCPs might consider utilizing is wearable technology, such as a fitness tracker, pedometer, or exercise app. Harnessing the power of technology can help lighten the load for PCPs by decreasing the amount of effort needed to track progress. PCPs can also offer additional information on community resources, as well as suggest ideas for workplace modifications that can help employees be more active during the workday.

"The PCP plays a central role in this multilevel approach to physical activity counseling, from helping patients to understand the importance of physical activity to connecting them with various resources for physical activity," concluded Dr. AuYoung. "Using the range of supports for physical activity available at each of these socio-ecological levels can help to increase physical activity counseling in [primary care](#), increase physical activity by patients, and sustain these positive behaviors."

More information: "Integrating Physical Activity in Primary Care Practice," by Mona AuYoung, PhD, MS, MPH; Sarah E. Linke, PhD, MPH; Sherry Pagoto, PhD; Matthew P. Buman, PhD, MS; Lynette L. Craft, PhD, FACSM; Caroline R. Richardson, MD; Adrian Hutber, PhD; Bess H. Marcus, PhD; Paul Estabrooks, PhD; Sherri Sheinfeld Gorin, PhD. This article appears online in advance of *The American Journal of Medicine*, Volume 129, Issue 11 (November 2016)

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