

Study shows clinical and community-based linkages in Mexican primary care settings can increase physical activity levels

January 30 2017, by Melva Robertson

Integrating physical activity counseling in Mexico's primary care settings and providing referrals to community-based programming appear to be effective strategies to help patients increase their physical activity levels, according to a study by researchers at Emory University's Rollins School of Public Health and the Mexico Social Security Institute. The study was recently published in the *American Journal of Preventive Medicine*.

Led by Felipe Lobelo, MD, PhD, associate professor in the Hubert Department of Global Health at Rollins School of Public Health, the team evaluated the feasibility and effectiveness of standardizing clinical-community linkages for promoting <u>physical activity</u> in Mexico's largest health care system.

The team measured the impact of a 16-week intervention for over 200 patients with hypertension seen at four primary care centers in Cuernavaca. Half of the patients received a brief counseling intervention that consisted of written and verbal information regarding the benefits of physical activity and advice on how to increase physical activity levels effectively. The other half was offered an exercise referral group-based intervention led by certified physical activity professionals and monitored for session attendance.

Findings suggest that after 24 weeks, both interventions led to modest increases of about 50 minutes/week for moderate-to-vigorous physical



activity measured objectively with accelerometers. Additionally, patients who attended 50 percent or more of the group exercise classes significantly increased by 25 percent compliance with the World Health Organization aerobic physical activity recommendation (150 minutes/week) compared to the brief counseling group.

"We know that physical activity can be highly effective in the prevention and management of non-communicable chronic diseases (NCDs)," explains Lobelo. "Integrating PA promotion in health care settings has proven to be cost-effective in high-income countries and is recommended by the US Prevention Services Taskforce. However, 80 percent of the global NCD-related mortality occurs in low-to-middle income countries and there is little local evidence supporting prevention-oriented strategies. This is the first study to show that promotion of physical activity in primary care and standardizing clinical-community linkages can be feasible and effective in the context of a low or middle income country's health care system. We feel that this study supports scaling-up implementation of physical activity promotion strategies through clinical-community linkages to help control the growing global burden of NCDs."

More information: Katia Gallegos-Carrillo et al. Brief Counseling and Exercise Referral Scheme: A Pragmatic Trial in Mexico, *American Journal of Preventive Medicine* (2017). DOI: 10.1016/j.amepre.2016.10.021

Provided by Emory University

Citation: Study shows clinical and community-based linkages in Mexican primary care settings can increase physical activity levels (2017, January 30) retrieved 19 April 2024 from https://medicalxpress.com/news/2017-01-clinical-community-based-linkages-mexican-



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