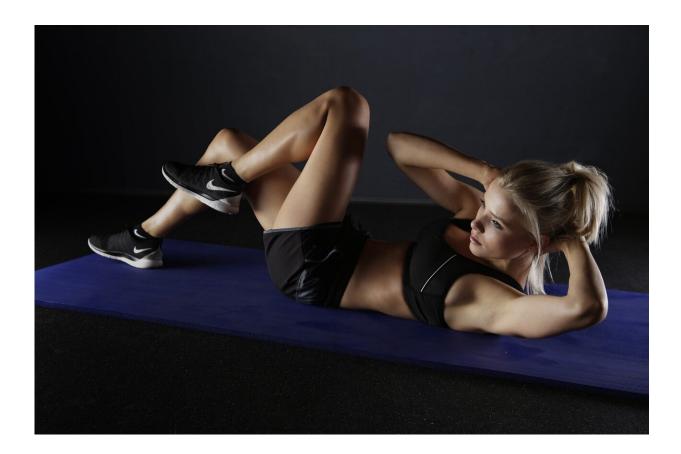


Continuity determines whether physical activity on prescription works for the least active

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Ongoing support for several years and focus on the individual. These are success factors that make physical activity on prescription a workable



concept for patients, including those who, after six months, have not reached their desired physical activity level, a University of Gothenburg thesis shows.

The thesis concerned comprises studies of 444 <u>patients</u> who were offered what is known as "physical <u>activity</u> on prescription" (PAP) in <u>primary care</u>. These patients attended 15 different <u>health</u> centers in Gothenburg.

After six months, 73% had increased their physical activity (PA) and 42% had reached an adequate activity level—that is, 150 minutes or more weekly. Brisk walks were the most common form of activity.

Overall for the group, positive effects were verified for weight, waist measurement, blood pressure, blood sugar, and lipids (blood fats)—and also for their assessed quality of life. These effects were most pronounced in the patients who initially had the lowest PA level.

Health benefits from extra two years

For the first time in a research context, the scientists then studied the 190 patients whose PA, after six months' PAP treatment at a health center, was still inadequate—that is, those who were physically active less than 150 minutes a week.

These patients were randomly selected for a further two years' PAP, supported by either the health care center or a physiotherapist. Both treatments boosted the patients' PA levels, metabolic health, and quality of life, with equivalent cost-effectiveness. The positive health effects also seemed to be independent of changes in their medication.

"Nor did we see any worsened metabolic rates at the two-year follow-up point. That's important because this patient group has elevated risks of



developing metabolic syndrome, type 2 diabetes, and cardiovascular disease," says Stefan Lundqvist, Ph.D. at Sahlgrenska Academy, University of Gothenburg, and physiotherapist at the Center for physical activity, Region Västra Götaland, an organization providing education, working materials, a register of local availability of PA, and helping coworkers organize the structure of PAP routines in the primary health care units.

"In our view, the continuous support, individualization, and long duration of the treatment are key factors in the patients' success in increasing and maintaining their physical activity."

Confidence in one's own ability

PAP treatment comprises three main parts: individual consultation with the patient, tailored <u>physical activity</u> with a written prescription, and structured follow-up. The purpose is to increase PA in physically inactive patients with, for instance, metabolic risk factors such as obesity, abdominal obesity, high <u>blood pressure</u>, and disorders in blood-sugar levels and lipid balance.

How well the patients manage with the PAP treatment is affected by confidence in their own ability to change PA, according to the thesis. This confidence was measured by means of a 100-mm visual analog scale (VAS) that, according to Lundqvist, is both simple and practical to use in clinical practice.

"Measuring the patient's confidence in readiness to change PA, at the start of PAP treatment, can give both the patient and me, as a care provider, vital information that enables better adaptation of support for the patient," Lundqvist says.

In his opinion, the thesis findings can facilitate implementation of PAP



as an important healthcare method for attaining the positive health effects in physically inactive patients subject to metabolic risk factors.

"Our experience in this research field shows that optimizing patient support requires trained, skilled co-workers with good knowledge of PAP treatment, but also orderly routines and support from the organization and management," Lundqvist concludes.

More information: Lundqvist et al., Physical activity on prescription in primary care. Impact on physical activity level, metabolic health and health-related quality of life, and its cost-effectiveness—a short- and long-term perspective. <u>hdl.handle.net/2077/65136</u>

Provided by University of Gothenburg

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