



How to promote exercise in primary care

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EDITORIAL

How to promote exercise in primary care

Although trends in health behaviour generally develop positively, problems of overweight have increased in adults and lack of exercise remains common according to a national annual survey in Finland [1]. In 2009, only 12% of males and 11% of females performed exercise as recommended. The current recommendations state that adults should engage in 2 hours and 30 minutes a week moderate-intensity, or 1 hour and 15 minutes a week vigorous-intensity aerobic physical exercise. The exercise should also include muscle-strengthening activities at least twice a week.

The amount of exercise performed decreases with age and those aged below 25 years complied with the exercise recommendations most often and those aged over 54 years least often [1]. As a consequence, obesity is increasing and in 2009 58% of men and 42% of women aged from 15 to 64 were overweight (body mass index BMI ≥ 25). Excessive weight causes elevated cardiovascular risk, orthopaedic problems, and psychosocial consequences. Cardiovascular risk is associated with psychological distress [2], which may further challenge efforts to modify the risk through increased exercise.

These facts show a compelling need for more effective lifestyle management and promotion of exercise in communities and in primary care. Physical activity prescriptions (PAP) programmes are widely recommended in primary care. The problem is, however, often that many participants do not complete these programmes [3]. It is difficult to achieve and maintain changes in modifiable lifestyle factors, and this is also true of patients who have already experienced cardiovascular disease [4].

So how should we tackle the physical inactivity problem in primary care? More attention should be paid to the exercise habits of children. The inactivity epidemic and obesity are constantly growing also in the youth. It is estimated that 25% of young people perform very little physical activity. A passive lifestyle has effects at all socioeconomic levels. In Finland, a statute from 2009 becomes obligatory in 2011 and guarantees more resources for child and youth

preventive health services. Better resources allow new targets, and the physical activity of young people and families needs more attention. Cooperation with schools is fruitful: school-based multi-component action is effective in increasing physical activity and reducing weight [5].

Middle-aged men have become a target for health promotion and counselling in Finland, and also because it is believed that their lifestyle habits transfer to the next generation. Most often the health promotion consists of a health examination session by a public health nurse; however, multi-level approaches might be more successful. Currently, strategies that include cooperation with physical education services and with the target of increasing physical activity are being tested. Exercise specialists may counsel the men in a health centre. Experiments with group exercise interventions are also being carried out.

Primary care has a unique opportunity to enhance physical activity in the community. General practitioners (GPs) are experienced in cardiovascular preventive consultations. Patients report cognitive and emotional effects and healthy lifestyle changes after these consultations [6]. Brief advice by motivated GPs is effective in increasing physical activity in inactive adults [7].

Still more holistic approaches are possible. We need to design interventions where efficacy is maximized by using synergistic strategies: knowledge management, social marketing, and partnerships with other professionals in communities. Close cooperation of the health care and sport sectors is essential. Physical activity should be fun, moderate, and cumulative. With the aid of the school system, public sports facilities, and physical education professionals in communities, low-threshold opportunities for physical activity can be offered to all.

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