

# Getting patients more active: practical information for general practices

Australian health professionals are now well aware of the health benefits of physical activity – but can general practices make a difference? A growing body of evidence shows that GPs who incorporate targeted brief intervention into their practices can effectively influence patients' activity levels.

There is good evidence that patients increase their physical activity levels in response to brief advice and written materials given by the GP. Longer counselling sessions and programs that involve follow-up visits are also effective. Overall, there is strong evidence that general practice-based interventions addressing physical activity alone can achieve short-term increases in physical activity.<sup>1</sup>



Heartsite [www.heartfoundation.com.au](http://www.heartfoundation.com.au)  
Heartline 1300 36 27 87

**NSW HEALTH**

Current evidence supports some simple principles for general practices:<sup>1</sup>

- ▼ **Target** inactive patients likely to benefit most from increased physical activity: those with controlled hypertension, dyslipidaemia, glucose intolerance, depression and the overweight or obese.
- ▼ **Write** down the advice and give it to the patient as a customised prescription (e.g. use the Physical Activity Module on practice management software).
- ▼ **Reinforce** the advice with reliable printed consumer information.
- ▼ Set up a **follow-up** system and check progress at later consultations.

## Target those who will benefit most

While regular physical activity should be encouraged in all adults and children, evidence from general practice supports targeting those who can benefit most:<sup>1</sup>

- ▼ Direct your advice on physical activity to inactive patients with, or at risk for, conditions known to benefit especially: hypertension, dyslipidaemia, overweight or obesity, glucose intolerance and depression.<sup>1</sup> The practice nurse or administrative staff can set up systems to identify these patients and tag medical records with prompts for the GP.
- ▼ Encourage patients who are interested in becoming more active to raise the topic with practice staff. Use waiting room posters and leaflets as prompts. (Printed materials are available from the National Heart Foundation of Australia: **Heartline 1300 36 27 87**)
- ▼ Spend more time advising those patients who are ready to change. Identify people who know they need to do more activity and would like help to begin immediately, and those who aren't ready to change now but welcome your advice and are interested in taking up more physical activity soon.

## Assess current activity

If you can spend a few extra minutes with selected patients, assess current activity levels.

Asking the following questions is a quick, effective method to assess whether the person is doing enough.

1. How many times per week do you usually do 20 minutes or more of vigorous- intensity physical activity that makes you sweat or puff or pant? (Note: not usually advised for people with cardiovascular disease)
2. How many times per week do you usually do 30 minutes or more of walking?
3. How many times per week do you usually do 30 minutes or more of moderate- intensity physical activity that increases your heart rate or makes you breathe harder than normal?

For each question score 0 to 7+, then total the scores.

≤ 1 = Low

2–4 = Nearly there

5+ = Active

Thirty minutes of moderate-intensity\* activity on 5 or more days of the week is recommended for cardiovascular health benefits. More activity is needed to achieve weight loss or protect against some cancers. The Physical Activity Module, incorporated into some practice management software systems (e.g. Medical Director), includes an electronic version of this survey with automatic scoring and interpretation.

In already-active patients, reinforce the health benefits and encourage them to remain active. In those with low activity, advise increased activity after excluding contraindications to moderate physical activity.

**Ask** about physical activity so you can identify and target those who can benefit most.

**Assess** your patients' current activity levels.

**Advise** individuals whether current activity is enough for health benefits, or how much more is needed, and specify potential benefits.

**Assist** the person with individualised suggestions, tips and solutions to become more active.

**Arrange** referral to programs or specialised health services that can help, and make appointment for review.

*\*Moderate-intensity activity will cause a moderate, but noticeable, increase in breathing and heart rate, and may cause light sweating. The recommended thirty minutes may be cumulative e.g. two 15-minute bouts or three 10-minute bouts.*

## Assess motivation and barriers

To help patients become more active, it is important to understand that patients will describe a variety of barriers to participation in physical activity. These are best viewed as opportunities for problem solving, and patients should be encouraged to find their own solutions. You can help by asking questions that explore motivation: "How do you feel about increasing the amount of physical activity you do?", "What might get in the way of increasing your physical activity?", "Are there ways that you think these problems can be overcome?".

It can be useful to understand the motivations of people who are already active, and how barriers have been overcome by those who have recently become active, so as to provide genuine, recognisable peer role models.

### Contraindications to moderate-intensity exercise

- ♥ Unstable angina
- ♥ Symptoms such as chest discomfort and shortness of breath on low activity
- ♥ Uncontrolled cardiac failure
- ♥ Severe aortic stenosis
- ♥ Uncontrolled hypertension
- ♥ Acute infection or fever (including but not limited to acute myocarditis or pericarditis)
- ♥ Resting tachycardia and/or arrhythmias
- ♥ Uncontrolled diabetes

### Supervision required

- ♥ Advanced cardiovascular disease
- ♥ Heart failure (New York Heart Association Class III or IV)
- ♥ Psychological impairment associated with chronic disease
- ♥ Those who request group support

A particular potential benefit may provide the key for an individual. A person might be motivated by learning of the significant association between physical activity and a sense of well-being,<sup>4</sup> improvement in osteoarthritis-related functional deficits,<sup>5</sup> or the possibility of improving impaired glucose tolerance,<sup>4</sup> improving lipid profile,<sup>2</sup> alleviating some types of depression<sup>4</sup> or correcting mildly elevated blood pressure.<sup>5,6</sup>

Training in motivational interviewing techniques, tailored for GPs and practice nurses, may be available in your area. Ask your Division of General Practice or Royal Australian College of General Practitioners in your State or Territory.

## Provide tailored advice

Give patients feedback on their current activity. The aim is to do moderate-intensity physical activity for at least 30 minutes on all or most days of the week. To achieve this, negotiate a customised plan that the person can agree to.

- ♥ Set realistic goals, including the type of activity, the duration and frequency.
- ♥ For those with low activity levels, negotiate small achievable goals and schedule early review to reinforce the person's achievement and gradually increase.
- ♥ Identify activities that cause minimal disruption to the person's daily routine.
- ♥ For those who can manage vigorous activity, explain that this may confer additional cardiovascular health benefits.
- ♥ Help motivate the person by explaining potential benefits to the individual, e.g. "This activity will be especially helpful for you because of your high blood pressure/arthritis/depression."

## Assist and arrange

Where possible, provide support and access to resources, not just advice. Consider whether any of these kinds of help may benefit your patient:

- ♥ Write a prescription for physical activity to formalise your advice. Some patients will be effectively motivated by written instructions. Ask your Division of General Practice about the Heart Foundation's Active Practice support materials.
- ♥ Refer the patient to support services e.g. Heartmoves, which provides safe supervised low-to moderate-intensity exercise programs, supervised by specially trained exercise professionals (fitness leaders, exercise physiologists and physiotherapists).
- ♥ For patients with high-risk conditions, refer to an exercise physiologist for assessment or a medically supervised exercise program. The RACGP provides information on available services ([www.racgp.org.au/practice](http://www.racgp.org.au/practice)).
- ♥ Set a review date to reinforce the lifestyle change.

### Heart Foundation Programs and Services

- ♥ **Just Walk It program** – refer your patient to a community walking group (NSW): call **1300 36 27 87 (local call cost)**
- ♥ **Heartline** – information for you and your patients on healthy eating, physical activity, blood pressure, blood cholesterol, smoking cessation, location of local Heartmoves programs and contact numbers: call **1300 36 27 87 (local call cost)**
- ♥ **Heartmoves** – refer your patient to a safe, low- to moderate-intensity exercise class suitable for every fitness level, delivered by accredited exercise professionals trained in risk management: call **(02) 4952 4699**
- ♥ **Heartsite** – [www.heartfoundation.com.au](http://www.heartfoundation.com.au)
- ♥ **General Practice Physical Activity Project** – contact your Division of General Practice

### References:

1. Smith BJ. Promotion of physical activity in primary health care: update of the evidence on interventions. *J Sci Med Sport* 2004; 7 (Suppl): 67–73.
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6. Hagberg JM, Park JJ, Brown MD. The role of exercise training in the treatment of hypertension: an update. *Sports Med* 2000; 30: 193–206.