



## Fact sheet

### The benefits of physical activity and walking

- Numerous studies in recent decades have shown that people who are moderately physically active have between a one-and-a-half and two-fold reduced risk of cardiovascular events and cardiovascular death<sup>11</sup>:
  - Physical activity also reduces the risk of non-insulin dependent diabetes, and favourably influences body weight, blood pressure and lipid profiles<sup>12</sup>.
  - Brisk walking for three or more hours per week could reduce the risk of coronary events in women by 30 to 40%<sup>13</sup>.
  - Regular walking is associated with a lower overall mortality rate in older physically capable men<sup>14</sup>.
  - For every 1% of adults who become sufficiently active, there would be 122 fewer premature deaths and 1,764 years of life gained<sup>15</sup>.
- The Heart Foundation recommends that adults participate in moderate physical activity for at least thirty minutes a day, on most, preferably all days of the week.
- Nine out of 10 Australian adults have at least one modifiable risk factor for heart, stroke and vascular diseases and one in four have three or more risk factors<sup>1</sup>. These factors include being overweight or obese, not being sufficiently active, having high blood cholesterol or pressure, smoking, drinking at harmful levels or having diabetes. In particular:
  - 60% are overweight – 7.42 million adults
  - 54% are not sufficiently active to enjoy health benefits – 7.27 million adults
  - 51% have high blood cholesterol – 6.4 million adults
  - 30% have high blood pressure – 3.69 million adults
  - 20% smoke daily – 3.06 million adults
  - 10% drink at levels considered harmful to their health – 1.54 million adults
  - 8% have diabetes – 945,600 adults

**For more heart health information or to make a donation to the Heart Foundation, call Heartline 1300 36 27 87 or visit [www.heartfoundation.com.au](http://www.heartfoundation.com.au)**

<sup>1</sup> Australian Institute of Health and Welfare (AIHW) 2004. Heart, stroke and vascular diseases – Australian facts 2004. AIHW Cat. No. CVD 27. Canberra: AIHW and National Heart Foundation of Australia (Cardiovascular Disease Series No. 22).

<sup>2</sup> Access Economics 2005. The Shifting Burden of Cardiovascular Disease in Australia. Access Economics and the National Heart Foundation of Australia.

<sup>11</sup> Baumann A, Bellew B, Vita P, Brown W, Owen N. Getting Australia Active: towards better practice for the promotion of physical activity. National Public Health Partnership. Melbourne, Australia, March 2002.

<sup>12</sup> National Heart Foundation of Australia. Physical Activity Policy. NHFA 2001

<sup>13</sup> Manson JE, Hu FB, et al. A prospective study of walking as compared with vigorous exercise in the prevention of coronary heart disease in women. N. Engl J Med 1999; 341: 650-8.

<sup>14</sup> Hakim AA, Petrovitch H, et al. Effect of walking on mortality among non-smoking retired men. NEJM 1998; 338 (2):94-99

<sup>15</sup> Chronic Illness: Australia's Health Challenge –The Economic Case for Physical Activity and Nutrition in the Prevention of Chronic Disease – Full Report, 2004, Australian Chronic Disease Prevention Alliance.

## Lifestyle interventions

### ***Healthy eating recommendations (E3-4)***

Encourage patients to base their eating patterns on the following guidelines:

- Use spreads instead of butter or dairy blends.
- Use a variety of oils for cooking, such as canola, sunflower, soybean and olive oils.
- Use salad dressings and mayonnaise made from oils such as canola, sunflower, soybean and olive oils.
- Choose low or reduced fat milk and yoghurt or calcium-fortified soy beverages. Restrict cheese and ice cream intake to twice a week.
- Have fish (fresh or canned) at least twice a week.
- Select lean meat (trimmed of fat, chicken without skin) and limit fatty meats, including sausages and delicatessen meats such as salami.
- Snack on plain, unsalted nuts and fruit.
- Incorporate legumes into two meals a week.
- Base meals around vegetables, and grain-based foods such as bread, pasta, noodles and rice.
- Limit take-away foods such as pastries, pies, pizza, hamburgers and creamy pasta dishes to once a week.
- Limit snack foods such as potato and corn crisps to once a week.
- Limit cakes, pastries and chocolate or creamy biscuits to once a week.
- Limit cholesterol-rich foods such as egg yolks and offal.

Consider referral to an Accredited Practising Dietitian.

***Fish oil and fish:*** Fish oils may have an important place when used in combination with statins to lower the triglyceride level in combined hyperlipidaemia. However, at this time, it is uncertain whether the use of fish oil capsules adds anything over and above the inclusion of a moderate consumption of fish. Therefore, patients should be encouraged to consume fish at least twice per week. (E4)

***Plant sterol esters:*** Plant sterols may provide a useful and acceptable way of enhancing cholesterol lowering in people taking statins. (E2)

### ***Smoking cessation***

Counselling to strongly encourage patients and their families to stop smoking is vital. Passive smokers should be provided with appropriate facts on smoking.

Consider referral to the Quitline (phone 131 848) or a smoking cessation program. If the patient is smoking more than 20 cigarettes/day and the first cigarette is within 30 minutes of waking, consider nicotine replacement therapy to assist with smoking cessation.

### ***Physical activity (E3-4)***

- At least 30 minutes of moderate-intensity physical activity should be undertaken on most, preferably all, days of the week.