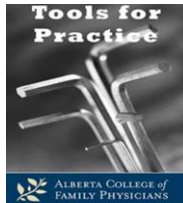


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Should family physicians add “physical activity” to their prescription pads?

Clinical Question: Do simple physical activity prescriptions increase physical activity levels?



Bottom Line: Physical activity prescriptions, combined with patient-specific goals and monitoring, may increase physical activity levels by up to ~1200 steps/day at ~1 year, with an additional 1 person becoming active for every 10 prescribed activity compared to general advice alone.

Evidence:

- Focusing on randomized, controlled trials (RCTs) of physical activity prescriptions without additional counselling or referrals. RCTs generally include patient assessment and follow-up. Results statistically significant unless indicated.
 - 347 patients with hypertension and/or type 2 diabetes, mean age 60, baseline ~4750 steps/day. Randomized to step count prescription (gradually increasing steps to an additional 3000/day) or control (verbal advice to be active for 30-60 mins/day). After 14 months:¹
 - Increase in steps/day: 1220 versus 30 (control).
 - No difference in secondary outcomes (example blood pressure).
 - 491 sedentary patients mean age 49. General practitioners discussed goals to increase activity (79% related to walking), then patient randomized to have goals written as prescription or not. Total time spent ~5 minutes. After 6 weeks:²
 - No difference when analyzing all patients.
 - When focusing on those who followed study protocol:
Proportion who increased physical activity: 73% versus 63% (verbal only), Number Needed to Treat (NNT)=10.
 - Physical activity duration: no difference.
 - 88 people with transient ischemic attack, mean age=70, baseline ~7000 steps/day. Randomized to physical activity prescription (mostly walking) or control (general information). After 6 months:³
 - 2489 more steps/day with prescription over control (not statistically different).
 - Limitations: under powered.
- Other RCTs involved complex interventions not easily incorporated into primary care, such as referrals to exercise specialists or additional counselling.^{4,5}

Context:

- Only 1 in 5 Canadians meet recommended 150 minutes of moderate-vigorous physical activity per week.⁶
 - Mortality benefits may start with 15 minutes of moderate-vigorous physical activity/day and increase with additional activity.⁷
- Patient-specific goals, monitoring, and follow-up generally all part of physical activity prescribing.³
 - Pedometers may assist with goal setting and monitoring.⁸
- Physical activity promotion in primary care is effective:⁹ NNT=12 for one sedentary person to meet recommended activity levels at 12 months.
- 2500-3000 steps are approximately equal to 30 minutes of moderate pace walking.¹

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Disclosures:

Authors do not have any conflicts of interest to declare.

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