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## Physical activity promotion

Davies and Garbutt wrote an important and commendable editorial on exercise prescription;<sup>1</sup> however, there are some fundamental issues raised requiring clarification and further consideration.

First, when measured objectively, a staggering 95% of the adult population (UK and US) do not meet the minimum recommended levels of physical activity to confer basic health benefits.<sup>2,3</sup>

Second, most chronic diseases reflect the pandemic syndrome of physical inactivity. This predisposes the inactive majority to osteoporosis, muscle atrophy, low back pain, coronary artery disease, peripheral artery disease, stroke, hypertension, type 2 diabetes, obesity, dyslipidemia, metabolic syndrome, some cancers (for example, breast cancer),

Alzheimer's disease, depression, pain, sleep problems, erectile dysfunction, death, and much more.<sup>4</sup> Not only does physical activity prevent these unpleasant afflictions, but it should also be the very first treatment.<sup>5</sup>

Third, people seem to forget when reflecting on recommended guidelines for physical activity that they represent a minimum. Lets not forget there is a dose response to the level, duration, and intensity of physical activity (that is, the more you do and more vigorous, the greater the health benefits) and that something is better than nothing. Most guidelines state that about 30 minutes' moderate to vigorous physical activity on at least 5 days a week or equivalent is the recommended minimum, including the recent BASES guidelines, which update and address some of this apparent confusion.<sup>6</sup>

Fourth, practitioner learning needs extend far beyond lacking basic knowledge about physical activity/inactivity. We are also not trained in lifestyle behaviour change techniques, that poses a significant barrier to exercise promotion success.<sup>7</sup>

A recent survey confirms that the current optional 'Lets Get Moving' physical activity care pathway is not being used. Only 660 (0.007%) of 9.5 million patients were found to have ever been coded for any of the GP Physical Activity Questionnaire read codes (March 2010 General Practice Research Gold Database).<sup>7</sup>

How sad if GPs will only wait until physical activity promotion is included in Quality and Outcomes Framework before

implementing good medical practice and promoting physical activity to their patients at every appropriate opportunity.

Physical activity is a natural pill and both a cure and prevention for many ills. Given the way that modern medicine is practised and influenced, perhaps if we thought of physical inactivity as a disease in its own right and physical activity as a medication in the same way as prescribed drugs we may begin to make some progress to the benefit of nearly all our patients, the finances of the NHS, and society.

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