General practice sport and exercise medicine in a strange new world: the role of Sports Doctors Australia and international primary care colleagues

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This edition of *BJSM* serves the primary care sports doctor as well as the generalist primary care doctor. Articles cover sports injury and the role of exercise as treatment. How life has changed for the procedural or full-service general practitioner. Twenty-five years ago, we focused on being technically good at our craft. The emergency room was full of accidents, infectious disease and the smattering of coronary artery disease and cerebrovascular disease. We aimed to improve pregnancy outcomes through attentive antenatal care and well-honed obstetric skills in the delivery suite.

General Practice in Australia now focuses on lifestyle and the 'new' neglect – self-neglect. Counselling skills including motivational interviewing, risk factor modification, chronic disease management and morbidity control, have replaced the practical skills of fracture management, suturing and acute illness management. Obstetric management means preventing gestational diabetes, macrosomia and managing labour in the obese patient.

This issue is the first shaped by *BJSM*'s newest member society, Sports Doctors Australia (SDrA). It provides valuable tips relating to exercise in daily GP practice. Exercise prescription is not an easy thing to do in an ad-hoc way that is typical of primary care medicine because people rarely present to their primary care practitioner complaining of being overweight. As with the attitudes that have been prevalent in the production of our life-style diseases, we, as doctors, also find it expedient to use statins, ACE inhibitors and Gliptins. The quick fix for the relatively unfixable is just not working.

When medications are used to reduce cardiovascular death to the level that exercise can achieve, we all need to rethink our priorities. When obese patients deliberately gain weight to meet surgical criteria, I know it is a strange new world.

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Hébert and colleagues describe the difficulties in achieving positive exercise change from within the primary care setting (***see page 625***). While this is a challenge, it points to the importance of community wide behaviour modification rather than opportunistic counselling when a person sees their doctor for another reason. Needing more than 30 min counselling to achieve good longer-term change in behaviour implies that relying on primary care practitioners alone to change the ills of our societies will fail.

In my practice, I often see excellent outcomes with exercise. I have a patient who had gestational diabetes in her first pregnancy. She looked at her long-term risk of developing type 2 diabetes and commenced a regular exercise programme and healthy weight management. Her second pregnancy was uncomplicated by gestational diabetes. Similarly, a 'fly-in-fly-out' mine worker became overweight, and developed impaired glucose tolerance and hypertension. He became focused and exercised regularly in the gym during work rotations and also cycling and running when he lived at his family home. He lost weight, his blood pressure normalised as did his glucose tolerance. The rate of gestational diabetes can be reduced with exercise. There is strong evidence in the article by Barakat and colleagues (***see page 656***). Older people can reduce all-cause mortality through regular exercise. Read the excellent article by Brown and colleagues. It appears that it is never too late to change behaviour and have a good outcome (***see page 664***).

While it sounds intuitive (and that is the type of information I like), the article by Bloemers and colleagues (***see page 669***) linking childhood inactivity with increased sports injury risk sends another important message. No longer should we hear parents saying they don't want their child playing soccer because it is too dangerous, we can now confidently say the reverse is true.

The editorial by Wilson and Whyte (***see page 623***) concerning long term cardiac risk with life-long 'excessive' endurance exercise is pertinent, although it should not deter people from 'physiological' levels of exercise. It is, though, food for thought for those 'baby-boomers' hooked on endurance sport. There might be a zone too far for their heart's sake.

All in all, primary care doctors can influence the burgeoning epidemic of type 2 diabetes, gestational diabetes, overweight and inactivity[1] but we need help. We need to work with individuals who want to change. And we need support in a coordinated attack from the broader medical community (specialists, hospital clinicians), city planners in altering the built environment[2], Governments in funding education and exercise programmes.

SPORTS DOCTORS AUSTRALIA – A TERRIFIC COMMUNITY FOR PRIMARY CARE SPORTS DOCTORS

Sports Doctors Australia is an association of doctors who have the aim of providing high level sport and exercise care to all exercising people at all levels of expertise. Therefore, Sports Doctors Australia is part of the upcoming Australian Conference of Science and Medicine in Sport. Our association with Sports Medicine Australia (SMA) is long-standing and invaluable to our members because of the excellent resources that SMA provide as well as the standout evidence based conference each year. This year's conference provides particular value as the 4th International Congress on Physical Activity and Public Health and the National Sports Injury Prevention Conference add to the attraction. Branded as 'BeActive 2012' the conference provides Australian clinicians interested in any part of sport and exercise medicine a veritable smorgasbord of clinically relevant lectures, symposia and practical workshops. And we are a social, welcoming bunch! Try us and seek me out if you are shy! Australia's best and

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Br J Sports Med: first published as 10.1136/bjsports-2012-091334 on 18 June 2012. Downloaded from http://bjsm.bmj.com/ on April 18, 2024 by guest. Protected by copyright.

the world's best in Sydney – 31 October – 3 November 2012. For information go to http://sma.org.au/be-active/. To learn more about Sports Doctors Australia, visit http://www.sportsdoctors.com.au. And Sports Doctors Australia colleagues – I am sure you will greatly appreciate this newest member benefit – full access to *BJSM*.

Competing interests None.

Provenance and peer review Commissioned; internally peer reviewed.

Received 1 May 2012

Accepted 1 May 2012

Br J Sports Med 2012;**46**:621–622.
doi:10.1136/bjsports-2012-091334

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