Physical activity as medicine: time to translate evidence into clinical practice

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Follow-up investigations of large cohorts of men and women in USA demonstrate that a low cardiorespiratory fitness constitutes the largest attributable fraction for all cause death.1 These findings are highly relevant for a majority of populations all over the world. Sedentary lifestyle is a dangerous modern health threat. Physical inactivity is linked to almost all common health problems including cardiovascular diseases, type II diabetes, obesity/overweight, cancer, dementia and depression. Furthermore, the great value of physical activity in the prevention and treatment of disease has been proven over recent years. Physical activity is essential for improved health as well as for longevity. The last decade has also provided strong data that counselling on physical activity in healthcare is effective. A systematic literature review concluded that advice and counselling of patients in everyday clinical practice increased physical activity by 12–50% for at least 6 months after the counselling session.2

ARE WE PREPARED?

There is an urgent need to spread new evidence on physical activity as well as evidence on how to promote physical activity. Physical Activity in the Prevention and Treatment of Disease, featured on the cover of this issue of BJSM, is a comprehensive handbook recently translated from Swedish.3 This tool for healthcare professionals summarises the up-to-date scientific knowledge on how to prevent and treat various diseases and conditions using physical activity. The book covers most areas of disease where physical activity has a documented effect. By combining recommendations on suitable exercise activities with a description of the potential risks of physical activity for various patient groups, the handbook provides a valuable resource for anyone working with physical activity and health. The handbook consists of 47 chapters. Fourteen of these address general aspects such as the effects of physical activity, how to motivate individuals, how to assess and control physical activity and chapters on physical activity for paediatric, pregnant and older populations. The other 33 chapters address the effects of and recommendations for physical activity in diseases and conditions within cardiovascular and metabolic medicine, psychiatry, orthopaedics, neurology, gastrointestinal medicine, nephrology, rheumatology, pulmonary medicine and more. The handbook is especially tailored to help health professionals prescribe physical activity. The method is currently used by well over half of all general practice units in Sweden; our international colleagues see no reason why that should not be the case in many parts of the world. The book (in English) is available for personal use from http://www.fyss.se as a pdf-file.

REFERENCES


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