

Want Patients to Exercise? Write a Prescription

BY MICHELE G. SULLIVAN
Mid-Atlantic Bureau

Small steps can lead to big changes when physicians use the power of a prescription pad to get patients up and exercising, experts say.

"There's nothing more frustrating to a patient than to be told bluntly, 'You need to exercise every day and lose 60 pounds,'" said Dr. Michael Fleming, past president of the American Academy of Family Physicians and someone who has struggled with obesity since childhood. "When someone told me that, I knew I was doomed. There was no way I could do it."

Physicians share that defeatist attitude, he said in an interview. "It's incredibly frustrating to try to take care of someone who won't make lifestyle changes. And the frustration coming from both sides turns the patient off to whatever the doctor is trying to say."

But change is possible, he said, and a recently published paper offers a valuable model for physicians who want to help their patients achieve it. "Helping Sedentary Patients Become More Active," a case study and commentary by Dr. Caroline Richardson and her colleague Dr. Thomas Schwenk focuses on the power of incremental change (*J. Clin. Outcomes Manage.* 2007;14:161-71).

"The key to success, which this paper stresses, is the concept of taking small steps," said Dr. Fleming, a former member of the advisory panel for the group Amer-

icans in Motion, an AAFP program that helps physicians promote fitness. "I can't start walking 10,000 steps a day tomorrow. But if someone suggests that I increase my walking by 2,500 steps a day, that's doable. I don't have to climb a mountain. Instead, I can go one hill at a time."

Although patients may express frustration with their weight and exercise habits, most realize that they could benefit from change. At the same time, they doubt their ability to succeed. A pep

talk about exercise and some vague dietary advice won't be strong enough to counteract that doubt. Instead, Dr. Richardson asserts, inactivity should be regarded as a potentially harmful condition that needs treatment. That treatment should include a physical exam with an assessment of the patient's current activity level, counseling that addresses barriers to change, and a prescription for addressing the problem.

The activity assessment should include questions about the frequency, duration, and intensity of daily activity. However, it is not always easy to get accurate answers, Dr. Richardson admitted in an interview. "People will say what they think you want to hear." Patients also often incorrectly describe their activity level because they don't understand the difference between



activity and structured exercise. "People might overestimate their activity because they feel as if they run around all day, [and] they're stressed and busy and exhausted at night. But this isn't the kind of activity that gives you any health points," said Dr. Richardson. Conversely, people who walk

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DR. RICHARDSON

an exercise program."

A baseline pedometer assessment can shed some light on how much exercise a person is getting. "It's a simple tool that gives patients an accurate reflection of what they are really doing and a way to set a concrete goal," she said.

After the activity assessment is complete—and it could take two visits to get the full picture—you can begin setting goals. During the discussion, most patients will identify at least a few barriers to change, such as work, or having a busy schedule, or health issues.

"Physicians have played a big role" in enabling patients to use medical problems as an excuse, Dr. Richardson said. "We have a history of telling people to take it easy, not to exert themselves when they're in pain or

don't feel good, especially people with chronic illness or the elderly. But this culture is actually making people sick. The truth is that it's not safe to remain sedentary."

After the patient agrees that more exercise is necessary, the physician should formalize the recommendation by writing a prescription for a specific regimen, usually a walking program.

"Giving an exercise recommendation the authority of the prescription pad can make a big difference. The patients can look back on it as a reminder and as a trigger for action," said Dr. Richardson.

The prescription should be specific, with goals that are easily attainable. The first step might be small, such as a 10-minute walk every day during lunch. But success in that small way might help bolster the patient's belief that change is possible.

Dr. Fleming admitted, it can be time consuming to persuade patients to be more active. The time factor, combined with the residual frustration because advice is frequently ignored, might be enough to discourage some physicians from broaching the issue.

"The argument that primary care physicians can't take up this issue because they already have too much to do in an appointment is spurious. If we are to take primary prevention seriously, then we have to believe that a large part of treating our patients is talking about lifestyle changes. This is just as much a part of our job as checking cholesterol and writing prescriptions for controlling diabetes," he said. ■

Metabolic Syndrome Screen Predicts Liver Problems in Obese Teens

DENVER — Screening for metabolic syndrome may identify patients at increased risk for comorbidities of obesity, according to researchers at the University of Colorado, Denver.

Dr. Kathy Love-Osborne presented a study of 83 obese teens with a family history of type 2 diabetes during a poster session at the annual meeting of the Society for Adolescent Medicine. To classify them as having metabolic syndrome (MS), modified Cook criteria were used, with patients having any three of the following considered to have MS: body mass index (BMI) or waist circumference above 95% for age and sex; blood pressure above 90% for age, sex, and height; triglycerides more than 110 mg/dL; HDL cholesterol level less than 40 mg/dL; and impaired fasting glucose (IFG), which was defined as fasting glucose levels above 100 mg/dL or impaired glucose tolerance (IGT), defined as levels above 140 mg/dL on a glucose tolerance test.

Of the 83 teens, 47 (57%) met three or more MS criteria, including all 10 of the teens with IGT. In addition, of the 33 participants with BMI more than 40 kg/m², 23 teens (70%) met three or more of the MS criteria.

Ultrasound results correlated with MS. Of 49 teens on whom any ultrasound was performed, results were abnormal in 24 participants; in the 37 subjects for whom a steatosis score was derived, this score also was significantly associated with MS criteria. Patients with one to two MS criteria had a mean score of 0.93, and those with three or more MS criteria had a mean score of 2.2.

—John R. Bell

Fitness Doesn't Trump Fatness, but It Helps Trim Comorbidity-Related Risks

BY SHERRY BOSCHERT
San Francisco Bureau

SAN FRANCISCO — Exercise by itself is unlikely to lead to weight loss, but becoming physically fit reduces a person's risk for mortality or cardiovascular death regardless of weight, Dr. Robert Baron said at a meeting on diabetes and endocrinology sponsored by the University of California, San Francisco.

A 2006 meta-analysis of 43 randomized, controlled studies of exercise to treat obesity in 3,476 patients found small weight losses from exercise alone compared with no intervention. The difference between groups often did not achieve statistical significance (*Cochrane Database of Syst. Rev.* 2006;DOI:10.1002/14651858.CD003817.pub3). Many of the studies used smaller exercise doses than now would be considered the standard of care, said Dr. Baron, professor of medicine at the university.

The investigators then focused a more formal meta-analysis on a subset of relatively homogenous studies that typically compared exercise plus a weight-loss diet to treatment using the diet alone. They found a statistically significant, modestly better weight loss in the combination group, in which patients lost 1.1 kg more than did the diet group.

Studies that employed a higher frequency, duration, or intensity of exercise, however, produced a 1.5-kg greater weight loss in the exercise-plus-diet group. In those studies, patients in the exercise groups improved their blood pressures, fasting blood glucose measurements, and triglyceride levels regardless of whether they lost weight.

Discussions about "fit versus fat" in recent years largely originated with the 1999 Aerobics Center Longitudi-

nal Study (ACLS), which reported mortality benefits from fitness even in overweight or obese men. In the 14-year observational study of 25,714 men, the relative risk of death in men who were fit was only 10% higher in overweight or obese men compared with normal-weight men. In men who were not fit, however, the risk of death doubled in normal-weight men, was 2.5 times higher in overweight men, and tripled in obese men compared with fit, normal-weight men (*JAMA* 1999;282:1547-53).

More recent studies have attempted to confirm these findings. An analysis of data on 116,564 women in the Nurses Health Study found less impressive—but still beneficial—effects of fitness in a 24-year observational study. Compared with normal-weight, active women, the relative risk of death was 1.6 in normal-weight, inactive women, 1.9 in overweight, active women, and 2.6 in overweight, inactive women (*N. Engl. J. Med.* 2004;351:2694-703).

A separate analysis of data on 19,173 men from the ACLS found that fitness decreased the risk of death from cardiovascular disease in patients with metabolic syndrome in any weight group (*Diabetes Care* 2005;28:391-7). In the normal-weight group, metabolic syndrome doubled the risk of cardiovascular mortality, but the risk was only 1.6-fold higher in fit men with metabolic syndrome compared with fit, healthy controls.

In the overweight group, fitness normalized a slightly higher risk among healthy men as a whole compared with normal-weight men. A 1.8-fold higher risk in men with metabolic syndrome became a 1.2-fold higher risk with fitness. Among obese men with or without metabolic syndrome, a nearly threefold higher risk for cardiovascular death was halved among fit men. ■