Letters

Organismically necessary activities

Many thanks to the Australian Journal of General Practice for the important preventive healthcare editorial by Professor Stephen A Margolis (AJGP December 2018).1 For many decades now, the named worldwide trend in insufficient physical activity has been a major problem for the health of the population² (see the current Global action plan on physical activity 2018-2030 of the World Health Organization, available at www.who.int/ncds/prevention/ physical-activity/gappa). Therefore, physical activity and exercise are two of the evidence-based key components in the Royal Australian College of General Practitioners' (RACGP's) Guidelines for preventive activities in general practice (Red Book) and the RACGP's Smoking, nutrition, alcohol, physical activity (SNAP) guide since the first editions. Today it is known that physical activity bouts of a few minutes accrue a healthpromoting stimulus, and even a very brief exercise intervention given by general practitioners (GP) to sedentary patients with chronic diseases can change their exercise behaviour.3,4

However, a large proportion of Australian GPs apparently do not routinely assess and advise on physical activity or specific exercises for their patients.⁵ In an analysis of the Australian Health and Social Science panel (n = 1799; mean age = 55.9 years), only 18.2% of the participants reported that they received physical activity advice or recommendations from their GPs in the past 12 months. Two hundred and fifty-three participants received specific advice. Mostly, aerobic activity was recommended by the GPs (59.3%). Participation in other important physical activity types (eg for fall prevention) such as resistance-based activity (13.4%), flexibility activities (11.4%) or balance exercises (4.3%) - was advocated to a small extent. One hundred participants received specific information on duration and frequency of physical activity.6 The rate of GP referrals to accredited exercise physiologists during routine practice is also very low in Australia (1.44 per 1000 encounters).7 And when physical activity training takes place in Australian medical schools for an average of only 5-12 hours across the entire degree (eg national muscle-strengthening training guidelines are often not taught),8 it is not surprising that physicians are sometimes unfamiliar with physical activity screening and exercise prescription.5 For example, a survey of knowledge, use and confidence in national physical activity guidelines among 1013 GPs in England showed the following results: 30% had not heard of the guidelines, 51% responded they had heard of them but were very or mainly unfamiliar with their content and only 20% were broadly familiar with the physical activity guidelines.9 Increased integration of physical activity education into the medical curriculum is urgently needed.5,8 In a recent study at the Queen Elizabeth Hospital, Jadczak et al observed that an additional one-hour exercise tutorial combined with a 30-minute practical counselling session has already improved senior medical students' perceived competence in prescribing exercise to older people.¹⁰ Moreover, it is repeatedly documented that physically active doctors are more likely to prescribe exercise to their patients.5

In their daily routines, both patients and physicians should keep reminding themselves of the old, yet timeless, rule, as expressed 300 years ago by the German GP and medical professor Friedrich Hoffmann (1660-1742): 'A proper physical activity surpasses all other medicines, which one may recommend only for the preservation of health and for the safekeeping of diseases; and for this purpose can rightly be called a universal medicine, because it not only removes the causes of the disease, but is also a reliable means for the real strengthening and well-being of the body'.11 Hoffmann was one of the most outstanding physicians and scholars in the first third of the eighteenth century; some called him a second Hippocrates or the 'Aesculapius Hallensis'.

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