



Promoting Active Living

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Health-care professionals are aware of the rising epidemic of obesity and other risks associated with sedentary lifestyles. The control of this epidemic is primarily done in the clinical setting.

What is the GP's role?

Considering that 80% of the population will visit their family physician during the course of a year, the family physician can play a vital role in influencing a patient's behaviour. Using counselling tools, such as Health Canada's Physical Activity and Food Guides, PACE Canada, and Go for Green, physicians can help empower people to make healthy choices. A healthy living approach, rather than a weight-centred approach, should be the focus (*i.e.*, healthy eating, not dieting; active living, not vigorous exercise). For effective behaviour changes, reminders are important. Verbal advice, along with a written prescription or "hand-out" are helpful. However, there are some barriers faced by physicians attempting to counsel patients (Table 1).

"Doctor, how do I change?"

Patients may not want to change, citing lack of time, motivation, and energy. Physical activity should be incorporated into a daily routine (*i.e.*, using the stairs more frequently, walking the dog, *etc.*). Have patients choose activities they enjoy. Exercise does not need to be painful or uncomfortable, and there is no need to join a gym. Physical activity does ultimately increase energy levels, but there are also barriers faced by patients that make complying to change more difficult (Table 2).

So, what is the solution?

Ultimately, everyone is responsible for good physical health, including patients, government, private organizations, and non-profit organizations.

Mr. Jones' case

Mr. Jones, 53, presents with generalized fatigue. He says he doesn't have the energy to do anything anymore. He works long, stressful hours, and admits he doesn't really look after himself. He has no time to relax, let alone exercise, and his diet could use some improvement. Exam reveals an overweight male with a body mass index of 30, blood pressure of 145/90 mmHg, elevated fasting glucose, and abnormal lipid profile. Systemic examination, and other baseline special investigations reveal no abnormality.

You explain the cardiovascular risks involved with his particular lifestyle. You also inform the patient of the benefits of increasing his physical activity and making healthier eating choices. He is reluctant to make these changes and asks, "Isn't there anything I can take?"

You explain that incorporating 30 minutes/day of physical activity and following Canada's Food Guide will result in weight loss and increased energy, as well as reduced stress and cardiovascular risk. You advise him on how to get started and recommend he set a few realistic goals that can be reviewed at his followup appointment.

Table 1

Barriers to counselling patients on lifestyle modifications


- Lack of financial incentive
- Lack of standard guidelines
- Lack of success
- Lack of appropriate training

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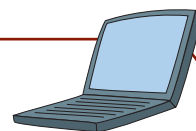
Table 2

Barriers faced by patients

- Cold weather (limits outdoor activity)
- Increased cost of eating healthier foods
- Reduction in walking (most people drive)
- Reduction of quality physical education in schools

Physicians can stimulate and facilitate active living opportunities within their communities and schools. Through contact with politicians and government departments, they can help secure a change in public policy and, with the help of media influence, can help reduce this national epidemic. 

Surf your way to...



1. Coalition for Active Living:
www.activeliving.ca
2. Canada's Physical Activity Guide:
www.hc-sc.gc.ca/hppb/paguide
3. Canadian Fitness and Lifestyle Research Institute:
www.cflri.ca
4. PACE Canada:
www.pace-canada.org
5. Active Living Coalition for Older Adults:
www.alcoa.ca

Just Click It



A look at common medical issues on the Web

Seasonal Affective Disorder

Surf your way to...

1. University of Toronto—www.newsandevents.utoronto.ca/bin1/001114b.asp

The University of Toronto is one of Canada's leading medical schools.

This site features an article entitled "Tackling seasonal depression in Canada," by Megan Easton. The article reviews the CAN-SAD study, which tested the effectiveness of different types and different combinations of antidepressants, as well as fluorescent light therapy, in patients with seasonal affective disorder (SAD).

2. UBC Mood Disorders Centre—www.psychiatry.ubc.ca/mood

The Centre's mission is to improve the clinical care of people with mood disorders through education and research. The Centre is affiliated with the university's psychiatry department.

This site provides a variety of academic articles and links to experts in the field.

3. The Substance Abuse and Mental Health Services Administration (U.S.)—
www.mentalhealth.samhsa.gov

This U.S. National Mental Health Centre was developed for users of mental health services, policy-makers, and health-care providers.

This site defines seasonal depression, provides an overview of treatment, and lists contacts for more information.

4. National Alliance for the Mentally Ill (NAMI) (U.S.)—www.nami.org

Founded in 1973, NAMI is a non-profit support organization for patients with severe mental illness.

This site provides information on common behaviour patterns for people with SAD, and suggests good reading material. This is a good site for physicians to refer their patients to, as it gives patients a broader perspective on their illness. 