



## EDITORIAL

## Exercise prescription focused on patient



Human body is designed to move, and this premise has become a necessity to remain over time. Healthcare professionals prescribe exercise and promote active lifestyle to achieve a better health status of the population at all ages and in any health conditions. Indeed, exercise is an excellent non-pharmacological preventive therapy for the most prevalent diseases such as cardiovascular disease and cancer, with few possible side effects and low economic cost. An active lifestyle has been proven to prevent diseases and promote health, mental health, better sleep, quality of life, autonomy in daily living activities, and longevity<sup>1,2</sup> has direct effects on delaying all-cause mortality.<sup>3</sup> In addition, it has social, environmental, and economic benefits. Indeed, an active lifestyle helps to achieve the Sustainable Development Goals (SDGs)<sup>4</sup>

We are active enough if we meet the recommended levels according to the WHO, (minimum of 150 – 300 minutes per week of moderate-vigorous physical activity PA, or 75 – 150 minutes of vigorous PA weekly and, depending on health conditions and age it is necessary to complement by multicomponent exercise. Healthcare professionals have an important role in helping people to make any necessary changes to their sedentary behaviour. The level of daily PA, physical exercise (PE), or sport at any intensities (light, moderate, and vigorous) can be combined with sedentary behaviour. These two aspects are not mutually exclusive and, according to their combination, people can be divided in four categories: 1) sedentary and active, 2) sedentary and insufficiently active, 3) non-sedentary and active, and 4) non-sedentary and insufficiently active.<sup>5</sup> This classification helps to prescribe PA, but health professionals need to focus more on patients as individuals. It is important to convince them that breaking the time of continuous sitting and increasing the level of weekly PA is the basis for better future health.<sup>6</sup> A recent study showed the possibility of compensating sitting hours with minutes of PA, is already good news, but more data and research are needed.<sup>7</sup>

An active lifestyle must be inculcated at all stages of life in the entire population: children; young people and adolescents<sup>8</sup>; adults; older adults and adults with chronic diseases;

people with disabilities; and women in key stages of their lives (menarche, pregnancy, postpartum, and menopause).<sup>9</sup> Finally, to maintain a good physical condition, invisible training is the key: correct nutrition, stress management, and restful sleep. These, among many other factors, are well detailed in the WHO reports: “well-fed movement - with a restful sleep”.

Despite the overwhelming scientific evidence about the benefits of PA and exercise prescription for health, this is not applied in clinical practice. On the contrary, from population surveys, we observe an increasing tendency for insufficient PA and sedentary behaviour. Therefore, exercise prescription should be implemented in a more systematic way by the health care system, as it is already done in the case of some chronic diseases. PA should be finally considered as a non-pharmacological therapy or complementary adjuvant therapy.

Many guidelines and consensus documents endorse and organize exercise prescription and help to apply it in a rigorous and well-structured way. Different factors have to be considered to organize PE sessions: Frequency, Intensity, Time, and Type (FITT); volume; and progressions.<sup>9</sup> Healthcare professionals should always focus on people, not on their diseases<sup>10</sup>; therefore, prescriptions must be individualized and agreed with the patients, listening to their preferences, hobbies, goals, fears, and doubts. Moreover, it is key to understand the health assets in the community, which can act as facilitators to achieve healthy habits and adherence to PE prescription.

It should be mandatory for healthcare professionals to prescribe PE as a therapeutic tool and register it on medical records and they must empower the patient to achieve an adequate adherence to active lifestyle or exercise prescription.<sup>11</sup> In conclusion, it is crucial to motivate patients to avoid sedentary time as an independent risk factor for all causes of mortality. Just prescribing is not the solution; instead, we will achieve success by seducing patients and positively encouraging them

Indeed, it is crucial to accompany patients in decision-making and helping them to choose the best proposal. We

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advise using the quintet of the A's: Ask Advice, Agree, Assist, and Arrange.<sup>12</sup> These are based on the motivational interview. Asking open questions, not opting for paternalistic interviews, helps to break down barriers such as the lack of time in adults, and the fear of hurting themselves in older adults. To ensure that the patient is co-responsible for the decision, it is important to understand the environment where patients live and develop their social, work, and family activities; to know the conditions of the community. This information can help to improve the adherence to the prescription and, in medical consultation, each advice is key to incorporate a habit like PE.<sup>13</sup> Finally, health and sport literacy are crucial: speaking the same language, using terms that are understandable to different professionals and to patients. Professionals can be very empathic with patients, adapt ourselves to the patient, remembering that motivation makes us start, but the habit makes us continue.

The most healthcare professionals know about PE, and the most physical education professionals know about health and diseases, the better they will understand each other. This will lead to a final benefit for the health of patients and of the general population. In this sense, it is necessary to increase training in university studies of health sciences,<sup>14</sup> physical education, and sports science. Continuous training in specialized areas are needed to manage a multidisciplinary and integrated work.

Finally, it must be known how to accompany patients with a controlled chronic disease (e.g., hypertension) that train and compete. It is important to always consider prevention, regular check-ups, medication, and management of performance.

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