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IMPLEMENTING PHYSICAL ACTIVITY ON PRESCRIPTION IN PRIMARY CARE

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Objectives

To evaluate the physical activity on prescription (PAP) in an out patient clinic in the primary health care in Sweden, and compare responders to non-responders to PAP.

Methods

All together 194 patients were included in the study. Inclusion criteria were: physically inactive, age 30-80 years and at least one component of the metabolic syndrome. The patients were offered PAP including individualized dialogue, prescribed activity and 1-2 follow-up occasions during a 6-month period.

Results

A total of 148 patients (76 %) completed the 6-month follow-up, at which time 111 of the participants (75%) had increased their physical activity level and 64 patients (43%) had moved from inadequately to sufficiently physically active. Significant improvements were found in waist circumference, fasting plasma glucose and HDL. A sub-group analysis comparing non-responders (n=36) to responders (n=64), showed significant improvements in BMI ($p=.043$) and triglycerides ($p=.039$) in the responder group. Similarly, health related quality of life, assessed by SF-36 showed significant improvements for "role limitation physical" ($p=.047$), "general health" ($p<.001$), "vitality" ($p=.028$), "mental health" ($p<.001$) and "mental component summary" ($p=.014$) in the responder-group.

Conclusions

The present study identified improvements in metabolic risk factors and self-reported quality of life, in responders to PAP. PAP is associated with an increased physical activity level at 6-month follow-up.