



Inactivity and Premature Death: A Call to Action for Exercise Counseling

Physician recommendations for exercise and physical activity are typically general. However, exercise counseling based on what kind of exercise, age, chronic condition, or current level of functioning may not always be considered. Prescriptive exercise based on individual differences and level of functioning has proven effective in producing improved outcomes.

Pamela Peeke, MD, MPH, FACP a national spokesperson for the American College of Sports Medicine's "Exercise is Medicine" campaign, says that '**exercise prescriptions work**', and that '**exercise prescriptions get inactive adults moving**'. (Archives of Internal Medicine (April 17, 2009).

Physical inactivity ranks as the **fourth leading cause of death** worldwide. Unfortunately, there are factors that may challenge our healthcare providers in offering a more individualized approach to exercise counseling, such as reimbursement, time, or lack of professional knowledge in exercise programming. According to the Centers for Disease Control and Prevention (CDC), only 23.2% of adults age 18 and over meet the Physical Activity Guidelines for both aerobic and resistance activity combined. Rates of physical activity counseling by physician and other healthcare professionals still remain unacceptably low.

A 2018 published research study in Public Health Research, Practice, and Policy on Preventing Chronic Disease, looked at the percentage of deaths associated with inadequate physical activity in the United States.

To define inadequate physical activity, individuals were categorized into 4 activity levels:

- inactive - no physical activity reported in the past 2 weeks
- insufficiently active - some activity but <150 min/week of moderate-intensity equivalent activity
- **sufficiently active - 150–300 min/week of moderate-intensity equivalent activity (per guidelines)**
- highly active - >300 min/week of moderate-intensity equivalent activity

- The results showed that among adults aged 40 to 69 and 70 or older, **inactive adults** had an increased risk of premature death compared with **insufficiently** active adults.
- For adults aged 40 to 69, the difference was also significant for those **insufficiently** active versus **sufficiently** (150-300 min/week) active. **(Minimum guidelines are 150 minutes/week)**
- For adults aged 25 to 39, inactive adults compared with those sufficiently active had an increased risk of premature death in the unadjusted models; however, once they controlled models for demo-graphic characteristics, that increased risk was no longer significant.
- No significant differences between those who were highly active versus sufficiently active were observed for any age group.

GOAL: Exercise counseling on meeting the minimum guidelines to be sufficiently active.

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