

## EDITORIAL

## The Truth is that Doctors do not Prescribe Physical Activities

Lorena Christine A. Albuquerque<sup>1</sup> and Nabil Ghorayeb<sup>2</sup>

*Instituto Dante Pazzanese de Cardiologia - IDPC, São Paulo, SP - Brazil*

*Editorial related to the article: Talk the talk and walk the walk! Association between Weekly Exercise Load and Knowledge about Recommendations for Fighting Inactivity*

Considering the well-established health benefits of regular physical activity, doctors have a primary role in counseling, encouragement, and education. In fact, they should be proactive in promoting health. Multiple published manuscripts attempted to link the doctors' level of physical activity to the encouragement of their patients' physical activity. Sufficient evidence has been provided that medical advice alone does not lead to sustained changes in the behavior of their patients.

There was statistical significance in the manuscript that we analyzed, by Meira DT, et al.<sup>1</sup>: "Talk the Talk and Walk the Walk! Association between Weekly Exercise Load and Knowledge about Recommendations for Fighting Inactivity", demonstrating a linear association between the amount of physical exercise recommended per week and the knowledge of the WHO recommendations against a sedentary lifestyle among the health professionals attending the Conference of the Society of Cardiology of Rio de Janeiro in 2017.

At a given moment in the discussion of the manuscript, the conclusion of the manuscript by Patral et al.,<sup>2</sup> is mentioned, pointing out that physically active doctors are better engaged in advising their patients to exercise. Admittedly, said association exists, but we cannot report this in this study because the doctors have not been asked about the level of counseling given to their patients.

### Keywords

Cardiovascular Diseases/Prevention and Control; Exercise; Sports; Sports Medicine/Trends; Quality of Life, Risk Factors/Prevention and Control.

The manuscript was an open observational study and some biases can be found, such as the selection bias well described in the article, but it is also possible to perceive some information and interviewer bias, as the approach adopted to select the research participants has not been well described.

The approach on the topic mentioned in the manuscript successfully aroused the medical community's interest regarding the doctors' engagement with advising their patients to exercise.

Reports have already been described about the barriers that prevent the doctors from encouraging their patients to exercise, including: duration of the visit and low fees; lack of tools to put the recommendation of physical activity into practice and insufficient technical knowledge.<sup>3</sup> There is currently a wide range of evidence suggesting that the doctors' encouragement to physical activity, combined with multiprofessional approaches, seems to be the most effective way of achieving long-term adherence to the practice of physical activity.

More than simply informing the patient about the need to exercise, the way the message is conveyed is the one that can influence the patient's change of behavior.<sup>4-9</sup> As well described in the article, we could introduce policies of greater dissemination of this advice in the medical community. However, coupled with this, doctors should get involved with these efforts, by offering structured individual advice that includes recommendations from the Guidelines for Sports Cardiology and Cardiovascular Prevention, from the Brazilian Society of Cardiology.

In conclusion, in addition to medical engagement, the suggested recommendations should be written in the prescription, in addition to self-monitoring tools.

**Mailing Address: Lorena Christine A. Albuquerque**

Instituto Dante Pazzanese de Cardiologia - IDPC - Av. Dr. Dante Pazzanese, 500. Postal Code: 04012-909 - Vila Mariana, São Paulo, SP - Brazil.  
E-mail: lorenaalbuquerque2@hotmail.com

DOI: 10.5935/2359-4802.20190076

## References

1. Meira DT, Gonçalves LG, Araujo LH, Gasparini M, Cunha BS, Monteiro A, et al. Talk the talk and walk the walk! Association between weekly exercise load and knowledge about recommendations for fighting inactivity. *Int J Cardiovasc Sci.* 2019;32(5):473-480.
2. Patral I, mini GK, Matheus E, Thankappas KR. Doctor's self reported physical activity their counseling practices and their correlates in urban Trivandrum, South India Should a full service doctor be a physically active doctor.et al Doctor's Self reported physical activity their counseling practices and their correlates in urban Trivandrum,South India Should a full-service doctor be a physically active doctor ? *Br J Sport.*2015;49:413-.
3. Meriwether R, Lee JA, Lafleur AS, Wiseman P, Breyan J, Elon L. Physical activity counseling. *Am Fam Physician.* 2008;77(8):1129-36.
4. Frank E, Breyan J, Elon L. Physician disclosure of healthy personal behaviors imposes credibility and ability to motivate. *Arch Fam Med.* 2000;9(3):287-90.
5. Abramson S, Stein J, Schaufele M, Frates E, Rogan S. Personal exercise habits and conseling practices of primary care physician: Nacional Survey. *Clin J Sport Med.* 2000;10(1):40-8.
6. Stevenson LM, McKenzie DC. Physician's exercise habits. *Can Fam Phisician.* 1992 Sep;38:2015-8.
7. Lobelo F, Deiperly JF, Frank E. Physical activity habits of doctors and medical students influence they counseling pratices. *Br J Sports Med.* 2009;43(2):89-92.
8. Lobelo F, Rohm Young D, Salles R, Garber MD, Billinger SA, Deiperly J, et al. Routine assessment and promotion of physical activity in health care settings: a scientific statement from the American Heart Association. *Circulation.* 2018;137(18):e495-e522.
9. Jardim PCB, Araújo WEC, Jardim LMS, Salgado CM. Fatores de risco cardiovascular-res em coorte de profissionais da área médica: 15 anos de evolução. *Arq Bras Cardiol.* 2010;95(3):332-8.

