

ecOS Physical Activity Promotion in General Practices in Switzerland - First Results on Effects



Section of both Basel

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Background

- Physical inactivity is increasing in the Swiss population.
- Physical activity assessment and counselling in primary care institutions could be a successful way to reach the insufficiently physically active and promote physical activity.

Aim

- Develop and test a model for a systematic assessment and counselling of patients in primary health care institutions suitable for a large number of general practitioners.
- Identification and “activation” of insufficiently physically active patients.

Method

- Systematic assessment of physical activity level and mobility behaviour of patients aged 16-65 years in general practices via self-completed questionnaires prior to consultation.
- People identified as insufficiently physically active were offered a leaflet or a voucher for individual counselling with a trained physical activity adviser.
- All insufficiently physically active and 15% of active patients were invited to complete a similar questionnaire sent by mail 12 months after baseline assessment.

Results

Tab.1: Participation at baseline

	n	%
Total number of screening weeks	246	
Number of eligible patients	7455	100%
Number of filled-in questionnaires	4987	67%
Physical activity level discussed with patient	4621	93%
Insufficiently physically active	1049	23%
Brochure or voucher accepted among physically inactive	621	59%
Number of attended activity counsellings (among 157 accepted vouchers)	49	31%

Reasons for eligibility: Age 16-65 years, questionnaire not yet filled-in, patient with consultation, German speaking patient

Reasons for not-filling in the questionnaire: Patient's refusal / no time (14.1%), practice did not have time (14.5%), staff forgot to hand out questionnaire (4.4%)

Follow-up

- 73.8% of patients filled in the questionnaires at follow-up.
- Participants at follow-up differed significantly in age compared to non-participants. No differences were found in BMI, sex and stages of change.

Results of follow-up(cont.)

- Over 90% of the participants at follow-up welcomed the doctor's assessment and discussion about physical activity.
- Only 101 (12.5%) of the participants who had received a leaflet with activity tips were able to recall its contents after one year.

Tab.2: Change of activity levels

		Follow-up					
		Active		Inactive		Missing	
		n	%	n	%	n	%
Baseline	Active (n 462)	331	71.6	94	20.3	37	8.0
	Inactive (n 775)	288	37.2	382	49.3	105	13.5
Total (n 1237)		619	50.0	476	38.5	142	11.6

Tab.3: Change of time spent doing moderate and intense activity

Activity level at baseline	n	Moderate activity		Intense activity	
		Mean change in min per week 95% Conf. Int.	n	Mean change in min per week 95% Conf. Int.	n
Active	407	-57.5* [-113.1 ; -1.8]	379	13.2 [-19.5 ; 45.9]	
Inactive	629	58.9* [38.9 ; 78.9]	568	34.5* [21.2 ; 47.7]	

* p< 0.05

Conclusions

- Good participation at baseline (67%) and follow-up (74%).
- 37% of the physically inactive at baseline assessment became active within 12 months. However, 20% of the active became inactive within 12 months. This could be due to spontaneous changes in activity levels and misclassification of “actives” at baseline.
- Physical activity promotion should also aim at keeping the active active.
- Overall, the physically inactive increased their time doing moderate and intense physical activities.

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