Exercise is Medicine

Rachel Bengtzen, MD
Sports Medicine
Oregon Health & Science University
Nov 10, 2023



Objectives

- Case study: Physician exerciser?
- Describe the evidence basis of Exercise as a Medicine
- Assess our own habits as health care providers in meeting minimum exercise requirements
- Learn how to assess and prescribe exercise with our patients

Paradigm Shift





Medicine...



Medicine...



"MY DOCTOR PRESCRIBED EXERCISE."

Your Own Exercise Vitals

In the last 2 weeks, on average:

 How many days a week did you get of moderate to strenuous exercise?
 Moderate = brisk walk or more

On average, how many minutes did you exercise at this level?

Physical Activity Exercise Guidelines

Aerobic Exercise

• 150 - 300 minutes a week of moderate-intensity [30 min brisk walk 5+ days/week]

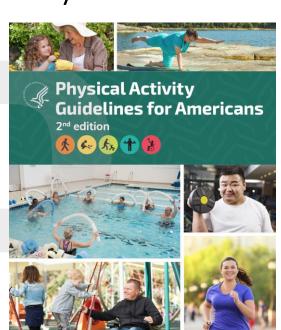
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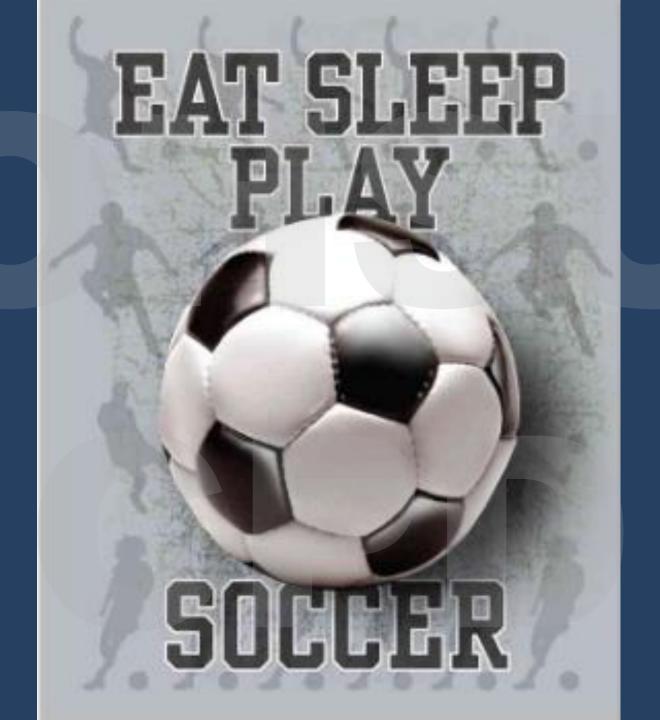
75 minutes to 150 minutes a week of vigorous-intensity aerobic physical activity

Strength Training

 2 or more days a week moderate or greater intensity

*DECREASING SEDENTARY TIME





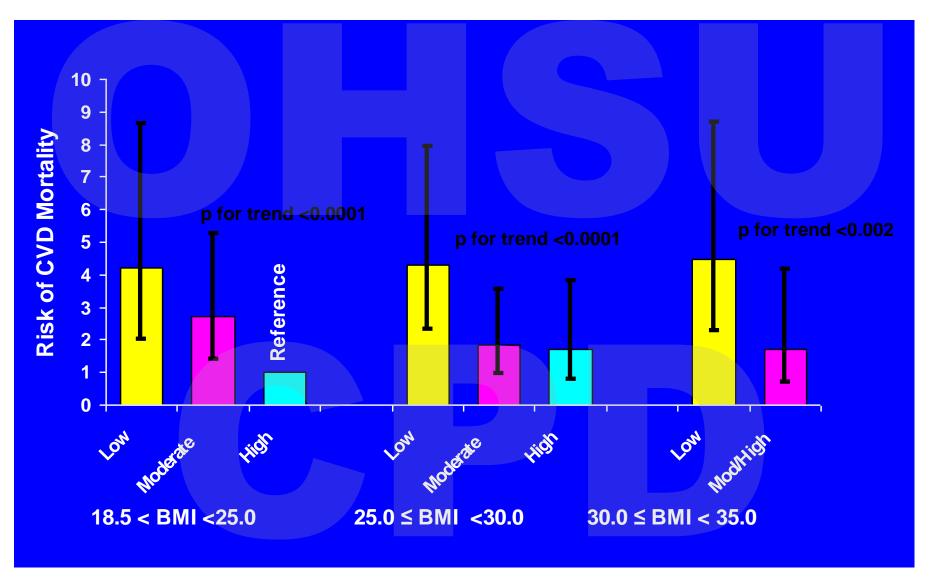






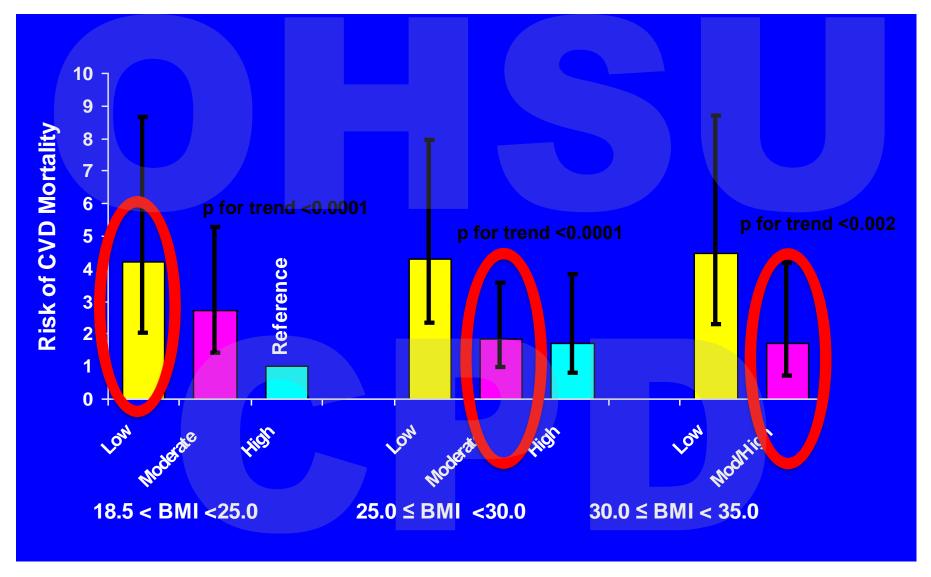


CVD Mortality Risk* by Fitness and BMI Categories



Church TS et al. Arch Int Med 2005; 165:2114. Blair slides 2012

NOT ENOUGH TO BE THIN



Church TS et al. Arch Int Med 2005; 165:2114. Blair slides 2012

Burnout and Physical Activity in Minnesota Internal Medicine Resident Physicians

SHAWN M. OLSON, MD, MPH
NNAEMEKA U. ODO, MD, MPH
ALISA M. DURAN, MD, FACP
ANNE G. PEREIRA, MD, MPH, FACP
JEFFREY H. MANDEL, MD, MPH

Olsen. J Grad Med Educ. 2014

- Internal Medicine Residents
- 79% **↓** physical activity
- Decreased VO2 max
- Failing to meet physical activity guidelines higher rates of burnout



Overweight Physicians During Residency: A Cross-Sectional and Longitudinal Study

MAYA LEVENTER-ROBERTS, MD, MPH MARK R. ZONFRILLO, MD, MSCE SUNKYUNG YU, MSC JAMES D. DZIURA, PHD DAVID M. SPIRO, MD, MPH

- Included:
 - Resident physicians (EM, IM, FM, OB/GYN, Peds, Psych, Surgery)
 - PGY1-3





BMI 企

Self – perception No Change



Primary Care Provider Exercise Habits

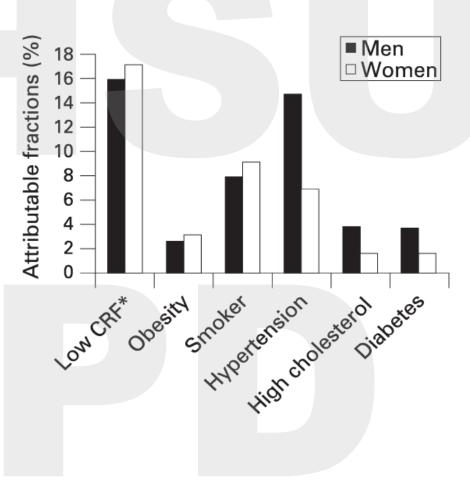
28.6% PCPs met minimum physical activity guidelines

23.2% all Americans meet minimum physical activity guidelines



Low Fitness may matter the most

Low Cardiorespiratory fitness (CRF) was the leading cause of preventable deaths from all-cause mortality.



Physical Activity Modifiable Risk Factor

- Primary Prevention
 - 80% reduction CVD risk
 - 90% reduction type 2 DM risk
 - 33% reduction cancer risk
 - Decreases risk of developing dementia
- Secondary Prevention

MEDICAL SCIENCE

Can lifestyle changes reverse coronary heart disease?

The Lifestyle Heart Trial

DEAN ORNISH SHIRLEY E. BROWN LARRY W. SCHERWITZ

JAMES H. BILLINGS WILLIAM T. ARMSTRONG THOMAS A. PORTS

SANDRA M. MCLANAHAN RICHARD L. KIRKEEIDE

RICHARD J. BRAND K. LANCE GOULD

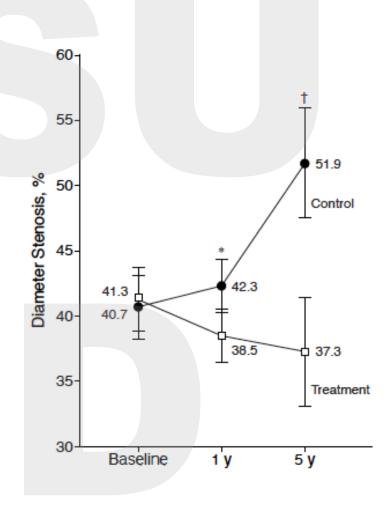
The Lancet 1990

- Patients with angiographically documented CAD were randomly assigned:
- Experimental group:
 - Moderate exercise: 30-minute walk daily
 - Low-fat vegetarian diet
 - Stress management training
 - Tobacco cessation counseling
 - Support group
- Control group

1 year follow up

- Experimental

 - Angiogram: ↓ Stenosis
- Control
 - Worsening stenosis, cardiac events
- Dose-response: better adherence had better % lesion improvements



Hypertension

HOW DOES EXERCISE TREATMENT COMPARE WITH ANTIHYPERTENSIVE MEDICATIONS?

Reference: Naci H, Salcher-Konrad M, Dias S, et al. BJSM, 2019

designed by fissac.com

Objective

To compare the effect of exercise regimens and medications on systolic blood pressure (SBP)

Results

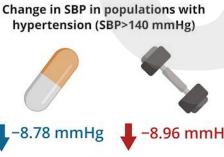
197 RCTs and 10461 participants were evaluated in exercise interventions

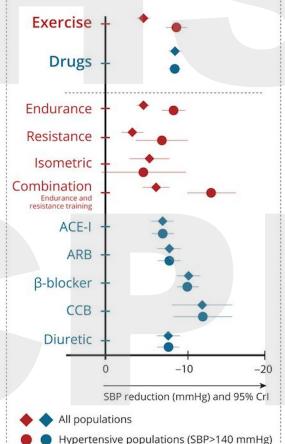
194 RCTs and 29281 participants were evaluated in antihypertensive medications interventions

Change in SBP in all populations



hypertension (SBP>140 mmHg)





ACE-I, angiotensin-converting enzyme inhibitors

ARB, angiotensin-2 receptor blocker

CCB, calcium channel blocker

Conclusions

In populations with hypertension, exercise interventions most appear to be as equally effective as most antihypertensive medications in lowering baseline SBP

In all populations



In populations with hypertension



BJSM 2020 Infographic

Diabetes



Exercise/Physical Activity in Individuals with Type 2 Diabetes: A Consensus Statement from the American College of Sports Medicine

JILL A. KANALEY¹, SHERI R. COLBERG², MATTHEW H. CORCORAN³, STEVEN K. MALIN⁴, NANCY R. RODRIGUEZ⁵, CARLOS J. CRESPO⁶, JOHN P. KIRWAN⁷, and JULEEN R. ZIERATH⁸

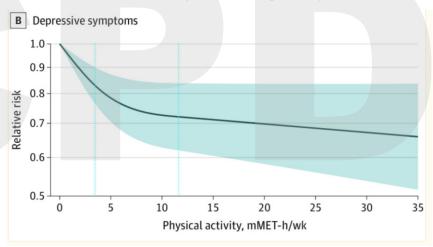
- Regular aerobic exercise lowers HgbA1c 0.5-0.7%
- Small doses of PA (breaking up sedentary time) = improves postprandial glu/insulin levels
- Weight loss (diet + exercise) > 5% = benefits
- Exercise before bariatric surgery improves outcomes

JAMA Psychiatry | Original Investigation

Association Between Physical Activity and Risk of Depression A Systematic Review and Meta-analysis

Matthew Pearce, PhD; Leandro Garcia, PhD; Ali Abbas, PhD; Tessa Strain, PhD; Felipe Barreto Schuch, PhD; Rajna Golubic, PhD; Paul Kelly, PhD; Saad Khan, MB, BChir; Mrudula Utukuri, MB, BChir; Yvonne Laird, PhD; Alexander Mok, PhD; Andrea Smith, PhD; Marko Tainio, PhD; Søren Brage, PhD; James Woodcock, PhD

- Depression leading cause of mental health related disease burden
- Inverse curvilinear dose-response association between PA and depression
- Adults 8.8 met hours (2.5 hrs moderate activity) 25% lower risk of depression
- Significant gain going from sedentary to slightly active

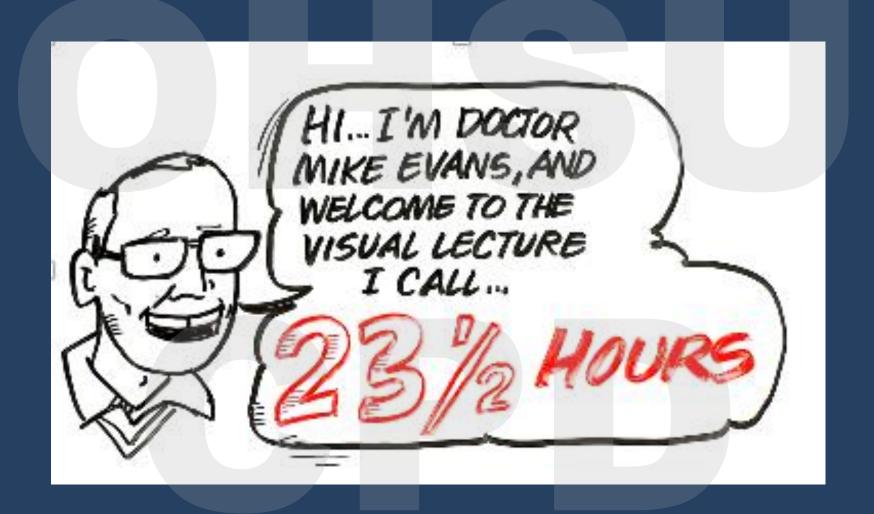


Secondary Prevention

- Cancer mortality rates 1 7-17%

- Infertility (ovulation/pregnancy rates improved in obese women)
- Cognition: improves functional and structural neural properties





23 ½ Hour Day

by Mike Evans, MD



Paradigm Shift: Solutions

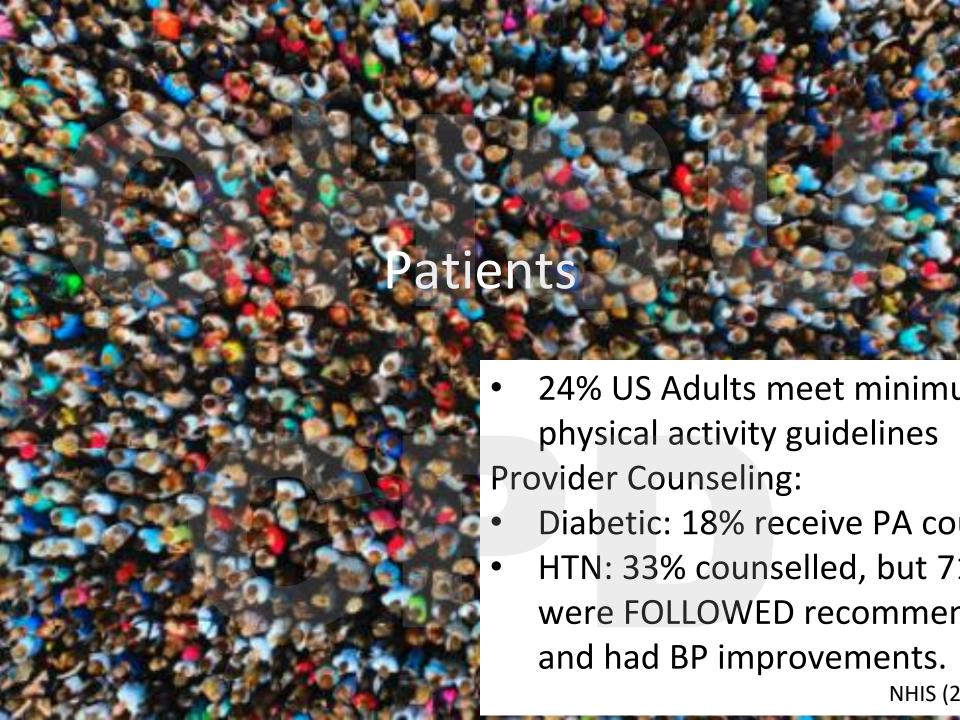
- Fun!
- Commuting (bike/walk; park farther away)
- HIIT training: 7min exercise repeat; time adds up!
- Participate in competitive events
- Exercise before work
- Exercise with a buddy (or team or child!)
- Do Reading/Studying while exercising
- TV on = exercise time
- Combine activity with children's events and sports
- Talks with family = walk time
- Walk meetings
- Regular exercise times OR Flexible hours to allow exercise at different times of day





Fitness Improves Surgical Outcomes: A case for pre-habilitation

| Author (yr) | Subjects | Surgery/Procedure | Outcomes | Key Results |
|--------------------------------|--|---|--|--|
| Beaupre <i>et al.</i> (2004) | N = 131; 6-wk preoperative exercise program | TKA | SF-36, strength measures, length of stay | Reduced postoperative hospital stay |
| Arthur et al. (2000) | N = 249; at least 10-wk prehabilitation | Coronary bypass surgery | Postoperative hospital stay length, HRQOL | Reduced length of hospital stay; reduced length of ICU time; improved QOL pre- and postsurgery |
| Kim et al. (2009) | N = 21; 4-wk preoperative exercise program | Colorectal cancer | Exercise capacity, 6MWT | Improved peak power output; improved ventilator efficiency; improved 6MWT |
| Grant et al. (2014) | N = 506; preoperative CPET | AAA repair/Endovascular Aneurysm Repair (EVAR) | Mortality, exercise capacity | Improved 3-yr survival; increased exercise capacity; improved ventilatory efficiency |
| Mayo <i>et al.</i> (2011) | N = 95; prehabilitation approximately 6 wk | Colorectal surgery | 6MWT, HRQOL, exercise capacity | Improved functional capacity; improved recovery responses; and improved QOL |
| Asoh et al. (1981) | N = 29; 1- to 3-wk prehabilitation | Abdominal surgery | Postoperative complications and death | Reduced postoperative complications and death |
| Carli et al. (2005) | N = 275; variable prehabilitation programs | Abdominal cardiac surgery | Postoperative complications and death, length of stay, HRQOL, functional ability | Reduced postoperative complications and death; reduced length of stay; reduced decline in functional ability; improved QC |
| Nagarajan <i>et al.</i> (2011) | Meta-analysis | Lung restriction | Exercise capacity, pulmonary function postsurgery | Improved exercise capacity; improved pulmonary function after surgery |
| Swank et al. (2011) | N = 71; 4- to 8-wk prehabilitation (resistance, flexibility, step training) | ТКА | Leg strength, 6-min walk, 30-s sit-to-stand, time to ascend stairs | Improved strength and function |
| Barakat et al. (2014) | N = 20; 6-wk prehabilitation program | AAA repair | СРЕТ | Improved peak VO ₂ , computed tomography (CT), exercise time |
| Myers et al. (2013) | N = 140; up to 3 yr of exercise training | Pre-surgical AAA | CPET | Improved exercise capacity and $\dot{V}O_2$ at the VT; reduced submaximal heart rate; no change in inflammatory markers or AAA growth |
| Tew et al. (2012) | N = 28; 12-wk moderate intensity exercise | Presurgical AAA | CPET; inflammatory markers | Improved the VT; reduced SBP and C-reactive protein |



Exercise Vital Sign

| Flowsheets | 2 ? • | | | |
|-----------------------------|---|--|--|--|
| ☐ File ☐ ☐ Add Row ☐ Add Gr | oup ♣ LDAAvatar → 📴 Sig Event Note 🕅 ♣ Add Col 📭 Insert Col 🔲 Compact → 🛍 Last Filed More | | | |
| I/O Visual Acuity Sports Me | edicine Intake SCAT Patient Reported Vitals Exercise Vitals - AMB Exercise Vitals - AMB | | | |
| Search (Alt+Comma) | Accordion Expanded View All Reset Now | | | |
| Hide All Show All | No department | | | |
| Exercise Level of Effort | 3/4/22 | | | |
| | 1100 | | | |
| | Exercise Level of Effort | | | |
| | Type of Exercise | | | |
| | Time (Minutes) | | | |
| | Frequency (Time/Week) | | | |
| | Weekly Exercise (Minutes/Week) | | | |
| | Exercise Intensity | | | |
| | | | | |

To pull flowsheet into note: .exercisevitalslast5

Interpret

Minimum 150 minutes/week moderate intensity exercise

- Physically inactive
 - Sedentary
 - Active but not yet meeting minimum guidelines
- Physically active: Meeting/exceeding standard aerobic exercise
 - Need strength training?
 - Encouragement! Future goals?

Motivational Interviewing

- What are your health goals this year?
- What would it mean to you to achieve those?
- How would this change your life for the better?
- What would help you towards meeting those goals?

Writing Exercise Prescription

- What kinds of physical activity or exercise do you do/would you like to do?
- What is something you can include this next week?
- What barriers do you anticipate?
- What have you/could you do to prepare to overcome that barrier?

Writing Exercise Prescription: FITT

- Frequency (e.g. days/week)
- Intensity (low, moderate, vigorous)
- Type (e.g. walking, biking, running, swimming...)
- Time (minutes/day)

ExeRcise is Medicine

AMERICAN COLLEGE of SPORTS MEDICINE.

| • 150-300 r | Date: sical Activity Guidelines for Activity of moderate-intensity thand to very hard) or a combinative combinati | activity or 75 | ·150 minutes/wee | ek of vigorous | activity |
|---------------|--|--|---|-------------------------|------------|
| • Muscle stru | Aerobic Activity (check) Frequency (days/week): 1 Intensity: Light (casual walk) Time (minutes/day): 10 Type: Walk Run Bi Steps/day: 2,500 5,000 What about aerobic activity? Moderate activity is at a pace whight biking, water exercise and a vigorous activity is done at a pausing for a breath. Examples | □ 2 □ 20 ike □ Swim/ □ 7,000 □ 9, where you can to lancing. vace where you | (brisk walk) 30 40 Water Exercise 0000 or more 6 | g." Examples: & | 60 or more |
| | You can exercise for any length 30 minutes 5 days/week or 20 minutes daily 5 minutes here, 10 minute Your ultimate goal is to gradua Muscle Strength Training | of time. For ex r es there. Just wo lly build up to ' | cample, you might ork your way up to | walk: 150 total minu | tes/week. |
| | Frequency (days/week): 1 What about strength training? You don't have to go to a gym. stands; floor, wall or kitchen co. Heavy work around your home. Strengthen your legs, back, che Build up to medium or hard ef. Give yourself a rest day between | Try elastic band bunter push-ups or yard also bu est and arms. To fort for 8-12 re | ds, do body weight s; planks or bridges uilds strength. o start, try 10-15 re petitions. Repeat 2 | epetitions using | ells. |
| | Prescriber's Signature: | | | | |

How will you get started this week?

Exercise Prescription

To Do:

Exercise Prescription (FITT)

| Aerobic Exercise | |
|------------------|--|

| F | Frequency | |
|---|-----------|--|
| | Intensity | |
| T | Time | |
| T | Туре | |

Strength Exercise

Progression: * 10% time or intensity increase/1-2 weeks

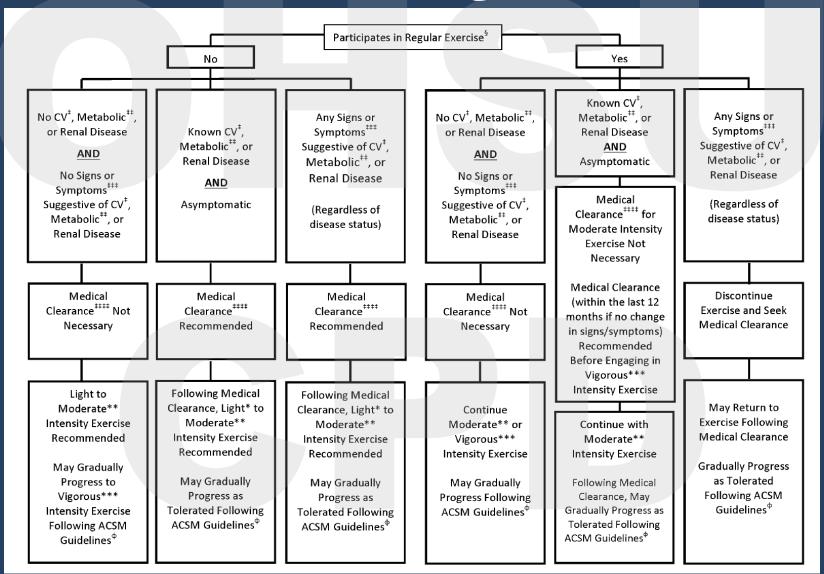


Exercise Intensity Gauge: Sing-Talk Test



J Cardiopulm Rehabil Prev 2008 Image: Singapore Active SG

?Barrier: Screening for Exercise



LOW intensity

- Decrease barriers to starting
- Prescribe LOW level of physical activity

Patient walks into your office...

...and is planning on walking out...

Rxn for continued gradual progression of walking!



ONLY 30 MINUTES OF WALKING A DAY...



INCREASES attention and decision making

LIMITS chronic disease

HALVES risk of alzheimer's

LOWERS RISK of heart disease

IMPROVES blood pressure by 5 points

WORKS arm and shoulder muscles

REDUCES lower back pain

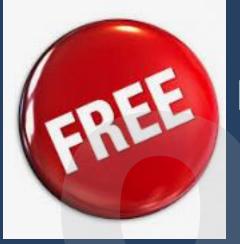
> LIMITS colon cancer risk by 40%

STRENGTHENS legs, quads, hips, hamstring

KEEPS WEIGHT in check improves FITNESS







Resources



POPSUGAR. FITNESS





Exercise & Healthy Aging Program







Felipe Lobelo, MD, PhD, FAHA, and Isabel Garcia de Quevedo, MSPH

The Evidence in Support of Physicians and Health Care Providers as Physical Activity Role Models

- Personal physical activity practices contribute POSITIVELY to efficacy and success as a physical activity counselor
- Aerobic
- Strength training
- Both

Write your own Exercise Prescription

To Do:

Exercise Prescription (FITT)

Aerobic Exercise

Strength Exercise

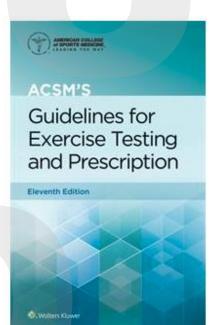
| F | Frequency | |
|---|-----------|--|
| | Intensity | |
| T | Time | |
| T | Type | |

Resources



AMERICAN COLLEGE of SPORTS MEDICINE









Exercise Medicine and Physical Activity Promotion Modules Promo

EM & PAP Modules