EDITORIAL

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Physical Activity Promotion: An Update – Glas Half Full or Half Empty?

Bewegungsförderung aktuell – Glas halb voll oder halb leer?

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Hardly a day goes by without the publication of a new study extending and strengthening the evidence base of the health effects of physical activity: From ever more precise dose-response relationships, to findings in conditions that have so far received less interest, to new information on mechanisms and the effects of specific exercise forms (8). This knowledge continues to stand in stark contrast to the still widespread inactivity in this country: as few as about one in five women and one in four men are sufficiently physically active according to the recommendations of the World Health Organization (5). Much remains to be done in physical activity promotion! In the following, we briefly present some current national and international activities in this field.

The Federal Ministry of Health as Promotor

The EU's Third Health Programme (2014-2020) has, among other things, promoted the transfer of programmes that have been proven effective to other Member States. As a first step, in a consultation process the Steering Group for Health Promotion, Disease Prevention and Management of Noncommunicable Diseases set up by the European Commission selected best practices that should be transferred to and further developed in other Member States.

One of the selected best practice examples is the Swedish model Physical Activity on Prescription (FaR or PAP). The model evolved from cardiovascular prevention approaches in primary care in the 1980s. The experience gained here, strengthened by international scientific evidence, finally led to the development of the model in the following years (6).

The five core elements of the Swedish model are person centered individualized counselling, evidence-based physical activity counselling, supportive environment and community based network, written „prescription" and follow-up counselling. The effectiveness of FaR has been shown in numerous scientific studies. A recent systematic review concludes that approaches that include the core elements of the Swedish model lead to increased physical activity (7).

The Swedish Physical Activity on Prescription model contains elements of the physical activity counselling approach and the Exercise on Prescription approach. Patients can engage in physical activity both on their own and through organized activities after a consultation. The model shows similarities but also clear differences to the German approach. In Sweden, in addition to doctors, other health care professionals are allowed to advise currently inactive healthy and chronically ill patients on health-promoting physical activity, adapted to their possibilities and preferences. This does not affect the responsibility of the doctor for the patient's therapy. All prescribers, regardless of their profession, must be appropriately qualified. In Sweden most counselling is conducted by physiotherapists.

In Germany, most (general) physicians are explicitly committed to lifestyle and physical activity counselling (3, 9), as recently emphatically endorsed by the 122nd Meeting of the German Medical Chamber (1). However, the routine counselling in everyday practice is impeded by numerous barriers. Unlike in Sweden, where doctors can refer their patients to coaches who are familiar with local services and can follow up patients for months, Germany lacks a coordinating, supportive body. Both patients (10) and doctors (3) see this as an obstacle to physicians' counselling. The 122nd Meeting of the German Medical Chamber also calls for "an overview of regional prevention offers regardless of insurance company membership" to which physicians can refer their patients (1).

Since March 2019, partners from ten member states, including the Division of Preventive and Sports Medicine at Goethe University, have been working in a consortium with the aim of transferring and further developing the FaR's guiding principles - adapted to local, regional and national circumstances - into their own country or region (4). The 36-month project comprises three phases: feasibility study, training measures and local implementation and addresses a variety of actors in politics, in the health sector and in daily practice.

What Role can the Prevention Act Play?

The explicit mention of medical preventive recommendations in the Prevention Act has triggered cautious optimism. However, the First Prevention Report published in June 2019 does not yet provide any conclusive data on their use and initial experiences. It remains to be seen ›

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whether the physicians will be able to achieve their demand for remuneration for this activity and the inclusion of organisations of medical self-administration in the National Prevention Conference, and thus having better conditions for routine lifestyle and physical activity counselling. The need is undoubtedly there.

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