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'Prescription' of exercise for people with diabetes

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Abstract

Physical activity is vital in providing positive health improvements in people with diabetes. Balducci et al. (2014 p13) states however, that medical officers and/ or general practitioners rarely prescribe exercise as a 'therapy' for people with diabetes.

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Focus: Primary health

Short article:

'Prescription' of exercise for people with diabetes

Physical activity is vital in providing positive health improvements in people with diabetes. Balducci et al. (2014, p.13) states however, that medical officers and/or general practitioners rarely prescribe exercise as a "therapy" for people with diabetes. Given that pharmacological and dietary interventions are regularly prescribed as tailored aspects of care and treatment for people with diabetes, so too, a physical activity program could be prescribed. Schneider et al. (2014) advocate that general practitioners need to be capitalising on the interactions they have with patients as opportunities to encourage engagement in physical activity programs.

Grandes et al. (2011) conducted research with general practitioners where exercise was prescribed by practitioners for people they assessed as not meeting the minimum physical activity recommendations. Over four years, the research team found significant differences in engagement in exercise for those for whom it was "prescribed". They concluded that general practitioners have capacity and influence to increase the level of physical activity among their patients.

These studies highlight that "prescription" of exercise by general practitioners could be particularly beneficial given that exercise has been shown to have the greatest impact on glycaemic control, along with benefits to blood pressure and cardiovascular risk (Nicolucci et al. 2012; Dorsey & Songer 2011). Balducci et al. (2014) assert that exercise programs are also not likely to lead to adverse medication effects, which pharmacological interventions could, and hence could be potentially more cost effective than drug interventions.

In a person-centred approach however, 'prescription' of exercise alone may not be the best approach for the person with diabetes. Particularly when considering long term engagement and maintenance of exercise behaviours. Exercise should only be 'prescribed' in conjunction with the person's values and goals (Ryan et al. 2008). This then promotes intrinsic or autonomous motivation where the individual engages in the behaviour(s) and action(s) because they are important to them (Ryan et al. 2008). Autonomous motivation is exemplified when a person with diabetes exercises because they value being healthy. Autonomous self-determined exercise and healthy eating motivation leads to more positive outcomes, such as improved diabetes self-management. Exercise is more likely to be sustained when motivation for exercise and healthy eating are intrinsic (e.g. enjoyment), rather than extrinsic (e.g. general practitioner advice) (Tulloch et al. 2013).

'Prescription' of exercise may be beneficial then as an adjunct to working with people individually and co-designing interventions that will enhance and encourage their behavior(s) and action(s) to ensure exercise and lifestyle choices are enjoyable and consistent with what is important to them.

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