

Why are we not prescribing physical activity?

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Dear Editor,

The links between physical and mental health are well recognised, with each having a direct and indirect impact on the other. The specific role of exercise in achieving good physical and mental health outcomes is increasingly recognised. The World Health Organisation (WHO) has established guidelines for optimum levels of physical activity (PA), with over 2.5 hours per week for adults and 60 minutes per day for youth¹. Global estimates (2016) show adherence rates among adults of 72.5%, but only 19% among youth¹. Levels of PA reduced further during Covid-19, both globally², and in Ireland². By November 2020, adult adherence rates had dropped from 56.5% to 43.7% in Ireland².

Increasing rates of obesity continue to be a concern. Pre-pandemic rates of obesity among adults in Europe went from almost 10% in 1975 to almost 23% in 2016³ and if you include overweight status the prevalence rises to almost 60% of adults and one third of children³. Covid-19 related restrictions, including cessation of sporting activities, closure of playgrounds and school, alongside unfavourable changes in dietary behaviours have been hypothesised by Vogel and colleagues to account for the observed substantial weight increases across all weight and age groups during Covid-19 with prevalence of obesity in their cohort of adolescents rising from 10% in 2005 to 19% in 2020⁴.

There are strong associations between obesity, physical inactivity and the incidence of mental illness³. It is estimated that 13.4% of children and adolescents globally are diagnosed with a mental illness, representing the leading cause of disability within this age group in most European countries⁵. Compared to other countries worldwide, Ireland rank 6th for the highest rate of disability-adjusted life-years (DALYs) for children and adolescents with mental illness⁵. It is also acknowledged that mental health services for youth in Ireland are underfunded with demand far outstripping availability⁶.

There is strong evidence of the beneficial effect of PA in adults and children with respect to medical illness. Adults who are more physically active, have lower rates of all-cause mortality, coronary heart disease, stroke, diabetes, metabolic syndrome, and colon and breast cancer¹. Similarly, evidence is emerging among youth as to the cardiovascular beneficial effects of PA³. PA also benefits mental health with a significantly reduced risk of depression amongst adults meeting recommended PA guidelines (risk reduced by 25%) and even in those meeting half the recommended PA guidelines

(risk reduced by 18%) compared to inactive adults⁷. There is similarly robust evidence of the PA benefits in relation to quality of life and cognitive outcomes in adults with schizophrenia⁸. Cognitive and mood related improvements have also been reported among youth.

The cost effectiveness of PA promotion in people with mental health risks factors has been established, with some healthcare systems integrating simple and effective PA assessments into routine ambulatory visits, including exercise prescriptions in care plans and utilizing technology to track individual's PA⁹.

Considering the strong evidence for PA in both the prevention and management of physical and mental illnesses, in all age groups, optimising PA levels may offer therapeutic promise. PA assessment and promotion should therefore be integrated into routine healthcare settings.

Despite this, doctors are generally not trained in promoting PA lack knowledge about recommended PA guidelines and medical school's teaching on PA is often non-existent¹⁰. Similarly, gaps have been found between the strong evidence for the preventative and therapeutic role of healthy nutrition in many illnesses and doctors incorporating lifestyle assessments to their clinical practice¹¹. It is therefore crucial to improve medical education in lifestyle medicine in order to reduce knowledge barriers and equip clinicians with necessary skills to assess and counsel patients in healthy PA practices. These interventions need to be applied across the life span in general population and in medical and psychiatric cohorts.

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