

Conférence “Santé publique suisse” – Zürich 2013

B7: VORSORGEN UND VERSORGEN IN DER ARZTPRAXIS



PAPRICA

Physical activity promotion in primary care

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Social and Preventive
Medicine, Lausanne

Plan

- Background
- Development steps
- Material and training session
- Evaluation
- Current developments

Background

- Recommended by many health agencies
- But... Not widely adopted by GPs so far
- Need to address dissemination issues
- Benefit of involving GPs early in the process?

Eakin EG, Smith BJ, Bauman AE. Evaluating the population impact of physical activity interventions in primary care – Are we asking the right questions? *Journal of Physical Activity and Health* 2005;2:197-215

Qualitative survey (n=16)

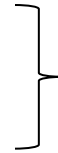
- Screening and counseling practices
 - History taking on PA with new patients

One GP said: « ...it is under (the heading) lifestyle that I write: swimming, skiing, judo... »
 - Counseling when other CVRF are present
- Barriers to counseling
 - Competition with other priorities

One GP said: « ...with chronic diseased patients, it is not always easy to keep a systematic approach... »
 - Lack of knowledge about downstream structures

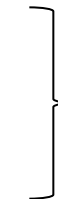
Development

- Handbook for physicians
- 2 Booklets for patients



Tested 2006 – 2007
25 physicians

- Handbook “light”
- 1 Booklet for patients
- www.paprica.ch

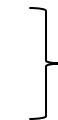


Improvement



2007 - 2009

- Training



2007 – 2009
Multidisciplinary team
Tested with residents
Optimised + standardised



Since 2009, implemented in French-speaking area of Switzerland
7 sessions / year



*2nd International Congress
on Physical Activity
and Public Health*

Amsterdam, the Netherlands, April 13-16, 2008

Beyond the barriers: cutting edge approaches to physical activity and public health

1A-05 Symposium: Physical Activity Promotion in the Primary Care Setting

Chair: Raphaël Bize (Department of Ambulatory Care and Community Medicine, University of Lausanne, Switzerland)

O-077 **How to motivate GPs for PA counseling? Experiences from an iterative development process involving GPs in Switzerland**

Raphaël Bize (University of Lausanne, Lausanne, Switzerland)

O-078 **How to monitor physical activity (PA) and follow-up the patient**

Katrina Kukkonen-Harjula (The UKK Institute for Health Promotion Research, Tampere, Finland)

O-079 **Physical activity promotion in primary care, where do we go from here?**

Esther van Sluijs (MRC Epidemiology Unit, Cambridge, UK)

O-080 **Facilitating the uptake of physical activity prescription among physicians - experiences on implementing and evaluating a national program**

Minna Aittasalo (The UKK Institute for Health Promotion Research, Tampere, Finland)

Training session

Module 1

- Social representations of PA
- Summary of links between PA and health

Module 2

- Two video sequences: motivational and non motivational interviewing
- Practicing motivational interviewing with a simulated patient



Training session (ctd)

Module 3

- Experimentation of moderate PA
- Experimentation of postural stabilization

Module 4

- Presentation of handbook, booklet, website

Evaluation



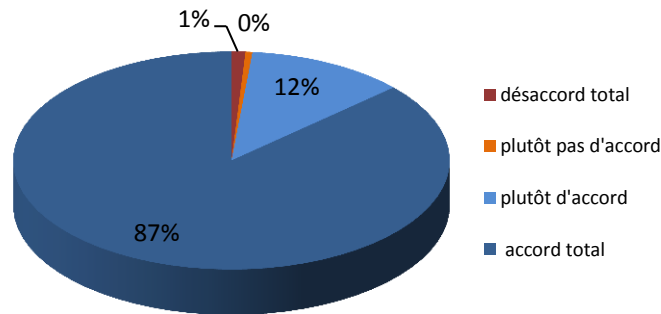
Main results

Training in french-speaking CH

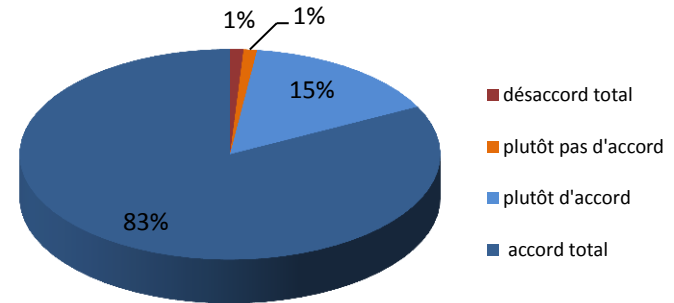
- 22 sessions in Vaud and Neuchâtel Cantons since 2009
- 228 physicians trained
- For Vaud Canton = ~ 11 % of practicing physicians

Main results of the satisfaction questionnaire (n=196)

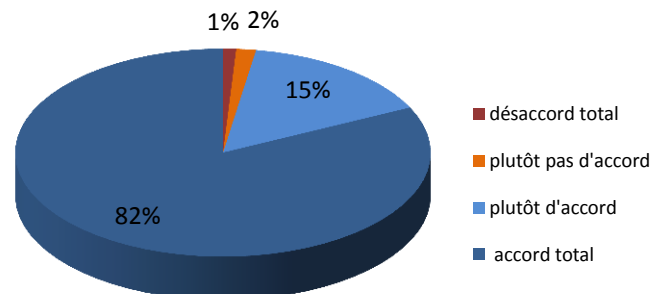
7. J'ai pu participer activement aux modules de formation



8. La documentation utilisée comme support de cours était utile



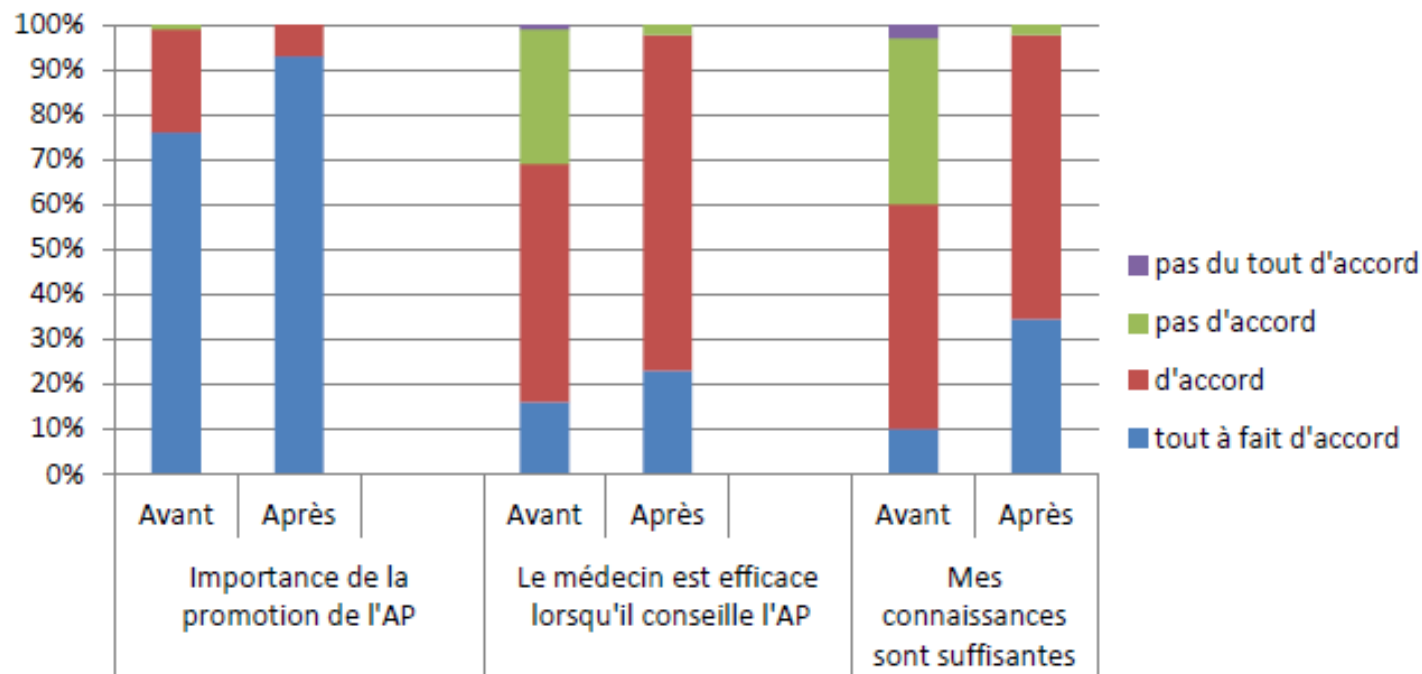
9. Je recommanderais cette formation à mes collègues



External evaluation

Before and after opinions

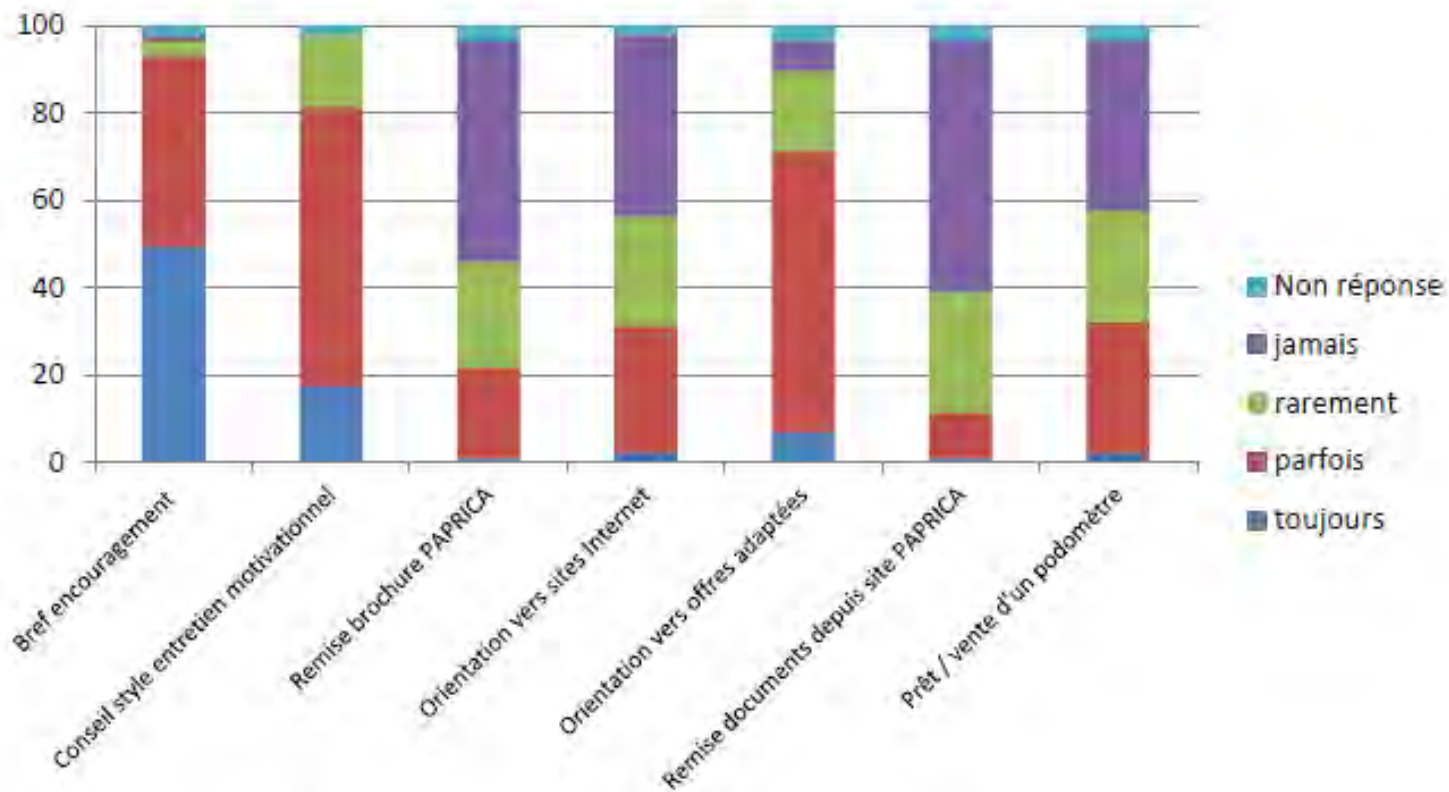
Figure 1 Comparaison des résultats avant et après la formation PAPRICA



N avant = 162 ; N après = 87

How do you promote PA?

Figure 7 Forme du conseil avec les patients connus



Current developments

- Implementation of PAPRICA in the German-speaking area (Dr Brian Martin, Institute of social and preventive medicine of Zürich)
- DVD describing the training session and how to implement it
- Extension of the PAPRICA concept to paediatricians
- Examining opportunities to collaborate with cardiologists

Thank you for your attention

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The steering committee:

- Prof. Jacques Cornuz
- Dr Brian Martin
- Dr Raphaël Bize
- Dr Ueli Grüninger
- M. Henri Rothen

Coordinator: M. Fabio Peduzzi

The other members of the training team:

- Dresse Dominique Durrer
- Dr Didier Berdoz
- M. Jean-Marc Gilliéron
- M. Vincent Péclet

info@paprica.ch
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BACKUP SLIDES

BMJ

BMJ 2011;343:d6615 doi: 10.1136/bmj.d6615

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EDITORIALS

Promoting physical activity in primary care

Brief advice should be given to most patients but rehabilitation offered to those with chronic illness

Nefyn H Williams *clinical senior lecturer*

North Wales Centre for Primary Care Research, North Wales Clinical School, College of Health and Behavioural Science, Bangor University, Wrexham LL13 7YP, UK

Outcome: patients achieving 90-150 min of MVPA



Pavey TG, Taylor AH, Fox KR, Hillsdon M, Anoyke N, Campbell JL, et al. Effect of exercise referral schemes in primary care on physical activity and improving health outcomes: systematic review and meta-analysis. *BMJ* 2011;343:d6462.

Samitz G, Egger, Zwahlen M.
 Domains of physical activity
 and all-cause mortality:
 systematic review and dose-
 response meta-analysis of
 cohort studies. International
 Journal of Epidemiology
 2011;40:1382-1400

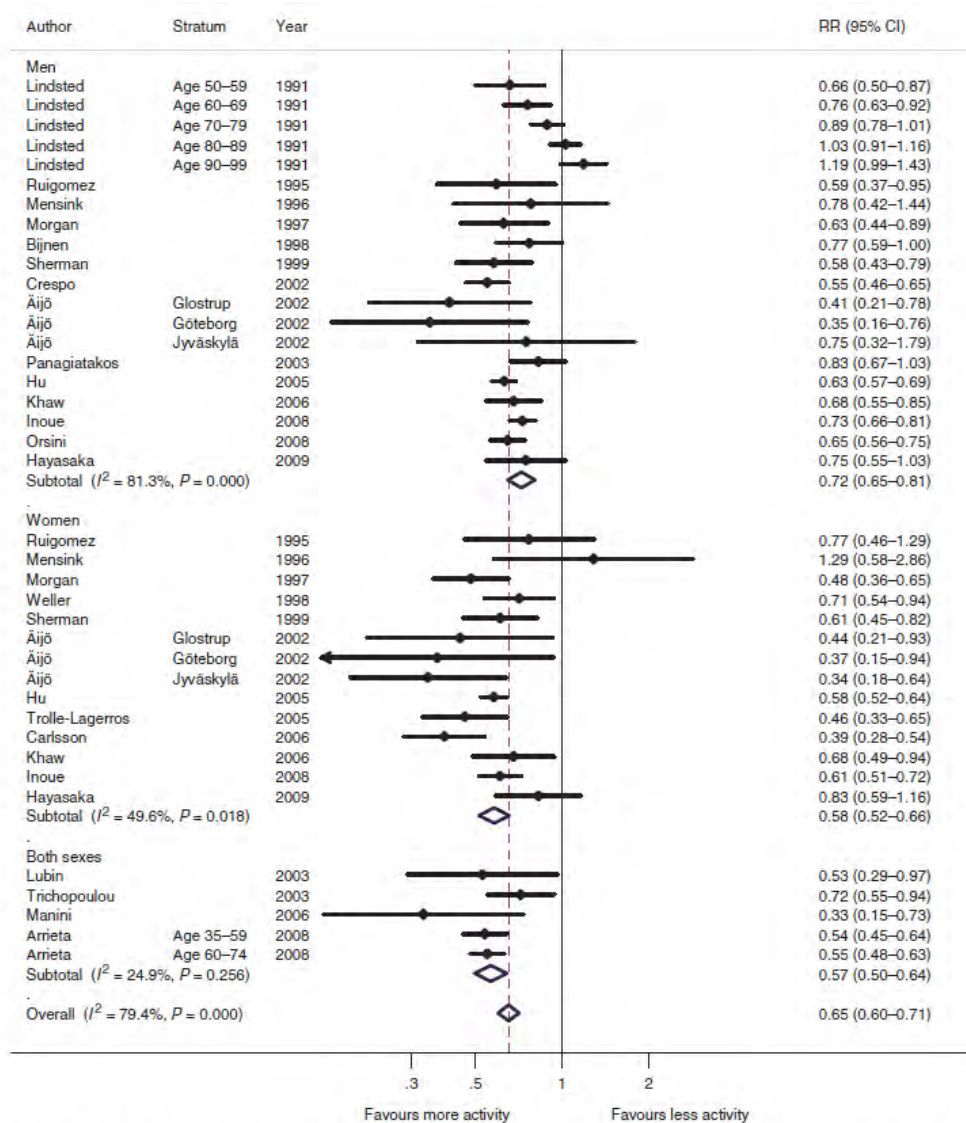


Figure 2 Mortality from all causes in individuals with highest compared with lowest levels of total physical activity. Results from random-effects meta-analysis of maximally adjusted RRs from 21 cohort studies (395 655 participants; 31 16 deaths). Arrows indicate that the plotted 95% CI is not showing the full width of the calculated 95% CI which is given in the RR column. The open diamonds show the summary estimate from the meta-analysis, and the dashed line the value of the summary estimate for all studies combined

Results (ctd)

- Integration of PA counseling into practice
 - Should be flexible
 - Part of a broader health promotion kit ?
- Skills and knowledge thought to be useful
 - Motivational interviewing skills
 - Topic-specific knowledge
 - Information on local HEPA offers

Results (ctd)

- Perceived effectiveness of counseling
 - Many physicians declared themselves as rather pessimistic

One GP said: « ...I think that no more than 10% of the patients I would counsel will initiate regular physical activity...»

First development steps

- Synthesis of previous experiences
- Swiss pop. surveys on HEPA
- Qualitative study with GPs
- Creation of a multidisciplinary WG

Bize R, Surbeck R, Padlina O, Peduzzi F, Cornuz J, Martin B. Promotion of physical activity in the primary care setting: what is the situation in Switzerland? Rev.Med.Suisse 2007;3:2731-6.

Perspective of the public

Swiss Survey on Physical Activity 2004

HEPA 2004 Survey • Swiss Federal Office of Sport

- Sample of 811 participants from the general population
- Acceptability: 80% of respondents declared that they would appreciate an advice
- Credibility: 81% would consider physicians' advices as important

Opinions and attitudes of a sample of Swiss GPs regarding PA promotion

- Qualitative study design
- Semi-structured interviews
- Purposive sampling of 16 GPs

Bize R, Cornuz J, Martin B. Opinions and attitudes of a sample of Swiss physicians toward physical activity promotion in a primary care setting. *Revue Suisse de Médecine et de Traumatologie du Sport*. 2007 ;55 :97-100

Results (ctd)

- Barriers to counseling
 - Competition with other priorities

One GP said: « ...with chronic diseased patients, it is not always easy to keep a systematic approach... »
 - Lack of knowledge about downstream structures
 - Fear to be perceived as a « health moralist »

One GP said: « ...I think that having a sedentary lifestyle can make people feel really guilty... »

Next development steps

- Development of a concept & materials
- Focus groups + questionnaires on materials
- Evaluation of the revised materials at a CME session
- Testing of the concept and materials in practices
- Semi-structured interviews with participating GPs

Testing in GPs practices

- The materials appeared to respond to a real need
- These tools influenced the way GPs delivered counseling
 - Help GPs make a more precise PA counseling
 - Reminder for the delivery of PA counseling
 - Allowed to help patients in concrete terms
- Many suggested improvements

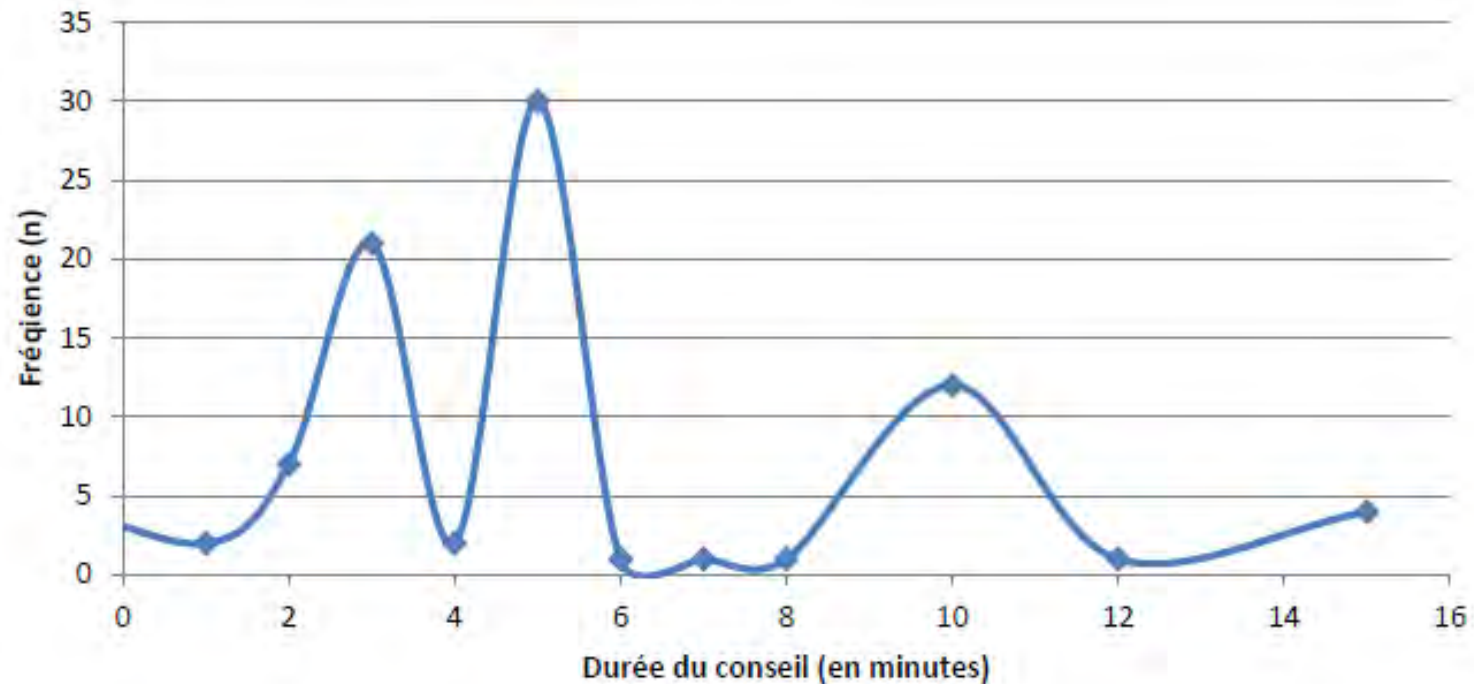
Description of the participants

Tableau 2 Description du collectif de médecins ayant participé au cours et à qui le questionnaire a été envoyé

	Nombre (n)	Pourcentage (%)
Spécialité		
Méd. générale / interne	141	71.3%
Psychiatres	8	4.0%
Pédiatres	4	2.0%
Cardiologues	3	1.5%
Gynécologues	2	1.0%
Autres	7	3.5%
Pas précisé	33	16.7%
Sexe		
Hommes	122	61.6%
Femmes	76	38.4%
Région		
Vaud	147	74.2%
Neuchâtel	35	17.7%
Autres	16	8.1%
Total	198	100

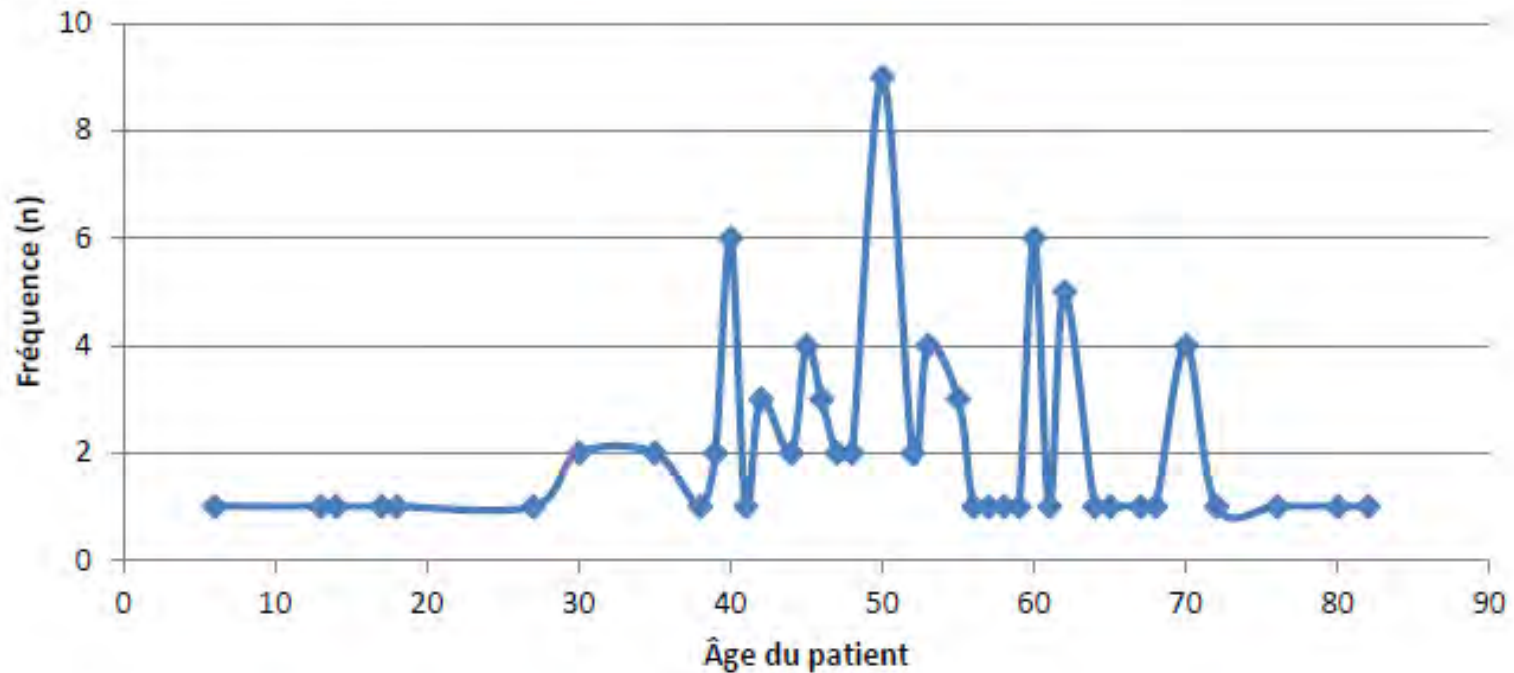
Duration of counseling

Figure 9 Durée du conseil en activité physique



Age of the last patient you counseled about PA

Figure 10 Âge du patient lors de la dernière consultation



Booklet for patients



- PA and health
- How to move in every day life



- Advices for each of the 4 levels of PA pyramid
- Advices can be tailored according to patients' motivational stage



Website



- Registration to the training sessions
- Additional tools
 - Questionnaire to evaluate physical activity
 - Local physical activity offers
 - Stretching exercises
 - References and websites links

