

PPA News May 2002, Issue 13: 3-4

Louis Gifford, Editorial: Quite a pill, eh?

This piece was stimulated by two things. First, was a comment Mitch Noon made recently while giving a talk on the placebo and the therapeutic alliance. Mitch is a clinical psychologist down here in Cornwall. He outlined some 1980's research that investigated the effect of weekly psychological group therapy for metastatic breast cancer sufferers. In the study of 86 women there were two experimental groups. One group received the psychological therapy for 90 minutes a week for one year while a 'control' group had 'usual medical care'. After 12 months the therapy group used less psychotropic and analgesic medication and demonstrated significant improvements in mood/anxiety and depression compared to the control group. Further, at 10 years the intervention group had an average of 18 months increased survival time....

Then Mitch made the comment that struck me *'18 months increased survival, if that was achieved by a drug there would be quite a reaction to it, quite a bit of publicity, it would be heralded as a major breakthrough in the treatment of breast cancer.....'* or, as per the title of this piece – 'quite a pill, eh?' Group psychological therapy – what does that do? Well it gives people knowledge, it makes them aware, it empowers them to understand their condition better, it teaches them to deal with the ups and downs of their predicament, it teaches them how to gain a better sense of control, it helps them get on with their lives and stay productive and positive.... It helps and teaches patients to self-manage their own quality of life, even with a life threatening disorder. It so happened that in this study there was the added spin-off of increased survival too. We all like the idea of something that lengthens life, but, as the saying goes, 'its not how long you live, it's the quality of life while you live'. There aren't any pills that do that without some awful side effects!

A major point is that patients learn skills of coping, reasoning and managing – they are empowered, they can improve the quality of their own lives, they gain a better sense of control and they continue to use the skills for the rest of their lives. They don't need the Dr, they are not passive recipients, they learn to help themselves. The great untapped pill that is within us.

Are there any other interventions that rely on patient effort and skill and that would, if they were pills - have the public clamouring for them, earn shareholders millions and be headline news?

Yes, the right sort of exercise for you!

So the second thing that stimulated this piece was a book which came my way. For years I have been looking for a user friendly book that:- tells me how to measure patient fitness, gives some good basic exercise physiology, gives a good background to the benefits of exercise that I can pass on to patients, shows me how to start someone off who is unfit, set simple baselines and get them involved in getting a bit more active and fitter. I've found it! The slight irony is that the book belonged to Trish Mace, a local 'exceptional' physiotherapist/person who very sadly died of breast cancer fairly recently. Her husband gave me her collection of physiotherapy books and this one was among them. Some of you may have come across it already, but I'd like to give a warm welcome to:

'Exercise on prescription. Cardiovascular activity for health, by John Buckley, Jane Holmes and Gareth Mapp. Publishers are Butterworth Heinemann.

This book is multidimensional, it sees all aspects of the benefits of exercise that fits the PPA supported approach to health. There is no lip-service to the psychosocial benefits here – in fact there is a whole excellent chapter, early in the book, on psychological aspects of physical activity and exercise. In my opinion, this chapter in itself would be a great starting point for anyone wanting to understand how psychosocial issues impact people and patients and how they can be put into practice.

A major message of the book is that inactivity is dangerous but that activity and fitness is hugely beneficial. There is a nice little cartoon on page 13 of a sofa with two rounded unfit looking individuals standing next to it. On the sofa is a placard that reads: 'Government Health Warning, The US Surgeon General reports that purchasing this item and using it can be dangerous to health'.

Here are a couple of gems from the book:

The Earl of Derby once stated that 'those who cannot find time for bodily exercise will sooner or later have to find time for illness'

The Allied Dunbar National Fitness Survey investigated 6000 adults in England, aged 16-74 years. A six-point rating scale from 0 –5 (0 being the lowest) was used to determine the amount and intensity of activity performed and the number of bouts of exercise in these categories undertaken in the previous 4 weeks. The useful and astonishing results were:

- 80% of people surveyed believed that exercise was beneficial,
- 61% of men and 69% of women in activity level 0 actually believed themselves to be fit,
- 47% of men and 57% of women in activity level 0 actually believed themselves to be active
- 70% of men and 91% of women were not active enough to gain a health benefit.

Inactivity and unhealthy lifestyles that individuals have and could do a great deal about, relate to life threatening conditions like:

- *Heart disease* – but, ‘there is a 50% reduction in coronary heart disease in middle-aged to elderly men who have regularly participated in exercise all their lives (quite a pill eh?).
- *Stroke* – a sedentary individual is three times as likely to die early from CVA than a regularly active person.
- *Diabetes* – A study of 5990 men found that between the years of 1962 and 1976, 2020 men developed non-insulin-dependent diabetes mellitus (or NIDDM – the one you ‘acquire’ when you get old). Those men who had higher reported leisure-time activity levels were less likely to develop NIDDM. For each increase in energy expenditure of 2000 kcal per week, there was a reduction in the incidence NIDDM by 24%. This equates to a daily half hour bout of vigorous activity such as jogging or tennis, or 1 hour per day of a more moderate activity such as walking. In those men who had the higher risk for developing NIDDM, exercise showed a greater protective effect in preventing its onset. (quite a pill eh?)
- Also, risk factors for the above that include - obesity, high blood pressure, increased blood fibrinogen and cholesterol levels, can all be improved significantly with activity.

What I liked about this book, was the way it dealt with exercise on two levels:

- Exercise for health benefits and,
- Exercise for fitness...

You don’t need to sweat and hurt and feel terrible to acquire significant health gains. All that is required is for individuals to build up to a ‘moderate amount of physical activity’. *‘It is now known that even low but regular levels of increased physical activity can help improve health with benefits to blood pressure, cholesterol, weight and mental state.’ (page 4).*

Chris, a patient of mine, had high blood pressure – he went on a diet and regularly goes to the local GP surgery to be checked by the practice nurse. The nurse always asks him about his exercise and insists that he has to do minimum of 20 minutes exercise 3 times per week. Apparently, she does not consider a 3 hour round of golf as ‘exercise’ – she wants him grinding away on a static bike as per the formula we all know so well. But, according to ‘Exercise on Prescription’ -

‘Simple regular activity (not necessarily sport) equivalent to a daily 20-30 minute brisk walk can be beneficial to health. If the duration is greater than 30 minutes per day and the intensity of the exercise undertaken increases to a range of 40-70% of an individual’s aerobic capacity, the protection against CHD is further increased.....

After a heart attack it has been shown that for the next 2-3 years there is a reduced risk of further myocardial infarct and 20-25% reduction in all causes of death if patients had participated in an exercise rehabilitation programme.’(page 14) (exercise is quite a pill!)

That many people do not consider walking a sufficient exercise for fitness is really unfortunate, because it is probably the most pleasant, most useful and easiest exercise to start easily and to build up. The Stroke Association (tel: 0207 490 7999) have produced a great booklet called *The Reluctant Exerciser’s Guide.... Incorporating the eight-week fitness challenge’* this one, given to me by Cathy McBride, a local senior physio. Its basically geared to getting couch potatoes (cartoon on the cover) off that dangerous couch. There are walking, swimming and cycling programmes. To give you an example, level 1 week one of the walking programme reads: ‘In your first week, walk from your starting point at your normal pace and continue for five minutes. Then turn round and step-up the pace slightly. Try to do the return journey in four minutes – but don’t expect to judge it exactly right first time... Week 2 is 8 minutes out trying to return in 7 and so on up to 8 weeks where 15 minutes out

and 13 minute returns are the goals. Level 2 follows and builds up to a 30 minute brisk walk where you try and reach the same spot on the following days but in less and less time.

That's enough on it – read the books if you're interested – I think you'll enjoy them and it'll be good for you and good for your patients!

Conclusion?– exercise, the right kind of exercise, meaning exercise that the patient can fit into their day to day life, that they actually enjoy doing and want to do, has impressive benefits. If it was a pill then it would be quite something. Combine feeling good and fit with the issues relating to the psychological skills discussed earlier and you are likely to be doing far more than any pill or surgery or fancy treatment ever will.

There are three problems – changing patients/peoples beliefs and behaviour, changing Drs and therapists thinking, beliefs and behaviour and Dr/therapists training outside the medical model. Good things are happening all the time though. Mitch, who I mentioned earlier, sent me a copy of a Dept. of Health document called: *The Expert Patient: A new approach to chronic disease management for the 21st Century*. It has been produced by a multidisciplinary task force looking into self management issues for chronic illnesses. The 'expert patient' is one who is empowered via self management strategies to achieve a good quality of life and minimise the life impact of the chronic disease or condition that they have.

Evidence of the efficacy of self management plans are presented in the document. For example in asthma self management approaches:– reduce asthma symptoms, improve lung function, reduce attack frequency, reduce the requirement for reliever and steroid treatment, reduce inappropriate use of antibiotics, improve compliance and improve the quality of life.

Self management of diabetes has been shown to: reduce blood glucose levels, with no increase in severe hypoglycaemic attacks; markedly improve the quality of life and produce a significant increase in satisfaction with treatment.

Note that your hard working and devoted chairperson, Vicki Harding was on the task force!

Download the document from www.doh.gov.uk/healthinequalities or phone the NHS response line and ask for a free copy – 08701 555455

Good quality self management, fitness/increased activity and a bit of control – quite a pill eh?

Louis Gifford.