## Take 3 – Practical Practice Pointers© December 10, 2018 Edition

## Physical Activity (PA) Guideline, PA Promotion, Screening for Unhealthy Alcohol Use

## From the US Department of Health and Human Services (HHS)

## 1) Guideline on Physical Activity for Americans

While there is strong data regarding the health benefits from regular physical activity (PA), only 20% of US adults and adolescents are sufficiently active by present guidelines. The US Department of Health and Human Services (HHS) recently released a second edition of the Physical Activity Guidelines (PAG) for Americans, updating the 2008 guidelines. One significant change is no longer a requirement that the activity be of at least 10 minutes duration.
The recommendations include:

**Preschool-aged Children age 3-5 (new for the first time):**
- Should be physically active throughout the day to enhance growth and development.
- Adult caregivers of preschool-aged children should encourage active play that includes a variety of activity types.

**School-aged Children and Adolescents (6-17 years):**
- Provide opportunities and encouragement to participate in physical activities that are appropriate for their age, that are enjoyable, and that offer variety.
- Should do 60 minutes or more of moderate-to-vigorous physical activity (PA) daily
    - Most of this time should be either moderate- or vigorous-intensity aerobic physical activity and should include vigorous-intensity physical activity on at least 3 days a week.
    - Part of the PA should include muscle-strengthening on at least 3 days/wk.
    - Part of the PA should include weight-bearing activity on at least 3 days/wk.

**Key Guidelines for Adults (no change from 2008):**
- Adults should move more and sit less throughout the day. Some PA is better than none. Any amount of moderate-to-vigorous PA provides some health benefits.
- For substantial health benefits, should do at least 150 – 300 minutes/week of moderate-intensity, or 75 – 150 minutes/week of vigorous-intensity aerobic PA, or an equivalent combination of moderate- and vigorous-intensity aerobic activity. Preferably, aerobic activity should be spread throughout the week.
- Additional health benefits are gained by doing PA beyond the equivalent of 300 minutes of moderate-intensity activity a week.
- Adults should also do muscle-strengthening activities of moderate or greater intensity that involve all major muscle groups on 2 or more days a week.

**Key Guidelines for Older Adults:**
**Note: The key guidelines for adults also apply to older adults. In addition:**
- As part of their weekly physical activity, should do multicomponent PA that includes balance training as well as aerobic and muscle-strengthening activities.
- Should determine their level of effort for PA relative to their level of fitness.

- Those with chronic conditions should understand whether and how their conditions affect their ability to do regular PA safely.
- If they cannot do 150 minutes of moderate-intensity aerobic activity a week because of chronic conditions, they should be as physically active as their abilities and conditions allow.

**Key Guidelines for Adults With Chronic Health Conditions and/or Disabilities:**
**Note: The key guidelines for adults also apply to this group. In addition:**
- When those in this group are not able to meet the above key guidelines, they should engage in regular PA according to their abilities and should avoid inactivity.
- Should consult a health care professional or physical activity specialist about the types and amounts of activity appropriate for their abilities and chronic conditions.

**My Comment:**
Move more! "The new guidelines demonstrate based on the best science, everyone can dramatically improve their health, just by moving, anytime, anywhere and my any means that get you active." "Some physical activity is better than none, and more physical activity is even better."

**Reference:**
Piercy K, et al. The Physical Activity Guidelines for Americans. JAMA November 20, 2018; 320(19):2020-2028. Article

## From the American Heart Association (AHA) – Blast from the Past

## 2) Assessment/Promotion of Physical Activity in Healthcare Settings

In April 2018, Take 3 covered this review of the evidence for assessing/promoting PA in healthcare settings. In light of the new guidelines (Pointer #1), it seemed appropriate to republish this Pointer as a reminder/encouragement.

The purpose of this statement is to provide a comprehensive review of the evidence on the feasibility, validity, and effectiveness of assessing and promoting physical activity in healthcare settings for adult patients. Highlights include:

**Suggestions for Clinicians Integrating PA Assessment and Promotion in Practice**
- Make PA assessment a priority in all visits, in particular when the focus is CVD E&M or preventive care, using a simple, standardized tool such as the PAVS (Physical Activity Vital Sign):
  - *"On average, how many days per week do you engage in moderate or greater intensity physical activity (like a brisk walk)?"*
  - *"On average, how many minutes do you engage in this physical activity on those days?"*
- If the product of those responses indicates a lack of compliance with the aerobic component of the US PA guideline recommendation of 150 min/wk, individuals should be advised of the health benefits of regular PA and encouraged to gradually increase either their frequency or duration of activity.
- Consumer-oriented wearable devices or smart- phones are feasible tools for objectively assessing PA levels. Self-tracking can help some individuals increase their PA levels in the short term, but a more robust PA promotion/referral/behavior change plan is needed for the maintenance of effects.

- The PA guidelines may be perceived by some inactive individuals as too difficult to achieve. Explaining that accumulating at least 60 -100 min/wk of PA of at least moderate- intensity PA largely contributes to improved physical and mental health and CVD reduction.
- As recommended by the guidelines, a comprehensive assessment of PA should include engaging in muscle-strengthening, resistance, and flexibility exercises for major muscle groups at least twice a week. The following question can be used:
    - *"How many days a week do you perform muscle-strengthening exercises such as body weight exercises or resistance training?"*
- Behavior is a dynamic phenomenon, and individuals attempting to change their behaviors often go through a series of stages. Identifying behavioral readiness with the transtheoretical model of behavior change (precontemplation, contemplation, preparation, action, maintenance) can help tailor the PA counseling. For individuals in precontemplation (no intention to become more physically active), discussing the health benefits of regular PA; exploring doubts, misconceptions, and myths about PA; and addressing barriers and facilitators for increased PA will be more appropriate.
- For individuals in contemplation and preparation (thinking about or making small preparatory changes), give written PA prescription using the FITT principle (frequency, intensity, time, type) with or without a referral to a trusted exercise program.
- In addition to behavioral readiness, assessment of physical readiness for exercise constitutes an important step for PA promotion. Although the deleterious health effects of inactivity far outweigh the risks of an adverse CVD event trigged by exercise, following a pre-exercise screening protocol can reduce these risks and build trust between the provider and the patient.
- To make PA promotion efforts more credible and motivating, physicians should ensure that they "walk the talk" themselves. Personal experience makes a difference.

**Wearable Activity Monitors (WAM) Devices in Healthcare Settings**

- The recent explosion of WAMs and improved soft-ware and technology partnerships open opportunities for integrating objective PA data to improve the quality of care and health status of patients with CVD risk.
- It is important to note that consumer- oriented WAMs rarely summarize PA data consistently with guidelines and in a way that clinicians can understand and use to guide clinical management; in addition, work is still needed to ensure sound validation efforts.

**My Comment:**

What an opportunity we have to both role model and encourage PA! I've been wearing an activity monitor since April, thought I stopped regular tracking in August. It continues to serve as a good, and sometimes humbling, reminder of my movement (I have the "buzzer" set on 10,000 steps).

**Reference:**

Lobelo F, et al. AHA Scientific Statement: Routine Assessment and Promotion of PA in Healthcare Settings: A Scientific Statement From the AHA. Circulation. 2018; Originally published April 4, 2018. Article

## From the USPSTF

## 3) Screening for Unhealthy Alcohol Use

Excessive alcohol use is one of the most common causes of premature mortality in the US, caused by both acute conditions (eg, injuries from motor vehicle collisions) and chronic conditions (eg, alcoholic liver disease). Alcohol use during pregnancy is also one of the major preventable causes of birth defects and developmental disabilities.

The USPSTF uses the term "unhealthy alcohol use" to define a spectrum of behaviors, from risky drinking to alcohol use disorder (AUD) (eg, harmful alcohol use, abuse, or dependence). "Risky" alcohol use means drinking more than the recommended daily, weekly, or per-occasion amounts, resulting in increased risk for health consequences.

In November, the USPSTF updated its 2013 guideline regarding unhealthy alcohol use (previously referred to as "alcohol misuse").

Recommendations include:

- Screen for unhealthy alcohol use in primary care settings in adults 18 years or older, including pregnant women, and providing persons engaged in risky or hazardous drinking with brief behavioral counseling interventions to reduce unhealthy alcohol use. (B Recommendation)
- The current evidence is insufficient to assess the balance of benefits and harms of screening and brief behavioral counseling interventions for alcohol use in primary care settings in adolescents aged 12 to 17 years.

For screening, one- to three-item instruments such as the abbreviated Alcohol Use Disorders Identification Test–Consumption and the Single Alcohol Screen Question (SASQ) provide the most accurate assessments ("How often have you had 6 or more units if female, or 8 or more if male, on a single occasion in the last year?"). The CAGE instrument is not an accurate screening tool for the purposes of this recommendation because it is designed to detect alcohol dependence only. Evidence also indicates that brief behavioral counseling for those who screen positive can reduce unhealthy use.

**My Comment:**
While unhealthy alcohol use continues to be a significant societal problem, the question as to how to incorporate this recommendation into the flow of a busy practice continues to present a challenge. This is likely the reason why the 2013 recommendation did not have the impact in clinical practice that was hoped for. Having said that, when I do incorporate it, I have often been surprised by the positive screens, and in some cases positively changed the trajectory of lives.

**Reference:**
USPSTF: Unhealthy Alcohol Use in Adolescents and Adults: Screening and Behavioral Counseling Interventions – November 2018. Recommendation

Feel free to forward Take 3 to your colleagues. Glad to add them to the distribution list.

*Mark*

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