CPME/AD/EC/21112020/008_Final/EN

On 21 November 2020, the CPME Board adopted the 'CPME Policy on Physical Activity' (CPME 2020/008 FINAL).

CPME Policy on Physical Activity

The Standing Committee of European Doctors (CPME) represents national medical associations across Europe. We are committed to contributing the medical profession's point of view to EU and European policy-making through pro-active cooperation on a wide range of health and healthcare related issues.[1]

RECOMMENDATIONS

CPME calls on policymakers to:

- continue promoting physical activity and investing in active mobility solutions
- develop safe and accessible infrastructure and environments that support and encourage engagement in physical activities
- provide equal opportunities for physical activity
- support schools to offer high quality, safe physical education to boys and girls throughout the school cycle
- ensure that sporting activities are accessible to all members of the populations they serve, and that cost is not a deterrent, particularly for members of lower socioeconomic groups

CPME calls on all European doctors and especially local public health officers, to:

- personally engage in physical activity in line with current recommendations for their own well-being and as an example to their patients
- continue promoting physical activity and other healthy lifestyles among their patients
- use and develop the prescription method to assist their patients in different stages of life, when appropriate, to engage in physical activity

[1] CPME is registered in the Transparency Register with the ID number 9276943405-41.

Rue Guimard 15 (4th Floor) - 1040 Brussels - Belgium
Tel.: +32 (0)2 732 72 02 - Fax: +32 (0)2 732 73 44 - E-mail: secretariat@cpme.eu - Web: www.cpme.eu
Company registration number: 0462509658 - Transparency register number: 9276943405-41

Background

The World Health Organization (WHO) defines physical activity as any bodily movement produced by skeletal muscles that requires energy expenditure. Failure to engage in physical activity can have a serious impact on the health of individuals, on rates of non-communicable diseases and on numbers of premature deaths. Globally, physical inactivity has been identified as the fourth leading risk factor for mortality. It is estimated to be the main cause for 30% of the global burden of ischaemic heart disease, 27% of diabetes and 21–25% of breast and colon cancers.[2]

In the WHO European Region, physical inactivity is estimated to cause one million deaths per year. More than half of all Europeans are now not active enough to meet the recommended levels for regular physical activity and they are getting less active. However, there are differences in the levels of physical activity of the populations between different European countries but also between the different socioeconomic groups within those countries.[3] The WHO European Region has developed a physical activity strategy for 2016–2025 to inspire governments and stakeholders to work towards increasing the level of physical activity among citizens.[4]

Maintaining the necessary physical activity levels has become more difficult for individuals, as most daily living and working environments have changed.[5] Nearly half of the EU population say they never exercise or play sport.[6] There are several reasons for this decrease in physical activity. It is due to decreased participation in physical activity during leisure time, to increased sedentary behaviour during occupational activities, including increasing screen time particularly among children and young adults, and to increased use of passive modes of transport.[7] In many European countries the proportion of children who walk or cycle to or from school has been decreasing.[8]

Physical inactivity is one of the leading risk factors for becoming overweight or obese. Overweight rates are increasing in most of the EU member states, particularly among children and adolescents, with over 50% of adults and over 30% of children and adolescents already being overweight in certain member states.[9] Therefore, the European Commission has published physical activity guidelines[10] and supports the member states to implement the 2013 Council Recommendation[11] on promoting health-enhancing physical activity among their populations. The Commission has also increased funding for projects promoting physical activity and sport.

[2] Global Strategy on Diet, Physical Activity and Health. World Health Organization (WHO), 2019.
[3] 10 key facts on physical activity in the WHO European Region. WHO Regional Office for Europe, 2020.
[4] Physical activity strategy for the WHO European Region 2016–2025. WHO Regional Office for Europe, 2015.
[5] Steps to health: a European framework to promote physical activity for health. WHO Regional Office for Europe, 2007.
[6] Special Eurobarometer 472 on Sport and physical activity. European Commission, 2018.
[7] Physical Inactivity: A Global Public Health Problem. World Health Organization (WHO), 2020.
[8] Childhood Obesity Surveillance Initiative (COSI) factsheet. Highlights 2015-17. WHO Regional Office for Europe, 2018.
[9] EU Action Plan on Childhood Obesity 2014-2020. European Commission, 2014.
[10] EU Physical Activity Guidelines. European Commission, 2008.
[11] Council Recommendation on promoting health-enhancing physical activity across sectors. The Council of the EU, 2013.

Rue Guimard 15 (4th Floor) - 1040 Brussels - Belgium
Tel.: +32 (0)2 732 72 02 - Fax: +32 (0)2 732 73 44 - E-mail: secretariat@cpme.eu - Web: www.cpme.eu
Company registration number: 0462509658 - Transparency register number: 9276943405-41

There is also a social gradient in the amount of physical activity that individuals engage in. People who are socially or economically disadvantaged are often less active and may experience more health problems as a result.[12]

Health benefits of physical activity

The health benefits of physical activity are well documented. It is known that physical activity is crucial for staying fit physically but also mentally. It is also recognised that the health care setting is important for health promotion, including for promoting and prescribing physical activity in both the primary and secondary prevention of non-communicable diseases.

The WHO recommends that each week adults of all ages should do at least 150 minutes of moderate-intensity aerobic physical activity or 75 minutes of vigorous-intensity aerobic physical activity or their equivalent combination. For children, it recommends doing at least 60 minutes of moderate-to-vigorous physical activity each day.[13] However, lower levels of physical activity have health benefits. Being physically active is one of the most important steps that people of all ages can take to maintain or improve their physical and mental health and wellbeing.

The health benefits of physical activity include reduced risks for non-communicable diseases such as cardiovascular disease, diabetes and various types of cancer.[14] Physical activity also plays a role in the rehabilitation of people recovering from cardiovascular disease.[15] Moreover, it has positive effects on mental health, by reducing and preventing depression.[16] In general, physical activity is a major factor in energy expenditure, supporting healthy body weights and energy balance.

Of all the lifestyle changes that have been studied, taking regular physical exercise appears to be one of the best things that can be done to reduce the risk of getting dementia. Several studies looking at the effect of aerobic exercise in middle-aged or older adults have reported improvements in thinking and memory, and reduced rates of dementia.[17] Being active can help older people remain as independent as possible for the longest time, reduce the risk of falls and restore a sense of social function. Moreover, the medical costs for older people who are active are substantially lower.[18] The participation of young people in organised sports has also been shown to be associated with engagement in other positive health behaviours.

[12] The Socioeconomic Gradient in Physical Inactivity in England. Farrell et al., 2013.
[13] Global recommendations on physical activity for health. World Health Organization, 2010
[14] Global action plan for the prevention and control of noncommunicable diseases 2013–2020. World Health Organization, 2013.
[15] Physical activity policies for cardiovascular health. European Health Network (EHN), 2019.
[16] Exercise and the Prevention of Depression: Results of the HUNT Cohort Study. Harvey et al., 2018.
[17] Exercise and physical activity factsheet. Alzheimer's Society, 2015.
[18] Growing older - staying well Ageing and physical activity in everyday life. World Health Organization, 1998.

Rue Guimard 15 (4th Floor) - 1040 Brussels - Belgium
Tel.: +32 (0)2 732 72 02 - Fax: +32 (0)2 732 73 44 - E-mail: secretariat@cpme.eu - Web: www.cpme.eu
Company registration number: 0462509658 - Transparency register number: 9276943405-41

What can be done?

All doctors and other healthcare professionals must actively promote physical activity in their interactions with patients. Personal counselling and the prescription of physical activity by doctors increases an individual's likelihood of engaging in physical activity. Promotion of a more physically active lifestyle in primary health care can also target people who would otherwise be difficult to reach. Currently, more than 20 EU member states have a national programme to promote counselling on physical activity by health professionals.[19] Funding for the promotion of physical activity is most often provided through the health sector.[20]

The prescription of physical activity allows doctors to initiate discussions with patients and to refer them to other healthcare professionals for more comprehensive physical activity planning. This model can help to increase the physical activity level of individuals, particularly of patients with the lowest levels of physical activity.[21] [22] The EU is currently investigating how the Swedish model of physical activity on prescription could be adopted by other European countries.[23]

Physical activity must be included in the curricula of doctors in training but also of other healthcare professionals. Training should give skills to effectively prescribe physical activity and to counsel patients to become more active. Currently, more than 20 EU member states have reported that physical activity for health is included in their medical training curricula.[24]

Besides health care settings, schools are also widely recognised as important settings for the promotion of physical activity among young people.[25] Health education is one of the cornerstones of education that contributes to the holistic development of students, fostering the development of crucial competencies in relation to their physical and mental health.[26] Physical activity in schools should be seen as a simple, affordable and enjoyable way to reach all the children and adolescents with adequate doses of moderate to vigorous physical activity.[27] At best, it encourages children to be physically active throughout life. Currently, physical education is part of the school curriculum in all EU member states but the quality and the number of hours provided vary widely between and within countries.[28] Also, additional, low-threshold physical activity opportunities should be available before, during and after the school day to help children and adolescents reach the recommended levels.

[19] Physical activity factsheets for the 28 EU member states of the WHO European Region. WHO Regional Office for Europe, 2018.
[20] Promoting physical activity in the health sector. WHO Regional Office for Europe, 2018.
[21] Physical activity on prescription in accordance with the Swedish model increases physical activity. Onerup et al., 2019.
[22] Which patients benefit from physical activity on prescription (PAP). Lundqvist et al., 2019.
[23] EU Physical Activity on Prescription. EU-PAP, 2020.
[24] Physical activity factsheets for the 28 EU member states of the WHO European Region. WHO Regional Office for Europe, 2018.
[25] Promoting physical activity in the education sector. WHO Regional Office for Europe, 2018.
[26] OECD Future of Education 2030: Making Physical Education Dynamic and Inclusive for 2030. OECD, 2019.
[27] Physical activity interventions in schools for improving lifestyle in European countries. Mura et al., 2015.
[28] Factsheets on health-enhancing physical activity in the 28 EU member states of the WHO European Region. WHO Regional Office for Europe, 2015.

Rue Guimard 15 (4th Floor) - 1040 Brussels - Belgium
Tel.: +32 (0)2 732 72 02 - Fax: +32 (0)2 732 73 44 - E-mail: secretariat@cpme.eu - Web: www.cpme.eu
Company registration number: 0462509658 - Transparency register number: 9276943405-41

Moreover, the example of parents is important. Having physically active parents is associated with more active children.[29] [30]

When encouraging individuals to engage in active mobility, such as by walking or cycling, it is important to address both the health and the transport-related challenges, including the risks of physical inactivity, and the problems of air pollution, noise and congestion. Active mobility requires the provision of extensive, safe infrastructure, such as walkways, trails and cycle lanes. Therefore, the health care sector must work with other sectors such as transport, urban planning, education and sport at local, national and European levels, to develop the necessary infrastructure. Areas with safe, attractive public spaces and parks, integrated sustainable transport systems and engaged citizens are communities where walking and cycling, participation in recreational physical activity, health and quality of life are enhanced for all.[31]
Doctors can set an example for their patients by leading healthy lifestyles themselves, including by engaging in sufficient physical activity to meet the WHO recommendations. In Norway, some doctors have even taken this a step further by actually training with their patients.[32]

In caring for their staff's health and well-being, employers have a responsibility to make it easier for them to be more physically active as part of their everyday working lives. Incentives can be helpful in encouraging patients to effectively engage in physical activity to address their inactivity and sedentary lifestyle. For example, employers may offer their employees access to wellness programmes or patients reaching their personal health goals may profit from a reduction in their medical payments. However, it is important to ensure that any such incentives do not disadvantage members of the lower socio-economic groups or individuals with disabilities (physical/intellectual) and increase existing inequalities. In addition, local and national governments can assist by subsidising the costs of sporting activities, particularly for members of lower socioeconomic groups.

Conclusions

Building on its previous policies on healthy living, CPME reaffirms its commitment to promoting healthy lifestyles and encourages all European doctors to act in this respect in their direct contacts with patients, in their work as public health officers and through their national medical associations.

Given the well-documented health benefits of engaging in regular physical activity for people of any gender or age, CPME urges all European doctors to encourage their patients to engage in appropriate regular physical activity and where necessary to prescribe it for them. CPME also calls on policymakers

[29] Active parents, active children: The importance of parental organized physical activity in children's extracurricular sport participation. Rodriques et al., 2017.
[30] Parent-child relationship of directly measured physical activity. Fuemmeler et al., 2011.
[31] Putting physical activity into public health: A historical perspective from the CDC. Pratt et al. 2009.
[32] Fastleger får pasientene opp av sofaen. Kongsvik, 2016.

Rue Guimard 15 (4th Floor) - 1040 Brussels - Belgium
Tel.: +32 (0)2 732 72 02 - Fax: +32 (0)2 732 73 44 - E-mail: secretariat@cpme.eu - Web: www.cpme.eu
Company registration number: 0462509658 - Transparency register number: 9276943405-41

to promote physical activity among the populations that they serve and to ensure that they have equitable and affordable access to sporting activities at all stages of their lives.

Rue Guimard 15 (4th Floor) - 1040 Brussels - Belgium
Tel.: +32 (0)2 732 72 02 - Fax: +32 (0)2 732 73 44 - E-mail: secretariat@cpme.eu - Web: www.cpme.eu
Company registration number: 0462509658 - Transparency register number: 9276943405-41