

Effects of physical activity counseling in primary care: The Activity Counseling Trial (ACT)



Over the past two decades, researchers have demonstrated how physical activity (PA) can be incorporated into physician practice to improve patient health outcomes. Last month, we shared the results of the PACE trial, one of the first studies to examine PA counseling by physicians. Following in the footsteps of this study, the Activity Counseling Trial (ACT) investigated the effectiveness of two different PA counseling interventions, compared with current recommended practices, in the primary care setting. The primary goal of this study was to increase patient PA levels through more robust

engagement strategies of the healthcare team. The researchers divided 874 inactive adults (395 female and 479 male) into three groups: Advice; Assistance; and Counseling. All groups received an initial visit with their primary care physician (PCP) where they received basic PA counseling, as well as a follow up visit at the end of the program to discuss their progress in increasing their PA levels.

The Advice group received advice from their PCPs based on national PA guidelines, as well educational material from health educators. The Assistance group received the same advice plus an added behavioral counseling session at the onset of the program along with interactive emails and newsletters. The Counseling group received advice and behavioral counseling, but also had weekly behavior change classes and biweekly (1st six weeks, monthly thereafter) telephone counseling.

The results of this study showed that the assistance and counseling interventions were equally effective in increasing PA levels, especially for the women. For the men, the more in-depth interventions were no more effective than receiving advice only from their physician. Most physicians involved with the study felt that it was not extra work to address patient PA habits by providing advice according to the national PA guidelines. They believed that participation in the program was beneficial to their practice and actually shared ACT advice with other sedentary patients who were not in the study. The results of the ACT study provide further support to those presented in the PACE trial. The ACT study found that women benefitted from receiving counseling and assistance outside of the doctor's office. The lack of significant findings in men suggests that greater levels of engagement (i.e., referral to community resources) may be necessary to see noticeable improvements in men's activity habits.



Overall, these findings illustrate the importance of physician engagement in discussing PA with their patients, while also suggesting that some patients may require further support and guidance than what can be provided in the clinic setting and that a more comprehensive approach, in addition to the

physician counseling, may be important drivers of PA behavior change. These lessons have helped guide Exercise is Medicine® in filling this specific gap by providing patients with an extended healthcare team outside of the clinic setting!

References:

Simons-Morton, D. G., Blair, S. N., King, A. C., Morgan, T. M., Applegate, W. B., O'Toole, M., ... & Shih, J. H. (2001). Effects of physical activity counseling in primary care: The Activity Counseling Trial: A randomized controlled trial. *JAMA: Journal of the American Medical Association*. Vol 286(6), Aug 2001, 677-687.