

Terapigrupp fysisk aktivitet

REK-dagen

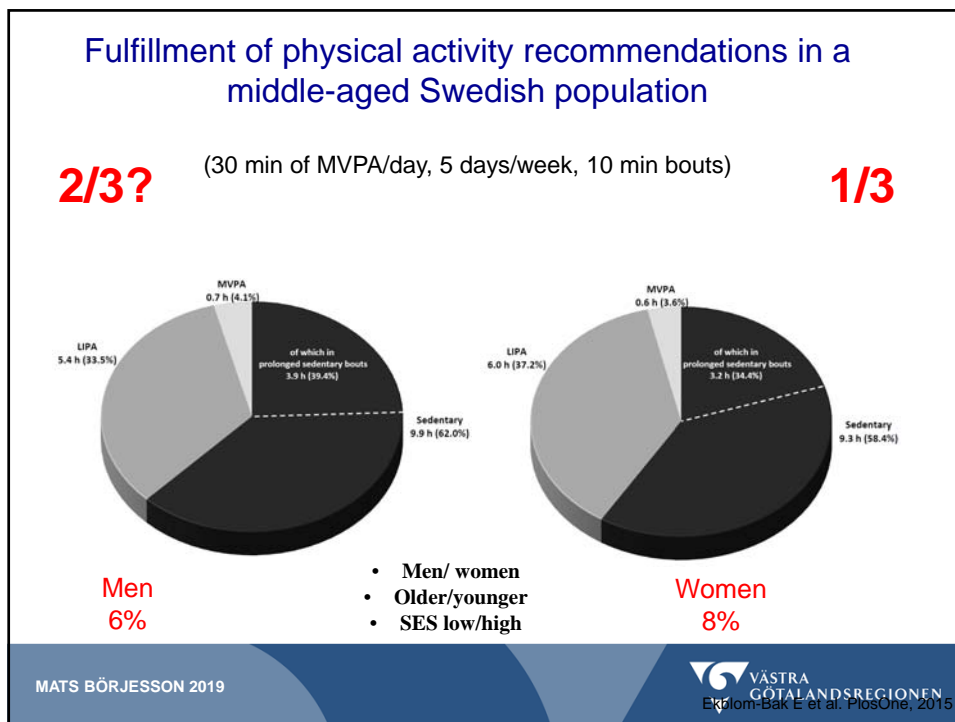
Göteborg 190131

Mats Börjesson, prof, överläk
ordf TG fys aktivitet



Agenda

- Bakgrund och nyheter om fysisk aktivitet
- Förändringar i REK 2019



Nytt i REK 2019 (1)

- Förtydligade terapiråd om fysisk aktivitet hos barn och ungdomar vid astma, diabetes, fetma och depression.



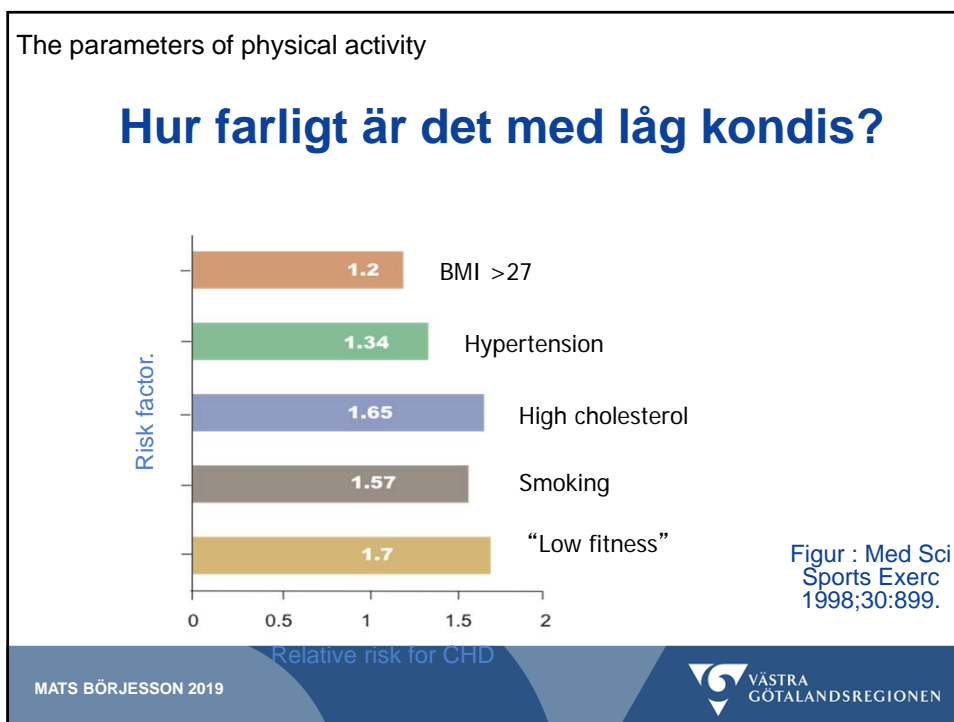
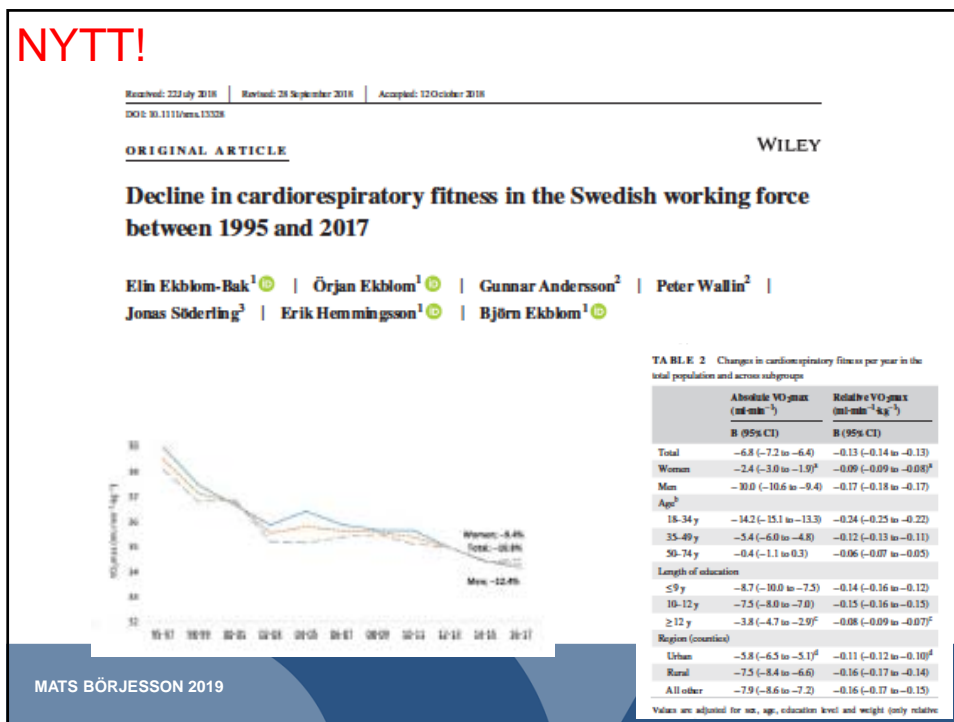
För särskilda rekommendationer för barn och ungdomar med astma se FYSS [kapitel Rekommendationer om fysisk aktivitet för barn och ungdomar](#).



För barn och ungdomar med diabetes, typ 1 och typ 2, rekommenderas aktivitet i nivå med allmänna rekommendationer för barn. För särskilda rekommendationer vid övervikt se FYSS [kapitel Rekommendationer om fysisk aktivitet för barn och ungdomar](#) eller FYSS 2017.



För särskilda rekommendationer för barn och ungdomar med depression se FYSS [Kapitel Rekommendationer om fysisk aktivitet för barn och ungdomar](#).



Finns det tränings non-responders ?

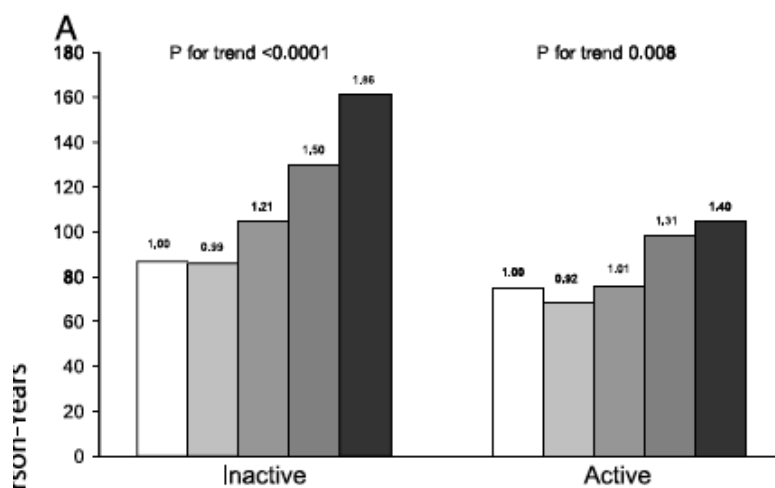
Diskuterats mycket (också i media)

- Olika svar på samma träningsstimuli finns
 - Men...mest individuell respons
- Inget samband med respons av FA på andra riskfaktorer
 - Risk för neg motivator

MATS BÖRJESSON 2019

VÄSTRA
GÖTALANDSREGIONEN

Stillasittande...inte helt oberoende risk



Katzmarzyk et. al. Med. Sci. Sports Exerc. 2009; 41(5):998-1005.

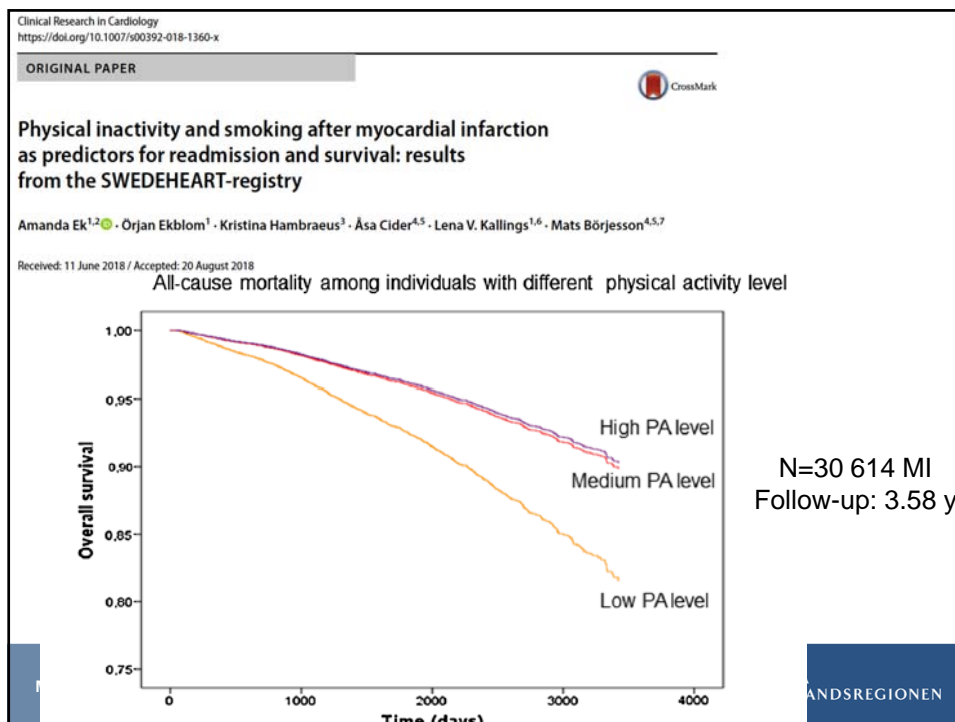
VÄSTRA
GÖTALANDSREGIONEN

Nytt i REK 2019 (2)

- Aktivitetstrappan är förändrad. Steg 1, steg 2 och steg 3 är borttagen.



Klinisk relevans?



Ref: JAHA, 2018

ORIGINAL RESEARCH

American Heart Association | American Stroke Association

Increased Physical Activity Post-Myocardial Infarction Is Related to Reduced Mortality: Results From the SWEDEHEART Registry

Örjan Ekblom, PhD; Amanda Ek, MSc, RPT; Åsa Cider, PhD, RPT; Kristina Hambræus, MD, PhD; Mats Börjesson, MD, PhD

Background—With increasing survival rates among patients with myocardial infarction (MI), more demands are placed on secondary prevention. While physical activity (PA) efforts to obtain a sufficient PA level are part of secondary preventive recommendations, it is still underutilized. Importantly, the effect of changes in PA after MI is largely unknown. Therefore, we sought to investigate the effect on survival from changes in PA level, post-MI.

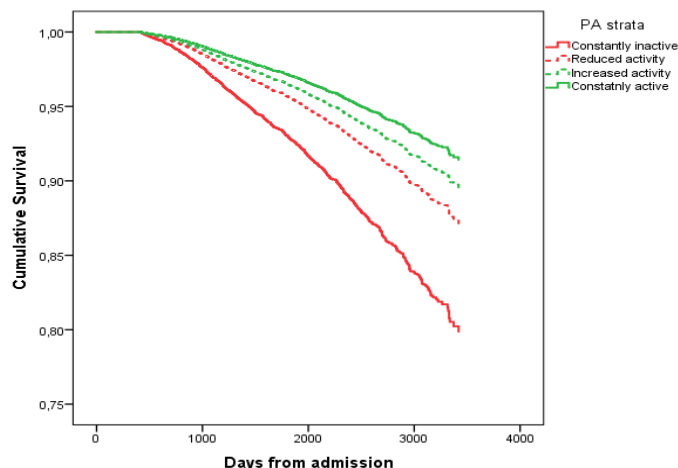
Methods and Results—Data from Swedish national registries were combined, totaling 22 227 patients with MI. PA level was self-reported at 6 to 10 weeks post-MI and 10 to 12 months post-MI. Patients were classified as constantly inactive, increased activity, reduced activity, and constantly active. Proportional hazard ratios were calculated. During 100 502 person-years of follow-up (mean follow-up time 4.2 years), a total of 1087 deaths were recorded. Controlling for important confounders (including left ventricular function, type of MI, medication, smoking, participation in cardiac rehabilitation program, quality of life, and estimated kidney function), we found lower mortality rates among constantly active (hazard ratio: 0.29, 95% confidence interval: 0.21–0.41), those with increased activity (0.41, 95% confidence interval: 0.31–0.55), and those with reduced activity (hazard ratio: 0.56, 95% confidence interval: 0.45–0.69) during the first year post-MI, compared with those being constantly inactive. Stratified analyses indicated strong effect of PA level among both sexes, across age, MI type, kidney function, medication, and smoking status.

Conclusions—The present article shows that increasing the PA level, compared with staying inactive the first year post-MI, was related to reduced mortality. (*J Am Heart Assoc.* 2018;7:e010108. DOI: 10.1161/JAHA.118.010108.)

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VÄSTRA GÖTALANDSREGIONEN

Results- survival (fully adjusted)



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GÖTALANDSREGIONEN

Systematic review- FaR



Physical activity on prescription in accordance with the Swedish model increases physical activity: a systematic review

Aron Onerup,¹ Daniel Arvidsson,² Åse Blomqvist,³ Eva-Lotte Daxberg,⁴ Lennart Jivegård,⁵ Ingibjörg H Jonsdóttir,⁶ Stefan Lundquist,³ Anders Mellén,⁷ Josefine Persson,⁸ Petteri Sjögren,⁵ Therese Svanberg,⁹ Mats Börjesson.^{2,10}

► Additional material is published online only. To view please visit the journal online (<http://dx.doi.org/10.1136/bjsports-2018-099598>).

For numbered affiliations see end of article.

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ABSTRACT

Objectives This study investigates the effects of the core elements of the Swedish model for physical activity on prescription (PAP) by evaluating studies that compared adults who received PAP with adults who did not receive PAP. All participants were adults identified by a healthcare professional as in need of increased physical activity. Primary outcome was level of physical activity.

Design Systematic review.

Eligibility criteria (1) Published 1999. (2) Systematic review, randomised controlled trial (RCT), non-RCT or case series (for adverse events). (3) ≥12 weeks' follow-up. (4) Performed in the Nordic countries. (5) Presented in English, Swedish, Norwegian or Danish.

What is already known

- Physical inactivity is the fourth leading cause of non-communicable disease worldwide according to the WHO.
- A large part of the population in industrialised countries, including the population in contact with healthcare, is insufficiently physically active.
- Methods to increase the level of physical activity in patients have shown mixed results in previous systematic reviews and therefore new methods are needed.

Br J Sports Med: first published as 10.1136/bjsports-2018-099598 on 9 November 2018.

MATS BÖRJESSON 2019

VÄSTRA
GÖTALANDSREGIONEN

Nytt i REK 2019 (3)

- Tillägg i stycket Fysisk aktivitet på recept med resultatet från HTA analysen av effekter av den svenska modellen för fysisk aktivitet på recept (FaR):

”Den svenska FaR-modellen har nyligen utvärderats i en systematisk översikt (HTA-rapport no 100, SU), och man finner att FaR, med hög evidens (grade 3/4) ökar fysisk aktivitet, hos individer i hälso- och sjukvården, i behov av ökad fysisk aktivitet.”

Ur VGR handlingsplan 2018-2019:

- **Stärk det hälsofrämjande och sjukdomsförebyggande arbetet**

”Under 2018 ska ett förslag för innovativt arbete med försök till aktiv intervention inom hälsofrämjande och sjukdomsförebyggande arbete tas fram för ett eller flera områden i Västra Götalandsregionen. Arbetet ska särskilt belysa möjligheten att med digitala verktyg stärka arbetet med **FYSS/FaR**.”

Beslut i HSS, 2018-06