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How do rural GPs manage their inactive and overweight patients?

A pilot study of rural GPs in Queensland

Background

Overweight and obesity are major risk factors for chronic disease. Physical activity plays an important role in increasing wellbeing and reducing weight. General practitioners' advice and intervention can help patients increase their physical activity. This pilot study is part of a larger study investigating physical activity opportunities in rural Queensland.

Method

A survey was sent to a random sample of 40 general practices in rural Queensland. The survey asked GPs about strategies they use when dealing with patients who would benefit from exercise, their use of Lifescripts, the main perceived barriers to exercise in their location, perceptions on change in exercise patterns over 5 years, and local resources and referral networks available in their location. The data was analysed using a five stage framework and coded into themes.

Results

A total of 67.5% of practices responded. The primary strategy GP respondents used to address overweight was discussion and advice. Fifteen of the 27 respondents referred patients to allied health professionals and local sport/recreation organisations. Lack of physical and human resources to encourage and support weight loss was the main perceived barrier to helping patients achieve physical activity and weight loss goals.

Discussion

Behavioural factors are globally acknowledged as the biggest barriers to exercise. The GPs surveyed recognise that, for most people, external support is essential for ongoing exercise compliance and motivation. This can be in the form of discussion with, and advice from, the GP, or referral to gyms or other services. Respondents identified limited facilities and support in rural areas as barriers. Formalisation of referral pathways and follow up is currently lacking and could assist rural GPs in helping their patients to exercise and lose weight.

■ **The increasing burden of chronic disease places greater demands on primary care to develop and implement strategies to manage lifestyle risk factors. Overweight and obesity are major risk factors for chronic disease. Physical activity, by reducing patients' weight and increasing their wellbeing, has been identified as an important means to manage these factors. Studies show that intervention and advice through primary care is effective in increasing physical activity in patients;¹⁻⁴ however little is known about weight management strategies used in rural primary care.**

The authors are involved in a larger study investigating physical activity opportunities in rural Queensland. During this larger study an important question arose: 'How do rural general practitioners manage overweight and obese patients who would benefit from increased physical activity?' This pilot study is an attempt to answer this question. It looks at whether GPs in rural areas use physical activity as part of a weight loss strategy and, if so, how this is achieved.

Method

A random sample of 40 practices was selected from a list of Queensland general practices. These practices were contacted and asked if they would take part in a short survey; those agreeing to participate were then faxed the five question survey. The survey was designed by the authors with reference to the study aims and was not previously validated. However, prior to use, the survey was assessed for clarity and relevance to the study aims by GPs who were not in the sample group.

The survey asked GPs about:

- strategies they use to deal with patients who would benefit from exercise
- use of Lifescripts⁵
- what they perceive as the main barriers to exercise in their location

- how they think exercise patterns have changed in their location over the preceding 5 years, and
- resources and referral networks available in their location to help patients exercise and lose weight.

Additional responses to open ended questions were collated and transcribed.

Responses from the initial sample achieved saturation of themes, so no further practices were surveyed. The data was analysed using the five stage framework approach of: familiarisation with the raw data, identifying and coding a thematic framework, and organising and interpreting the codes into themes.⁶

Ethical approval was obtained from the Human Research Ethics Committee of the University of Southern Queensland.

Results

Responses were received from 27 GPs (the practice response rate was 67.5%). All respondents stated that their primary strategy for helping patients increase their level of physical activity was to discuss the issue and provide advice. One GP reported setting an example in the community by exercising regularly. Sixteen GPs reported referring patients to local gyms or fitness classes and six referred patients to Queensland Health exercise physiologists and/or physiotherapists.

The surveyed GPs were divided on whether they had observed an increase in physical activity within their community over the past 5 years. Of the 13 GPs who noted that there had been an increase, five said there had been more public awareness about the need to exercise. When considering the main barriers to physical activity within their specific rural environment, 16 of the GPs cited behavioural factors such as motivation and commitment. Lack of local facilities (n=8) and lack of footpaths (n=5) were the other frequently cited external barriers. Lifescripts were used by eight GPs, with three noting occasional use; another three GPs responded that they had never heard of Lifescripts, while three others said that they considered them 'not suitable', 'ineffective' and 'a gimmick'.

Discussion

Behavioural factors are globally acknowledged as the biggest barriers to exercise. The small sample of rural Queensland GPs surveyed in this pilot study recognises that, for most people, external support is essential for exercise compliance and to provide ongoing motivation. This can be in the form of discussion with, and advice from, the GP, or referral to gyms or other services.

Trials combining GP advice and follow up counselling with health educators or exercise specialists/scientists have demonstrated success in promoting physical activity in urban adults.^{2,3} Most of the GPs surveyed in this study, however, simply directed patients to exercise, and there is little evidence of the existence of formal programs, collaborative partnerships or follow up to achieve the intended goals. Rural locations often lack the facilities and support for this process, and the GPs surveyed agreed that this proved a barrier to encouraging physical activity in patients.

'Green prescription' or 'exercise on prescription' programs in New Zealand, which involve GPs and/or practice nurses and exercise facilitators and take place in both urban and rural practices, significantly increased physical activity in participants.^{1,4} The Australian Government has put strong emphasis on, and resources into, the Lifescripts program, which is available from the Australian General Practice Network.⁵ However, among our sample, Lifescripts were seldom used, despite the fact that external support is essential for ongoing exercise compliance and motivation.

Conclusion

Primary care may benefit from further exploration of evidence based counselling and support models (including uptake of Lifescripts) and collaboration with health educators and exercise specialists/scientists. In rural Queensland, there are limited resources available to support GPs in helping patients achieve weight loss and exercise goals. Formalisation of referral pathways and follow up could assist rural GPs in helping their patients exercise and lose weight.

Conflict of interest: none declared.

References

1. Lawton BA, Rose SB, Elley CR, Dowell AC, Fenton A, Moyes SA. Exercise on prescription for women aged 40–74 recruited through primary care: two year randomised controlled trial. *BMJ* 2008;337:a2509.
2. Armit CM, Brown WJ, Marshall AL, et al. Randomised trial of three strategies to promote physical activity in general practice. *Prev Med* 2009;48:156–63.
3. Pinto B, Goldstein M, Ashba J, Sciamanna CN, Jette A. Randomized controlled trial of physical activity counseling for older primary care patients. *Am J Prev Med* 2005;29:247–55.
4. Elley CR, Kerse N, Arroll B, Robinson E. Effectiveness of counselling patients on physical activity in general practice: cluster randomised controlled trial. *BMJ* 2003;326:793–8.
5. Australian General Practice Network. Lifescripts – advice for healthy living. Available at www.agpn.com.au/site/index.cfm?display=5267 [Accessed 12 February 2009].
6. Pope C, Ziebland S, Mays N. Qualitative research in health care: Analysing qualitative data. *BMJ* 2000;320:114–6.