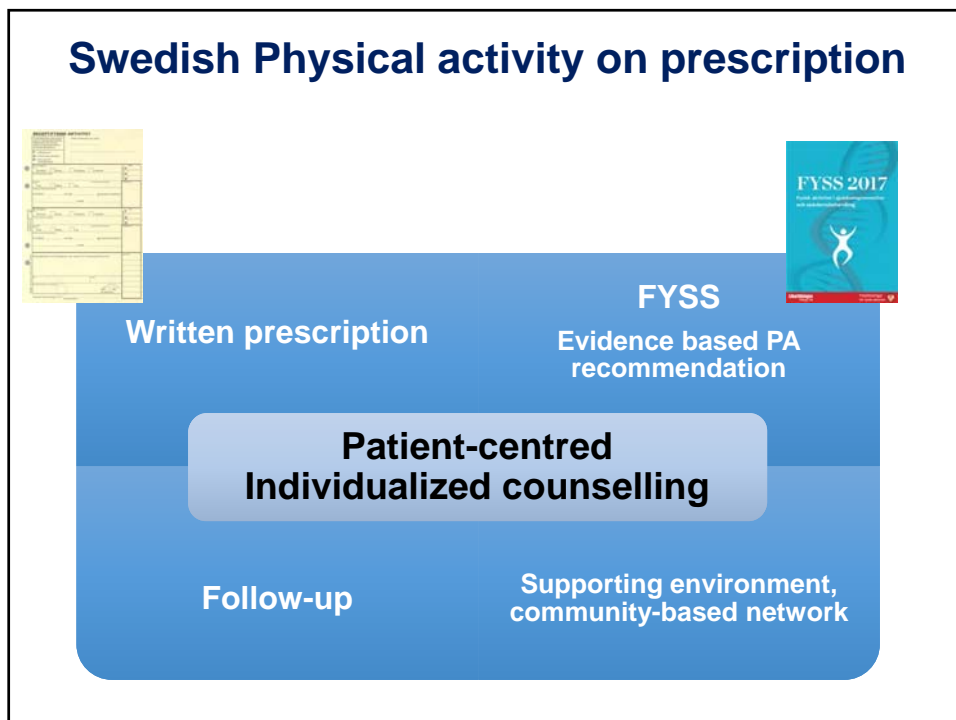




The Swedish PAP
Physical activity on prescription (FaR®)



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PAP & FYSS complement each other


Physical activity on prescription



Method to promote PA within health care


Physical Activity in Prevention and Treatment of Disease

FYSS




Scientific handbook – effects of physical activity

www.fyss.se



Part 1 – General part



Covers 20 chapters, e.g.:

- Concepts and definitions
- Physiological effects of PA
- PA as prevention
- Recommendations for PA for different groups - children, adults, elderly, pregnant, persons with intellectual disabilities
- PA in infections, stress, sleep disorders, menopause, etc.
- PA and drugs
- Physical impairment and PA

Part 2 - Diagnosis-specific part

Covers 33 chapters in 8 different subject areas:

- Cardiovascular and pulmonary diseases
- Metabolic/endocrine diseases
- Neurological diseases
- Musculoskeletal disorders
- Inflammatory diseases
- Psychiatric diseases and dependence
- Prolonged widespread pain conditions
- Cancer
- Chronic Kidney Disease, Polycystic Ovarian Syndrome (PCOS) and Psoriasis



Part 2 - Diagnosis-specific part

Alcohol dependence	Diabetes mellitus, type 2	Osteoporosis
Artrial fibrillation	diabetes	Overweight and obesity
Asthma	Fibromyalgia	Parkinson's disease
Anxiety	Heart failure (chronic)	Peripheral artery disease
Back- and neck pain	Hypertension	Polycystic ovary syndrome
Cancer	Kidney disease (chronic)	Psoriasis
Chronic obstructive pulmonary disease	Lipid disorders	Reumatoid Arthritis
Coronary artery disease	Metabolic syndrome	Schizophrenia
Dementia	Migraine	Spinal Cord Injury
Depression	Multiple Sclerosis	SLE
Diabetes mellitus, type 1	Myositis	Stroke
diabetes	Osteoarthritis	Whiplash



Written prescription

- Current physical activity level
- Reason for prescription
- Prescribed activities
 - Type of physical activity
 - Every day activities + eventually organized activities
 - Aerobic fitness training/strength training/flexibility training
 - Dose:
 - Duration
 - Frequency
 - Intensity
- Contraindication
- Follow-up



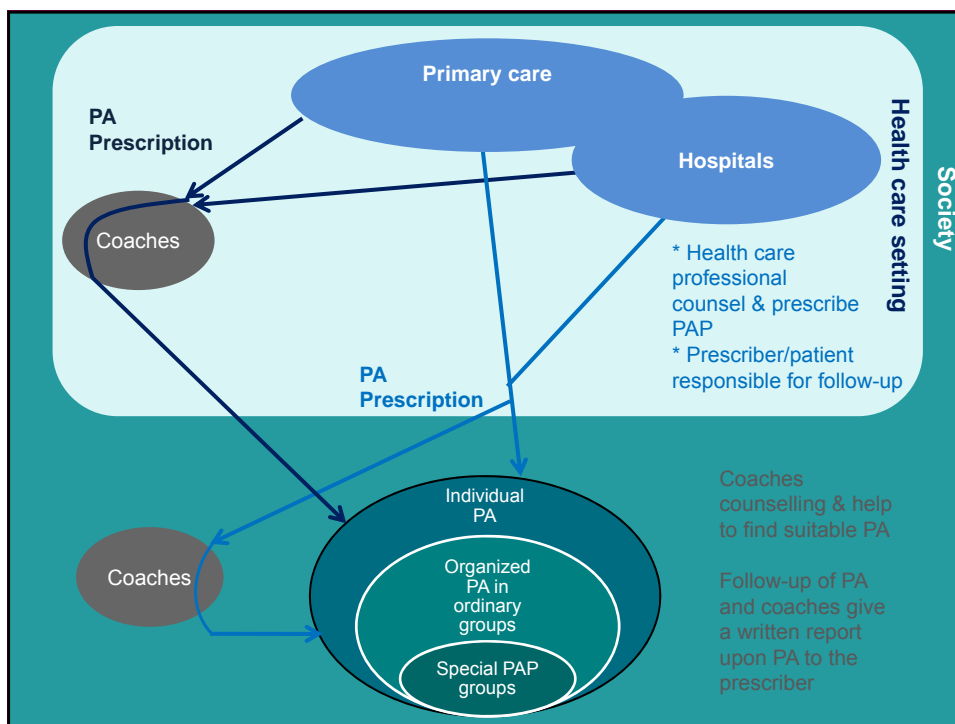
Follow-up

- The follow-up of a prescription of physical activity does not differ from the follow-up of other treatments within healthcare
- Should be registered in the medical record
- Several reasons:
 - Stress the importance of physical activity in the prevention and treatment of disease
 - Gradual increase –adjustment of dose
 - Suitable physical activity?
 - Health effects
 - Improve adherence
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 -

Who can prescribe Swedish PAP (FaR)?

- PAP is not a rule-controlled task (in Sweden)
- Carried out by any of the licensed personnel, with an adequate level of competency and sufficient knowledge of
 - the current patient's health and illness status
 - how physical activity can be used for prevention or treatment of disease
 - counselling
 - the PAP-method and local routines

MD, physiotherapists & nurses
+ psychologist, behaviourist, dieticians, occupational therapist ...



Patients

- All patients in need of physical activity in prevention and/or treatment of disease
- Most common reasons for PAP in primary health care
 - Pain
 - Overweight
 - Hypertension, Lipid disorders
 - Diabetes
 - Mental illness
 - Insufficient PA-level

Recommendation from The National Board of Health and Welfare (2011)

Health services should:

- offer counselling with the addition of a written prescription of physical activity and a pedometer, as well as specific monitoring to patients who are not sufficiently physically active.



**FaR decreases sedentary behaviour and
increases physical activity level**

**Individualized Swedish PAP
- effective method to promote PA**

- Clinical cohort studies in primary health care
 - Self-reported ≥ 15 month
 - Objective assessed steps ≥ 6 month

- RCT FaR vs. control treatment
 - Self-reported ≥ 6 month
 - + questionnaires
 - + 150 min/w MVPA (PA diary)
 - Objective assessed ≥ 6 month
 - + Increased physical capacity ≥ 15 month (Åstrand, 6MWT)
 - ? Objective assessed ≥ 6 month (accelerometer/pedometer)

Kallings 2008; Kallings et al 2008, 2009, 2009; Leijon 2009; Leijon et al 2008, 2009, 2010, 2010; Romé Å et al 2009; Romé Å 2014; Sjöling et al 2011; Olsson et al 2015; Rödger 2015; Morén et al 2016, Rödger et al 2016, Lundqvist et al 2017.

Individualized Swedish PAP- effective method

- Can be carried out as a part of routine care
- Adherence as good as other treatments of chronic diseases
 - ≥ 12 month in clinical cohort studies in primary health care
- Increased self-reported quality of life -physical and mental aspects
 - ≥ 24 month primary health care / RCT
- Multiple beneficial effects on many cardiometabolic risk factors
 - ≥ 15 month primary health care
 - ≥ 6 month RCT
- Cost-effective: RCT FaR vs. control/other treatment

Kallings 2008; Kallings et al 2008, 2009, 2009; Leijon 2009; Leijon et al 2008, 2009, 2010, 2010; Romé Å et al 2009; Romé Å 2014; Sjöling et al 2011; Olsson et al 2015; Rödger 2015; Morén et al 2016, Rödger et al 2016, Lundqvist et al 2017.

Unique aspects of Swedish PAP

- Individualized patient-centred approach & individualized prescription
- PA outside health care
 - focus everyday PA (+ exercise)
- Primary care, somatic specialist care, psychiatry, rehabilitation, municipal care
- All licensed healthcare professionals with sufficient skills (PA, counselling, PAP)
- Follow-up of
 - PA
 - Effects on risk factors, diseases



Context - Sweden



- Responsibility for health and medical care shared by the central government, county councils and municipalities.
 - The Health and Medical Service Act regulates the responsibilities and gives local governments more freedom
 - Autonomy, decide duties, allocation of resources adapted to local and regional conditions
 - County councils responsibility for providing health care
- Health care in Sweden is largely tax-funded
 - a system that ensures everyone equal access to health care services
- High-cost ceiling

Is the method PAP implemented in Sweden?

- Numbers of issued PAP increases...
but still small number compared to potential
- All county councils use the method... good reach,
but large differences in grade of implementation
- It takes time to implement a new working method in the
health care setting and several parallel strategies are
needed

Is the method PAP implemented?

- Economical incitements, education of all health care students & professionals, etc...
- Specific processes are needed for implementation
 - Distinct mandate and function
 - Clear structure, written routines, flow-charts
 - Responsible coordinators
 - Follow-up and evaluate, compare and learn from others
 - Detailed description of method used

Fascilitators

National level

- Guidelines from the National Board of Health and Welfare
- FYSS
- Networks
 - The Swedish HPH Network, The group for Physical Activity with representatives from most Swedish regions/county councils
 - District associations of The Swedish Sports Confederation
- In the beginning of PAP the National Institute of Public Health was involved in development of PAP including FYSS

Fascilitators

Regional level (county councils)

- Policy documents
- Knowledge among politicians, health care managers, heads of healthcare centers, healthcare professionals about PAP, its effects etc.
- A coordination function for work with PAP
 - at central level in the county council is necessary for development work and for supporting the health care units.
 - Providing information material for health care staff and patients.
 - Providing training and education for health care staff.
 - Feedback to politicians and health care managers, for example through statistics.
 - at healthcare centers/hospitals who support and develops work with PAP locally.
- Clear routines and patient flow

Fascilitators

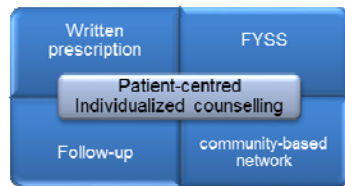
Regional level (county councils) *cont.*

- Regional and local networks for sharing experiences and development work
 - Within health care
 - Between health care & activity organizers
- Regular education and training of health care professionals.
- Healthcare professionals have the opportunity to allocate time for clinical work with PAP.
- Electronic prescription form in the medical records system
 - easily accessible and user-friendly.
 - statistics and follow the work.
- Inclusion of PA treatment recommendations in Drug Therapy Recommendations

Implementation of Swedish PAP

Mandatory

- The components of the PAP-method



- PA outside health care

Adaptions to specific conditions/contexts

- Organizational models
- Colloboration
- Patient groups
- Support to patients
- Who prescribe
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