



Thinking About Risk

- If you have a patient who is not physically active, ask yourself the question:
 “Is this patient safe to remain sedentary?”
- In most cases, **remaining inactive will harm the patient**

Adapted from: Jonas S and Phillips EM (2009) *ACSM's Exercise is Medicine: A Clinician's Guide to Exercise Prescription*, USA: Springhouse Publishing Company.

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Thinking about risk

- For practically all inactive patients:
 - remaining inactive is likely to be seriously harmful to their health
 - becoming more active is likely to significantly benefit their health
- For most inactive patients, becoming more active will be associated with a very small risk of:
 - musculoskeletal injury
 - cardiovascular event, or
 - metabolic disturbance
- These small risks can be minimised further with appropriate advice and guidance

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Low risk which falls over time

- The **absolute risk** of sudden cardiac death associated with moderate intensity exercise may be as low as 1 per 36.5 million hours of exertion
- The increased **relative risk** during a moderate intensity exercise session may be between 1.6 and 2.5 x (compared to no exertion)
- Both these risks fall over time as people become more active

Sources: Whang W et al. (2006) Physical Exertion, Exercise and Sudden Cardiac Death in Women, *The Journal of the American Medical Association*, 295: 1399–1403.
 Von Klotsch S et al. (2009) Intensity of physical exertion and triggering of myocardial infarction: a case-crossover study, *European Heart Journal*, 29(15): 1881–8.

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Reducing the risks

- For patients with risk factors for cardiovascular disease (CVD), signs and symptoms of CVD, or known disease, the clinician can reduce the risk of adverse health effects by advising patients to:
 - build up the intensity (to moderate) slowly
 - start with light to moderate intensity activity
 - avoid vigorous intensity physical activity
 - not exercise and instead seek advice if their symptoms are new, worsening or unstable
- Some patients may benefit from:
 - starting with a period of supervised activity
 - having some further tests and investigations before becoming more active

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Talking about risk

- You want your patients to come to an **informed decision** about whether or not to become more active
- You may have already shared with them the risks associated with being inactive – coronary heart disease, stroke, obesity, type 2 diabetes etc.
- How you talk to them about the risks of becoming more active may influence their motivation to become more active

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Thinking about risk:

Summary

- The risks associated with taking part in physical activity at levels that promote health are low
- Higher levels of risk occur predominately among those exercising at vigorous levels and those taking part in contact sports and high volume fitness training
- All people, irrespective of health, fitness or activity level, should increase activity levels **gradually**. People with low levels of habitual physical activity, who are unfit or who have existing disease, should pay particular attention to this
- People with pre-existing musculoskeletal disease have higher risk of injury from physical activity
- Many injuries that occur during physical activity are avoidable
- The health benefits of activity far outweigh the risks

Source: Chief Medical Officer, 2004.

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