**My learning from conducting a survey of patient reported advice on diet and exercise in primary care.**

Context:

In an interesting abstract, Rosenberg and colleagues report on how family doctors in Israel learned about the therapeutic potential of exercise through an experiential Continuing Medical Education (CME) course taught by a physiotherapist. Their subsequent questionnaire survey found that 84% of responders would emphasise the importance of exercise in patients with lower back pain1. By contrast a recent study of UK GPs suggested that 80% may be unfamiliar with the national physical advice guidelines2 and therefore may lack confidence in promoting physical exercise. This short report explores GP health promotion from the perspectives of 100 patients.

Research questions:

1. How many patients report receiving advice from their GP or practice nurse about diet and/or physical exercise?
2. Are obese patients with BMI≥30 more likely than non-obese patients to report this advice?

Description:
In June 2017, for a medical student project supported by my educational supervisor, I undertook a survey of patients at an inner city practice asking about their compliance to the UK Department of Health dietary and physical exercise recommendations and whether they reported receiving advice about these from their GP or practice nurse. The recommendations suggest eating at least five portions of fruit and vegetables daily, and taking 30 minutes of moderate exercise at least five times a week.

Consecutive patients aged ≥16 years sitting in the waiting room were approached by JG and asked if they were willing to complete a brief anonymous questionnaire for a GP audit about diet and exercise.

Outcomes:
The response rate was 93% (100/107). The mean age of the 100 responders was 40 years (range 17-78) and 35% were male. They described their ethnicity as white 64%, black 16%, Asian 13% or other ethnic group 7%. Based on reported height and weight (n=93 responders), the mean BMI was 24 (range 17-45) and 9 (10%) had a BMI ≥30.

Almost half (46%, 46/100) of participants reported carrying out at least 30 minutes of exercise five times a week. A similar proportion (48%, 48/100) said they ate five portions of fruit and vegetables daily. When asked about advice from their GP or practice nurse about diet and exercise, 21% said they had been advised about diet/weight loss, and 18% about exercise. Patients with a BMI ≥30 were more likely than non-obese patients to have been advised about diet/weight loss: 44% (4/9) versus 16% (13/83) p<0.05. However, this did not apply so strongly to exercise: 38% (3/8) compared to 12% (10/84 NS), but numbers were small.

Conclusions:
Despite the clear benefits of exercise, less than one in five of these patients reported receiving advice about this from primary care. However a major limitation of this study is that we relied on patients’ reports of receiving health promotion. Patients may not listen to lifestyle advice, and if they do they may not remember it. It would have been interesting to see if “advice on exercise” or “advice on diet” had been documented in the medical records, especially in those patients who said they had never received health promotion. The fact that more obese patients remembered receiving advice on diet than exercise may have been GPs being realistic that it may be easier to focus on one lifestyle modification rather than two. However suggesting 10 minutes fast walking a day such as the “Active10” app might have been useful. Patients could also be given written information rather than just verbal to ensure they have something to take away with them and think about. Follow up appointments could have an element of checking if the patient has taken aboard the advice given to them. However, we agree with both Rosenberg and Chatterjee and colleagues that GPs may need more education on how to effectively promote healthy living through physical activity.

From undertaking this survey in primary care, I have understood the basic principle of gathering data in a GP practice and then analysing and reflecting upon the results. GPs and practice nurses cover a huge range of work and health promotion, and it is not surprising if they do not always provide advice on diet and exercise to obese patients. Such advice also needs to be done sensitively as patients may be depressed or have competing priorities. In addition, as discussed earlier, patients may not remember having been given lifestyle advice. Comparing my results to previous studies has allowed me to produce a hopefully constructive conclusion, and this experience has made me value patient surveys as a useful way of learning and improving practice.

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References

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2. Robin Chatterjee, Tim Chapman, Mike GT Brannan and Justin Varney
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