

# Activating People

- Physical activity in the general population and referral schemes among  
primary health care patients in a Swedish county

**Matti Leijon**

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Fakultetsopponent  
Docent Bemt Lindahl, Umeå

Avdelningen för Samhällsmedicin  
Socialmedicin och Folkhälsovetenskap  
Institutionen för Medicin och Hälsa  
Linköpings universitet, Sverige



**Linköping University**  
FACULTY OF HEALTH SCIENCES

## Abstract

In this thesis the need for physical activity interventions is investigated in a general adult population, the characteristics of physical activity referral (PAR) scheme recipients and referral practitioners, and the effectiveness of PAR in a routine primary health-care (PHC) setting in the county of Östergötland, Sweden. The thesis consists of four papers: three papers are based on a quantitative, uncontrolled prospective PAR study and one paper is based on a population survey in the county of Östergötland, Sweden.

In 2006, only one in four of the adult population, aged 18-84 years, in Östergötland was considered sufficiently active to meet the Swedish national public health recommendations, stated as "minutes of moderate physical activity a day". More than one-third (37%) reported that they had no intentions to change their physical activity levels, while 36% had thought about change, and 27% were determined to change. Although the individuals felt a large responsibility for their own physical activity, they also believed that this responsibility is partly shared by health-care providers. Among those who wanted to increase their physical activity level, almost one in seven of the total population and one in four among those reporting poor general health, with a BMI over 30 and those who were inactive reported that they wanted support to bring about this change. More than half of them wanted this support from their health-care provider.

During 2004 and 2005, a total of 6300 patients received PARs as part of the Östergötland PAR scheme. Two-thirds of the patients were female and half of the patients were 45-64 years old. The PAR scheme reached a relatively high proportion of physically inactive people. PAR-related statistics, including the numbers of referrals made at individual PHC centres and by different professional categories, showed large differences in prescribing activities, both by patient categories, and by prescribing professionals, indicating great potential for further improvements of this scheme in the future.

Half of the patients (51%) who received PARs were recommended home-based activities, such as walking. Patient follow-up showed that an increase in self-reported physical activity level was achieved by 52% of the patients at the 12-month follow-up. The proportion of inactive patients decreased from 33% at baseline to 20% at 12 months. The proportion of patients who were physically active on a regular basis increased from 22% at baseline to 32% at 12 months. Neither patient age, diagnosis/PAR reason nor the profession of the prescriber were associated with differences in effectiveness. Low activity levels at baseline and home-based activities were significantly associated with increased physical activity at 12 months. Half of the patients (50%) achieved adherence to PARs at the 12-month follow-up, with adherence assessed by simply asking the patients about their adherence to prescribed activity. Patients' activity levels at baseline (being at least somewhat physically active) and being issued home-based activities were significantly associated with higher adherence at 12 months.