

I suggest you take up some exercise like running

Running—what a terrible association that one word often produces in a lot of people. It can conjure up ill-fitting gym shoes, horizontal cold rain, painful hills, and an altogether unpleasant childhood experience. However, discussion of group sports such as football, cricket, and other team sports may produce more pleasant memories. While many of us like to run (I readily confess to my addiction) or undertake other more solitary sports, others prefer the social contact of group sports.

In 1979, evidence from the Framingham Study demonstrated that overall mortality and mortality due to cardiovascular and ischaemic heart diseases were inversely related to the level of physical activity for men.¹ Over the subsequent years, more evidence has been accumulated showing that increasing activity helps you live longer; however, the evidence base for this is startlingly low in comparison with pharmaceutical interventions. “The primary limitation of much of the data linking physical activity to morbidity and mortality due to chronic diseases is that for many conditions few randomized trials of adequate design have been conducted.”² For some life-threatening diseases we do have more evidence. In 2010 a European multidisciplinary consortium reviewed the evidence on effectiveness of screening and interventions for Type 2 diabetes prevention. Interventions supporting lifestyle changes delay diabetes onset in high-risk adults (NNT: 6.4 over 1.8 to 4.6 years). They suggest that these should be supported by intersectoral strategies that create “health-promoting environments”. The population approach should use organised measures to raise awareness and change lifestyle with specific approaches for minorities and disadvantaged people.³

The question about whether group sports are as effective has not been addressed in any great detail. While there is an argument that any activity is better than none, scientifically we really should be able to know what activity, what duration, and what intensity, work in which individuals for preventing a variety of outcomes. The paper that follows (Thornley et al.) addresses the issue of people who would like to play a group sport in an informal setting—“small-sided”—rather than run on the treadmill. It is too small a study to really generate much more than an inference that group sports can be tested and may make some difference, but in terms of leading the way to further large studies, this certainly is an important paper. However, it does point to the difficulty in recruitment and follow-up with lifestyle interventions. It also raises the overall question whether the RCT is the right format. If I have a patient who wants to undertake this sort of group exercise, will that be as effective as other forms of exercise? The inherent problem is that we do the physical activity we like, and if a trial finds that running, or ice hockey has an NNT lower than small-sided soccer, am I really going to be able to change my patient? However, knowing what activities work best may change the activities we promote at school and college. In the meanwhile I will keep running.

References

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Martin G Dawes

MB BS, MD, FRCGP,
Professor and Head of
Department of Family
Medicine, University
of British Columbia,
Vancouver, Canada

CORRESPONDENCE TO:

Martin Dawes

Professor and Head of
Department of Family
Medicine, University
of British Columbia,
Vancouver, Canada
martin.dawes@ubc.ca