Implementation of the Swedish Method Physical Activity on Prescription

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Background

In Sweden, Physical Activity on Prescription (PAP-S, Swedish FaR) is an evidence-based method that has been used in the healthcare sector to promote physical activity for the prevention and treatment of diseases. PAP-S has been declared as best practice by the World Health Organization (WHO) as well as the European Commission, and it has been determined that PAP-S is to be implemented in other EU member states. The person-centred approach of PAP-S is unique and consists of five core components (see Fig. 1):

- Individualized counselling takes all of the patient's needs into consideration.
- An individualized written prescription includes recommended physical activity and a follow-up plan.
- Individualized follow-up allows for adjustments to be made to the prescription and provides support to improve motivation when necessary.
- The evidence-based handbook Physical Activity in the Prevention and Treatment of Disease – FYSS – summarizes the effects of physical activity and gives physical activity recommendations for various diseases. It is an essential tool for healthcare professionals when prescribing PAP-S.
- A supportive environment and community-based network help the individual to adhere to the prescribed activity.

Approach

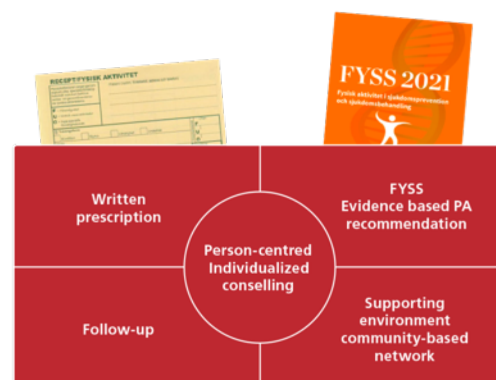
Given that the PAP-S method still needs to be implemented more broadly, both in Sweden and in other countries, the main focus of the workshop was on how to further implement PAP-S.

Lena Kallings opened the workshop by posing five questions to the 20 delegates from nine countries: Sweden, Belgium, Lithuania, Spain, Sri Lanka, Cameroon, Kenya, South Africa and Canada. The questions concerned their previous experience of PAP. 73% had heard of PAP, while 60% had some experience working with it. 75% answered that their countries had experience of the method. The majority worked in public health or healthcare, while there was an even distribution of participants working at the national, regional and local levels in their countries.

Lena Kallings presented the PAP method and its 5 core components as well as what is unique to the evidence-based Swedish method (PAP-S) compared to similar methods. Nine countries in the EU now implement Swedish PAP.

In Jill Taube's lecture, "Can PA/PAP be used to create and maintain mental health", she stated that there is enough evidence to show that low fitness and lack of PA increase the risk of depression. Physical activity can be used in the prevention and treatment of mental diseases, and as secondary prevention for somatic comorbidity in psychiatry. There is increasing evidence that PAP will help people with mental illness and psychiatric diseases. Consequently, PAP should be implemented more often within psychiatry.

Figure 1. The five core components of the Swedish Physical Activity on Prescription model (adopted from Kallings 2008)



Stefan Lundqvist talked about implementation of PAP-S in Swedish healthcare and the results from his doctoral thesis. To succeed in implementing PAP treatment, it needs to be prioritized by management, with clear guidelines and routines. As the quality of the PAP prescriber is important to the patient, we need educated, skilled co-workers with ear-marked time to offer qualitative PAP treatments to all physically inactive patients.

He also emphasized the importance of using all five of the cornerstones of PAP – individual counselling, written prescription, evidence -based PA, follow-up and supporting environment – to make implementation work.

Outcome of the workshop discussions

How can implementation of PAP-S in Sweden be improved?

Most users of PAP and people in key positions consider the method to be good, but they also feel it is complex and, according to the delegates, too little used. The Swedish healthcare system is overloaded, so channeling physically inactive patients into more appropriate treatment would be beneficial. Therapists working with PAP appreciate the guidelines given and the networks that exist in Sweden, and the question of how to improve these was discussed.

One could improve implementation of PAP by more often proposing it as a first-line treatment instead of prescribing it at a later stage in a patient's treatment. Despite the evidence, it is often not used as a first tool of treatment. Jill Taube added that, within psychiatry, the understanding of the benefits of PAP is even worse and prescriptions are seldom written. She suggested a "pre-PAP" where a patient and prescriber are given support concerning behavioural changes for PA before actually being given a prescription. A dialogue with politicians is another essential way of increasing the use of PAP. Developing a supportive environment to make it easy and pleasant to be physically active outside was also discussed as a way to promote adherence. Examples of such approaches were using nature or animals to increase PA.

Multidisciplinary teams have been shown to be successful in several regions. When PAP has been shown to succeed, there has been a cohesive chain from the decisionmakers via prescribers of different professions to the actual activity organizers.

Politicians suggest subsidizing costs for the physical activities prescribed by PAP, but prescribers believe that subsidies to ensure the good quality of the entire PAP process are more important: the prescription, the competence of the physical activity arrangers, a supportive environment for physical activity, the follow-up.

How can PAP-S be implemented and adapted to different contexts in different countries?

The concept of PAP is still unknown in many countries, and it was agreed that more education is needed to show in what context PAP can be implemented, how to build on previous experience, what the benefits of PAP are in other countries, what the benefits would be in the new country of implementation, and what or who to target first.

Depending on how the healthcare systems in different countries work and how their health policies are formulated, ease of implementation of PAP will differ across countries. This is an enormous challenge. Stefan Lundqvist emphasized the importance of using the five core elements of PAP in their entirety when implementing PAP. His opinion is that PAP will not work if this basis is not used to build on. Starting from the core elements, adaptions can then be made to accommodate the different cultures in different countries.

At present, evidence for the efficacy of PAP applies only to adults, so there is a need to build evidence for how or whether it works on children.

The question of having a digital platform arose. A PhD student from Canada, who was not acquainted with PAP, had joined the workshop as her thesis concerns interventions on digital platforms. She wondered whether one could get PAP to benefit more people by using digital platforms. Contacting patients digitally during the corona pandemic proved viable, and although both patients and prescribers prefer meeting in real life, a hybrid version of contact is possible. Apparently, there is work in progress in this area, and several initiatives have been made from different angles, e.g., designing an online database to monitor a patient's PA. A well-structured platform is a prerequisite. This is possibly an area where joined forces are needed and where PAP-S could invest time and energy to develop a common digital platform or find other ways of delivering PAP.

According to several participants, the cost effectiveness of PAP must be established before some countries will implement PAP. There is no direct evidence of the cost effectiveness of PAP-S compared to a control group, but rather indirect evidence, e.g., it has been shown that if you can promote physical activity with a rather simple method, then it is cost effective. The Organization for Economic Co-operation and Development (OECD) has selected Swedish PAP as a method of "Best Practice" and is conducting a cost effectiveness study on it.

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Summary of Recommendations

- We must make the PAP method easier to prescribe and implement through better support and structure.
- It is important to include all five cornerstones of PAP when transferring to another country. PAP will not work if the whole concept is not in place. Adaptations can then be made to mirror the reality of how healthcare works in different countries, i.e., what to target first, education of prescribers and a strong belief in PAP.
- Use multidisciplinary teams to support the individual.
- Economic incitement? Pros and cons.
- Work with the environment and animals to increase patients' PAP adherence.
- Cost effectiveness needs to be addressed with more research.
- Find digital platforms to help patients.
- Evidence that PAP-S can be used to create and maintain mental health.

Concluding "Call to action"

Start an international network for dissemination and implementation of PAP-S. A decision has been made by the Swedish School of Sport and Health Sciences (GIH), Stockholm, Sweden to initiate the leadership in starting this network.

Suggested reading

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