

Prevention Rx is a free peer-reviewed prescription pad specific for preventive medicine, including evidence-based exercise and nutrition advice in a user-friendly format. It is provided on a not-for-profit basis. Focus-group conversations with medical officers of health, obesity experts, and promoters all echoed a similar message: “Obesity is not a simple choice, but a complex condition heavily influenced by our environment and culture.” To curb obesity, emphasis should be placed on a strategic plan to influence community culture, the culture of medicine, and ultimately public policy. While obesity is one of the leading causes of premature and preventable death among patients, some suggest only 23% of individuals suffering from obesity have a relevant care plan (3). This will likely not change without innovations in primary care models and tools.

The pad is a means to provide actionable nutrition and exercise advice in time-efficient, bite-sized pieces. In addition to obesity, the Prevention Rx pad can be used for a long list of conditions that may benefit from custom exercise and nutrition such as cancer prevention, cardiovascular disease, healthy aging, depression, pregnancy and others (1). Evidence suggests formal prescription is more efficacious than verbal-only advice (2, 7). The pad also serves as a visual reminder for providers to have these specific conversations, thus, ensuring more patients have a documented plan (3).

The user-friendly design is meant to increase prescribing comfort and confidence among providers who may not have been exposed to formal exercise and nutrition curricula (5, 6).

A pillar of effective modern primary care services is integration with allied health professionals. There are specific prescription pad sections which prompt providers to refer patients to allied health, including dietitians. In a survey of 451 Canadian family doctors, the majority (58.1%) agreed that more than 60% of patients would benefit from nutrition counselling (4). Within this sample, only 19% of surveyed physicians reported that 60% of patients received these services.

Providers may choose to use all or a select portion of the Prevention Rx pad segments:

- Documenting patient goals and motivators after careful and open discussion
- Planning a follow-up visit with physician or allied health specific to exercise and nutrition progress
- Using the Rx pad to refer to allied health (dietitians, physiotherapy, kinesiology)
- Providers can list selected foods to integrate on the “grocery list”, for example quality proteins to reduce age-related lean mass losses.
- Easy-to-use tick boxes to highlight nutrition goals (reducing added sugar, increasing quality proteins).
- Recommend a frequency, time, and specific type of exercise (Walking, 30min, 4x/wk) at a selected location (home, outdoors, or formal gym setting).

Aric Sudicky MD
asudicky@uwo.ca

References:

1. Importance of Assessing Cardiorespiratory Fitness in Clinical Practice: A Case for Fitness as a Clinical Vital Sign: A Scientific Statement From the American Heart Association. *Circulation* (201) Vol 134, Issue 21.
2. Swinburn, B. et al. (1998). The Green Prescription Study: A Randomized Controlled Trial of Written Exercise Advice Provided by General Practitioners. *American Journal of Public Health*, (1998) 88; 288-291.
3. Flegal KM, Carroll MD, Ogden CL, Curtin LR. Prevalence and trends in obesity among US adults, 1999-2008. *JAMA* 2010; 303: 235–41.
4. Wynn K, Trudeau J, Taunton K. Nutrition in primary care: Current practices, attitudes, and barriers. *Canadian Family Physician*. 2010 Mar; 56(3): 109-116.
5. Cardinal BJ, Park EA, Kim M, Cardinal MK. If Exercise is Medicine®, Where is Exercise in Medicine? Review of U.S. Medical Education Curricula for Physical Activity-Related Content. *J Phys Act Health*, 2014 Dec 2. [Epub ahead of print]
6. Gramlich L, Olstad D, Nasser R, et al. Medical students' perceptions of nutrition education in Canadian universities. *Appl. Physiol. Nutr. Metab.* 2010; (35): 336–343.
7. Hamlin M, Yule E, et al. Long-term effectiveness of the New Zealand Green Prescription primary health care exercise initiative. *Public Health*. 2016; (140): 102-108