



University of Zurich

Epidemiology, Biostatistics and Prevention Institute EBPI

Physical Activity and Health – The Role of Primary Care

Brian Martin, MD MPH
Epidemiology, Biostatistics and Prevention Institute EBPI, University of Zurich

SMSC Zürich 2017 – Let's get moving!
Swiss Medical Students Convention, Zürich, 08./09.04.2017

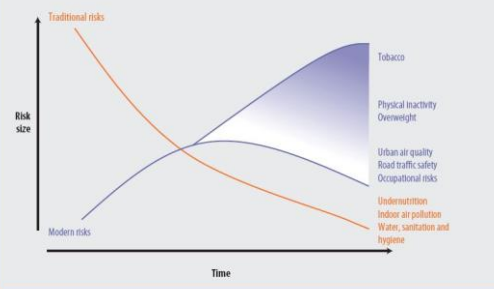
Handout at www.panh.ch (-> presentations)

Physical Activity and Health – The Role of Primary Care

- Changes in health risks at the population level
- Non-communicable diseases
- Physical inactivity and other dimensions of health behaviour
- Effectiveness of PA interventions at the population level
- The role of Primary Health Care
- PAPRICA

The Risk Transition

Figure 2: The risk transition. Over time, major risks to health shift from traditional risks (e.g. inadequate nutrition or unsafe water and sanitation) to modern risks (e.g. overweight and obesity). Modern risks may take different trajectories in different countries, depending on the risk and the context.

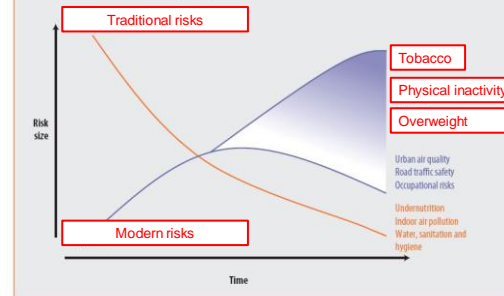


Global Health Risks
WHO 2009



The Risk Transition

Figure 2: The risk transition. Over time, major risks to health shift from traditional risks (e.g. inadequate nutrition or unsafe water and sanitation) to modern risks (e.g. overweight and obesity). Modern risks may take different trajectories in different countries, depending on the risk and the context.

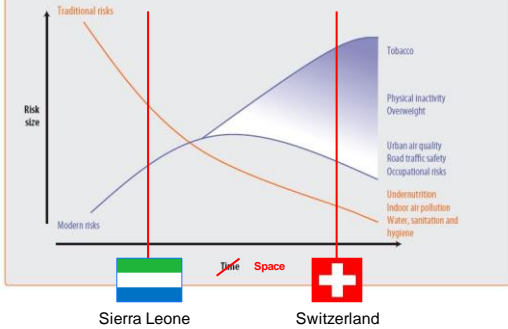


Global Health Risks
WHO 2009



The Risk Transition

Figure 2: The risk transition. Over time, major risks to health shift from traditional risks (e.g. inadequate nutrition or unsafe water and sanitation) to modern risks (e.g. overweight and obesity). Modern risks may take different trajectories in different countries, depending on the risk and the context.



Global Health Risks WHO 2009



The Risk Transition

Sierra Leone Switzerland

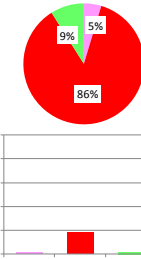
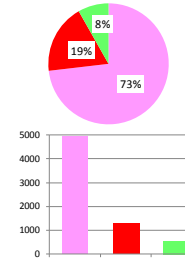
Population

6.0 million

8.0 million

Years of Life Lost by causes

Communicable diseases
 Non-communicable diseases
 Injuries



Life expectancy

46 years

83 years

Healthy life expectancy

39 years

73 years

Global Health Observatory WHO
www.who.int/gho
2012 data

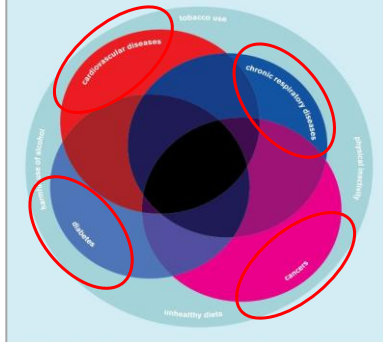
Working in partnership to prevent and control the 4 noncommunicable diseases – cardiovascular diseases, diabetes, cancers and chronic respiratory diseases and the 4 shared risk factors – tobacco use, physical inactivity, unhealthy diets and the harmful use of alcohol.



2008-2013 Action Plan for the Global Strategy for the Prevention and Control of Noncommunicable Diseases

Cardio-vascular diseases

Diabetes



4 main groups of non-communicable diseases

Chronic respiratory disease

Cancers

Working in partnership to prevent and control the 4 noncommunicable diseases – cardiovascular diseases, diabetes, cancers and chronic respiratory diseases and the 4 shared risk factors – tobacco use, physical inactivity, unhealthy diets and the harmful use of alcohol.



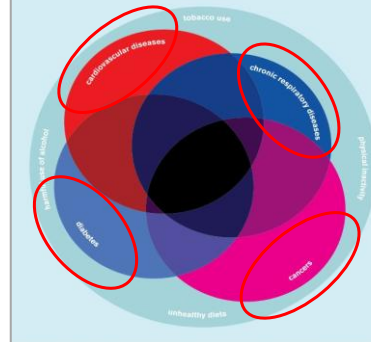
2008-2013 Action Plan for the Global Strategy for the Prevention and Control of Noncommunicable Diseases

Mental health disorders

Cardio-vascular diseases

Dementia

Diabetes



4 (+ 3) main groups of non-communicable diseases

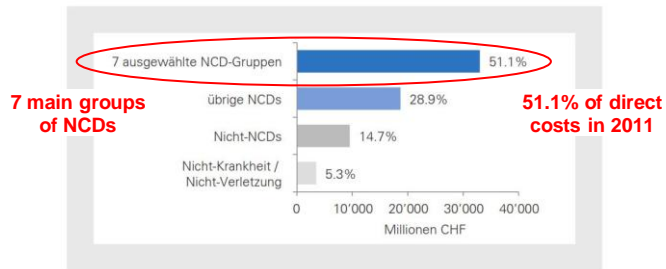
Chronic respiratory disease

Musculo-skeletal disease

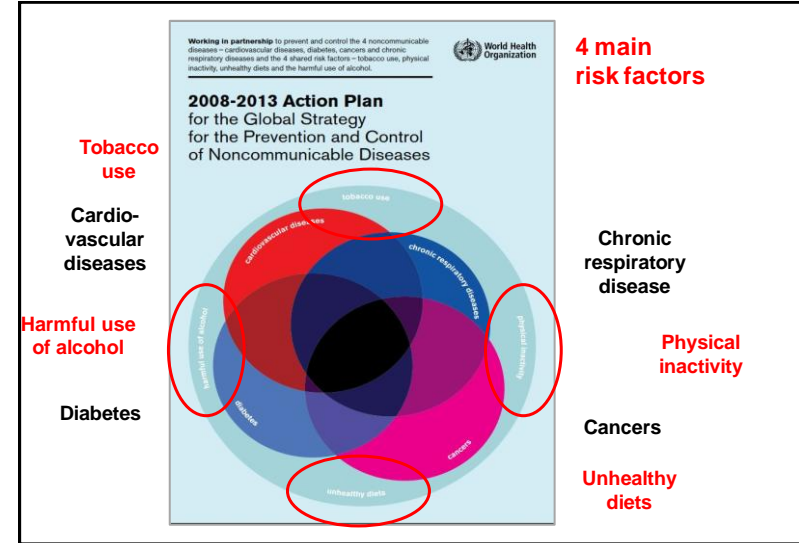
Cancers

Costs of NCDs in Switzerland

Abbildung 2
Gesundheitsausgaben 2011 nach Hauptkategorien (direkte Kosten)



BAG-Bulletin 2014; 36: 583-586 (www.bag.admin.ch/nf)



Research aims

- Quantifying combined effects of the four behavioural risk factors for NCD on mortality
- Developing respective risk charts for communication

Methods

- Record linkage study: MONICA Study & Swiss National Research Programme 1A with Swiss National Cohort
- 16'721 Participants (16-90 years)
- Up to 32 years of mortality follow-up

Analyses

- (Mortality risks: Cox proportional Hazard Models)
- 10-year survival probabilities: Weibull Regression Models

Martin-Diener E, Meyer J, Braun J, Tamutzer S, Fäh D, Rohrmann S, Martin BW, Swiss National Cohort (SNC). The combined effect on survival of four main behavioural risk factors for non-communicable diseases. Prev Med 2014; 65:148-52. Project funded by Swiss Heart Foundation and Swiss Cancer League and supported by Swiss National Science Foundation.

10 year survival probabilities at 65 and 75 years of age in the Swiss National Cohort – risk charts

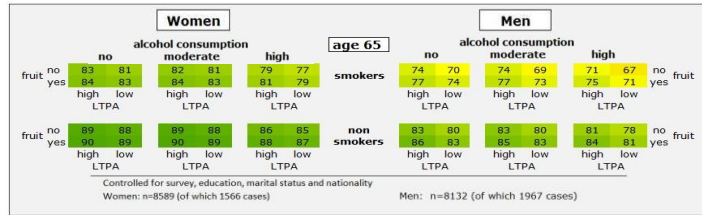
		Women						Men											
		no			moderate			high			no			moderate			high		
		LTPA			LTPA			LTPA			LTPA			LTPA			LTPA		
fruit	no	58	55	58	55	50	47	46	40	45	39	42	31	52	45	51	45	42	44
	yes	62	59	61	59	54	51	52	45	51	45	42	31	52	45	51	45	42	44
		high	low	high	low	high	low	high	low	high	low	high	low	high	low	high	low	high	low
		LTPA			LTPA			LTPA			LTPA			LTPA			LTPA		
fruit	no	72	70	72	69	66	63	62	57	62	56	59	53	62	57	62	56	59	53
	yes	74	72	74	72	69	66	67	62	67	61	64	58	67	62	67	61	64	58
		high	low	high	low	high	low	high	low	high	low	high	low	high	low	high	low	high	low
		LTPA			LTPA			LTPA			LTPA			LTPA			LTPA		
		age 75						age 65											
fruit	no	83	81	82	81	79	77	74	70	74	69	71	67	74	70	74	69	71	67
	yes	84	83	84	83	81	79	77	74	77	73	75	71	77	74	77	73	75	71
		high	low	high	low	high	low	high	low	high	low	high	low	high	low	high	low	high	low
		LTPA			LTPA			LTPA			LTPA			LTPA			LTPA		
fruit	no	89	88	89	88	86	85	83	80	83	80	81	78	83	80	83	80	81	78
	yes	90	89	90	89	88	87	86	83	86	83	84	81	86	83	86	83	84	81
		high	low	high	low	high	low	high	low	high	low	high	low	high	low	high	low	high	low
		LTPA			LTPA			LTPA			LTPA			LTPA			LTPA		

Models controlled for survey, education, marital status and nationality.

Men: N=8132 (of which 1967 cases) Women: N=8889 (of which 1566 cases). LTPA: leisure time physical activity

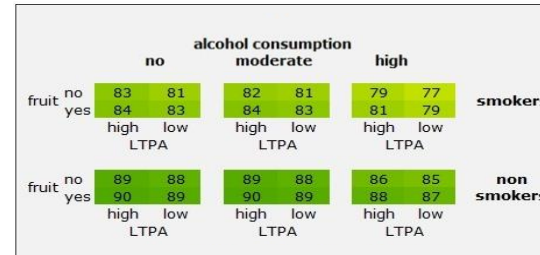
Martin-Diener E, Meyer J, Braun J, Tamutzer S, Fäh D, Rohrmann S, Martin BW, Swiss National Cohort (SNC). The combined effect on survival of four main behavioural risk factors for non-communicable diseases. Prev Med 2014; 65:148-52. Project funded by Swiss Heart Foundation and Swiss Cancer League and supported by Swiss National Science Foundation.

10 year survival probabilities at 65 years of age in the Swiss National Cohort – risk chart



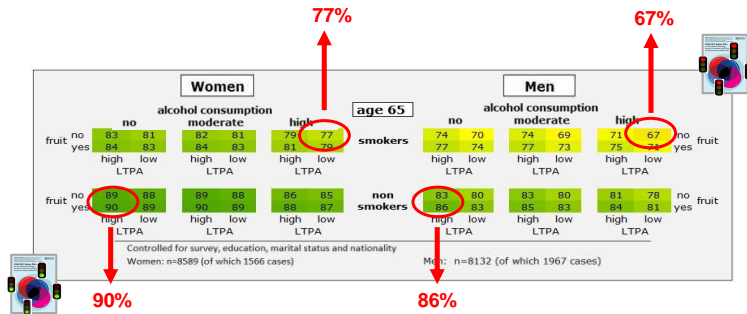
Martin-Diener E, Meyer J, Braun J, Tamutzer S, Fäh D, Rohrmann S, Martin BW, Swiss National Cohort (SNC). The combined effect on survival of four main behavioural risk factors for non-communicable diseases. Prev Med 2014; 65:148-52. Project funded by Swiss Heart Foundation and Swiss Cancer League and supported by Swiss National Science Foundation.

10 year survival probabilities in women at 65 years of age in the Swiss National Cohort – risk chart



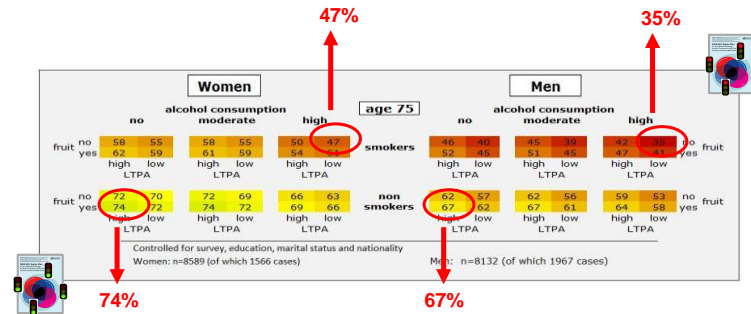
Martin-Diener E, Meyer J, Braun J, Tamutzer S, Fäh D, Rohrmann S, Martin BW, Swiss National Cohort (SNC). The combined effect on survival of four main behavioural risk factors for non-communicable diseases. Prev Med 2014; 65:148-52. Project funded by Swiss Heart Foundation and Swiss Cancer League and supported by Swiss National Science Foundation.

10 year survival probabilities at 65 years of age in the Swiss National Cohort – risk chart



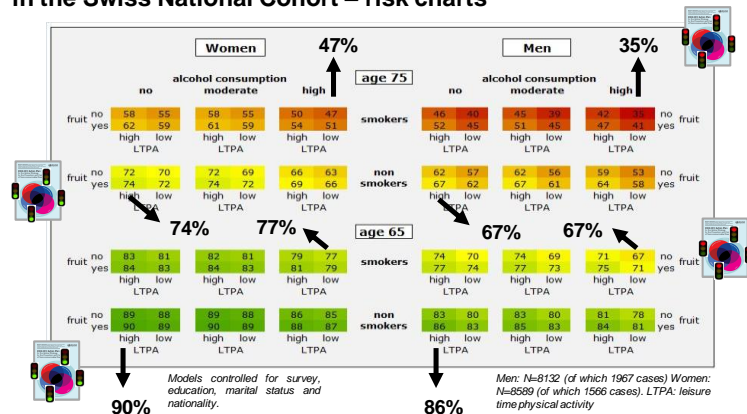
Martin-Diener E, Meyer J, Braun J, Tamutzer S, Fäh D, Rohrmann S, Martin BW, Swiss National Cohort (SNC). The combined effect on survival of four main behavioural risk factors for non-communicable diseases. Prev Med 2014; 65:148-52. Project funded by Swiss Heart Foundation and Swiss Cancer League and supported by Swiss National Science Foundation.

10 year survival probabilities at 75 years of age in the Swiss National Cohort – risk chart



Martin-Diener E, Meyer J, Braun J, Tamutzer S, Fäh D, Rohrmann S, Martin BW, Swiss National Cohort (SNC). The combined effect on survival of four main behavioural risk factors for non-communicable diseases. Prev Med 2014; 65:148-52. Project funded by Swiss Heart Foundation and Swiss Cancer League and supported by Swiss National Science Foundation.

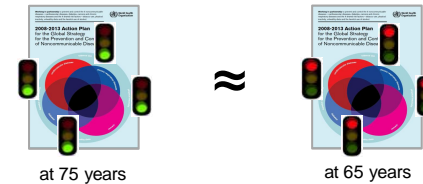
10 year survival probabilities at 65 and 75 years of age in the Swiss National Cohort – risk charts



Martin-Diener E, Meyer J, Braun J, Tamutzer S, Fäh D, Rohrmann S, Martin BW, Swiss National Cohort (SNC). The combined effect on survival of four main behavioural risk factors for non-communicable diseases. *Prev Med* 2014; 65:148-52.

Conclusions

- The independent and combined impact of WHO's four behavioural risk factors for NCD could clearly be shown in a Swiss population sample, i.e. in a population with a well developed health care system
- The combined impact of healthy behaviour on mortality is stronger than the differences between men and women
- Healthy behaviour keeps you young for ten years longer!



Martin-Diener E, Meyer J, Braun J, Tamutzer S, Fäh D, Rohrmann S, Martin BW, Swiss National Cohort (SNC). The combined effect on survival of four main behavioural risk factors for non-communicable diseases. *Prev Med* 2014; 65:148-52. Project funded by Swiss Heart Foundation and Swiss Cancer League and supported by Swiss National Science Foundation.

RESEARCH

The impact of communicating genetic risks of disease on risk-reducing health behaviour: systematic review with meta-analysis

Gareth J Hollands,¹ David P French,² Simon J Griffin,³ A Toby Prevost,⁴ Stephen Sutton,³ Sarah King,¹ Theresa M Marteau¹

[thebmj](#) | *BMJ* 2016;352:i1102 | doi: 10.1136/bmj.i1102

Study selection

Randomised and quasi-randomised controlled trials involving adults in which one group received personalised DNA based estimates of disease risk for conditions where risk could be reduced by behaviour change (...).

Results

We examined 10 515 abstracts and included 18 studies that reported on seven behavioural outcomes (...).

RESEARCH

The impact of communicating genetic risks of disease on risk-reducing health behaviour: systematic review with meta-analysis

Gareth J Hollands,¹ David P French,² Simon J Griffin,³ A Toby Prevost,⁴ Stephen Sutton,³ Sarah King,¹ Theresa M Marteau¹

[thebmj](#) | *BMJ* 2016;352:i1102 | doi: 10.1136/bmj.i1102

Results

(...) Meta-analysis revealed no significant effects of communicating DNA based risk estimates on smoking cessation (...), diet (...), or physical activity (...). There were also no effects on any other behaviours (...).

7 Best Investments for Physical Activity

1. Invest in national programs

2. Transport policies and systems that promote walking, cycling and public transport

3. Support structured and unstructured physical activity throughout the day

4. Primary health care systems

5. Public education

6. Integrated community-wide programmes

7. „Sport for all“ systems and programmes

GAPA, a council of the International Society for Physical Activity and Health ISPAH
www.globalpa.org.uk

4. Primary health care systems

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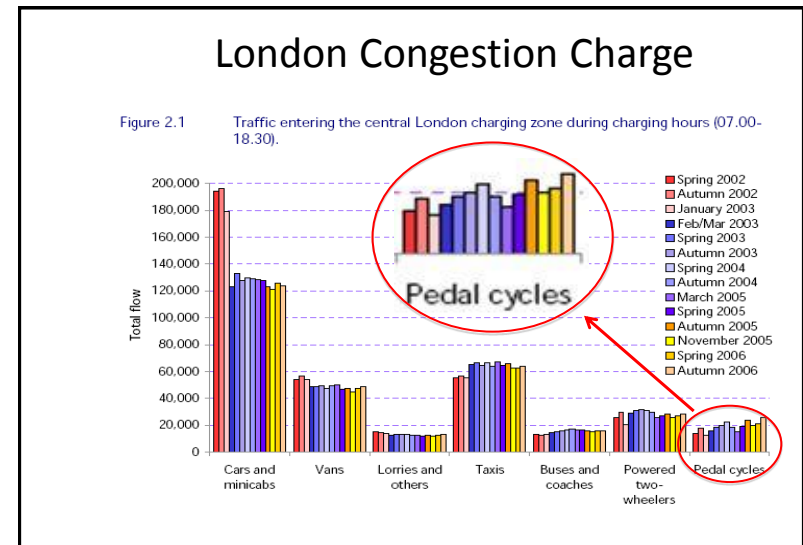
GAPA, a council of the International Society for Physical Activity and Health ISPAH
www.globalpa.org.uk

Review

Effect of school-based interventions on physical activity and fitness in children and adolescents: a review of reviews and systematic update

S Kriemler,^{1,2} U Meyer,¹ E Martin,² E M F van Stuijps,³ L B Andersen,^{4,5} B W Martin²

Br J Sports Med 2011;**45**:923–930. doi:10.1136/bjsports-2011-091016



Comparison of inhabitants' physical activity behaviour in Zermatt (Community 1), Crans-Montana und Verbier

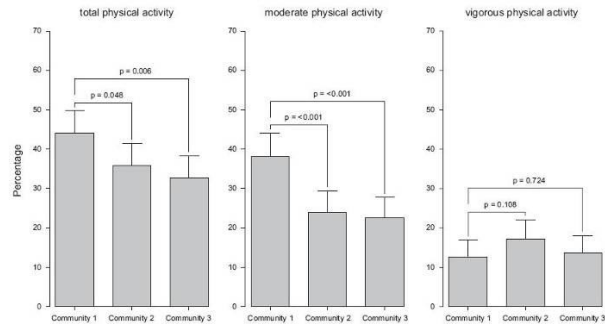


Fig. 1. Age- and sex-adjusted prevalence of sufficient total, moderate and vigorous physical activity by community.

Thommen Dombos O, Braun-Fahrlander Ch, Martin-Diener E. Comparison of adult physical activity levels in three Swiss alpine communities with varying access to motorized transportation. *Health & Place*, 2007; 13(3): 757-66



**Dr. Luci Fehrs
Krankheits-Tipp Nr. 2:**
Vermeiden Sie sorgfältig jede sportliche Betätigung. Gehen Sie nie zu Fuss. Fahren Sie nie Velo. Grundsätzlich verboten ist tiefes Durchatmen – es sei denn, Sie ziehen Rauch ein.

„Dr. Luci Fehrs' illness Tip No 2:
Carefully avoid all forms of sports and physical activity. Never walk. Never use your bicycle. Never ever breathe harder – unless you are inhaling tobacco smoke.“

Time Trends in Physical Activity in the State of São Paulo, Brazil: 2002–2008

VICTOR K. R. MATSUDO¹, SANDRA M. MATSUDO¹, TIMÓTEO L. ARAÚJO¹, DOUGLAS R. ANDRADE¹, LUIS C. OLIVEIRA¹, and PEDRO C. HALLAL²

¹Physical Fitness Research Center, CELAFISCS, São Caetano, BRAZIL; and ²Federal University of Pelotas, Pelotas, BRAZIL

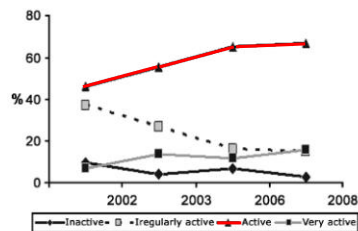


FIGURE 1—Trends of physical activity categories in the state of São Paulo, Brazil (2002, 2003, 2006, and 2008).

Med Sci Sports Exerc. 2010 Dec;42(12):2231-6.

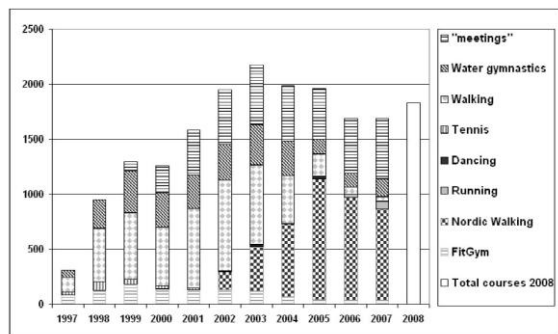
The programme Allez Hop



- Weekly lessons during ten week courses, qualified instructors
- National programme
- At the beginning in collaboration with sports clubs and associations; later also with independent instructors

Wanner M, Martin-Diener E, Bauer G, Stamm HP, Martin BW. Allez Hop, a nation-wide programme for the promotion of physical activity in Switzerland: What is the evidence for a population impact after one decade of implementation. *Brit J Sport Med* 2010.

Course development 1997-2008

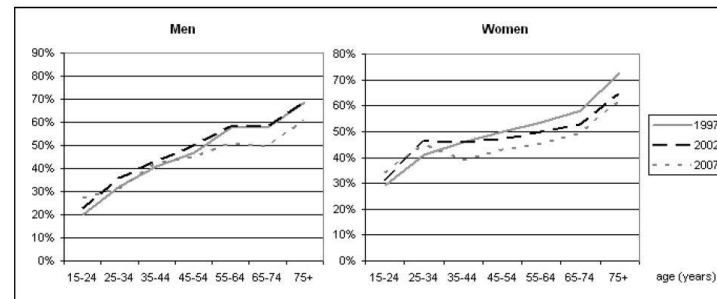


Wanner M, Martin-Diener E, Bauer G, Stamm HP, Martin BW. AlleZ Hop, a nation-wide programme for the promotion of physical activity in Switzerland: What is the evidence for a population impact after one decade of implementation. Br J Sports Med. 2011 Dec;45(15):1202-7.

Population impact of a nation-wide physical activity programme with 200'000 participants

1997-2008

<1 „sweat episodes“ during leisure time reported in the Swiss Health Survey (1997: n=12'999; 2002: n=19'698; 2007: n=18'745)



Wanner M, Martin-Diener E, Bauer G, Stamm HP, Martin BW. Brit J Sport Med 2011.

Overview of intervention approaches

Gesundheitswirksame Bewegung
Grundlagendokument

Logos: hepa.ch, SUVA, bfu, Swiss Olympic, Swiss Red Cross, Swiss Paralympic Committee, Swiss Sports Confederation, Swiss Tennis Federation, Swiss Volleyball Federation, Swiss Badminton Federation, Swiss Table Tennis Federation, Swiss Archery Federation, Swiss Fencing Federation, Swiss Judo Federation, Swiss Karate Federation, Swiss Taekwondo Federation, Swiss Wrestling Federation, Swiss Weightlifting Federation, Swiss Biathlon Federation, Swiss Cross-Country Federation, Swiss Ski Federation, Swiss Alpine Ski Federation, Swiss Ice Hockey Federation, Swiss Figure Skating Federation, Swiss Speed Skating Federation, Swiss Short Track Speed Skating Federation, Swiss Luge Federation, Swiss Bobsled Federation, Swiss Curling Federation, Swiss Ice Sledge Federation, Swiss Paralympic Committee, Swiss Sports Confederation, Swiss Tennis Federation, Swiss Volleyball Federation, Swiss Badminton Federation, Swiss Table Tennis Federation, Swiss Archery Federation, Swiss Fencing Federation, Swiss Judo Federation, Swiss Karate Federation, Swiss Taekwondo Federation, Swiss Wrestling Federation, Swiss Weightlifting Federation, Swiss Biathlon Federation, Swiss Cross-Country Federation, Swiss Ski Federation, Swiss Alpine Ski Federation, Swiss Ice Hockey Federation, Swiss Figure Skating Federation, Swiss Speed Skating Federation, Swiss Short Track Speed Skating Federation, Swiss Luge Federation, Swiss Bobsled Federation, Swiss Curling Federation, Swiss Ice Sledge Federation.

www.hepa.ch

Activité physique et santé
Document de base

Logos: hepa.ch, SUVA, bpa, Swiss Olympic, Swiss Red Cross, Swiss Paralympic Committee, Swiss Sports Confederation, Swiss Tennis Federation, Swiss Volleyball Federation, Swiss Badminton Federation, Swiss Table Tennis Federation, Swiss Archery Federation, Swiss Fencing Federation, Swiss Judo Federation, Swiss Karate Federation, Swiss Taekwondo Federation, Swiss Wrestling Federation, Swiss Weightlifting Federation, Swiss Biathlon Federation, Swiss Cross-Country Federation, Swiss Ski Federation, Swiss Alpine Ski Federation, Swiss Ice Hockey Federation, Swiss Figure Skating Federation, Swiss Speed Skating Federation, Swiss Short Track Speed Skating Federation, Swiss Luge Federation, Swiss Bobsled Federation, Swiss Curling Federation, Swiss Ice Sledge Federation.

www.panh.ch/documents

Tackling of unhealthy diets and physical inactivity - expected effects on DALYs over time

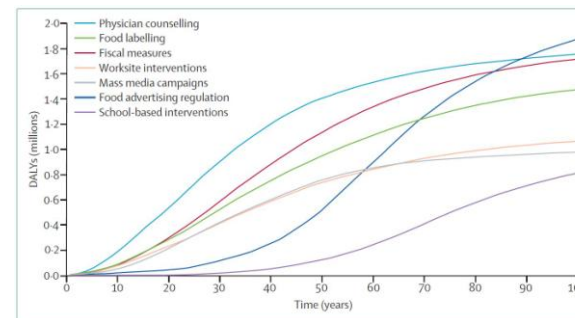


Figure 3: Cumulative disability-adjusted life-years (DALYs) gained over time

Cecchini M, Sassi F, Lauer JA, Lee YY, Guajardo-Barron V, Chisholm D. Tackling of unhealthy diets, physical inactivity, and obesity: health effects and cost-effectiveness. Lancet 2010; 376: 1775-84.

Tackling of unhealthy diets and physical inactivity - expected effects on health expenditure over time

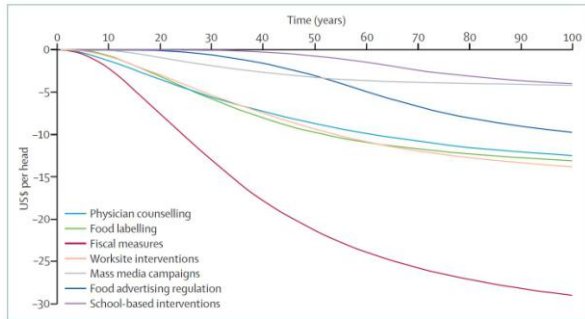
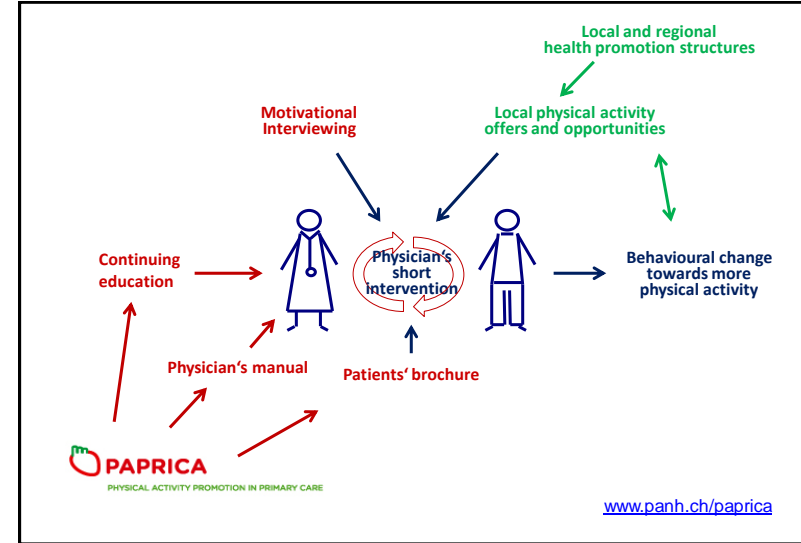


Figure 4: Cumulative effect on health expenditure over time (US\$ per head) in Brazil

Cecchini M, Sassi F, Lauer JA, Lee YY, Guajardo-Barron V, Chisholm D. Tackling of unhealthy diets, physical inactivity, and obesity: health effects and cost-effectiveness. *Lancet* 2010; 376: 1775-84.



Ansätze für die nicht übertragbaren Krankheiten und darüber hinaus

Gesundheitsberatung in der medizinischen Grundversorgung, Teil 1

PD Dr. med. Brian W. Martin^{1,2}, Dr. med. Stefan Neuner-Jahia^{1,2}, Eva Maria Dünser^{1,2}, MPH, Dr. med. Ueli Günzler^{1,2}, Dr. med. Rastall Blaz¹, Barbara Wolf¹, Dr. med. Carlos Quintero^{1,2,3,4}, Dr. med. Rita Auer¹, Dr. med. Axel-Peter Herzig¹, Prof. Dr. med. Andreas Cornaf¹

Zahlenmäßig sind die nicht übertragbaren Krankheiten (non-communicable diseases, NCD) inzwischen auch in der Schweiz deutlich im Vordergrund des Krankheitsgeschehens getreten. Die Prävention über die Arztpraxis hat hier eine besondere Rolle. Das vorliegende Artikel beschreibt die in der Schweiz verbreiteten Beratungsansätze und ihre Grundlagen. Ein zweiter Beitrag² wird sich mit den Voraussetzungen für die Verbreitung dieser Ansätze in der Ärztschaft beschäftigen.

Hintergrund
 Gesundheitliche Beratung ist ein zentraler Bestandteil der Gesundheitsversorgung. In der Schweiz sind die nicht übertragbaren Krankheiten (NCD) inzwischen auch in der Schweiz im Vordergrund des Krankheitsgeschehens getreten. Die Prävention über die Arztpraxis hat hier eine besondere Rolle. Das vorliegende Artikel beschreibt die in der Schweiz verbreiteten Beratungsansätze und ihre Grundlagen. Ein zweiter Beitrag² wird sich mit den Voraussetzungen für die Verbreitung dieser Ansätze in der Ärztschaft beschäftigen.

Martin et al. *Swiss Medical Forum* 2016.

Approches pour les maladies non transmissibles et au-delà

Conseil-santé dans la médecine de premier recours, partie 1

PD Dr. med. Brian W. Martin^{1,2}, Dr. med. Stefan Neuner-Jahia^{1,2}, Eva Maria Dünser^{1,2}, MPH, Dr. med. Ueli Günzler^{1,2}, Dr. med. Rastall Blaz¹, Barbara Wolf¹, Dr. med. Carlos Quintero^{1,2,3,4}, Dr. med. Rita Auer¹, Dr. med. Axel-Peter Herzig¹, Prof. Dr. med. Andreas Cornaf¹

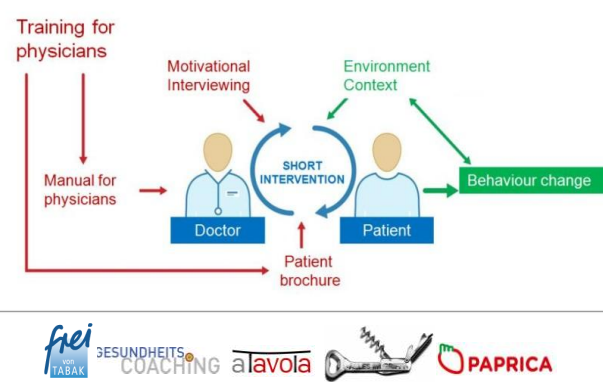
Les maladies non transmissibles (MNT, en anglais non-communicable diseases) sont actuellement un enjeu de santé publique en Suisse. La prévention au cabinet médical joue un rôle particulier dans ce contexte. Cet article décrit les différentes approches de conseil préventif en Suisse et leurs fondements. Un deuxième article² se concentrera sur les conditions requises pour la diffusion de ces approches au sein du corps médical.

Contexte
 Augmentation des maladies non transmissibles (MNT) dans les milieux occidentaux et en particulier en Suisse. La prévention au cabinet médical joue un rôle particulier dans ce contexte. Cet article décrit les différentes approches de conseil préventif en Suisse et leurs fondements. Un deuxième article² se concentrera sur les conditions requises pour la diffusion de ces approches au sein du corps médical.

Martin et al. *Swiss Medical Forum* 2016.

www.medicalforum.ch

Shared concept of behaviour change interventions



Martin et al. *Swiss Medical Forum* 2016.

www.medicalforum.ch

Motivational Interviewing as the key communication technique of behaviour change interventions

„Die Respektierung und Unterstützung der Autonomie des Patienten ist eine Grundhaltung der motivierenden Gesprächsführung. Gemäss der Selbstbestimmungstheorie («self-determination theory») gehört Autonomie zusammen mit Kompetenz und sozialer Eingebundenheit («relatedness») zu den psychologischen Grundbedürfnissen des Menschen, die auch sein Verhalten beeinflussen.“

„Le respect et le soutien de l'autonomie du patient sont un principe de base de l'entretien motivationnel. D'après la théorie de l'auto-détermination («self-determination theory»), l'autonomie, de pair avec la compétence et l'appartenance sociale («relatedness»), fait partie des besoins psychologiques fondamentaux de l'être humain, qui influencent également son comportement“

Martin et al. Swiss Medical Forum 2016.

www.medicalforum.ch

Key tools of Motivational Interviewing

Table 1: Werkzeuge der motivierenden Gesprächsführung (nach [7]).

Offene Fragen stellen	Um den Patienten zum Reden zu ermutigen, formuliert der Arzt Fragen, die mit «wie», «was», «wo», «wann» oder «wer» beginnen.
Aktiv zuhören / reflektieren	Der Arzt versucht, eine Annahme über die wahrscheinliche Bedeutung der gehörten Äusserung oder Gefühle zu machen.
Zusammenfassen	Der Arzt fasst in eigenen Worten das Gehörte zusammen, um Anerkennung und Verständnis auszudrücken.
Bestätigen	Der Arzt reagiert auf eine Äusserung oder Handlung des Patienten anerkennend und würdigend.

Tableau 1: Outils de l'entretien motivationnel (d'après [7]).

Poser des questions ouvertes	Afin d'encourager le patient à parler, le médecin formule des questions qui commencent par «comment», «quoi», «où», «quand» ou «qui».
Ecouter activement / réfléchir	Le médecin établit une hypothèse quant à la signification probable des propos entendus ou sentiments exprimés.
Résumer	Le médecin résume avec ses propres mots ce qu'il vient d'entendre afin d'exprimer sa reconnaissance et sa compréhension.
Valoriser	Le médecin approuve et valorise un propos ou un acte du patient.

Martin et al. Swiss Medical Forum 2016.

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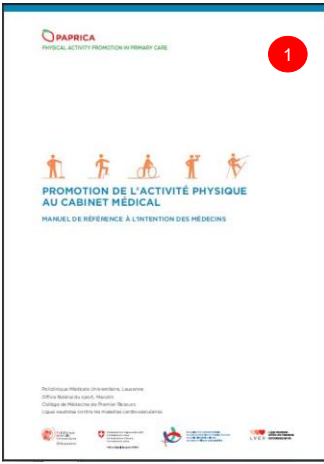




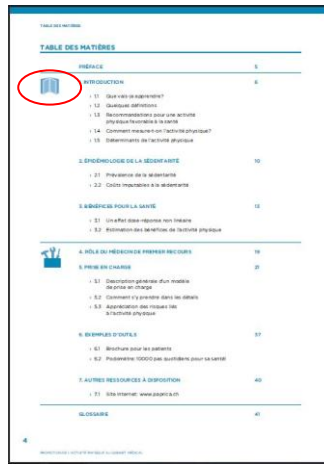
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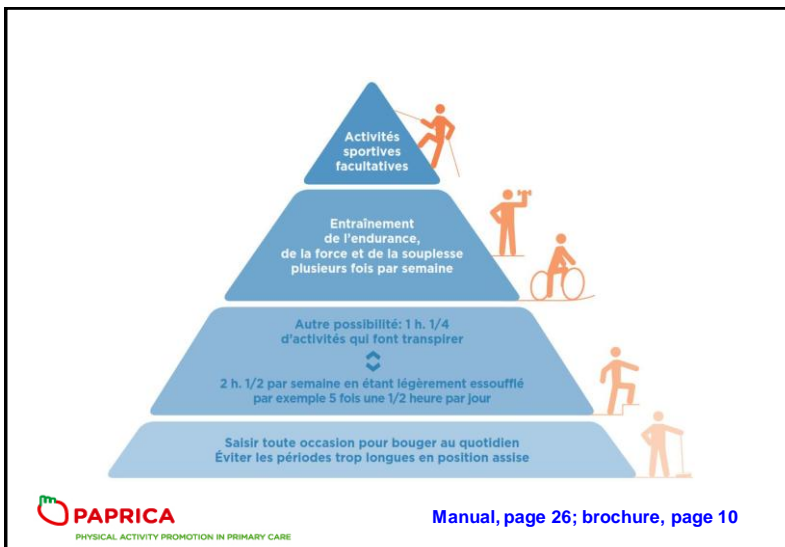


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Brochure pour patients

2

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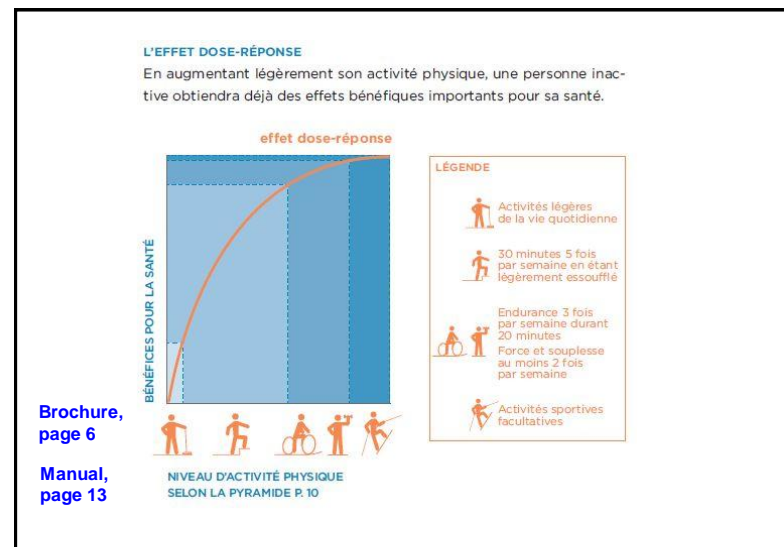
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CONTENU	
CE QUE VOUS POUVEZ APPRENDRE SUR L'ACTIVITÉ PHYSIQUE EN GÉNÉRAL	
<ul style="list-style-type: none"> QUELS SONT LES BÉNÉFICES DE L'ACTIVITÉ PHYSIQUE? L'activité physique pratiquée régulièrement vous protège contre de nombreuses maladies. 4 COMMENT SURMONTER LES OBSTACLES? Quand vient l'envie de se remettre à bouger, on trouve presque toujours un moyen pour surmonter les obstacles. 5 COMMENT BOUGER AU QUOTIDIEN? Avoir une activité physique régulière est plus facile que beaucoup ne le pensent: prendre l'escalier plutôt que l'ascenseur, se déplacer à pied plutôt qu'en voiture. 7 LA SÉCURITÉ AVANT TOUT! N'ayez pas peur des accidents et des blessures! Observez cependant quelques précautions pour que vos bonnes intentions se transforment en de saines habitudes. 8 PLUS D'EFFETS BÉNÉFICIQUES QUE NÉFATES Les risques de l'activité physique sont nettement moindres que les bénéfices liés au manque d'exercice. 9 	<ul style="list-style-type: none"> CE QUE VOUS POUVEZ FAIRE POUR BOUGER D'AVANTAGE LA PYRAMIDE DE L'ACTIVITÉ PHYSIQUE 10 JE COMMENCE À BOUGER - NIVEAUX 1 ET 2 DE LA PYRAMIDE DE L'ACTIVITÉ PHYSIQUE Quelle que soit l'activité choisie, vous devez en retirer du plaisir et ne pas vous surmener. C'est la meilleure façon pour profiter des bienfaits de l'activité physique dans la durée. Niveau 1: Bouger dans la vie de tous les jours. Toute activité physique quotidienne est bénéfique. Niveau 2: Une demi-heure sans se presser. Pour vous sentir en pleine forme, une demi-heure d'essouffement léger cinq jours par semaine. 11 JE PROGRESSE - NIVEAUX 3 ET 4 DE LA PYRAMIDE DE L'ACTIVITÉ PHYSIQUE Jogging, walking, patin à roulettes, vélo: l'effort est limité. Seul l'exercice d'ambition doit être réitéré. Niveau 3: Pour une mise en forme complète. Entraînez votre endurance deux à trois fois par semaine, et vos muscles deux fois par semaine pendant 10 minutes. Niveau 4: Plus de plaisir, plus de présence. Si l'activité physique est bénéfique pour la santé, un excès peut s'avérer néfaste. Faites-vous conseiller pour avoir une activité physique saine et équilibrée. 16 JE PERSÉVÈRE - COMMENT ÉVITER LES BAISSES DE MOTIVATION? Vous pensez parfois: «J'en ai marre!» Il existe des moyens pour ne pas abandonner. 20 LE POSITIVÉ: UN OUTIL LUDIQUE ET EFFICACE 10000 pas quotidiens pour votre santé! 22 AGENDA DE L'ACTIVITÉ PHYSIQUE Prenez rendez-vous avec votre santé! 24

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