



## Steps to encourage exercise in depressed patients

This information is intended for GPs and other health professionals. See also:

- [Fact Sheet: Exercise and depression](#)
- [Hints for developing exercise plans with depressed patients](#)

Recent evidence suggests that regular exercise can significantly reduce depression amongst sedentary adults and older adults with depression of mild to moderate severity.

GPs have an important role in encouraging physical activity in depressed patients.

To assist GPs, the Australian Government initiative “Lifescrpts: Advice for Healthy Living” (<http://www.health.gov.au/lifescrpts>) provides assessment and written prescription resources for GPs managing lifestyle risk factors for chronic disease – including inactivity. These resources are included in the steps below.

### STEPS TO ENCOURAGE EXERCISE IN DEPEPRESSED PATIENTS

**Step 1: Assess the patient’s current physical activity level**

**Step 2: Provide exercise prescription or exercise advice**

**Step 3: Refer to an exercise physiologist or exercise program (optional)**

#### Step 1: Assess the patient’s current physical activity level

- Assess whether the patient meets the recommended minimum level of activity according to the [National Physical Activity Guidelines](#), including a total of at least 30 minutes of moderate-intensity physical activity on most, preferably all days of the week.
- The [Lifescrpts brief physical activity assessment](#) for patients can be used.

*If the patient is not currently active enough for health benefits:*

- Assess barriers to exercise. Depressed patients often report tiredness, lack of motivation, lack of confidence in ability to exercise, and difficulties with problem-solving to overcome practical barriers (eg little spare time, need for childcare).
- Assess the patient’s readiness to increase their activity level, to see if they:
  - have no interest in changing (‘pre-contemplators’)
  - are considering becoming more active (‘contemplators’)
  - are starting to become more active (‘preparers’)

- Assess physical contraindications to moderate-intensity physical exercise.

These include unstable angina, chest discomfort or shortness of breath on low-intensity activity, uncontrolled heart failure, severe aortic stenosis, uncontrolled hypertension, acute infection or fever, resting tachycardia (>100 beats per minute), recent complicated acute myocardial infarction (<3 months) and uncontrolled diabetes. People with multiple risk factors, pre-existing disease, long-standing disabilities and the frail elderly may require referral for supervision of other tertiary services to ensure their activity is safe and provides maximal benefit (Lifescrpts).

## Step 2: Provide exercise prescription or exercise advice

GPs who do not have the time or expertise to provide specific exercise prescriptions and/or counseling to encourage exercise may prefer to provide broad exercise advice and refer to an exercise physiologist.

### a) Provide feedback and education

- Provide feedback about the patient's current activity level.  
(The Lifescripts physical activity assessment provides interpretations for scores.)
- Provide education about regular exercise as a treatment for depression.
- Ask the patient to describe benefits of exercise that they would like to obtain.
- Dispel myths such as "You need to use a gym to get fit" or "No pain no gain".
- For sedentary patients, particularly those identified as having no interest in increasing exercise, education should emphasise the helpfulness of taking a brief walk each day.
- Provide patients with Black Dog Institute handouts, such as  
[Fact Sheet: Exercise and depression](#)

### b) Develop an exercise plan

- Together with the patient, develop a specific plan for their physical activity.
- Ask the patient to choose realistic achievable goals for increasing activity in the short term (e.g. 3 x 20 minute walks per week for the next two weeks).
- Exercise goals can start small (particularly for patients who have been inactive/sedentary, who are severely depressed or lacking in motivation) and be gradually built up. E.g. a goal of at least one 10 minute walk per day may be set, and then gradually increased.
- Try to plan for exercise to fit in with the patient's current lifestyle (e.g. need for childcare).
- Consider **walking**. Brisk walking constitutes moderate-intensity activity, and walking is the form of exercise preferred by inactive Australians of all ages.
- See [Hints for developing exercise plans with depressed patients](#)

### c) Write an exercise prescription

- Most importantly, WRITE DOWN the exercise plan for the patient, as a prescription.
- The [Lifescripts physical activity prescription](#) can be used.
- Arrange follow-up contact to provide support for implementing the exercise prescription.

## Step 3: Refer to an exercise psychologist or exercise program (optional)

Exercise physiologists (EPs) are university qualified allied health professionals who specialise in the delivery of exercise, lifestyle and behavioural programs for the prevention and management of chronic conditions (e.g. depression) and injuries. Patients with ongoing health conditions (e.g. depression) are now able to receive Medicare rebates for up to five sessions with an allied health professional, including an exercise physiologist (Medicare item 10953), if referred by a GP under an Enhanced Primary Care Plan. For a directory of exercise physiologists see <http://www.aess.com.au>.

Depressed patients are much more likely to adhere to a referral if the GP arranges the appointment for them (i.e. writes down an appointment time with a specific exercise physiologist).