

## **Are physical activity interventions in primary care and the community cost-effective? A systematic review of the evidence.**

Physical inactivity remains a cause for concern in developed and emerging countries, particularly as a leading cause of mortality from chronic conditions such as cardiovascular disease, obesity, type 2 diabetes, osteoporosis, and depression and due to the significant healthcare costs incurred consequently. A wide range of interventions have shown to increase physical activity (PA), ranging from counselling in primary care settings to mass media campaigns that elevate health related messages across the population. To ensure that public health resources are allocated in a timely and efficient we must also identify which components of such interventions provide the best value for money.

The researchers assessed data from randomised control trials at both the primary health care and community level between 2002 and 2009. Thirteen studies focusing on interventions to increase adult PA fulfilled the selection criteria, with eight of these being of good or excellent quality.

The results indicated that such interventions were cost-effective, especially where direct supervision or instruction were not a component of the approach. For instance, walking, exercise groups, exercise advice delivered via post or phone, when compared with supervised gym-based exercise classes or instructor led walking programmes.

All studies were generally in an accepted range for cost-effectiveness ranging between €1120 and €15 860 per quality-adjusted-life-year gained, which is a better value than using currently funded pharmaceutical approaches to address obesity. To conclude, PA interventions delivered in primary health care should be invested in and prioritised equally as currently funded pharmaceutical interventions.

Garrett, S., Elley, C., Rose, S., O'Dea, D., Lawton, B. and Dowell, A., 2011. Are physical activity interventions in primary care and the community cost-effective? A systematic review of the evidence. *British Journal of General Practice*, 61(584), pp.e125-e133.



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