

**JAY WIDMER:** Greetings. I'm Jay Widmer, cardiovascular fellow at the Mayo Clinic. And today, on [theheart.org](http://theheart.org), Medscape Cardiology, we'll be discussing best amount type of exercise for CV prevention with my colleague and friend Dr. Thomas Allison, who is Director of the Sports Cardiology Program and an expert in cardiovascular prevention here at Mayo. Welcome, Dr. Allison.

**DR. THOMAS** Thank you. Thank you.

**ALLISON:**

**JAY WIDMER:** Well, let's get started. What should we tell our patients for the best type and amount of exercise for CV prevention? Should we walk? Run? How often? What is your opinion?

**DR. THOMAS** Well, let's say this simply. I haven't seen any type of physical activity that's been studied that hasn't proven to be beneficial to reduce total mortality in cardiovascular risk. We also know that there are two specific activities, sitting at work and watching television, which are actually cardiovascular risk factors. So I think we kind of encourage people to move and do whatever they like to do.

We also have some data that putting a little zip into it now and then, in other words, doing some interval training or some higher intensity activity, even if it's like jogging just once a week, seems to further reduce the cardiovascular risk. As far as how much to do, the recommendations are at least 30 minutes a day, five days a week, and probably an hour a day would really be optimal, if you had the time to do it.

**JAY WIDMER:** Excellent. Well, a problem that we face in practice is motivating our patients. So how do you motivate your patients to move?

**DR. THOMAS** Well, first of all, we have to go back to the Prochaska Stages of Change. If I've got a patient that really wants to exercise, then I help them overcome the barriers to exercise, like you whether they join a gym, whether they buy equipment at home. How do they deal with the cold weather, et cetera.

If I have a patient that is having trouble staying on the program, often I have them get a physical activity monitor of some kind. When you begin to observe behavior, it changes. If you have a little device clipped to your belt or in your pocket that tells you how many steps you've taken, guess what? You start taking more steps.

Now, dealing with a patient who is not motivated to exercise, that's where we have to do some education about the benefits. I sometimes appeal to their inner athlete. I say, did you do sports. Oh, yeah. I was on the football team in high school. I ran track. I played basketball. I used to be on the-- so I try to appeal to that and say, hey, look at you now, more or less.

If we have a stress test result, that can sometimes be helpful and say, listen, here you are at 40. You're performing like a 58-year-old on the stress test. So we use different techniques at different stages of change.

**JAY WIDMER:** Excellent. What about the opposite problem from what you just described? If you have a patient who might be overweight or obese, but they also are fit, is it OK to be fat if you're fit?

**DR. THOMAS** Well, it's interesting. And I would refer you to our publication in the December *Mayo Clinic Proceedings* on just this topic. As it turns out, at every level of BMI, we see reduced risk with increased fitness.

So in other words, I'm gonna sort of draw a curve here. It's a  $1/x$  curve. And at every level of BMI, the more fit you are, the lower your risk. With the biggest change coming from the least fit to the sort of a little bit fit people. But the risk continues to go down.

However, here's the curve for normals. Here's the curve for overweight. Here's the curve for BMI. In other words, at each level of fitness, increasing obesity characterizes a higher risk. So if you're going to be fat, it's better to be fit. If you're not going to be fit, it's better to be lean. But it's best to be lean and fit. So if that answers that question.

**JAY WIDMER:** That sounds very appropriate.

**DR. THOMAS** Sorry to have to draw the graphs in the air. Like air guitar, air PowerPoint.

**ALLISON:**

**JAY WIDMER:** For our visual learners that will be excellent. Well, finally, we'd like to ask you a little bit about what will it take for exercise to be prescribed to the level and intensity that medications are prescribed here in the United States?

**DR. THOMAS** Well, my good friend here at Mayo, Mike Joyner, came up with this idea. And I really support it. We have to get sedentary lifestyle declared to be a disease. Look what happened when we had a medical model of smoking. So suddenly, health insurances were reimbursing people for smoking cessation programs, companies were working on drugs to help people quit smoking.

Obesity, when we considered obesity a disease, there was much greater media influence on it. Programs were being supported. So I think if we declare a sedentary lifestyle, we declare poor fitness, not only to be a harbinger of future to disease, but to be a disease in itself with associated medical cost, social costs, physical costs, then we might get down to the nitty gritty and say, it's in our best interests to treat that disease, meaning, let's get more people active.

And we might start to put some resources behind it and, more or less, get the shoulder to the wheel and really start pushing, start training physicians and professionals, how to do this, start paying for programs. I think that's what needs to be done.

**JAY WIDMER:** Excellent. Excellent. These are all very great insights. So thank you very much, Dr. Allison. Thanks to our viewers as well. We hope you continue to check out our feature content on the Mayo Clinic page at [theheart.org](http://theheart.org) on Medscape. Thank you.