

# Scarlett McNally: Exercise is the miracle cure

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The human, workforce, and financial costs of preventable ill-health represent a ticking time bomb for the UK economy. While increased life expectancy is good news, projections show that the average adult will, in the future, need [10 years of social care](#). Decision makers may not grasp the true scale of this challenge, since today's social care costs have been obscured by 1980s property windfalls. Future generations—and future governments—will not have this cushion.

As with so much else in the NHS, the key to addressing this impending crisis lies in prevention over cure. Yet no one really talks about preventing the need for social care at source, rather than accepting spiralling quality of life and a soaring bill for the Exchequer.

Older people who become, or remain physically active, are least likely to need social care, but [47% of older people](#) do no exercise at all.

Getting older and becoming frail are two different things; frailty can usually be prevented with exercise. And bucking this trend does not necessarily mean packing pensioners off to pump iron at the gym. Moving from no activity to just a little activity—walking briskly every day to the shop, rather than driving, for example—has been shown to yield the single greatest gain in health and wellbeing.

At a dose of around 22 minutes per day of brisk activity, the risk of developing a dementia, type 2 diabetes, and many major cancers is reduced [by 30-45%](#). Exercise is also an effective treatment for disease, reducing mental ill-health, the [recurrence of cancer](#), and complications of diabetes. It should give us pause for thought to consider someone undergoing a year of chemotherapy for a cancer that might never have developed. Or a patient waiting for a stairlift who could have kept their thigh strength.

Spreading this message cannot just be left to a public health campaign, to make people aware of how much control they have over their own future. We cannot leave this to “[personal liberty](#)” which [fails in many groups](#). Clinicians need the courage to reinforce concepts as we are trusted. Too many health workers reinforce public perceptions that it may be “too late” for someone to take up exercise, or assume that some exercise has already been tried.

For several decades, healthcare professionals' education has prioritised taking the patient's agenda, advocating for them and avoiding any challenge with them. But in terms of exercise, not challenging patients about their lifestyle can be a disservice. We need to change what is considered normal. We each only get one life.

The NHS is a trusted [anchor institution](#). We should harness the 1.6 million NHS workers, 1.4 million workers in the care sector, and 400,000 exercise professionals to spread a clear and consistent message: everyone should find some exercise they can do.

There are toolkits for patients at [www.rcoa.ac.uk/fitterbettersooner](http://www.rcoa.ac.uk/fitterbettersooner) and clinicians at [www.movingmedicine.ac.uk](http://www.movingmedicine.ac.uk). In my new role as Deputy Director of the Centre for Perioperative Care, I regard such resources as critical for getting patients “match fit” for their surgery. Doing so reduces complications during and after an operation, and often encourages lifestyle changes that last long after a patient has recovered.

Motivational interviewing tools help people verbalize what they will do and how they will make it into a habit. A short session can cover how patients will manage their goals, and how they might cope with a set-back. Humans need mini-rewards (dopamine), to feel virtuous (serotonin) and to be social (oxytocin); feeling good (endorphins) takes 20 minutes to work, so a person may need strategies to overcome inertia (e.g. shoes by the front door) and a social or timetable strategy such as a Saturday morning ParkRun or walk, which has [RCGP endorsement](#).

Families need to encourage active travel to school among their children, and ensure they go for a walk with their parents and grandparents too. Getting frail is not an inevitable consequence of getting old and childhood obesity would be much reduced if exercise spanned the generations. An obvious start is to increase the pitiful 2% of children who cycle to school and reduce the 34% who are driven to the school gate. Reducing [pollution with this type of transport](#) modal shift would have an added huge benefit to health. It also reduces the financial costs of number of cars per household. Large intervention studies show that electric-bikes increase fitness for older and disabled people because [they replace car journeys](#) with this gentle, manageable exercise. Stronger law enforcement and zero tolerance of dangerous driving around bike users would quicken and deepen the uptake of cycling.

We cannot afford for [1 in 4 people across the UK](#) population to do no exercise at all. We cannot afford a decade of social care for every person in the country. And we cannot afford the misery and costs of so many people getting illnesses that might never have happened. Resigning ourselves to these fates cannot remain “normal.”

By acknowledging the key role of exercise in the treatment and prevention of most common conditions, it is possible to turn the tide. Just as antibiotics were the miracle of the 20th century, exercise can be the “[miracle cure](#)” of the 21st. With a concerted effort across society—from the Secretary of State for Health to every child in reception class at school—we can defuse the social care time-bomb and change tomorrow’s “normal” for the better.

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- Elected Member of the Royal College of Surgeons of England (RCSEng) (external duties in Job Plan paid by NHS Trust at 1PA per week)
- RCSEng representative on the UK Health Alliance on Climate Change (not remunerated)
- Deputy Director of the Centre for peri-Operative Care (paid at 1 PA per week via NHS Trust)
- Invited member of Professional Advisory Board for Public Health England’s ‘Moving Healthcare Professionals Programme’ (not remunerated)