



THE AGA KHAN UNIVERSITY

eCommons@AKU

Department of Family Medicine

Medical College, Pakistan

January 2003

# Physical exercise as a key health determinant among patients

Waris Qidwai

*Aga Khan University*, [waris.qidwai@aku.edu](mailto:waris.qidwai@aku.edu)

Danish Saleheen

*University of Pennsylvania*

Sadia Saleem

Marie Andrades

*Aga Khan University*

Iqbal Azam

*Aga Khan University*

Follow this and additional works at: [http://ecommons.aku.edu/pakistan\\_fhs\\_mc\\_fam\\_med](http://ecommons.aku.edu/pakistan_fhs_mc_fam_med)



Part of the [Family Medicine Commons](#)

## Recommended Citation

Qidwai, W., Saleheen, D., Saleem, S., Andrades, M., Azam, I. (2003). Physical exercise as a key health determinant among patients. *Journal of College of Physicians and Surgeons Pakistan*, 13(7), 421-422.

**Available at:** [http://ecommons.aku.edu/pakistan\\_fhs\\_mc\\_fam\\_med/156](http://ecommons.aku.edu/pakistan_fhs_mc_fam_med/156)

# PHYSICAL EXERCISE AS A KEY HEALTH DETERMINANT AMONG PATIENTS

Waris Qidwai, Danish Saleheen,\* Sadia Saleem,\* Marie Andrades and Syed Iqbal Azam

Physical exercise is among the key determinants of health.<sup>1</sup> The role of physical exercise in health promotion was well known to the ancient Chinese.<sup>2</sup> Even moderate activity such as daily brisk walking for 30 to 60 minutes, is associated with significant reductions in the incidence and mortality of cardiovascular disease.<sup>3</sup> Benefits of increased physical activity have been shown among patients with hypertension,<sup>4</sup> diabetes mellitus,<sup>5</sup> and dyslipidemia.<sup>6</sup> Therefore, a need was identified to study the perceptions and practice concerning physical exercise among patients in Karachi, Pakistan.

A questionnaire based cross-sectional survey was conducted at the Family Practice Center, The Aga Khan University Hospital, Karachi, from March to July 2002. A total of 393 patients were surveyed. The majority were young married men who were well educated and in private or government service. Table I summarizes the findings.

**Table I:** Physical exercise among the respondents (n=393).

Physical exercise /Exercise patterns	Number	Percent	Total
<b>Exercise on regular basis</b>			
Yes	185	47	393
No	208	53	
<b>Types of exercise</b>			
Brisk walking	87	47	185
Light body exercise	37	20	
Jogging	23	12	
Weight lifting/ Gym	20	11	
Play sports	16	09	
Others	02	01	
<b>Frequency of exercise</b>			
Daily	73	39	185
2-6 times/weeks	67	36	
< once/week	54	25	
<b>Duration of exercise</b>			
< 30 minutes	65	35	185
30-60 minutes	92	50	
> 60 minutes	28	15	
<b>Physical exercise considered mandatory for good health?</b>			
Yes	381	97	393
No	8	2	
Don't know	4	1	
<b>Reason for exercise</b>			
Keep healthy and fit	166	42	393
Increase body resistance against disease	21	05	
Improve cardiovascular disease	14	04	
No response	192	49	
<b>Reason for not exercising</b>			
Too busy	101	26	393
Feel fit without exercise	21	05	
Namaz is enough exercise	07	02	
Feel lazy	04	01	
No response	260	66	

Department of Family Medicine (CHS), The Aga Khan University, Karachi.

\*Medical Student, The Aga Khan University, Karachi.

**Correspondence:** Dr. Waris Qidwai, 207/C/Block No. 2, P.E.C.H.S, Karachi.

E-mail: waris@akunet.org

Received September 18, 2002; accepted May 30, 2003.

The study population comprised mostly well-educated men, with well-off socioeconomic status. Since patients from all walks of life and strata of the society are seen at the Family Practice Clinic, we believe to have a study sample more representative of the overall population. Nonetheless, a study conducted in the suburban community settings would be useful.

The benefits of physical exercise are well known and scientifically proven. The overall benefit of physical exercise even in the elderly stands proven, despite sudden death on rare occasions. It is for these reasons that regular physical exercise is apart of the life style of people in the developed world.

A significant proportion of the respondents (53%), do not exercise on a regular basis. Among those who exercised, as high as 25%, did it less than once-a-week. This is certainly not associated with positive health outcomes. A significant proportion (35%) exercised for less than 30 minutes, which again may not be associated with positive health outcomes.

Brisk walking, light body exercise and jogging were listed as the common types of physical exercise undertaken by the respondents. There is certainly a need to develop avenues where such activities could be undertaken.

A high prevalence of diabetes mellitus, stroke, hypertension and dyslipidemia exist among the Pakistani population. Strategies that prevent the development of these medical conditions are needed on an urgent basis.

Life style behavior can be influenced and modified with beneficial effects on health. Increased physical activity program among children in Pakistan have successfully reduced serum cholesterol levels.

It has been shown that knowledge about health as well as awareness and understanding about physical activity help in modifying patient behavior for better health outcomes.

Almost all the respondents (97%) considered physical exercise to be mandatory, yet only 47% were exercising on a regular basis. The excuse of not having time depicts the low priority given to physical activity even by the educated persons. It was generally believed that offering namaz (prayers) regularly and doing household work among the housewives is enough physical exercise.

The issue of not having enough facilities is genuine, and women in our society particularly feel vulnerable in exercising outdoor. However, there are not enough open grounds where people could play sports let alone the gymnasium and swimming pools facilities. The practice of physical exercise should be promoted so that disease prevention rather than cure may be achieved.

## REFERENCES.

1. Steptoe A, Wardle J, Cui W, Bellisle F, Zotti A, Baranyai R, et al. Trends in smoking, diet, physical exercise and attitudes toward health in European University students from 13 countries, 1990-2000. *Prev Med* 2002; **35**: 97.
2. Lan C, Lai JS, Chen SY, Tai Chi Chuan. An ancient wisdom on exercise and health promotion. *Sports Med* 2002; **32**: 217-24.

3. Haennel RG, Lemire F. Physical activity to prevent cardiovascular disease. How much is enough? *Can Fam Physician* 2002; **48**: 65-71.
4. Chhabra MK, Lal A, Sharma KK. Status of lifestyle modifications in hypertension. *J Indian Med Assoc* 2001; **99**: 504-8.
5. Eriksson JG. Exercise and the treatment of type 2 diabetes mellitus. An update. *Sports Med* 1999; **27**: 381-91.
6. Lalonde L, Gray-Donald K, Lowensteyn I, Marchand S, Dorais M, Michaels G, *et al*. Comparing the benefits of diet and exercise in the treatment of dyslipidemia. *Prev Med* 2002; **35**: 16-24.

.....★.....

### ERRATA

- (a) Due to a computer error the conclusion text of an article was wrongly inserted in a case report entitled "Chylothorax in a case of non-hodgkin's lymphoma" by Asif Naseer and Waseem Saeed, published in JCPSP 2003, Vol 13(2): 108-110

The correct text is reproduced and may be read as:

**Conclusion:**

In our setup relatively asymptomatic cases of pleural effusion and ascites are common due to chronic liver disease or tuberculosis, a thorough examination and investigations are deemed essential for all such cases to accomplish the final diagnosis.

- (b) In the article entitled "Management of periocular postburn scarring in the Epileptics" by Alyscia M. Cheema, Mahmood Saeed, Abdul Ghani and Syed Wasim Akhter, published in JCPSP 2003, Vol 13(4): 210-212, the workplace/departments of authors were inadvertently omitted.

Their correct names and departments are reproduced and may be read as:

1. Alyscia M. Cheema, Department of Ophthalmology, JPMC, Karachi
2. Mahmood Saeed, Department of Ophthalmology, JPMC, Karachi
3. Abdul Ghani, Department of Psychiatry, JPMC, Karachi
4. Syed Wasim Akhter, Department of Neurology, JPMC, Karachi

These errors are regretted.

Editor