OBJECTIVES

The role of physical activity and nutrition is acknowledged in health-behavior related diseases. However, in primary care lack of time and resources are barriers for general practitioners to advise patients on physical activity and nutrition. Brief interventions can be conducted during a routine visit in primary care, are limited in time, and can be cost-effective. Brief interventions have been efficient in smoking cessation, and in decreasing risky alcohol consumption but there is not much evidence about its efficacy in modifying nutrition and physical activity. The objective of this study is to discuss the efficacy of brief interventions in nutrition and physical activity counselling among adult patients within primary care context.

METHODS

Studies presented in this synthesis were selected from six databases during 2008 with a supplementary search from Ovid Medline in 2016. The main search terms were brief intervention, physical activity, nutrition and overweight. The inclusion criteria was as follows: (a) brief intervention (<15 min, ≤3 follow-up visits) without additional elements (b) intervention conducted by a general practitioner/nurse (c) adult participants with no behaviour-related disease (d) follow-up ≥ 6 months. Seven studies with 4926 participants were included for the analysis. 308 publications were excluded.

DESCRIPTION OF THE INCLUDED STUDIES

In Table 2, the characteristics of the interventions are summarised: (a) the setting and location of the study, (b) the study population and recruitment methods, (c) the characteristics of the intervention groups, (d) the methods and frequency of follow-up visits, (e) the outcome measures and statistical analysis methods. The outcome measures used in the included studies were: physical activity, nutrition and overweight. The inclusion criteria was as follows: (a) brief intervention (<15 min; ≤3 follow-up visits) without additional elements (b) intervention conducted by a general practitioner/nurse (c) adult participants with no behaviour-related disease (d) follow-up ≥ 6 months. Seven studies with 4926 participants were included for the analysis. 308 publications were excluded.

RESULTS

The effect of brief intervention was conflicting. Results suggest that brief intervention led to favourable changes in fat intake, in consumption of fish and in the number of physically active patients.

CONCLUSIONS

Data concerning brief interventions in nutrition and physical activity counselling in primary care is insufficient. Yet, many of the trials had follow-up less than six months and were therefore not included in the analysis. However, based on the data used, brief interventions cannot be supported in terms of modifying patients' nutrition or physical activity within primary care. More research is needed to determine if some of the brief intervention elements are effective.