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A COMMUNITY-BASED PHYSICAL ACTIVITY **PROGRAM** MAY **INCREASE SUSTAINED** PHYSICAL ACTIVITY AT 2 YEARS AND **RISK** OF **ADVERSE REDUCE** THE CARDIOVASCULAR **EVENTS** IN **OLDER ADULTS**

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ACCEPTED MANUSCRIPT

Column Header: Evidence-based Integrative Medicine Updates

A community-based physical activity program may increase sustained physical activity at 2 years and reduce the risk of adverse cardiovascular events in older adults

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Column Description: DynaMed Plus is an evidence-based clinical reference, which is updated daily through systematic surveillance and critical appraisal of the research literature. DynaMed editors and reviewers select content of interest for integrative medicine, summarize the current evidence, and describe challenges in evidence analysis and application. Evidence quality is rated level 1 (likely reliable) evidence for studies with clinical outcomes and minimal risk of bias, level 2 (mid-level) evidence for studies with clinical outcomes and significant methodological or statistical limitations, and level 3 (lacking direct) evidence for reports that do not include scientific analysis of clinical outcomes. When applicable, the number of patients needed to be treated to lead to one patient having an improved outcome (NNT for number needed to treat) or a worse outcome (NNH for number needed to harm) is presented. DynaMed Plus is available at http://www.dynamed.com/. For more information, contact Brian S. Alper, MD, MSPH, FAAFP, at DynaMedEditor@ebscohost.com.

A community-based physical activity program may increase sustained physical activity at 2 years and reduce the risk of adverse cardiovascular events in older adults

Level 2 [mid-level] evidence

BMC Public Health. 2017;17(1):576.

Cardiovascular disease is the number one cause of death in the United States.¹ Physical activity has been shown to reduce mortality in several systematic reviews.²⁻⁵ Evidence for the benefits of physical activity on the reduction of cardiovascular risk is strong enough that the National Institute for Health and Care Excellence (NICE) provides specific guidance on physical activity. For patients at high cardiovascular risk it recommends > 2 days/week of muscle-strengthening activity combined with > 150 minutes of weekly moderate-intensity aerobic activity or > 75 minutes of weekly vigorous aerobic activity.⁶ While the benefits of physical activity seem clear, evidence for successful interventions to get people to follow recommendations is not as strong. For example, United States Preventive Services Task Force (USPSTF) found insufficient evidence to recommend for or against counseling in primary care visits to promote physical activity.⁷ There have been several studies which have demonstrated that physical activity promotion and

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