Hvordan finder og beholder jeg motivationen for fysisk træning?

Gode råd og mål med træning og fysisk aktivitet i hverdagen

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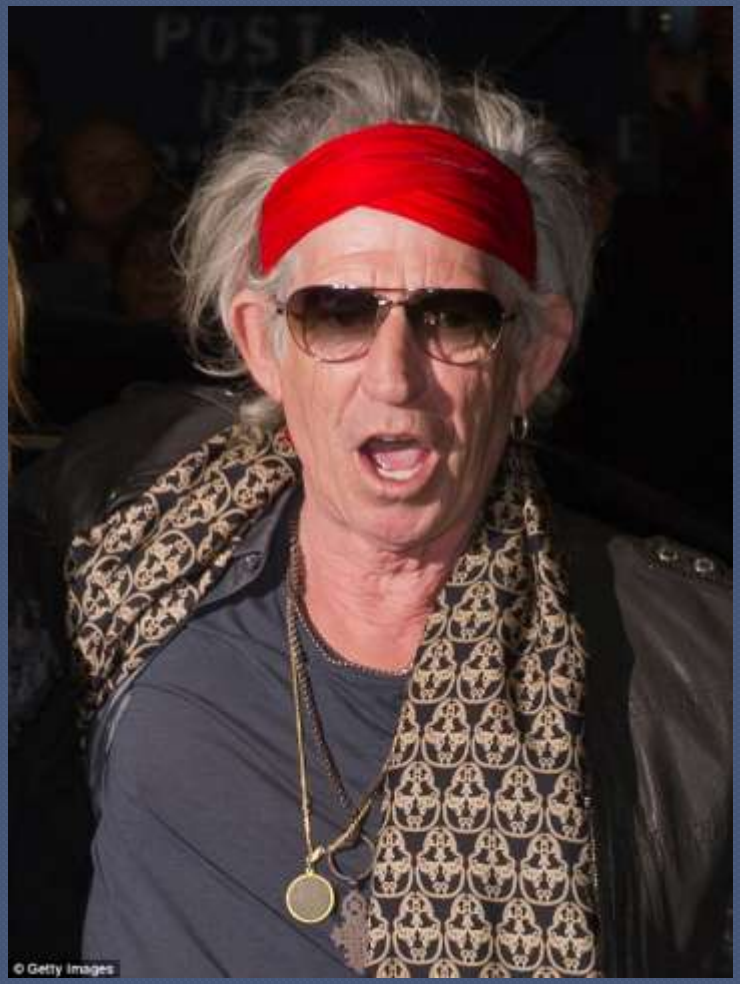
PROPA Landsmøde
Lørdag den 5. april 2014
Ringsted Kongrescenter


R & B • 1963 •
CYRIL DAVIES
STARS
BLUES - BY -

Getting old is a fascinating thing. The older you get, the older you want to get!



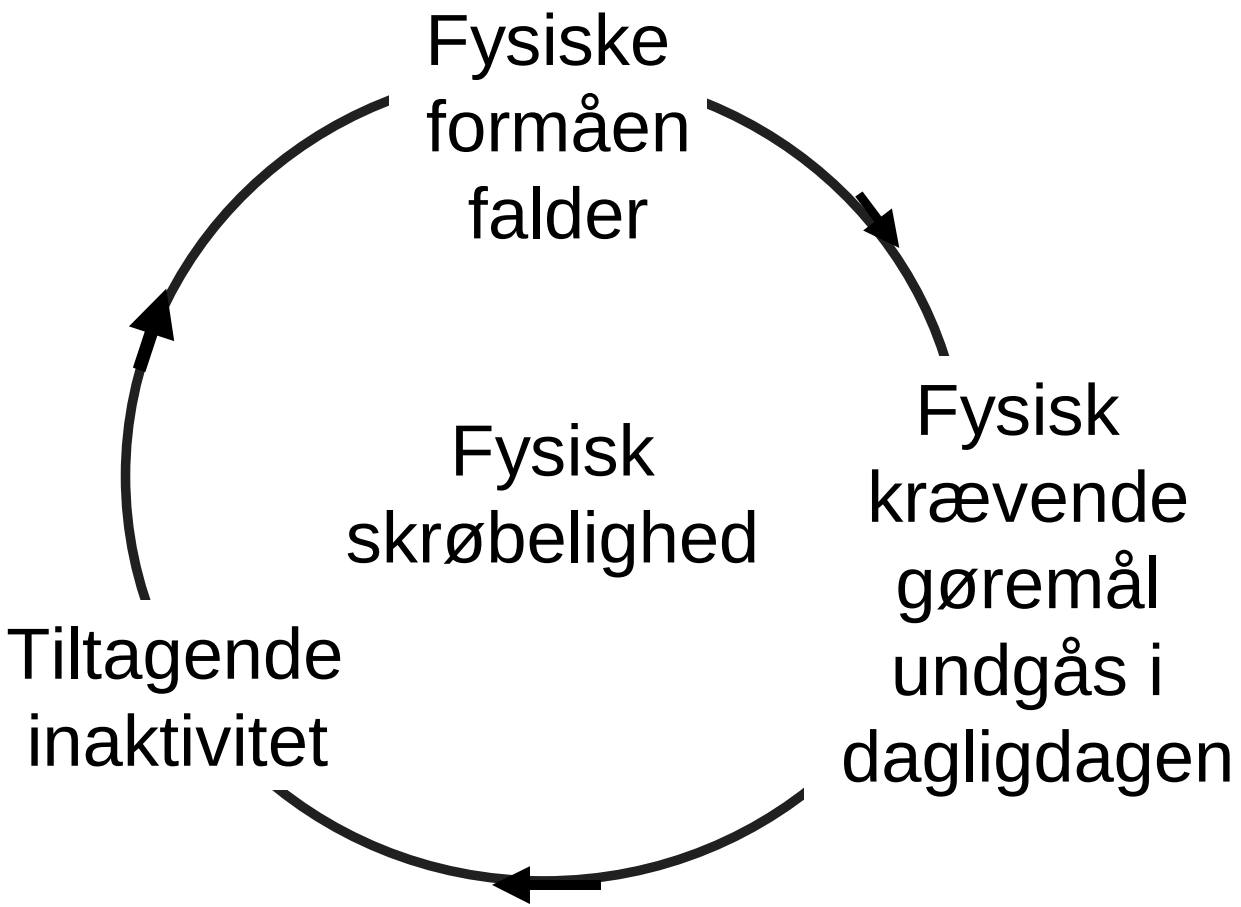
Barrierer for fysisk aktivitet:

- Kropslig barriere i form af manglende færdigheder, blufærdighed og helbred
- Praktisk barriere i form af begrænsninger (geografi, strukturer og økonomi)
- Irrelevansbarriere i form af manglende viden og interesse
- Prioriteringsbarriere i form af manglende tid (familie, venner og andre interesser)

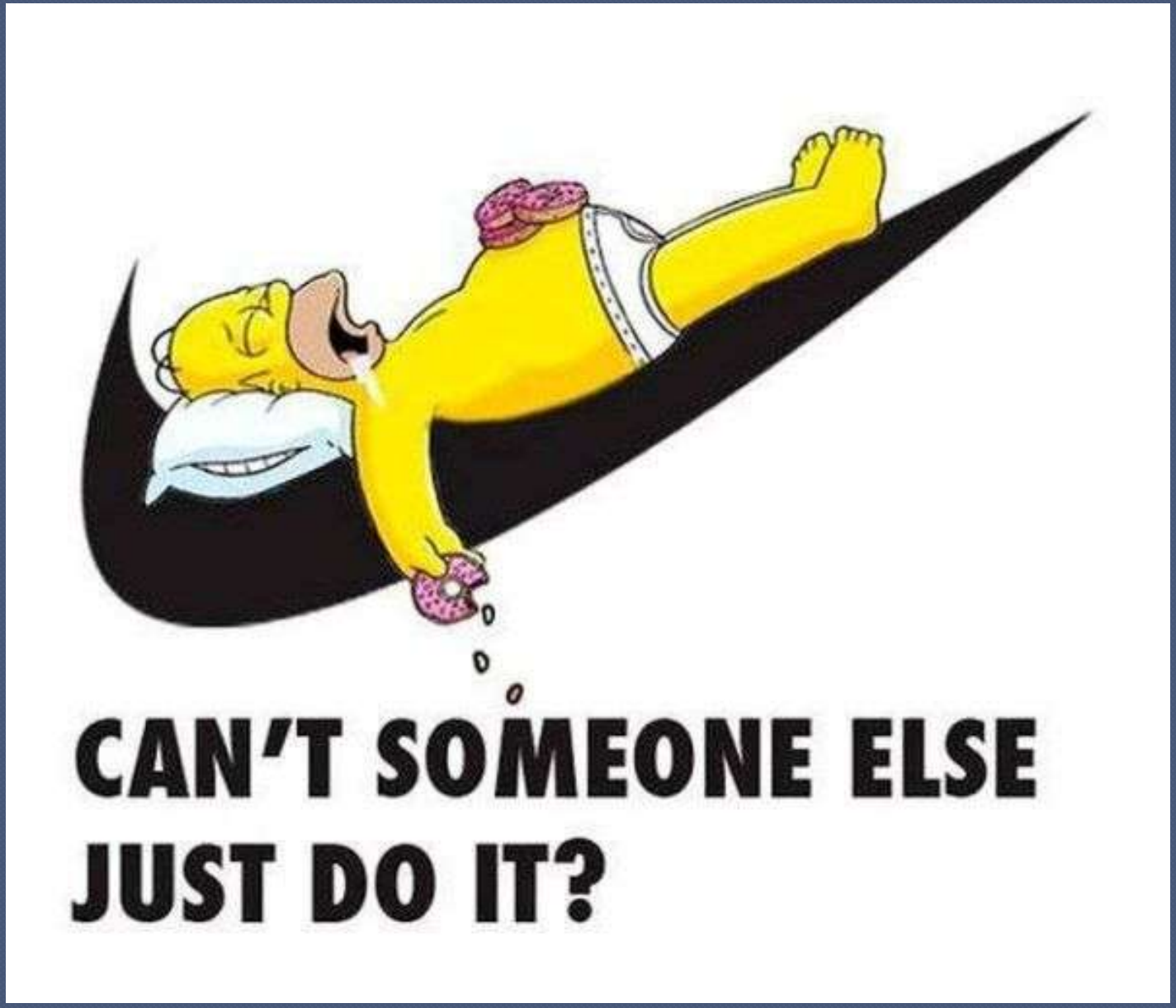
Ottesen, Laila & Skjerk, Ole: Inaktivitetsundersøgelse gennemført for Det Nationale Råd for Folkesundhed og Indenrigs- og Sundhedsministeriet. Institut for Idræt. Københavns Universitet 2006


UP ONLY
SOMEONE WHO IS BUSIER THAN YOU IS RUNNING RIGHT NOW.
SO WHAT ARE YOU WAITING FOR?
GO OUT THERE AND POUND THE PAVEMENT.
WHEN'S YOUR NEXT RUN?

Inaktivitet gør inaktiv




JUST DO IT.

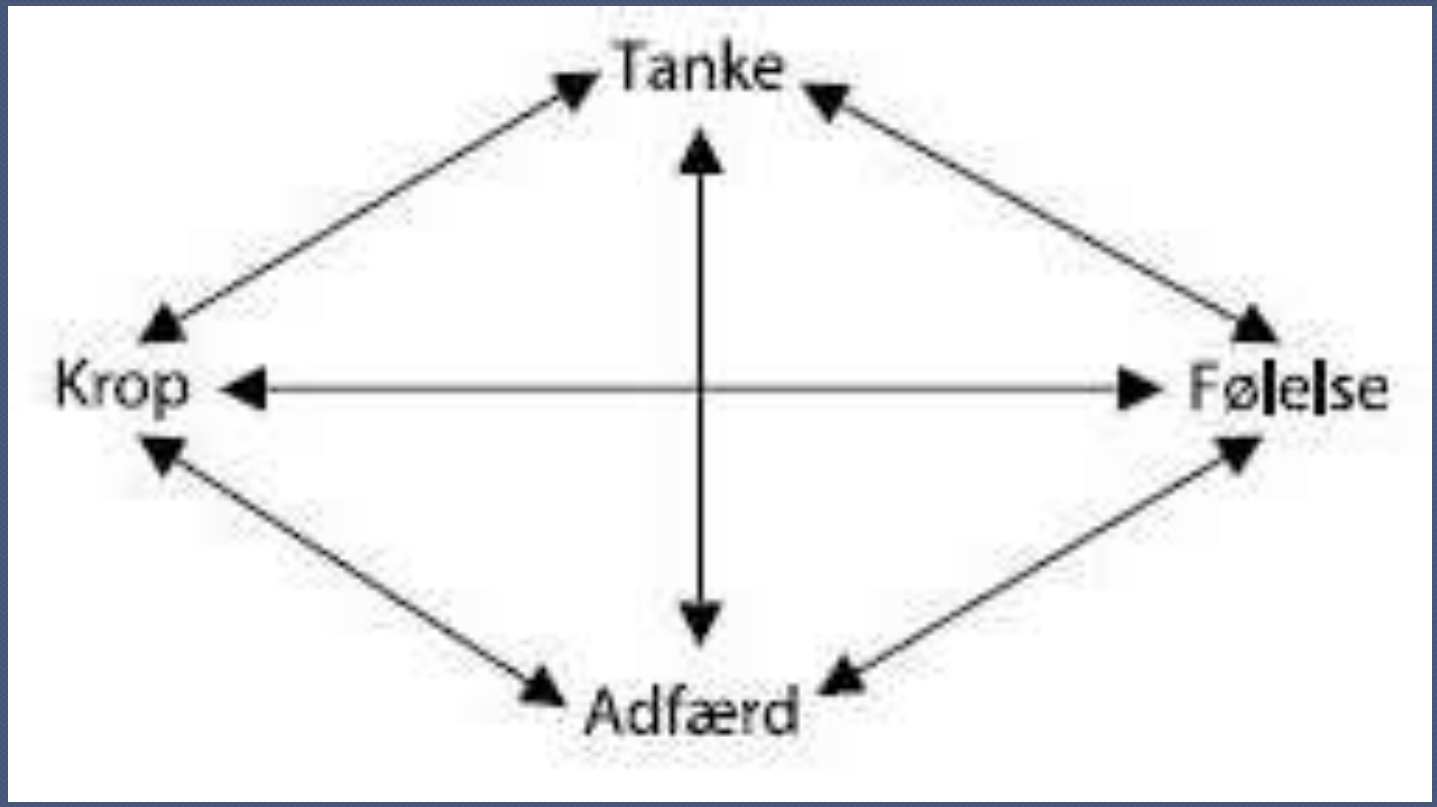

CAN'T SOMEONE ELSE
JUST DO IT?

Den eneste kur der hjælper på alt er saltvand!
Sved, tårer og havet.

Fysisk aktivitet og 'humør'

- Personer der træner regelmæssigt opnår 'akut' glæde og mindre dårligt humør ved fysisk aktivitet af kendt varighed og intensitet.
- Mere intens fysisk aktivitet end man er vant til har tendens til at give modsat effekt.
- Over tid er der en tendens til, at den fysisk aktivitet, der initialt gav dårligt humør, giver godt humør.
- Det er den regelmæssige træning og konditionsniveauet, der er af betydning for sindsstemningen.
- Personer med meget god kondition, som ikke er fysisk aktive, har lav sindsstemning.

Yeung 1996, Thirlaway & Benton 1992


Tanke
Krop
Følelse
Adfærd

SPECIAL COMMUNICATIONS
Roundtable Consensus Statement

American College of Sports Medicine Roundtable on Exercise Guidelines for Cancer Survivors

EXPERT PANEL

Kathryn H. Schmitz, PhD, MPH, FACSM
Kerry S. Courneya, PhD
Charles Matthews, PhD, FACSM
Wendy Demark-Wahnefried, PhD
Daniel A. Galvão, PhD
Bernardine M. Pinto, PhD
Melinda L. Irwin, PhD, FACSM
Kathleen Y. Wolin, ScD, FACSM
Roanne J. Segal, MD, FRCP
Alejandro Lucia, MD, PhD
Carole M. Schneider, PhD, FACSM
Vivian E. von Gruenigen, MD
Anna L. Schwartz, PhD, FAAN

Early detection and improved treatments for cancer have resulted in roughly 12 million survivors alive in the United States today. This growing population faces unique challenges from their disease and treatments, including risk for recurrent cancer, other chronic diseases, and persistent adverse effects on physical functioning and quality of life. Historically, clinicians advised cancer patients to rest and to avoid activity; however, emerging research on exercise has challenged this recommendation. To this end, a roundtable was convened by American College of Sports Medicine to distill the literature on the safety and efficacy of exercise training during and after adjuvant cancer therapy and to provide guidelines. The roundtable concluded that exercise training is safe during and after cancer treatments and results in improvements in physical functioning, quality of life, and cancer-related fatigue in several cancer survivor groups. Implications for disease outcomes and survival are still unknown. Nevertheless, the benefits to physical functioning and quality of life are sufficient for the recommendation that cancer survivors follow the 2008 Physical Activity Guidelines for Americans, with specific exercise programming adaptations based on disease and treatment-related adverse effects. The advice to "avoid inactivity," even in cancer patients with existing disease or undergoing difficult treatments, is likely helpful.

0195-9131/10/4207-1409/0
MEDICINE & SCIENCE IN SPORTS & EXERCISE®

DOI: 10.1249/MSS.0b013e3181a0c112

In 2009, the American Cancer Society (ACS) estimated that there were nearly 1.5 million new cases of cancer diagnosed in the United States and just more than 500,000 people who died from the disease (76). Currently, there are close to 12 million cancer survivors in the United States, and this number grows each year (66,70,122). Improved prognosis on the basis of earlier detection and newer treatments has created a welcomed new challenge of addressing the unique needs of cancer survivors, which include the sequelae of the disease, its treatment, and conditions predating diagnosis. Cancer is a disease largely associated with aging: most survivors are older than 65 yr (112). Nearly half are survivors of breast or prostate cancer (66). Colon, hematological, and endometrial cancers each account for approximately 10% of survivors (66).

In the last two decades, it has become clear that exercise plays a vital role in cancer prevention and control (25,140). Courneya and Friedenreich (26) proposed a Physical Activity and Cancer Control Framework that highlights specific phases along the cancer continuum where exercise has a logical role (Fig. 1) and identifies two distinct periods before diagnosis and four periods after diagnosis with objectives for exercise programs in each phase. There is a growing body of evidence suggesting that exercise decreases the risk of many of cancers (107,140), and data to support the premise that exercise may extend survival for breast and colon cancer survivors are emerging (68,73,91,92). Our focus here is on the influence of regular exercise on the health,

GENERAL ANBEFLING TIL ALLE PATIENTER OG OVERLEVERE

Undgå inaktivitet!

At home	At work	While travelling
• Get off the couch and walk around the house during commercial breaks. • Do household chores, such as folding clothes, washing dishes or ironing, while watching television. • Stand to read the morning newspaper. • Wash your car by hand rather than using a drive-through car wash. • Move around the house when checking text messages and email on your mobile phone.	• Stand and take a break from your computer every 30 minutes. • Take breaks in sitting time in long meetings. • Stand to greet a visitor to your workspace. • Use the stairs. • Stand during phone calls. • Walk to your colleagues' desk instead of phoning or emailing. • Drink more water – going to the water cooler and toilet will break up sitting time. • Move your bin away from your desk so you have to get up to put something in it. • Use a height-adjustable desk so you can work standing or sitting. • Have standing or walking meetings. • Use headsets or the speaker phone during teleconferences so you can stand. • Eat your lunch away from your desk. • Stand at the back of the room during presentations.	• Leave your car at home and take public transport so you walk to and from stops/stations. • Walk or cycle at least part way to your destination. • Park your car further away from your destination and walk the rest of the way. • Plan regular breaks during long car trips. • On public transport, stand and offer your seat to a person who really needs it. • Get on/off public transport one stop/station earlier.

Påvist sammenhæng mellem regelmæssig motion (3-5 timer ugentligt) og nedsat prostatakræft-dødelighed (61% nedsat risiko).

VOLUME 29 · NUMBER 6 · FEBRUARY 20 2011

JOURNAL OF CLINICAL ONCOLOGY

ORIGINAL REPORT

Physical Activity and Survival After Prostate Cancer Diagnosis in the Health Professionals Follow-Up Study

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Submitted July 6, 2010; accepted November 9, 2010; published online ahead of print at www.jco.org on January 4, 2011.

Supported by Grant No. P01CA055075 from the National Institutes of Health (NIH/National Cancer Institute, Grants No. CA133891, CA141298, and T32CA009001 from the NIH; the Charles A. King Trust Research Fellowship Award; and the Prostate Cancer Foundation.

Presented in part at the 8th Annual American Association for Cancer Research International Conference on Frontiers in Cancer Prevention Research, December 6-9, 2009, Houston, TX; the 10th Annual Prostate Cancer Foundation Scientific Retreat, September 23-25, 2009, Incline Village, NV; and the 2010 American Society of Clinical Oncology Genitourinary Cancers Symposium, March 5-7, 2010, San Francisco, CA.

The funding sources had no role in the design or conduct of the study; collection, management, analysis, and interpretation of the data; or preparation, review, or approval of the article.

Authors' disclosures of potential conflicts of interest and author contributions are found at the end of this article.

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0732-183X/11/2906-726/$20.00

DOI: 10.1200/JCO.2010.31.5226

ABSTRACT

Purpose
To determine whether higher physical activity after prostate cancer (PCa) diagnosis decreases risk of overall and PCa-specific death.

Patients and Methods
We evaluated physical activity in relation to overall and PCa mortality among 2,705 men in the Health Professionals Follow-Up Study diagnosed with nonmetastatic PCa observed from 1990 to 2008. Proportional hazards models were used to evaluate physical activity and time to overall and PCa-specific death.

Results
Among men who lived at least 4 years after their postdiagnosis physical activity assessment, we documented 548 deaths, 20% of which were a result of PCa. In multivariable analysis, men who were physically active had lower risk of all-cause mortality ($P_{trend} < .001$) and PCa mortality ($P_{trend} = .04$). Both nonvigorous activity and vigorous activity were associated with significantly lower overall mortality. Those who walked ≥ 90 minutes per week at a normal to very brisk pace had a 46% lower risk of all-cause mortality (hazard ratio [HR] 0.54; 95% CI, 0.41 to 0.71) compared with shorter durations at an easy walking pace. Men with ≥ 3 hours per week of vigorous activity had a 49% lower risk of all-cause mortality (HR, 0.51; 95% CI, 0.36 to 0.72). For PCa-specific mortality, brisk walking at longer durations was suggestively inverse but not statistically significant. Men with ≥ 3 hours per week of vigorous activity had a 61% lower risk of PCa death (HR, 0.39, 95% CI, 0.18 to 0.84; $P = .03$) compared with men with less than 1 hour per week of vigorous activity. Men exercising vigorously before and after diagnosis had the lowest risk.

Conclusion
In men with PCa, physical activity was associated with lower overall mortality and PCa mortality. A modest amount of vigorous activity such as biking, tennis, jogging, or swimming for ≥ 3 hours a week may substantially improve PCa-specific survival.

J Clin Oncol 29:726-732. © 2011 by American Society of Clinical Oncology

INTRODUCTION

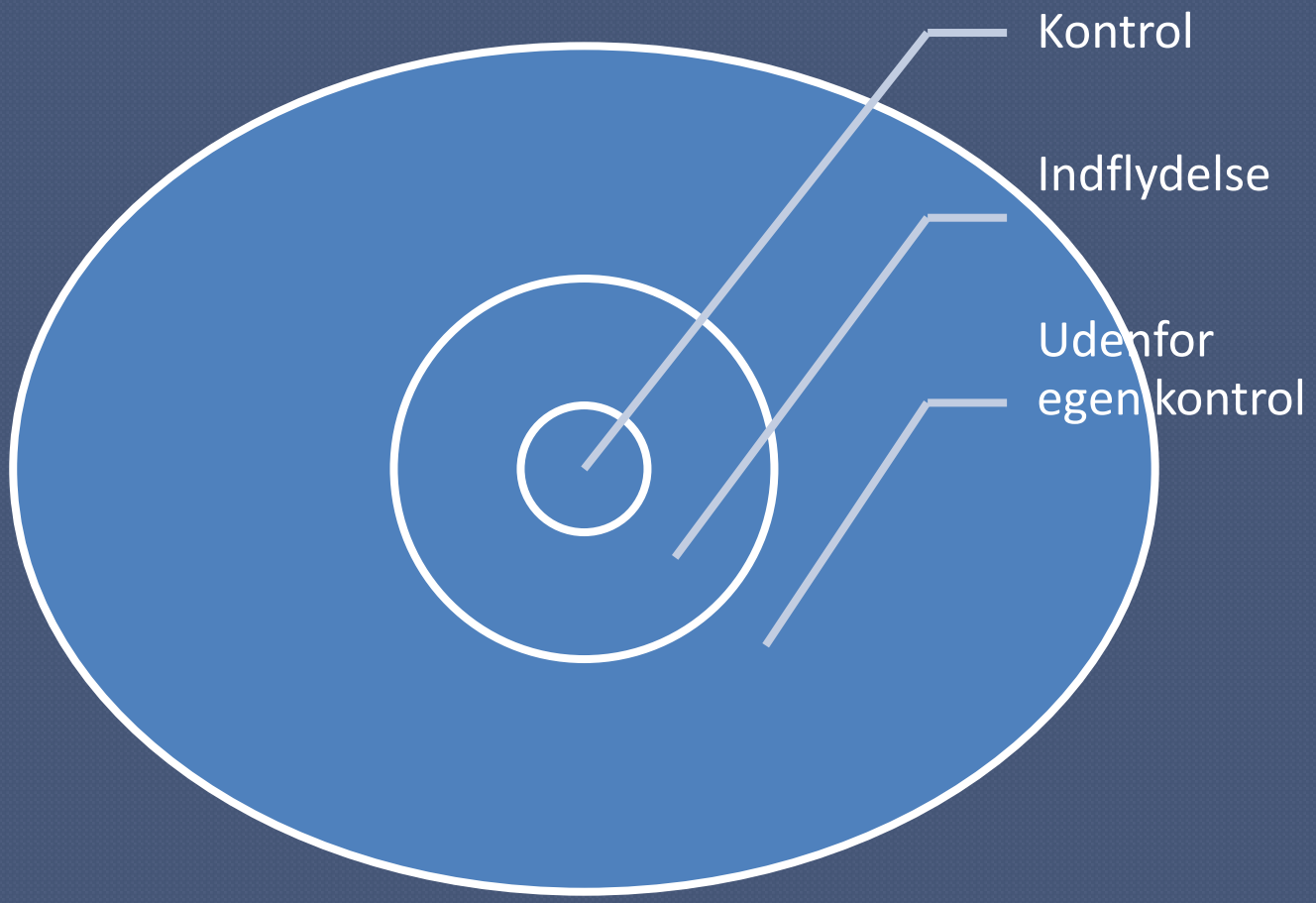
Prostate cancer (PCa) is the most frequently diagnosed cancer in men in the United States; however, more than 80% of patients are diagnosed with localized disease,[1] with a relative 10-year survival rate of 93% for all stages combined.[2] More than two million men in the United States and 16 million men worldwide are PCa survivors. Observational studies report that breast and colon cancer survivors who engage in regular activity have significantly lower overall mortality and cancer-specific mortality compared with survivors who are inactive,[3-6] yet no studies have examined this association in PCa survivors.

We previously reported that vigorous activity was associated with reduced risk of incident advanced disease[7] and therefore hypothesized that vigorous activity may reduce the risk of PCa-specific and overall mortality in PCa survivors. Because walking and walking pace were inversely associated with risk of cardiovascular disease and total mortality previously observed within this cohort,[8,9] we also hypothesized that brisk walking may reduce the risk of PCa-specific and overall mortality. We prospectively assessed whether activity after diagnosis, specifically total, nonvigorous (including walking duration and pace), and vigorous activity, was inversely associated with these outcomes.

PATIENTS AND METHODS

Study Population

The Health Professionals Follow-Up Study is a prospective study of 51,529 US male health professionals who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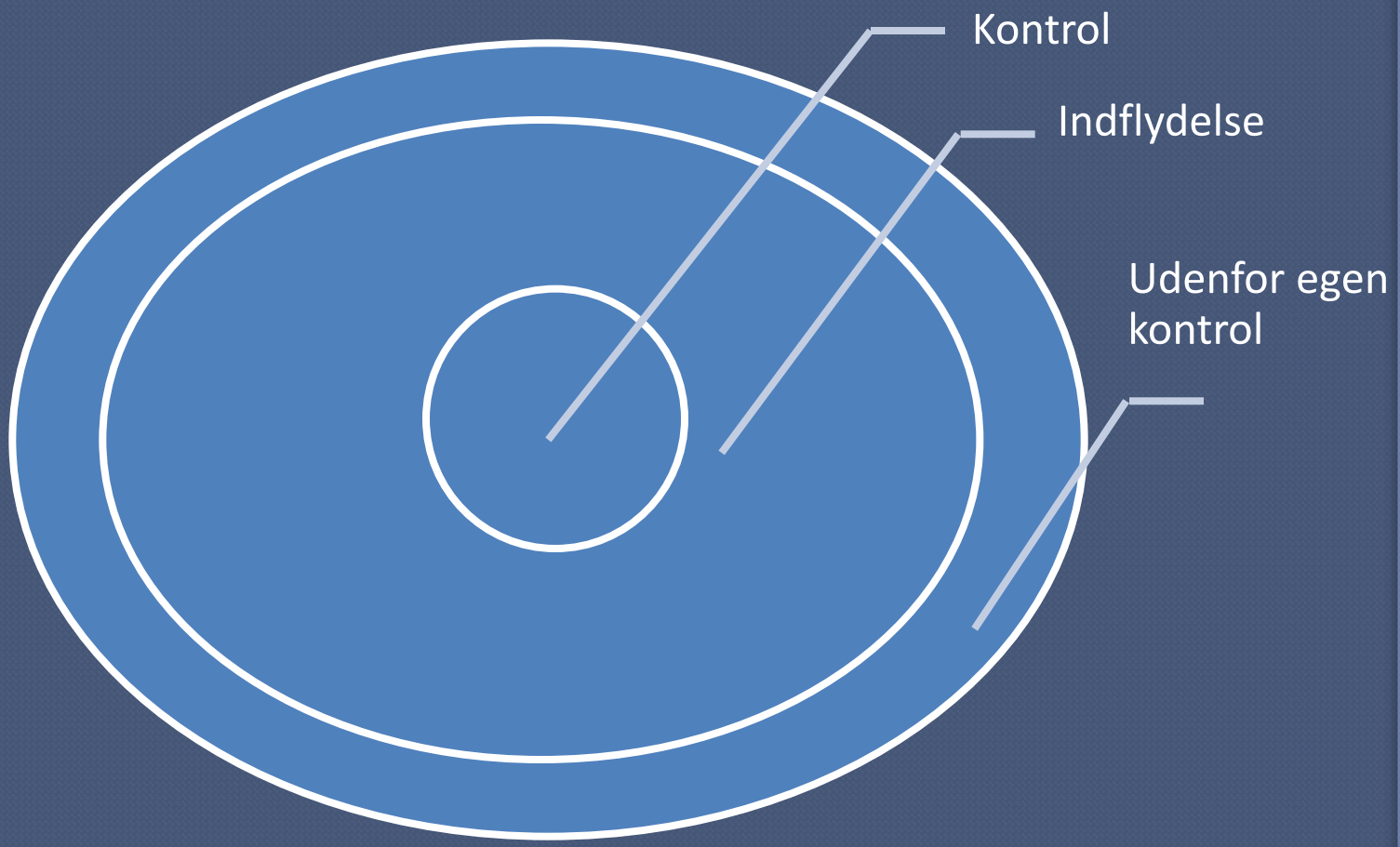

Kontrol
Indflydelse
Udenfor egen kontrol

Målsætning

Resultatmål
- Er et mål, der handler om placeringen
- *Uden for egen kontrol!*

Præstationsmål
- Handler om din egen præstationsevne; yder du dit bedste?
- *Indenfor egen kontrol!*

Procesmål
- Er et mål, der handler om måden, du træner på!
- Særligt fokus på udvalgte tekniske detaljer, du gerne vil træne målrettet eller have fokus på i en konkurrencesituation

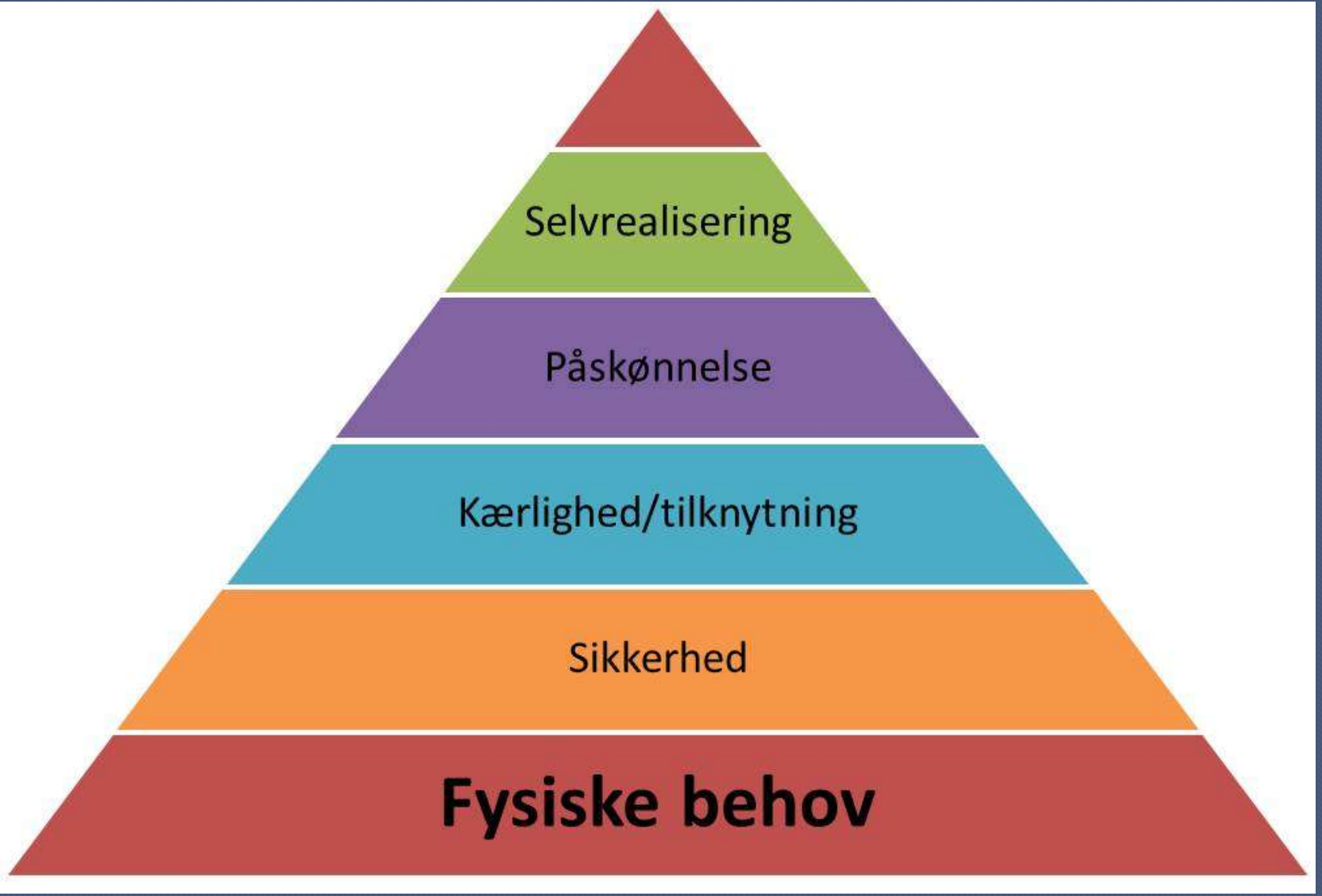
SPECIFIK

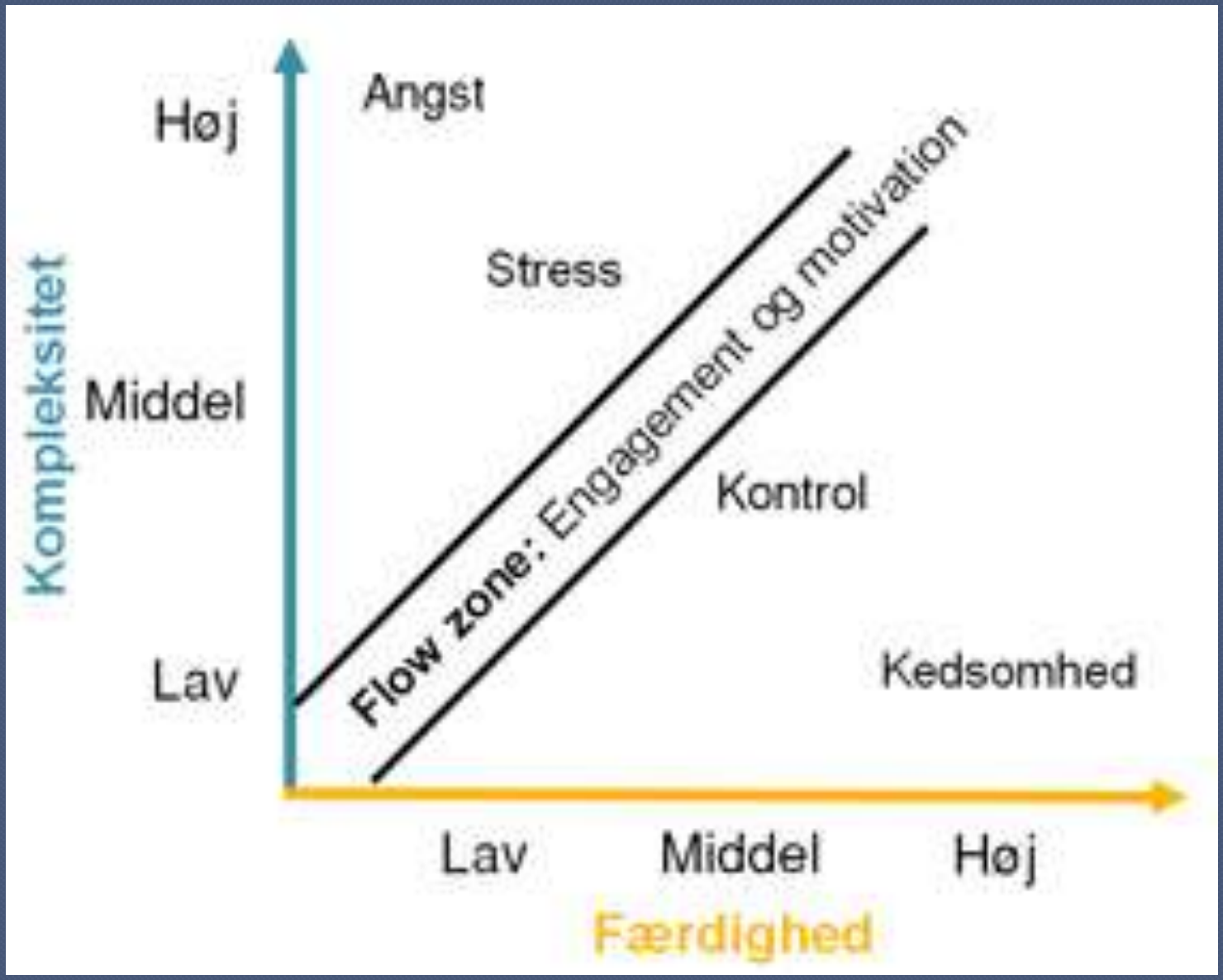
MÅLBART

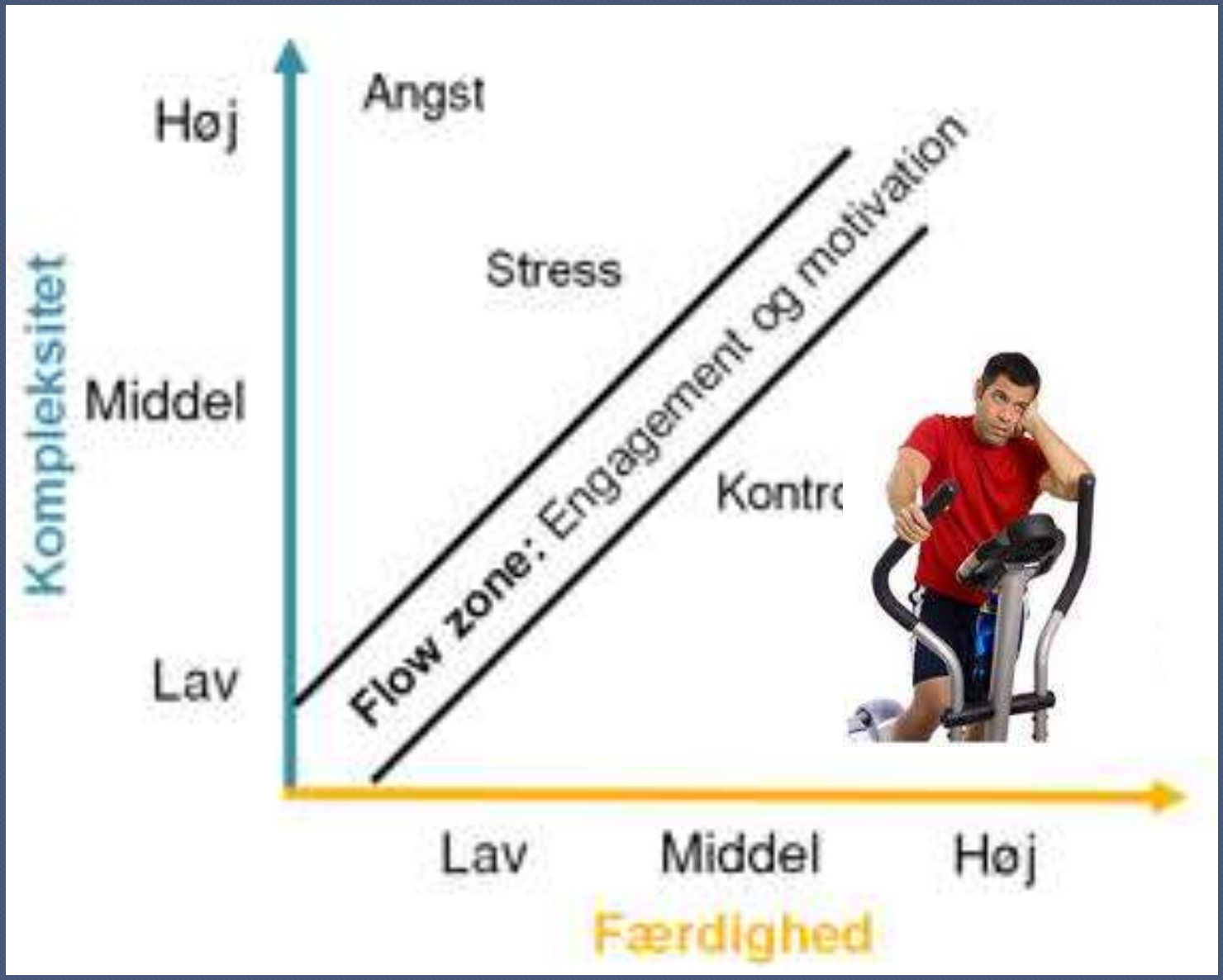
ATTRAKTIVT

REALISTISK

TIDSFASTSAT


Selvrealisering
Påskønnelse
Kærlighed/tilknytning
Sikkerhed
Fysiske behov


Høj
Angst
Stress
Middel
Kompleksitet
Flow zone: Engagement og motivation
Kontrol
Lav
Kedsomhed
Lav
Middel
Høj
Færdighed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Flow zone: Engagement og motivation
Kontro
Lav
Lav
Middel
Høj
Færdighed

Kompleksitet

Middel

Lav

Flow zone: Engagement og motivation

Kontrol

Kedsomhed

Lav Middel Høj

Færdighed

Succesfuld afprøvning

Vikarierende erfaring

Verbal overtalelse

Fysiologisk feedback

Self-efficacy

Tiltro til egen evne = fastholdelse

Hvordan bliver du afhængig?

- Lær teknikken at kende
- Værdsæt virkningen
- Forbind virkningen med den udførte aktivitet

OPSKRIFTEN PÅ SUCCES

- Sæt noget på spil – investér
- Sæt krav til spænding og kreativ stimulans
- Tid er ikke en barriere! Manglende lyst derimod kan være det … og det kan du arbejde med
- Sæt SMARTe mål, synliggør dem og forpligt dig gennem alliancer
- Opbyg ritualer (faste vaner) og overhold dem
- Skaf dig ny viden
- Før en logbog eller træningsdagbog (konkret og for oplevelsen)

Udnyt det vindue som diagnosen har åbnet!

Det betyder ikke…

- … at man skal eller kan finde det positive i en kræftsygdom
- … at man skal eller kan banalisere sygdommen

Det betyder derimod…

- … at man kritisk og løbende overvejer, hvad der er muligt og ønskeligt
- … at man søger at minimere og beherske sygdommens dominans

- Hvilke forhåbninger har du til fastholdelse af fysisk træning?
- Kan du sige lidt om, hvad det er for en slags håb, der kan tænkes at opretholde din vilje til træning i hverdagen?
- Hvad drømmer du om, at fysisk træning vil medføre, og på hvilken måde er det værdifuldt for dig?
- Hvilke muligheder vil (fastholdelse af) fysisk træning skabe i dine forhold til andre, og hvordan kan de hjælpe dig?
- Hvilke skridt er du parat til at tage for at opretholde træningen? Hvordan er du nået hertil?
- Hvordan tror du, at du vil kunne mærke effekten af træningen i din hverdag?
- Er der nogen, der bidrager positivt til din fastholdelse af træning? Hvis der er, hvordan vil du så beskrive deres bidrag?
- Hvordan mærker du, at de personer, du nævner, støtter dig?
- Er der nogen, der kan/vil hindre dig i fastholdelse af træning? Hvordan undgår du, at disse personer får overtalt dig?

HUSK AT …

… motivation og mening er uadskillelig!

… det kan tage tid at lære sin krop at kende og værdsætte, hvordan den reagerer under høj belastning!

… enhver udvikling og forandring kræver 'støttende biroller'!

… man kan ikke forandre sig hvis man er negativt defineret!

… at det er en skrøne at man lærer af sine fejl!

DET ER KUN DIG DER KAN AFGØRE HVAD DER ER MULIGT OG MENINGSFULDT FOR DIG!

Tak for opmærksomheden