



Diet and exercise: it's time to act on the evidence

→ Kathy Redmond ■ EDITOR

What if you could prescribe your patients a therapy that had proven powers to lift quality of life, boost psychological well-being, improve cardio-respiratory and physical fitness, and reduce fatigue?

Studies on exercise and diet have consistently shown that relatively small changes in lifestyle can achieve all these things. They can also improve the chance that your patients will complete their course of chemotherapy. And evidence is now mounting to show that eating healthily, avoiding weight gain and exercising regularly may reduce the risk of recurrence and death from certain cancers – breast and colon in particular.

Some studies estimate the risk reduction to be on a par with the benefit offered by a drug like trastuzumab (Herceptin).

Exercise and diet offer a way for patients to play an active part in fighting their disease – very important to many – without toxic side-effects. So why do we give so little priority to advising, helping and encouraging our patients to adopt a healthier lifestyle?

It is true that, while results from the studies are compelling, they are undermined somewhat by methodological difficulties such as a failure to control for a full range of prognostic factors. Yet the growing body of evidence is consistent, it points only one way, and so long as the

advice is for moderate changes, patients have nothing to lose.

Wide variations in the dietary and exercise schedules studied have also confused the issue. In the absence of clear guidelines, the recommendations on cancer prevention made recently by the World Cancer Research Fund should be extended to cancer patients: try to be physically active for at least 30 minutes each day, keep as lean as possible and eat a healthy diet (five or more servings of fruit and vegetables a day, and keep off sugary drinks and energy-dense foods).

Another obstacle may be the time and effort required from health professionals as well as the patient. Making lifestyle changes isn't always easy; it may require experimentation, good advice and lots of encouragement, until patients find a way to modify their lifestyle that is compatible with their interests and everyday life – if it's too time-consuming, costly or inflexible it won't work. Providing aids such as pedometers or exercise guidebooks may be necessary.

Currently, not only do few patients receive such help and encouragement, but good advice is hard to find even when they look for it. Most well-known cancer websites require patients to dig deep to find fairly limited advice that could make an enormous difference to their quality of life and possibly mortality. This is a serious oversight. Rectifying it could be relatively cheap and easy, and it needs to be done now.