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Citation:

Campbell, MD and Kime, NH and McKenna, J (2017) Exercise and physical activity in patients with type 1 diabetes. *Lancet Diabetes Endocrinol*, 5 (7). p. 493. ISSN 2213-8595 DOI: [https://doi.org/10.1016/S2213-8587\(17\)30169-9](https://doi.org/10.1016/S2213-8587(17)30169-9)

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Title:

Exercise and Type 1 Diabetes: Does guidance address the needs of patients?

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We applaud the recently published consensus statement in *The Lancet Diabetes & Endocrinology*.¹ An agreed set of guidelines on how to best manage physical activity alongside type 1 diabetes is urgently needed by healthcare professionals (HCPs) and likewise, those living with the condition. However, we question how relevant the consensus is for the average person with type 1 diabetes. While it accurately captures both the physiological challenges faced by people with type 1 diabetes during exercise, sport or competitive events and offers suitably pragmatic guidance for effective self-management, the focus remains on exercise rather than physical activity; here is where we see an important disconnect. Exercise-specific recommendations translate poorly to general physical activity, which is where most of the people with type 1 diabetes have most to gain. With 70% of these people failing to achieve their treatment targets, the scale of that challenge is clear.²

While most people with type 1 diabetes do not exercise, they are often interested and willing to be more physically active. They want to know how to incorporate physical activity safely into their everyday lives, but are at a loss about achieving this as part of their diabetes management. Even if they should want to exercise – in the recognised sense of the word, for example, cycle, run or lift weights, (which most of them do not) – they rarely progress into living actively because they are not enabled to do so. While HCPs claim to support active living, in reality this is not the case. Yet, where HCPs intensively promote anything, it is exercise, which often discourages and intimidates patients starting with few solid, positive behaviour routines.

The consensus statement represents a positive start, but in moving forward we need to consider how we as professionals can best support people with type 1 diabetes to be more active. This means learning and then incorporating behaviour change strategies in a person-centred approach.³ As referred to in the consensus statement, albeit briefly, individualised support is not only important, but also essential for physical activity to be successfully adopted and maintained.⁴ HCPs owe it to *each* patient to increase their understanding and promotion of what facilitates and inhibits participation in physical activity, not simply exercise. That will move closer to ensuring better and more relevant provision for *all* people with type 1 diabetes.

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