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doi: 10.1192/bjp.204.2.163a

Physiotherapists can help implement physical activity programmes in clinical practice

We read with great interest the editorial by McNamee *et al.*¹ The authors made an important call for evidence-based physical activity research and interventions to reduce the physical health disparity seen in people with schizophrenia. Since this an area which is constantly evolving, we wanted to highlight some new evidence that is available that may assist clinicians and researchers to develop evidence-based physical activity interventions.

McNamee *et al.*¹ report some important barriers to physical activity uptake and maintenance. However, our understanding of the barriers to physical activity participation go beyond negative symptoms, side-effects of medication and social isolation.¹ Recent review evidence² incorporating 25 013 people with schizophrenia provides further indications of specific barriers which should be considered in this population. This comprehensive review² suggests that cardiometabolic comorbidity, lack of knowledge on cardiovascular disease risk factors, lower self-efficacy and other unhealthy lifestyle habits, including smoking, must be carefully considered as barriers when developing physical activity interventions for patients with schizophrenia.

We agree with McNamee *et al.*¹ that there is a high need for theoretically based research on the motivational processes linked to the commencement and continuation of physical activity in patients with schizophrenia. Research has recently started to meet this call. New evidence relying on the self-determination theory³ suggests that people with schizophrenia's level of autonomous motivation towards an active lifestyle (which involves the experience of volition and choice), feelings of competence and social relatedness may play an important role in the adoption and maintenance of physical activity.

We also agree with McNamee *et al.*¹ that it is essential that all members of the mental health multidisciplinary team (MDT) should promote and empower people with schizophrenia to engage in physical activity. The International Organization of Physical Therapists in Mental Health (IOPTMH)⁴ recently

emphasised that the mental health MDT's approach to the care of patients with schizophrenia should take this into account, at both policy-making and clinical levels. Without this crucial step the physical health of patients with schizophrenia is unlikely to be improved. The IOPTMH therefore endorses the editorial of McNamee *et al.*¹ that active physical health promotion must be routinely included in the care plans of people with schizophrenia and accepted as the responsibility of all healthcare staff. The IOPTMH is committed to supporting future research in this field and believes that physiotherapists are well placed to lead the translation of physical activity in clinical practice,⁵ which McNamee *et al.*¹ called for. Future research is required and this should, for example, define which strategies mental health physiotherapists should adopt in order to assist persons with schizophrenia in the transition from hospital to community care.^{4,5} Together with McNamee *et al.*¹ we are convinced that this is essential in order to ensure that physical activity is successfully used to significantly improve the physical health and health-related quality of life of people with schizophrenia.

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doi: 10.1192/bjp.204.2.164

Corrections

Highlights of this issue. *BJP*, 204, A3: was written by Sukhwinder S. Shergill. The online version has been corrected post-publication, in deviation from print, and in accordance with this correction.

Skype and narcissistic disturbances: a unique opportunity (letter)? *BJP*, 204, 79. In the third paragraph, lines 2 and 6: the surname of the author discussed is Kohut.

doi: 10.1192/bjp.204.2.164a