One of the best things about being an editor is that you can regale your readers with your ideas on issues of your choice – known as editorial bias! I think that most responsible editors do try to keep their own personal biases out of their publications, but it is also apparent that sometimes it is impossible to hide particular hobby horses. However, this time I make no apology for an unashamedly biased piece of editorial musing. I have been called an exercise evangelist and here’s why.

I suffer from ankylosing spondylitis. It started when I was in my early 20s and a biology PhD student. I had no idea what was happening to me, but never one to rush off to doctors, I coped with the regular flare up of sometimes alarming symptoms largely by ignoring them. They always went away in the end. Unfortunately this was a precursor of my approach to patient complaints in later years: ‘Ignore it. It will go away’. This may explain why I am no longer in clinical practice! That aside, I found that the more mobile I was, the less the regular pain and stiffness associated with ankylosing spondylitis bothered me. It was many years before a diagnosis was made – not until after I qualified in fact, and by then I was very used to the almost daily symptoms, with rare, and all too brief, periods of complete remission.

As I got older, and was no longer doing fieldwork that involved walking for hours over rough heather moor in Shetland during the summer, and helping fellow students with similar fieldwork in between analysing data during the winter, I found that not only did I gain weight, but that I was also far more sore than I had been. Longer and longer periods spent at desks, with little time for exercise, took their toll. Finally, in my late 20s, I decided that enough was enough and took up aerobics, eventually enthusiastically teaching it at a studio in Cape Town. I was never sure how to take one comment with which I was greeted by a class participant as I walked into the studio one evening, ‘I really like instructors with big, strong thighs!’ Aerobics became my daily fix. By now I was completely hooked on high-intensity exercise and evangelical in promoting it as a healthy way of life while studying, and then practising, medicine. I even taught aerobics classes in the remote settlement in Labrador where I worked for a couple of years, and regard getting older women into regular exercise as probably the most effective piece of health promotion I ever managed as a doctor. Alas, eventually high impact aerobics became too much for my poor sacroiliac joints and I started cycling instead. Wonderful exercise if you have joint problems, although it does take me some time to straighten up again after a longish ride.

This is not simply a chronological account of my love affair with getting hot, sweaty and out of breath. I truly believe that exercise is one of the few real ‘cure alls’ that doesn’t have anything to do with snake oil. I have successfully used exercise to help countless patients deal with everything from depression to type 2 diabetes, and I am not talking about the kind of high-intensity purgatory that I put myself through at least 4 times a week. And, more importantly, I am convinced that exercise is the key to successful management of all types of arthritis and there is an increasing amount of literature to support me. Recent research suggests that weight training and aerobic exercise is effective in reducing symptoms, even in those with the particularly debilitating rheumatoid arthritis. It makes sense. Joints are designed to move and muscles are supposed to be strong enough to support those joints. So even if the joints are not entirely normal, keeping them mobile and their supporting muscles strong must help with long-term mobility and pain control.

As we age, we lose muscle mass, lung volume and cardiovascular reserve at a relatively steady rate. Regular exercise delays that process and the improvements in muscle mass are likely to continue to help with joint problems. We did not evolve as sedentary beings so perhaps it is not surprising that, in spite of increasing life expectancy, there is not generally a concomitant preservation of quality of life as people reach the extremes of age. A specialist in medicine for the aged has said that if you are not active during your younger years, you will be ‘off your legs’ by the time you are 70. My experience with people who were sedentary during their early lives has borne that out. As people live increasingly long lives, we have a duty, as medical professionals, to help them retain as much quality in those lives as possible. To me, this does not mean increasing numbers of medications, but rather encouraging people with increasing amounts of leisure time to remain or become active. It’s never too late to start.

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