

# Letters to the Editor

**Online-Only  
Letter to the Editor**  
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**Antiretroviral  
Therapy Regimens  
in Treatment-Naïve  
Patients**

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with reply by Carin E.  
Reust, MD, MSPH

Send letters to Kenneth W. Lin, MD, Associate Medical Editor for *AFP* Online, email: [afplet@aafp.org](mailto:afplet@aafp.org), or 11400 Tomahawk Creek Pkwy., Leawood, KS 66211-2680.

Please include your complete address, email address, telephone number, and fax number. Letters should be fewer than 500 words and limited to six references, one table or figure, and three authors.

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## The Virtuous Cycle

TO THE EDITOR: Family physicians advise patients to walk, run, and ride bicycles because these can be enjoyable, inexpensive, and convenient ways to exercise. However, finding a safe place to pursue these activities is a challenge for many patients. If exercise is inconvenient, does not feel safe, and is not fun, most of our patients will not do it for long.

In most European cities, you will find far more people walking and cycling than you would in most cities in the United States. European cities were designed at a human or equine scale, with small shops and restaurants close to where people live. For more than 50 years, we have been designing American communities for the convenience of automobiles rather than people (often constrained by outdated zoning laws that force restaurants and shops to be far away from homes). As a result, restaurants, cafés, and stores that might make a good destination for a walk or bike trip are clustered along busy corridors far from residential areas. Many rural and suburban communities lack sidewalks, and rural roads often lack a paved shoulder.

As leaders in our communities, family physicians should work to ensure that our patients have safe, convenient, and enjoyable places to walk, run, and bike. This requires slowing traffic down (sometimes using traffic calming devices, such as speed humps, roundabouts, and on-street parking); separating vehicles from walkers and cyclists by creating sidewalks, trails, and multi-use paths; and using signage to alert motorists and guide cyclists.<sup>1-3</sup> Patients will be more likely to walk or cycle if those forms of exercise can be built into their daily activities, such as buying a loaf of bread or grabbing a cup of coffee. We should be advocates for walkable and bikable communities with plenty of interesting and useful destinations. Research in California and Europe<sup>4</sup> has shown that when at least 2 to 3 percent of trips are taken on foot or by bike, the rate

of accidents drops precipitously. Thus, the virtuous cycle: greater safety for pedestrians and cyclists increases their numbers, which makes it safer, which in turn increases the number of cyclists, which makes it safer, and so on.

So, we can continue to harangue our patients about exercise and be frustrated when they do not listen to us. Or, we can work with our neighbors and local politicians to make our communities healthier. Wouldn't it be great if we could recreate our communities on a more human scale, and give our patients safe and enjoyable places to walk and bike?

As family physicians, we are ideally positioned to be advocates for community health. Consider joining your local greenway organization or bike group. Planning commissions have people focused on the impact of development on schools, businesses, and the environment; if you become a member, you can be the advocate for healthy planning in your community. Over time, you can encourage the creation of safe spaces for children and adults to add movement to their daily activities.

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EDITOR'S NOTE: Dr. Ebell is Deputy Editor for Evidence-Based Medicine of *American Family Physician*.

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