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PREACT

PRophylactive Education & Actions for Cardiovascular diseases and diabeTes

PREACT Handbook for Everyday Health

Practical guidance for cardiovascular disease and type 2 diabetes prevention

12 illustrated articles for people across the life course

Adapted from the PREACT pilot course, animation materials and international public-health guidance

Funded by the European Union

September 2026

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About PREACT and this handbook

PREACT—PRophylactive Education and Actions for Cardiovascular diseases and diabeTes—is a European cooperation project focused on prevention, health literacy and practical action. Its learning materials address cardiovascular health and type 2 diabetes across ages and population groups.

This handbook transforms the PREACT pilot videos, the PREACT animations and the project Needs Analysis into 12 connected, public-facing articles. Each article begins with the learning-objectives cover developed during the course-adaptation stage. The images make the purpose of each resource visible before the detailed content begins.

How the material was adapted

- The 12 course themes were reorganised into short explanations, practical choices and action pages.
- The PREACT Needs Analysis informed the emphasis on modifiable risk factors, health literacy, access, culture, social conditions and inequality.
- The five newer animation themes—added sugar, sleep, eating, lifestyle and nights out—were integrated where they reinforce the article topic.
- Health recommendations were checked against authoritative sources, especially WHO, EFSA, CDC and official EU information.
- Every article distinguishes general prevention information from personalised medical assessment and treatment.

Who can use it

Members of the public can read the articles independently. Educators, health professionals, youth workers, community organisations and carers can also use a single article as a discussion prompt. The language is intentionally practical, but some topics require adaptation to local services, age, health status, disability, culture and available resources.

Project links. Pilot materials: https://preact.phyed.duth.gr/preact-pilot-materials/ | Animations: https://preact.phyed.duth.gr/preact-in-animation/

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How to use the handbook safely

Start with the article that matches your current priority. Read the first page for orientation, the second for key ideas and the third for a seven-day experiment. Choose one action, define its smallest workable version and review what happened. Health improvement is rarely linear; an action can be adjusted without being abandoned.

This is education, not individual medical care

The handbook does not diagnose disease, determine personal risk, prescribe treatment or replace a qualified professional. Recommendations must be adapted when a person is pregnant, a child or adolescent, an older adult with frailty, living with disability, recovering from illness or surgery, taking medicines, or managing a diagnosed condition.

Use reliable information

- Prefer public-health agencies, professional guidance and peer-reviewed evidence.
- Check who produced the information, when it was updated and whether it is selling a product.
- Be cautious of a single food, supplement, test or programme presented as a cure.
- Ask a health professional to explain how general guidance applies to your history and medicines.
- Protect privacy when recording or sharing health information.

Urgent symptoms

Chest pressure or pain, severe breathlessness, collapse, sudden weakness of the face or arm, sudden speech difficulty, severe allergic reaction or acute poisoning requires immediate emergency help. Within the European Union, call 112 free of charge. Follow local emergency guidance outside the EU.

A respectful prevention approach

Health behaviours are shaped by income, housing, work, education, neighbourhoods, discrimination, caregiving, food access and healthcare access. Use supportive language. Avoid blaming people for conditions or barriers, and include the environmental change needed alongside the individual action.

> **Read, choose, try, review—and ask for help when the issue is clinical or urgent.**

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Article 1. Exercise as Prevention

For: Everyone

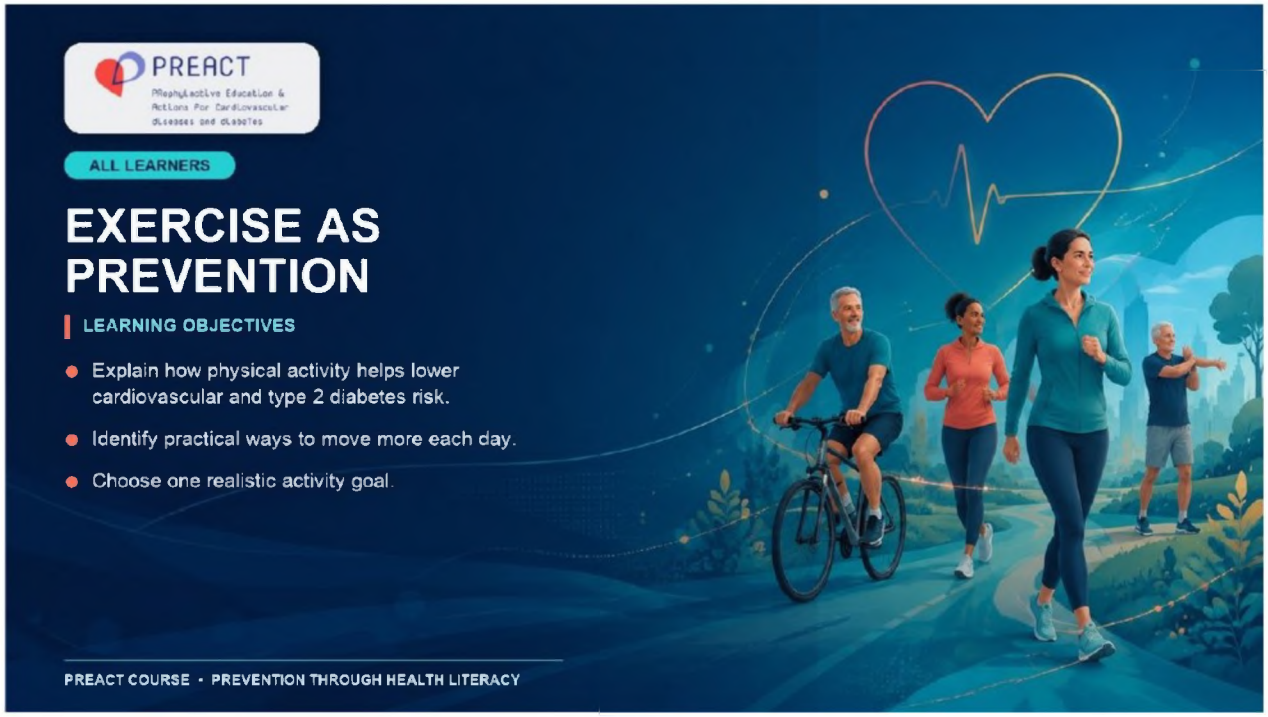


Figure 1. Learning objectives developed for the PREACT course adaptation.

Movement is not only a way to improve fitness. It is one of the most accessible actions people can use to protect cardiovascular health, improve the body's response to insulin and support mental well-being. The PREACT materials present exercise as something that can happen in ordinary life: walking, cycling, playing, dancing, using stairs or taking a short walk after a meal.

The most useful activity plan is not the most ambitious one. It is the plan that fits a person's current health, daily responsibilities, preferences and environment. A small amount is better than none, and activity can be accumulated in shorter periods. People with symptoms, significant health conditions or a long period of inactivity should ask a qualified health professional how to begin safely.

What you will learn

- Explain how regular movement supports heart health and type 2 diabetes prevention.
- Identify everyday opportunities to sit less and move more.
- Choose one realistic activity goal that can be repeated this week.

> **Start now. Choose one ten-minute period today for walking, active play, dancing or another movement you enjoy.**

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Exercise as Prevention: understand the essentials

What regular movement changes

The heart and blood vessels adapt to repeated activity. Over time, regular movement can improve cardiorespiratory fitness, help manage blood pressure and blood lipids, and make daily tasks feel easier. Contracting muscles also use glucose, which supports insulin sensitivity and blood-glucose management.

Movement contributes to energy balance, muscle and bone health, sleep and mood. These benefits reinforce each other: better sleep can make activity easier, while activity can support sleep quality and stress management. No single session prevents disease, but repeated choices can shift long-term risk.

A practical weekly target

For adults, World Health Organization guidance recommends 150–300 minutes of moderate aerobic activity a week, or 75–150 minutes of vigorous activity, plus muscle-strengthening activity on at least two days. People can work toward this gradually. Children and adolescents should average at least 60 minutes of moderate-to-vigorous activity a day across the week.

Moderate activity usually raises breathing and heart rate while still allowing conversation. Vigorous activity makes speaking in full sentences difficult. Intensity is personal: the same walk may be light for one person and moderate for another.

Make the environment help

Place walking shoes where they are visible, arrange an active meeting, take stairs when appropriate, get off public transport one stop earlier, or set a movement reminder during desk work. Social support also matters. A friend, colleague or family member can turn an intention into an appointment.

Turn the idea into a choice

If you have…	Try…	Make it easier by…
10 minutes	A brisk walk	Choosing a familiar, well-lit route
No equipment	Chair rises, wall push-ups and marching	Starting with one comfortable round
Family time	Active play or a walk after a meal	Letting each person choose the route

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Exercise as Prevention: your action page

A seven-day experiment

1. Day 1: Notice how long you currently sit and when movement would fit.
2. Day 2: Add one ten-minute walk or equivalent activity.
3. Day 3: Add two simple strengthening exercises using safe technique.
4. Day 4: Repeat the activity at the easiest time of day.
5. Day 5: Invite another person or use music to make movement enjoyable.
6. Weekend: Choose a longer activity you value and review what worked.

Common barriers and workable responses

Barrier	Response
I am too busy.	Use short blocks and link movement to an existing routine.
I lose motivation.	Track attendance, not perfection; make the first step very small.
I have pain or limitations.	Seek individualized guidance and use an appropriate alternative.

When professional advice matters

Stop activity and seek urgent help for chest pressure, severe breathlessness, fainting or sudden neurological symptoms. For new or persistent pain, dizziness, unusual shortness of breath, pregnancy, a chronic condition or a major change in activity, discuss an appropriate plan with a health professional.

> **Reflection. What form of movement feels both useful and realistic enough to repeat three times next week?**

Sources for this article: [1–4, 7–8, 24]

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Article 2. Understand Your Heart and Diabetes Risk

For: Everyone

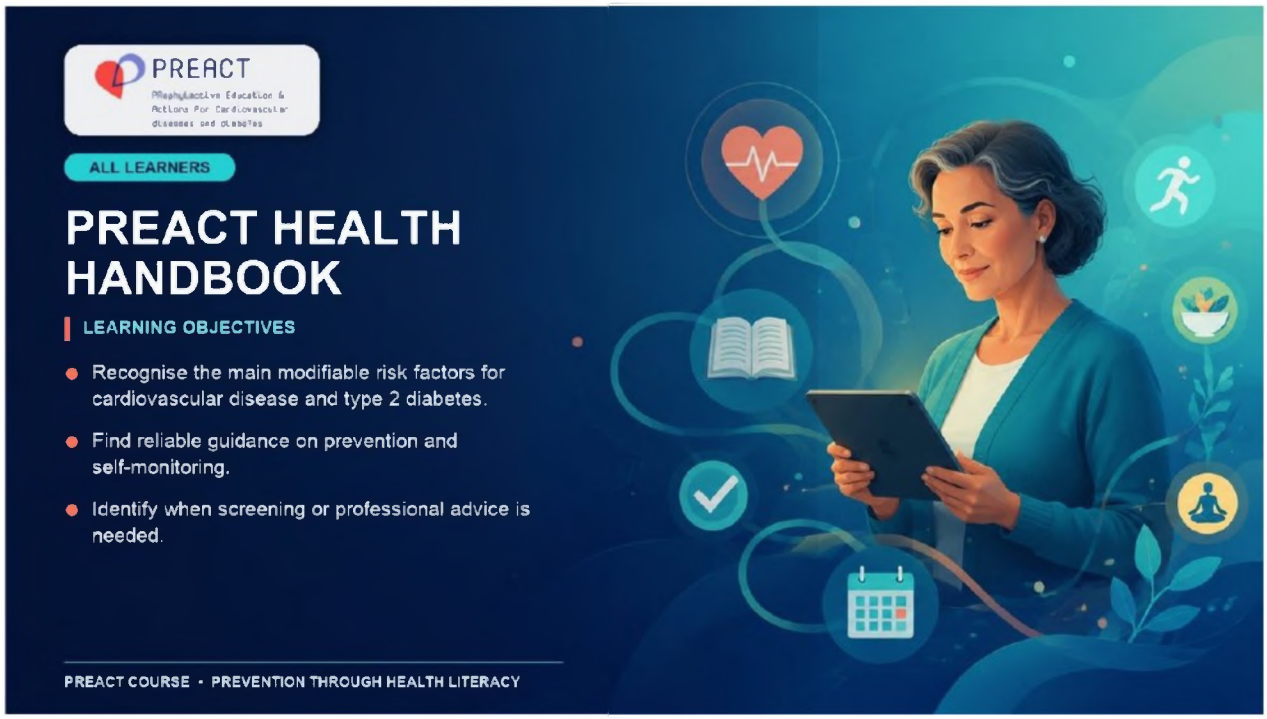


Figure 2. Learning objectives developed for the PREACT course adaptation.

Cardiovascular disease and type 2 diabetes develop through a mixture of factors. Age, family history and some medical conditions cannot be changed, but many important influences can: tobacco exposure, physical inactivity, dietary patterns, blood pressure, blood lipids, body weight, harmful alcohol use, chronic stress and poor sleep. Prevention is therefore not one rule; it is a coordinated set of manageable actions.

Risk is not a moral judgement and it cannot be guessed from appearance. Some people feel well while blood pressure, cholesterol or glucose are outside a healthy range. Screening and a conversation with a qualified professional can identify priorities, especially when several risk factors occur together.

What you will learn

- Recognise major modifiable risk factors for cardiovascular disease and type 2 diabetes.
- Use reliable prevention and self-monitoring information.
- Know when screening or professional advice is appropriate.

> **Start now. Write down your last known blood-pressure, glucose and cholesterol checks—or note that you do not know them yet.**

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Understand Your Heart and Diabetes Risk: understand the essentials

How the conditions connect

Type 2 diabetes affects how the body uses glucose and is closely linked with cardiovascular health. High blood glucose can damage blood vessels over time, while high blood pressure, abnormal blood lipids, smoking and inactivity can add to the same risk pathway. Prevention and management work best when these factors are considered together.

The PREACT Needs Analysis also highlights that knowledge, access to care, income, culture, environment and social support shape people's opportunities to act. Advice should be practical and respectful of those circumstances.

What screening can and cannot do

Blood-pressure measurement, laboratory tests for glucose and blood lipids, and a review of family and medical history help a clinician estimate risk. Body mass index and waist measurement may add context, but they do not define a person's health by themselves. A single reading may need confirmation.

Home devices can support awareness when they are validated and used correctly, but self-monitoring does not replace diagnosis. Ask what the number means, how often to repeat it and what change would require contact with the healthcare team.

Know urgent warning signs

Chest pressure or pain, severe breathlessness, collapse, or sudden weakness of the face or arm and sudden speech difficulty require immediate emergency assessment. In the European Union, 112 connects callers to emergency services free of charge. Do not wait for a routine appointment when symptoms may be urgent.

Turn the idea into a choice

Area	Useful question	Next step
Blood pressure	When was it last measured correctly?	Record the result and ask about follow-up
Glucose	Do my age, history or symptoms indicate testing?	Discuss the appropriate test
Cholesterol	What is my overall cardiovascular risk?	Review the full lipid profile with a clinician

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Understand Your Heart and Diabetes Risk: your action page

A seven-day experiment

1. Collect your current medicines, recent test results and family-health history.
2. List tobacco exposure, usual movement, sleep, food and alcohol patterns without judging yourself.
3. Choose one reliable source rather than relying on social-media claims.
4. Book an appropriate preventive appointment if checks are overdue or risk is uncertain.
5. At the appointment, ask which one or two changes would make the greatest difference.
6. Agree when results or progress should be reviewed.

Common barriers and workable responses

Barrier	Response
I feel healthy.	Many risk factors have no obvious symptoms; preventive checks are designed for this.
The numbers confuse me.	Ask the professional to explain the result, target and next action in plain language.
I am afraid of the result.	Early knowledge usually creates more options for prevention and support.

When professional advice matters

Screening intervals and treatment targets depend on age, pregnancy, family history, medicines and existing conditions. Use this handbook to prepare questions, not to diagnose yourself or change prescribed treatment.

> **Reflection. Which health number or risk factor do you understand least, and who could help you interpret it?**

Sources for this article: [1–6, 14–16, 24]

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Article 3. Build a Weekly Movement Plan

For: Everyone

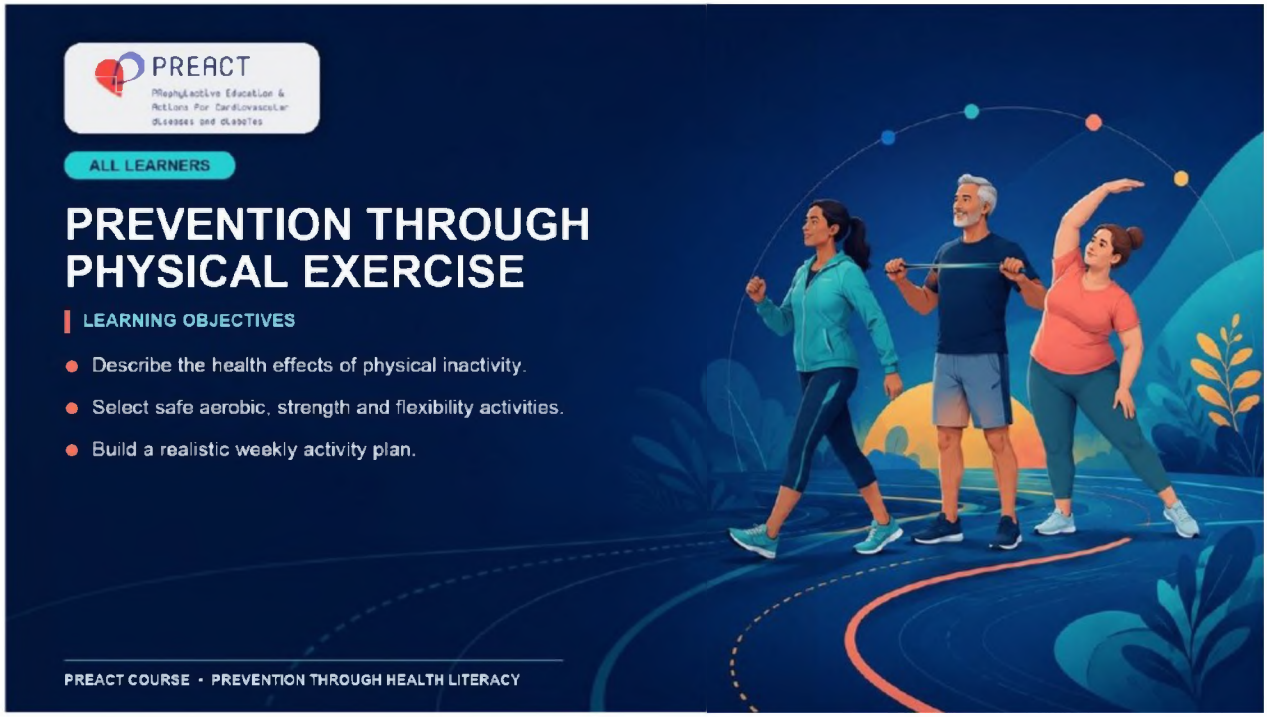


Figure 3. Learning objectives developed for the PREACT course adaptation.

Knowing that exercise is beneficial is different from making it happen. A weekly plan translates general guidance into specific choices: what activity, on which day, for how long, at what intensity and with what support. It should include aerobic movement, muscle strengthening and, when useful, flexibility and balance work.

Planning should begin with current ability. A person returning after illness, living with disability or managing a chronic condition may need adaptations. Progress comes from a sustainable pattern, not from sudden overload. Rest and recovery are part of the plan.

What you will learn

- Describe health effects associated with prolonged inactivity.
- Select safe aerobic, strengthening, flexibility and balance activities.
- Build a realistic plan that includes progression and recovery.

Start now. Put two specific movement appointments in your calendar before the week fills up.

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Build a Weekly Movement Plan: understand the essentials

Use four building blocks

Aerobic activity includes walking, cycling, swimming and active games. Strengthening challenges major muscle groups through weights, resistance bands or body-weight movements. Flexibility helps comfortable movement, while balance practice is especially valuable for older adults or anyone at risk of falls.

These elements do not need separate gym sessions. Carrying shopping, climbing stairs, gardening and standing from a chair can contribute, depending on intensity and the person's ability. Structured exercise makes progression easier to measure, while daily movement reduces long periods of sitting.

Progress one variable at a time

Increase frequency, duration or intensity gradually instead of changing all three at once. A simple approach is to make an activity slightly longer only after the current version feels manageable and recovery is normal. The goal is a pattern that can continue through busy and difficult weeks.

Use the talk test for aerobic intensity and controlled technique for strengthening. Muscles may feel challenged, but sharp pain, chest symptoms, faintness or severe breathlessness are not normal training goals.

Recovery supports consistency

Sleep, hydration, suitable food and easier days help the body adapt. Repeating hard sessions without enough recovery can reduce enjoyment and increase injury risk. Plan a lighter option in advance so that one difficult day does not become a completely abandoned week.

Turn the idea into a choice

Component	Example	Simple progression
Aerobic	20-minute brisk walk	Add 5 minutes or a small hill
Strength	Chair rises and wall push-ups	Add repetitions with good control
Balance/flexibility	Supported single-leg stance and gentle mobility	Reduce support only when safe

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Build a Weekly Movement Plan: your action page

A seven-day experiment

1. Choose two enjoyable aerobic activities and one indoor backup.
2. Schedule at least two short strengthening sessions for major muscle groups.
3. Break up long sitting periods with brief movement when possible.
4. Mark one recovery day and protect sleep before demanding sessions.
5. Record what you completed, how hard it felt and any symptoms.
6. At week's end, change only one part of the plan.

Common barriers and workable responses

Barrier	Response
The weather changes.	Keep a home-based or covered-route alternative.
I miss one session.	Move it or shorten it; one missed session does not erase the week.
I do too much at first.	Finish the first sessions feeling that you could have done a little more.

When professional advice matters

Ask for individualized advice after surgery or illness, during pregnancy, when falls are a concern, or when heart, lung, metabolic, neurological or musculoskeletal conditions affect exercise. A physiotherapist or appropriately qualified exercise professional can help adapt technique and load.

> **Reflection. Which part of your plan is most likely to fail, and what backup will you prepare now?**

Sources for this article: [3, 7–8, 22–23]

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Article 4. Eat for Heart and Blood Sugar Health

For: Everyone



Figure 4. Learning objectives developed for the PREACT course adaptation.

Food influences blood glucose, blood lipids, blood pressure, body weight and overall well-being. The strongest public-health guidance emphasizes patterns rather than miracle ingredients: a varied diet built around vegetables, fruit, whole grains, pulses, nuts and other minimally processed foods, with appropriate sources of protein and mostly unsaturated fats.

The PREACT nutrition material introduces glycaemic index, fibre, fat quality and a practical plate method. These ideas can help, but they should not turn eating into a test of perfection. Cost, culture, preferences, allergies and medical needs matter. Sustainable changes are usually small enough to repeat.

What you will learn

- Explain how everyday food choices relate to diabetes and cardiovascular health.
- Use balanced portions and practical substitutions.
- Plan one sustainable change, including a way to reduce added sugar.

Start now. At one meal today, add a vegetable or replace a sugary drink with water.

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Eat for Heart and Blood Sugar Health: understand the essentials

Build a balanced plate

A visual plate can simplify portion decisions: make roughly half the plate non-starchy vegetables, one quarter a protein food and one quarter a high-fibre carbohydrate such as whole grains or pulses. Add water as the usual drink. This is a flexible guide, not a prescription for every person or cuisine.

Fibre supports digestion and fullness and can help with cholesterol and glucose response. Pulses, oats, whole-grain breads, vegetables, fruit, nuts and seeds are useful sources. Increase fibre gradually and drink enough fluid.

Reduce added or free sugars intelligently

Sugary drinks, sweets and many packaged foods can add sugar quickly without much fullness. Check the ingredient list and nutrition information, compare similar products and reduce frequency or portion size. WHO recommends keeping free sugars below 10% of total energy intake, with further benefits from a lower intake.

The PREACT animation prompts—Make smarter choices to reduce added sugar and Eating Habits—support a simple approach: notice the usual cue, prepare an alternative and avoid treating one choice as success or failure.

Choose fats and salt with care

Prefer unsaturated fats from foods such as olive oil, nuts, seeds and fish, while limiting saturated and trans fats. Taste food before adding salt; use herbs, spices, lemon and vinegar. WHO advises adults to keep salt below 5 g a day, including salt already present in processed foods.

Turn the idea into a choice

Usual choice	Practical alternative	Why it may help
Sugary drink	Water or unsweetened drink	Reduces free sugar
Refined grain	Whole-grain option	Adds fibre and fullness
Processed salty snack	Fruit, unsalted nuts or yoghurt	Can reduce salt and improve nutrient quality

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Eat for Heart and Blood Sugar Health: your action page

A seven-day experiment

1. Photograph or note meals for two ordinary days without trying to change them.
2. Identify the easiest added-sugar source to reduce.
3. Plan vegetables or fruit for the meals where they are usually missing.
4. Choose one pulse or whole-grain meal this week.
5. Prepare a shopping list and do not rely on hunger-time decisions.
6. Review enjoyment, cost and convenience—not only nutrition.

Common barriers and workable responses

Barrier	Response
Healthy food costs more.	Use seasonal or frozen vegetables, pulses and planned leftovers.
My family eats differently.	Change one shared dish or side instead of creating a separate menu.
Labels are confusing.	Compare the same amount per 100 g/ml and focus on sugar, salt, fibre and saturated fat.

When professional advice matters

People with diabetes, kidney disease, gastrointestinal conditions, pregnancy, food allergies, eating disorders or medicines affected by food need individualized advice. Do not stop carbohydrate foods or make extreme dietary changes without appropriate guidance.

> **Reflection. Which food change would still feel acceptable after four weeks?**

Sources for this article: [2–4, 6, 9, 14]

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Article 5. Choose a Smoke-Free Life

For: People who smoke, their families and supporters

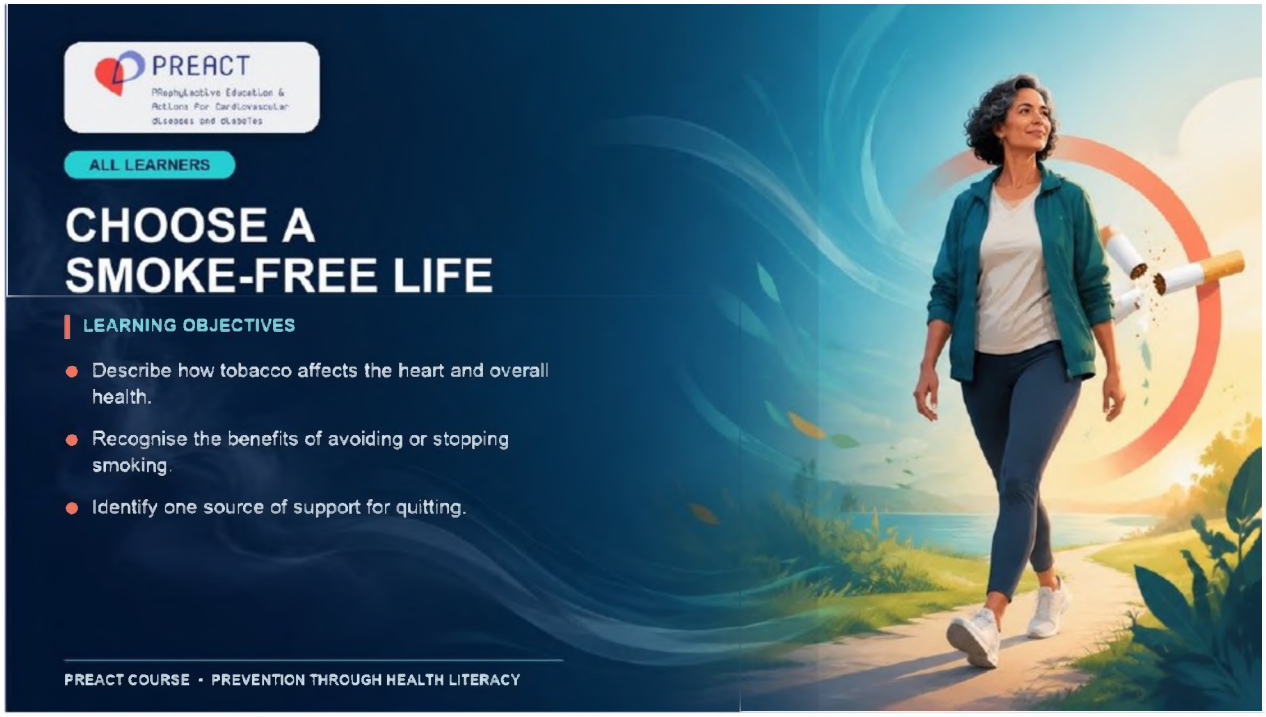


Figure 5. Learning objectives developed for the PREACT course adaptation.

Tobacco damages the cardiovascular and respiratory systems and increases the risk of cancer and many other diseases. Exposure also affects people nearby. There is no safe level of tobacco use or second-hand smoke exposure. Stopping is beneficial at any age, even after many years of smoking.

Nicotine dependence is not a lack of willpower. It is a treatable condition influenced by biology, routines, stress, social settings and access to support. The PREACT cessation material presents counselling, peer support, physical activity and evidence-based medicines as possible parts of a coordinated plan.

What you will learn

- Describe important health effects of tobacco use and second-hand smoke.
- Recognise benefits of stopping and reasons relapse can occur.
- Identify professional, social and practical forms of quitting support.

> **Start now. Write down the next three situations in which you usually smoke and what each cigarette seems to provide.**

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Choose a Smoke-Free Life: understand the essentials

Prepare instead of relying on willpower

Choose a quit date or a structured reduction plan with professional support. Remove tobacco products and smoking cues, tell supportive people what you need, and plan responses to predictable triggers such as coffee, alcohol, driving, stress or social breaks.

Cravings rise and fall. Delay, change location, drink water, breathe slowly, take a short walk or contact a supporter. The aim is not to make cravings disappear immediately; it is to pass through them without acting on the old routine.

Use effective support

WHO recommends behavioural support and, when appropriate, pharmacological treatment. Options may include nicotine replacement therapy, varenicline, bupropion or cytisine, depending on local availability, health history and clinical advice. Combining behavioural and medication support can improve the chance of success.

A pharmacist, physician or accredited cessation service can help select a safe option, explain correct use and plan follow-up. Do not use another person's medicine or combine products without advice.

Treat a lapse as information

A cigarette after quitting does not have to become a full return to smoking. Identify the trigger, resume the plan immediately and strengthen the response for next time. Multiple attempts are common. Persistence is a sign of learning, not failure.

Turn the idea into a choice

Trigger	Alternative response	Support to prepare
Stress	Two-minute breathing plus a brief walk	Message a supporter
Coffee	Change drink, seat or routine temporarily	Keep tobacco out of reach
Social smoking	Use a prepared refusal and stay in smoke-free areas	Tell friends about the quit plan

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Choose a Smoke-Free Life: your action page

A seven-day experiment

1. List personal reasons for stopping and keep them visible.
2. Contact a health professional or cessation service.
3. Set a date and prepare the home, car and usual bag.
4. Select responses for the three strongest triggers.
5. Arrange support for the first days and a follow-up appointment.
6. Use money not spent on tobacco for a meaningful reward.

Common barriers and workable responses

Barrier	Response
I have tried before.	Use what the previous attempt taught you and add stronger support.
I fear weight gain.	Plan regular meals, movement and professional nutrition support if needed.
People around me smoke.	Ask them not to offer tobacco and create smoke-free spaces and times.

When professional advice matters

A clinician or pharmacist should advise on cessation medicines, especially during pregnancy or breastfeeding, in adolescence, with significant medical or mental-health conditions, or when other medicines may interact. Seek urgent help for serious chest or breathing symptoms.

> **Reflection. What is your strongest personal reason to become smoke-free, and who will know about it?**

Sources for this article: [3, 10–12, 18]

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Article 6. Caffeine, Energy and Sleep for Students

For: Students and young adults

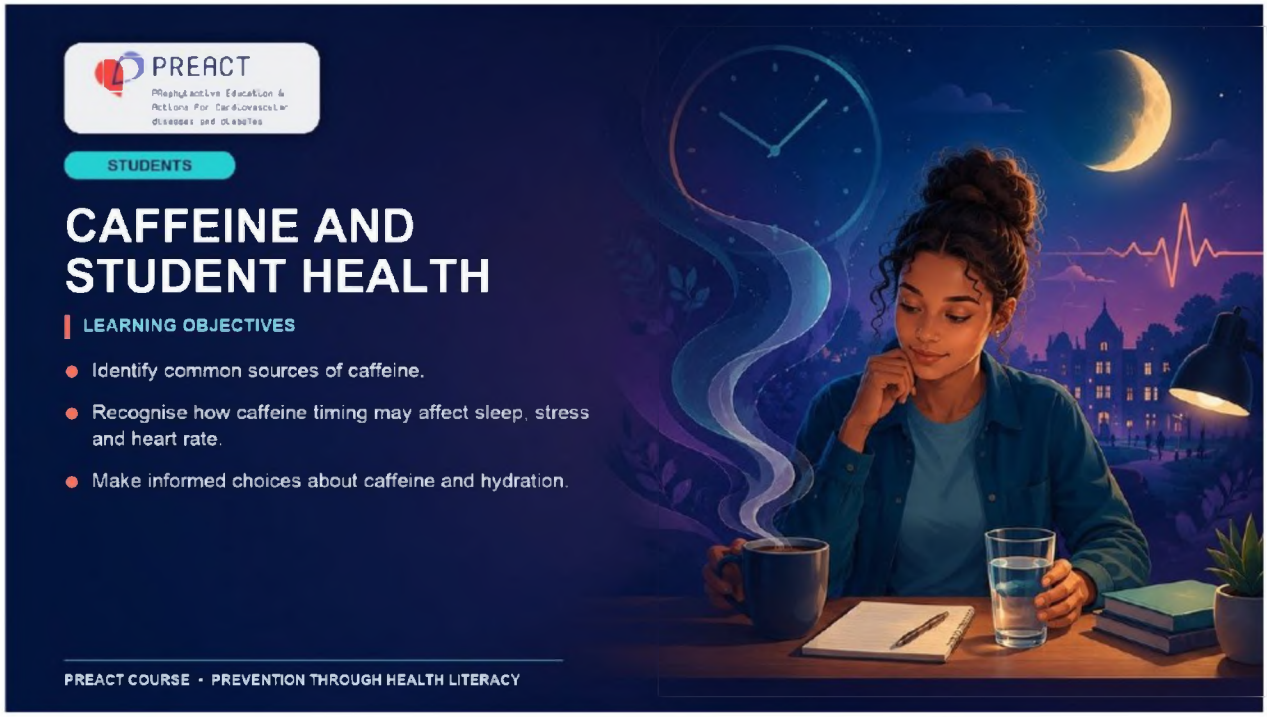


Figure 6. Learning objectives developed for the PREACT course adaptation.

Caffeine can increase alertness, but it does not replace sleep. Coffee, tea, energy drinks, cola, chocolate, supplements and some medicines all contribute to total intake. Products vary widely, so counting only cups can be misleading. Timing, dose, body size, sensitivity, medicines and health conditions influence the response.

The PREACT student material connects caffeine with heart rate, blood pressure, sleep, stress and academic performance. A useful plan protects sleep first and uses caffeine deliberately, rather than automatically responding to fatigue with another dose.

What you will learn

- Recognise common caffeine sources and hidden accumulation across the day.
- Explain how timing can affect sleep, stress and cardiovascular symptoms.
- Make informed choices about caffeine, hydration and study routines.

> **Start now. For one day, record the time and approximate amount of every caffeinated product you use.**

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Caffeine, Energy and Sleep for Students: understand the essentials

Know the reference points

EFSA concludes that single doses up to 200 mg and total daily intakes up to 400 mg generally do not raise safety concerns for healthy adults. During pregnancy or breastfeeding, the reference maximum is 200 mg a day. These are population guidance values, not targets and not a guarantee that a particular person will have no symptoms.

About 100 mg close to bedtime may affect sleep in some adults. Adolescents and people with anxiety, heart-rhythm problems, high blood pressure, reflux or certain medicines may need lower intake or individualized advice. Energy drinks are not appropriate for children.

Break the fatigue–caffeine cycle

Late caffeine can delay sleep, shorter sleep can increase next-day fatigue, and fatigue can lead to more caffeine. Protecting a regular wake time, using morning daylight, taking movement breaks and planning demanding work earlier can reduce dependence on this cycle.

The PREACT animations on Sleeping Habits and Night-Out Habits are useful conversation starters: one evening choice can affect the next day, but recovery depends on returning to a stable routine rather than trying to compensate with extremes.

Hydration and study performance

Keep water available and drink regularly, especially during activity or heat. Do not mix energy drinks with alcohol. For studying, spaced practice, breaks and adequate sleep are more reliable than escalating stimulants.

Turn the idea into a choice

Situation	Question to ask	Safer adjustment
Afternoon coffee	Will it be within several hours of bedtime?	Move it earlier or choose decaffeinated
Energy drink	How much caffeine and sugar are in the full container?	Check the label and avoid rapid intake
Exam fatigue	Is sleep debt the main problem?	Prioritise sleep, daylight, food and movement

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Caffeine, Energy and Sleep for Students: your action page

A seven-day experiment

1. Record caffeine time, source and amount for three typical days.
2. Record bedtime, wake time and how rested you feel.
3. Move the latest caffeine dose earlier for one week.
4. Replace one automatic caffeinated drink with water or a non-caffeinated option.
5. Keep a consistent wake time and use a brief movement break during study.
6. Review whether sleep, palpitations, anxiety or headaches changed.

Common barriers and workable responses

Barrier	Response
I need it to study.	Use smaller, earlier amounts and improve the study/sleep schedule.
I get headaches when I stop.	Reduce gradually rather than abruptly and seek advice if symptoms are severe.
I do not know the amount.	Use the product label or manufacturer information; do not assume products are equal.

When professional advice matters

Seek medical advice for persistent palpitations, fainting, chest symptoms, severe anxiety, sleep problems or suspected medication interactions. People who are pregnant or breastfeeding should keep within professional and EFSA guidance.

> **Reflection. What is the latest time you can use caffeine without affecting your sleep? Test rather than guess.**

Sources for this article: [3–4, 15–17, 19]

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Article 7. Healthy Habits for Young People

For: Adolescents and young adults



Figure 7. Learning objectives developed for the PREACT course adaptation.

Young people often receive health messages as separate commands: exercise more, eat better, sleep longer and manage stress. In real life, these behaviours interact. Poor sleep can increase fatigue and make movement or meal planning harder; a stressful week can change food choices; supportive friendships can make healthy actions easier.

A healthy lifestyle is not a particular body shape or an online performance. It is a set of skills that supports energy, learning, mood and long-term health. The PREACT Lifestyle Habits animation reinforces practical experimentation: observe a routine, choose one change and evaluate how it affects daily life.

What you will learn

- Identify daily habits that protect present and future health.
- Connect movement, food, sleep, stress and social support.
- Choose one achievable goal and ask for help when needed.

> **Start now. Rate your energy from 0 to 10 and identify one habit that most influences it.**

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Healthy Habits for Young People: understand the essentials

Build routines around anchors

Anchors are events that already happen: waking, arriving at school or university, lunch, finishing classes or preparing for bed. Attach a small action to one anchor—for example, water with lunch, a ten-minute walk after class or placing the phone away before sleep.

A stable routine reduces repeated decision-making. It should remain flexible enough for weekends, exams, work and family responsibilities. Missing one day is expected; return at the next anchor.

Protect sleep and mental well-being

Teenagers generally need 8–10 hours of sleep; adults usually need at least seven. A regular schedule, a dark and quiet sleep environment, reduced late caffeine and a wind-down period can help. Persistent sleep difficulty, low mood, anxiety, self-harm thoughts or inability to function require support from a trusted adult and qualified professional.

Stress-management tools include slow breathing, movement, time outdoors, problem-solving and social connection. They support coping but do not replace mental-health care when distress is severe or persistent.

Question online health claims

Look for the author, evidence, date, conflicts of interest and whether the advice promises a rapid cure. Reliable guidance acknowledges uncertainty and does not sell fear. Compare claims with public-health or professional sources before changing diet, supplements or treatment.

Turn the idea into a choice

Anchor	Small habit	How to notice progress
After waking	Water and morning light	Energy during first class
After study block	Five-minute movement break	Concentration on return
Before bed	Prepare tomorrow and put screens away	Time taken to fall asleep

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Healthy Habits for Young People: your action page

A seven-day experiment

1. Choose one anchor and one action that takes under ten minutes.
2. Prepare the environment the night before.
3. Tell a friend or family member what support would help.
4. Repeat for seven days without adding another goal.
5. Track energy, mood or concentration using one simple rating.
6. Keep, adjust or replace the action based on what you learn.

Common barriers and workable responses

Barrier	Response
My schedule changes.	Use an event-based anchor rather than an exact clock time.
Social media distracts me.	Move the app or device out of reach during one protected period.
The goal feels too small.	Small repeatable actions build evidence that you can change a routine.

When professional advice matters

Young people should involve a trusted adult or health professional when symptoms, bullying, substance use, eating concerns, sleep problems or emotional distress affect daily life. In immediate danger or a medical emergency, contact local emergency services; in the EU, call 112.

> **Reflection. Which small routine would make tomorrow easier, not just healthier in theory?**

Sources for this article: [3–4, 9, 15–17, 20, 24]

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Article 8. Smoking and Vaping Are Not Harmless

For: Adolescents, educators and families



Figure 8. Learning objectives developed for the PREACT course adaptation.

Adolescence is a period when social belonging, stress, curiosity and marketing can strongly influence tobacco and nicotine use. Cigarettes expose the body to toxic chemicals and damage the lungs and cardiovascular system. Vapes do not burn tobacco in the same way, but they are not harmless: they can deliver addictive nicotine and expose users to harmful substances.

The PREACT adolescent material examines why people start—stress, habit, peer influence, media images and the wish to appear confident—and counters the idea that smoking is fashionable. Prevention works better when it gives young people practical refusal skills and supportive alternatives, not only warnings.

What you will learn

- Explain why smoking and vaping can harm health and create dependence.
- Recognise peer, social-media and marketing influences.
- Use a clear smoke- and vape-free response in real situations.

> **Start now. Practise one short response: "No thanks—I don't use nicotine." No long explanation is required.**

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Smoking and Vaping Are Not Harmless: understand the essentials

Nicotine changes the decision

Nicotine is highly addictive. Young people can become dependent, which turns an occasional social choice into cravings, withdrawal and repeated use. Dependence can affect attention, mood and the ability to feel in control of the habit.

Product design and flavours can reduce the perception of risk. A pleasant taste does not make an aerosol safe. The long-term effects of newer products continue to be studied, but existing evidence is sufficient to advise children, adolescents and non-smokers not to start.

Decode influence

Ask what an image is trying to associate with the product: independence, attractiveness, sport, rebellion or belonging. Then identify what is left outside the frame—dependence, cost, smell, breathlessness, conflict with family or difficulty stopping.

Peers do not all think the same. A calm refusal can make it easier for others who also do not want to use nicotine. Move toward smoke-free friends and spaces when pressure continues.

Respond to stress without nicotine

A short walk, music, breathing, sport, creative activity or talking with someone can interrupt a stressful moment. These strategies require practice. If stress is overwhelming or persistent, the solution is support and care—not nicotine.

Turn the idea into a choice

Pressure statement	Possible response	Exit strategy
"Everyone does it."	"I don't—and I'm fine with that."	Join another group or activity
"Just try once."	"No thanks. I've decided not to."	Change the subject and move away
"Vaping is safe."	"It can contain addictive nicotine and harmful substances."	Refer to a trusted health source

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Smoking and Vaping Are Not Harmless: your action page

A seven-day experiment

1. Identify situations where nicotine is offered or shown positively.
2. Prepare two brief refusal statements in your own words.
3. Choose a friend or adult who will support the decision.
4. Unfollow accounts that repeatedly promote nicotine products.
5. Plan one stress-management action that can be used anywhere.
6. If already using, ask for confidential, age-appropriate cessation help.

Common barriers and workable responses

Barrier	Response
I will look different.	Confidence is clearer when the answer is short and consistent.
My friends vape.	You can keep the friendship while choosing a nicotine-free boundary.
I already started.	Early support matters; dependence is treatable and stopping is worthwhile.

When professional advice matters

Children and adolescents who use nicotine should speak with a healthcare professional and a trusted adult. Cessation methods and medicines must be age-appropriate. Severe breathing difficulty, chest pain, collapse or acute poisoning requires emergency help.

> **Reflection. What value—sport, freedom, money, appearance or control—makes staying nicotine-free important to you?**

Sources for this article: [3, 10–12, 18, 20]

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Article 9. Protect Children from Tobacco Smoke

For: Children, parents, carers and educators



Figure 9. Learning objectives developed for the PREACT course adaptation.

Children need clear, age-appropriate messages: tobacco smoke harms the body; clean air is a right; and a child is never responsible for an adult's smoking. Second-hand smoke can increase the risk of respiratory infections, asthma attacks and other health problems. Smoke can also remain on clothes and surfaces.

The PREACT children's material explains that smoking is not a game or a fashion. Education should avoid frightening or blaming children. It should give them safe actions: move away from smoke when possible, tell a trusted adult and ask for smoke-free homes, cars and play spaces.

What you will learn

- Explain in simple language why smoking and second-hand smoke are harmful.
- Identify clean-air and smoke-free spaces.
- Know which trusted adult to contact when smoke causes concern.

Start now. Agree on one family rule: nobody smokes or vapes inside the home or car.

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Protect Children from Tobacco Smoke: understand the essentials

Use simple, truthful language

For younger children: “Smoke contains chemicals that can make breathing harder. We keep indoor air clean.” For older children, add that nicotine causes dependence and that tobacco harms the heart, lungs and many other organs. Invite questions and say when you do not know an answer.

Do not ask a child to supervise an adult’s quitting. Adults are responsible for creating smoke-free environments and finding professional support.

Make spaces fully smoke-free

Opening a window, smoking in another room or using ventilation does not reliably protect others. The effective rule is no smoking or vaping indoors or in the car. Visitors should know the rule before they arrive.

Schools, clubs and playgrounds can display clear policies and model smoke-free behaviour. Adults should avoid leaving tobacco, nicotine liquids, devices, matches or lighters accessible to children. Nicotine liquids can be poisonous if swallowed.

Respond without stigma

A child may love someone who smokes. Separate the person from the product: “We care about the person, and we want the smoke away from our bodies.” This preserves trust while keeping the health boundary clear.

Turn the idea into a choice

Setting	Smoke-free action	Child-friendly message
Home	Smoking stays completely outdoors	“Inside air is for breathing.”
Car	No smoking or vaping at any time	“A window does not remove all smoke.”
Public place	Move to clean air and tell an adult	“You can ask for help.”

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Protect Children from Tobacco Smoke: your action page

A seven-day experiment

1. Write one clear smoke-free home and car rule.
2. Tell family members and visitors before the next gathering.
3. Choose the outdoor location and safe disposal method for adults who smoke.
4. Store nicotine products locked away and out of sight.
5. Teach children the name of two trusted adults.
6. Help adults who want to stop find a cessation service.

Common barriers and workable responses

Barrier	Response
An adult feels judged.	Focus on protecting air and offer cessation support without blame.
It is cold outside.	The indoor rule remains; prepare an outdoor arrangement.
A child is frightened.	Use calm facts, reassurance and a clear action the child can take.

When professional advice matters

Contact poison or emergency services immediately if a child swallows nicotine liquid or has serious symptoms. Children with asthma or repeated respiratory symptoms need clinical assessment. A healthcare professional can support adults who want to stop smoking.

> **Reflection. Is every place where a child spends time genuinely smoke- and vape-free?**

Sources for this article: [3, 10, 12, 18, 24]

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Article 10. Healthy Living in Adult Life

For: Adults balancing work, care and daily responsibilities



Figure 10. Learning objectives developed for the PREACT course adaptation.

Adult life can make prevention feel like another obligation. Work, care duties, finances, pain and limited time all shape health behaviour. A useful plan does not demand a complete lifestyle redesign. It identifies a small number of actions with a meaningful effect and fits them into routines that already exist.

The PREACT adult material brings together type 2 diabetes prevention, healthy eating, movement and awareness. The central idea is practical: know your risk, act on modifiable factors, monitor what matters and seek support before a problem becomes a crisis.

What you will learn

- Review daily habits and health checks related to cardiovascular and diabetes risk.
- Use prevention, screening and self-monitoring appropriately.
- Choose one realistic change that fits adult responsibilities.

> **Start now. Circle one area—movement, food, tobacco, sleep, alcohol, stress or screening—that deserves attention first.**

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Healthy Living in Adult Life: understand the essentials

Choose by impact and feasibility

A priority should matter to health and be possible in current circumstances. For a person who smokes, cessation support may be the highest-impact step. For someone who sits for most of the day, regular movement breaks and planned activity may be more feasible. For another person, attending an overdue blood-pressure or glucose check comes first.

Trying to change everything at once spreads attention thinly. Work on one primary behaviour and one supporting behaviour—for example, a lunch-time walk supported by preparing shoes the night before.

Use self-monitoring as feedback

Track only information that informs a decision: completed walks, smoke-free days, bedtime consistency, vegetable servings or correctly measured blood pressure if advised. A record should reduce uncertainty, not increase anxiety.

Set a review date. If progress is limited, change the environment or goal rather than concluding that change is impossible. A smaller plan performed consistently can be more valuable than an ideal plan rarely attempted.

Protect recovery and relationships

Sleep and social connection affect energy and coping. Shared meals, active time with family or a walking conversation can support health without creating another isolated task. Ask others for a specific form of help rather than general encouragement.

Turn the idea into a choice

Priority	Small action	Measure for two weeks
Move more	Walk 15 minutes after lunch	Number of completed walks
Eat well	Prepare vegetables for two evening meals	Meals where they were included
Sleep	Keep wake time within a 30-minute range	Days within the range

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Healthy Living in Adult Life: your action page

A seven-day experiment

1. Review recent checks, medicines and family history.
2. Select one primary health priority.
3. Define an action with a time, place and minimum version.
4. Remove one environmental obstacle and request one form of support.
5. Track the action for two weeks.
6. Review with a professional when the issue involves symptoms, diagnosis or treatment.

Common barriers and workable responses

Barrier	Response
Work is unpredictable.	Use a minimum version that can be done in five minutes.
I care for others.	Choose shared activities or ask for protected time for essential care.
I restart every Monday.	Restart at the next opportunity; the calendar is not a health intervention.

When professional advice matters

Do not change prescribed medicines based on home readings or lifestyle progress without clinical advice. Discuss new symptoms, pregnancy, persistent sleep or mood problems, and overdue preventive checks with an appropriate professional.

> **Reflection. What is the smallest version of your chosen action that still counts on a difficult day?**

Sources for this article: [1–6, 8–10, 13–16]

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Article 11. Health in Later Life

For: Older adults, families and carers



Figure 11. Learning objectives developed for the PREACT course adaptation.

Healthy ageing is not the absence of every condition. It is the ability to do what matters with the best possible function, independence, safety and quality of life. Cardiovascular disease and diabetes become more common with age, but prevention, appropriate treatment and rehabilitation remain worthwhile.

The PREACT later-life material emphasizes diet, physical activity, stress management and routine care. Plans must be individualized because strength, balance, cognition, vision, hearing, medicines, social support and access to food or transport vary widely.

What you will learn

- Recognise age-related cardiovascular and diabetes risks without assuming decline is inevitable.
- Select safe movement and balanced nutrition strategies.
- Use routine health checks and professional support appropriately.

> **Start now. Choose one activity that supports independence, such as walking, standing from a chair or carrying light items safely.**

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Health in Later Life: understand the essentials

Train for everyday function

Aerobic activity supports endurance; strengthening supports tasks such as rising, climbing and carrying; balance practice can reduce fall risk. WHO guidance for older adults includes multicomponent activity emphasizing balance and strength on three or more days a week when mobility is limited or falls are a concern.

Activity should be adapted to ability and health status. A stable chair, suitable footwear, clear walking paths and supervision can improve safety. Sudden loss of function is not simply ‘normal ageing’ and deserves assessment.

Protect nutrition and hydration

Regular meals with protein foods, vegetables, fruit, whole grains and appropriate fats support health. Appetite, chewing, swallowing, finances, shopping access and medicines may affect intake. Unintentional weight loss, dehydration or difficulty swallowing requires prompt professional attention.

Diabetes meal plans and glucose targets may differ in later life, especially with frailty or multiple medicines. Avoid restrictive diets that reduce nourishment without individualized advice.

Review medicines and senses

Bring an updated medicine list to appointments, including non-prescription products and supplements. Ask about dizziness, low blood glucose, interactions and medicines that increase fall risk. Vision, hearing, foot and dental care can strongly affect activity and independence.

Turn the idea into a choice

Goal	Example action	Safety support
Strength	Controlled chair rises	Stable chair and professional adaptation
Balance	Supported weight shifts	Countertop or supervision
Connection	Walk or meal with another person	Regular schedule and transport plan

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Health in Later Life: your action page

A seven-day experiment

1. Identify the daily task you most want to maintain or improve.
2. Ask whether strength, balance, endurance or an environmental change would help.
3. Schedule short activity on several days rather than one exhausting session.
4. Review hydration, regular meals and unplanned weight change.
5. Update the medicine list and questions before the next appointment.
6. Arrange social contact around an enjoyable activity.

Common barriers and workable responses

Barrier	Response
I am afraid of falling.	Seek balance assessment and start with support, not avoidance of all movement.
I tire quickly.	Use shorter sessions with recovery and discuss new or worsening fatigue.
Transport is difficult.	Ask about community, home-based or remote support options.

When professional advice matters

Seek assessment for falls, fainting, sudden confusion, new weakness, chest symptoms, severe breathlessness, foot wounds, swallowing difficulty or unexplained weight loss. Goals and treatment should reflect the older person's preferences and overall function.

> **Reflection. Which ability matters most to your independence, and what support would help protect it?**

Sources for this article: [2–3, 6–9, 21–23]

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Article 12. Healthy Ageing with PREACT

For: Older adults, communities and supporters



Figure 12. Learning objectives developed for the PREACT course adaptation.

Healthy ageing depends on personal habits and on the places where people live. Safe pavements, accessible services, affordable food, social contact and respectful healthcare can make prevention possible. The individual should not carry responsibility for barriers that require family, community or policy action.

PREACT frames healthy ageing around practical choices and early support. Movement, nourishing food, hydration, sleep, meaningful roles, social connection and appropriate healthcare contribute to functional ability. The aim is not to become a younger person; it is to support the life the person values now.

What you will learn

- Describe habits and supports that sustain independence and well-being.
- Connect movement, hydration, nutrition and social participation.
- Recognise when a change needs professional or community support.

> **Start now. Choose one valued weekly activity and identify what would make participation easier or safer.**

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Healthy Ageing with PREACT: understand the essentials

Connect health actions to purpose

A person may strengthen legs to keep gardening, practise balance to visit friends confidently, or manage glucose to preserve energy for family life. Purpose makes the plan personal and gives a clearer reason to continue than a generic instruction to ‘be healthy’.

Ask: What matters? What is difficult now? What ability or support could reduce that difficulty? This person-centred sequence is useful for professionals, families and older adults themselves.

Social connection is a health resource

Social isolation and loneliness affect well-being and are linked with poorer health. Regular contact can be built around meals, walking, volunteering, cultural activities, telephone calls or intergenerational projects. Quality and choice matter more than forcing participation.

Notice transitions that can reduce connection: bereavement, retirement, moving home, loss of driving, illness or caring responsibilities. Early practical support may prevent isolation from becoming entrenched.

Plan for changing needs

Keep emergency contacts, medicine lists and important health information current. Review the home for lighting, loose rugs, bathroom safety and access to water. Use hearing, vision or mobility aids as advised. Asking for help early can preserve independence rather than reduce it.

Turn the idea into a choice

What matters	Possible health action	Community support
Seeing friends	Build walking endurance	Accessible transport or companion
Cooking	Strength and balance practice	Adapted kitchen setup or shared shopping
Feeling useful	Protect sleep and routine	Volunteering or family role

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Healthy Ageing with PREACT: your action page

A seven-day experiment

1. Name one valued activity or role.
2. Identify the physical, emotional or practical barrier.
3. Choose one health action and one environmental support.
4. Invite the older person to lead the decision.
5. Review progress after two weeks and adapt without blame.
6. Connect with clinical or community services when needs exceed informal support.

Common barriers and workable responses

Barrier	Response
I do not want to depend on others.	Specific support can protect the activities you still do independently.
I feel lonely but hesitate to join.	Start with one person or a familiar interest, including telephone contact.
My abilities vary.	Create good-day and difficult-day versions of the same valued action.

When professional advice matters

New changes in mobility, memory, mood, appetite, continence, sleep or ability to manage medicines deserve assessment. Care should be person-centred and coordinated, with the older adult involved in decisions to the greatest possible extent.

> **Reflection. What would a good, independent and connected week look like for you?**

Sources for this article: [1–3, 6–9, 21–23]

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Practical tool 1. Weekly movement planner

Plan a minimum version first. Add more only if time, health and recovery allow. A blank day is information, not failure.

Day	Planned activity, time and place	Minimum version	Completed / notes
Monday			
Tuesday			
Wednesday			
Thursday			
Friday			
Saturday			
Sunday			

End-of-week review

- Which session was easiest to start, and why?
- What symptom, pain or recovery issue needs attention?
- Which obstacle can be changed in the environment?
- What one progression—or reduction—will make next week appropriate?

> **Safety. Adapt activity to current ability. Stop and seek urgent help for chest pressure, severe breathlessness, fainting or sudden neurological symptoms.**

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Practical tool 2. Balanced plate and shopping planner

Use this visual structure flexibly. Individual requirements may differ, especially with diabetes, kidney disease, allergies, gastrointestinal conditions, pregnancy or eating concerns.

Plate area	Examples to consider	My choice
About half: non-starchy vegetables	Tomato, greens, broccoli, peppers, aubergine, salad	
About one quarter: protein food	Pulses, fish, eggs, yoghurt, poultry, tofu or another suitable choice	
About one quarter: high-fibre carbohydrate	Beans, lentils, whole grains, potato or another culturally appropriate staple	
Drink	Water as the usual option	

Three additions to the shopping list

Vegetable or fruit: _____

Pulse or whole grain: _____

Unsweetened drink or snack: _____

Smarter added-sugar question

Which repeated source—drink, snack, breakfast food, sauce or dessert—would be easiest to reduce in frequency, portion or sweetness? Choose an acceptable alternative before hunger or habit makes the decision.

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Practical tool 3. Caffeine and sleep tracker

Track for seven days without trying to produce perfect results. The purpose is to discover whether timing, dose and sleep form a pattern.

Day	Caffeine: product, amount, time	Bed / wake time	Rested 0–10	Notes
1				
2				
3				
4				
5				
6				
7				

Review

- What was the latest caffeine time on your best-sleep day?
- Did caffeine appear in products you had not counted before?
- Was fatigue related to too little sleep, irregular timing, stress, illness or workload?
- What one change will you test for another week?

Persistent insomnia, severe daytime sleepiness, loud snoring with breathing pauses, palpitations or fainting requires professional assessment.

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Practical tool 4. Smoke-free planning sheet

My reasons

_____

_____

_____

My trigger plan

Trigger	What I will do	Who or what will support me

Professional support

Service / clinician / pharmacist: _____

Contact details: _____

Quit or review date: _____

> **If a lapse happens: stop, identify the trigger, contact support and return to the plan immediately. A lapse is not a reason to abandon the attempt.**

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Practical tool 5. Prepare for a health appointment

Bring accurate information and leave with a clear next step. Do not change treatment before the appointment unless an appropriate professional has advised you to do so.

Bring or record

- Current medicines, supplements and allergies
- Recent results and any home readings, including how they were measured
- Symptoms: what happens, when it began, frequency and what makes it better or worse
- Relevant family history and previous diagnoses
- Your main goal, concern and practical barriers

Questions to ask

- What does this result or risk estimate mean for me?
- Which one or two actions would have the greatest benefit?
- What symptoms or readings require urgent contact?
- How will we know whether the plan is working?
- When should the test, measurement or appointment be repeated?
- Could my medicines, sleep, diet, activity or tobacco/caffeine use affect this issue?

My agreed next step

_____

_____

_____

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Practical tool 6. Four-week change plan

Choose one behaviour. A useful goal states what you will do, when and where, and includes a minimum version for difficult days.

The change that matters to me: _____

My reason: _____

My usual cue or opportunity: _____

My action—time and place: _____

My minimum version: _____

The person or service that can help: _____

The obstacle I can remove: _____

Review	What happened?	What will I keep or change?
End of week 1		
End of week 2		
End of week 3		
End of week 4		

> **Success is useful learning plus a safer, more sustainable next step—not an unbroken record of perfect days.**

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The handbook synthesises PREACT learning materials and authoritative public-health guidance. Web resources were accessed on 6 September 2026. Recommendations should be checked for later updates and adapted to national guidance and services.

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Acknowledgement

This handbook was prepared as a PREACT course-adaptation output. It incorporates the learning-objectives cover images developed for the pilot materials and the additional PREACT animation themes addressing added sugar, sleep, eating, lifestyle and nights out.

The handbook is designed for education and prevention. It does not replace professional diagnosis, treatment, emergency care or locally applicable clinical guidance.

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