



Can Unconventional Daily Activities Help Assessing People's Level of Sedentary Lifestyle?



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Opinion

Modern societies are undergoing major changes, including higher levels of physical inactivity. Epidemiological studies and scientific studies report that exercising is related to reduced morbimortality from a number of chronic diseases, and that it is possible to reduce mortality from these diseases by 40 to 65% with changes in lifestyle and the consequent incorporation of physical activity. The WHO estimates that about 70% of the world population can be sedentary, so control measures from the WHO should reach people of all ages, with good cost-effectiveness. The current recommendation of the American College of Cardiology of 30 minutes of moderate aerobic activity or 20 minutes of vigorous activity 5 times a week, plus muscle strength training twice a week, does not consider many individuals as physically active. Evaluating the influence of exercise on health promotion entails objective and/or subjective methods to quantify the practice of physical activity in the population in order to observe the result of interventions in this area. The instruments used to evaluate physical activity do not often include all variables involved in this action: duration, frequency and intensity of physical activity, and there is no established gold standard. Many instruments vary in terms of the aspects they evaluate. They may be more or less often recommended, depending on the characteristics of the group to be studied, such as: age, gender and cultural aspects. In the literature, there are several questionnaires that assess physical activity. This subjective method is dependent on the patient's understanding and cooperation, but it applies very well to the evaluation of a large sample in epidemiological investigation. Objective methods are represented by motion sensors and transform the evaluation into an absolute number, such as in step log, aiming to achieve at least 10,000 steps per day, despite their limitations, such as not recording the intensity of activity, not differentiating running from walks and inability to record other types of movements [1].

The methods should be used in a complementary manner, preferably a subjective method and an objective method, simultaneously, in order to represent, as best as possible, the activities performed by the patient and consequently the calorie expenditure that should be greater than 2,200 calories per week

for one to leave the classification of sedentary [2]. In my opinion, doctors should interview all patients who claim to be sedentary or who do not perform any physical activity on a regular basis by applying a questionnaire assessing daily activities and proposing the quantification of the number of steps in their daily lives, concomitantly, when we see these patients in our office or in specific checkup services.

The questionnaires include the information provided by the individual's activities in a certain period, informing the type, frequency and intensity of exercise. For a subjective assessment, I suggest the International Physical Activity Questionnaire (IPAQ) developed by the WHO with the Centers for Disease Control and Prevention (CDC) of the United States and the Karolinska Institute in Sweden, which evaluates the time spent doing activities, classified as light, moderate and vigorous intensity, with a minimum duration of 10 minutes, and separated into four categories: work, transport, domestic activities and leisure. The questionnaire has three versions: a long one with 27 questions, a short one with 7 questions and the adapted version with 15 questions that is used in special groups such as seniors, children and obese people [3].

The Pedometer is an objective motion sensor instrument. It counts the number of daily steps of an individual, and some brands inform the distance covered and the energy expenditure generated by the number of steps. The main disadvantages of this method include the inability to assess the intensity of the activity performed, such as distinguishing between walking and running, and not recording other activities that can result in energy expenditure, such as walking and carrying weight at the same time. In my view, adopting the two methods would provide an insight very faithful to the individual's reality and, with these data, we would learn more about their routine and could devise strategies for increasing or incorporating more physical activities in their daily lives [4].

References

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