Commentary

Physical activity: practice this idea

Guilherme Veiga Guimarães¹, Emmanuel Gomes Ciolac²

¹Heart Institute, School of Medicine, University of São Paulo, Sao Paulo, Brazil; ²Exercise and Chronic Disease Research Laboratory, Department of Physical Education, School of Sciences, São Paulo State University - UNESP, Bauru, Brazil

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Abstract: Sedentary habits or insufficient activities to promote health benefits can influence the occurrence of chronic diseases. The cardiovascular risk factors arise, at least partially, from the individual-environment interaction during life, and worsen with aging and lack of physical exercise. Health promotion and prevention are among the greatest challenges of public health policies. However, physical activity turns out to be rarely recommended and, thus have a very poor adhesion. In spite of consensus about the benefits of physical activity in both primary and secondary prevention, only 32% of adults and 66% of children and adolescents, according to Healthy People 2010 guideline, practice leisure-time physical activity. Thus, the regular practice of physical activity and healthy habits require changes in basic concepts in government and social policies. The higher involvement of public and private sectors related to health and education, the more expressive would be the reduction in socioeconomic costs and the improvement in quality of life.

Keywords: Exercise, physical activity, barrier

Sedentary lifestyle is a term applied to characterize the decrease of energy expenditure by either the absence or reduction of physical activity, which can reduce functional capacity and is associated with substantial health consequences. Sedentary habits or insufficient activities to promote health benefits can influence the occurrence of chronic diseases. The cardiovascular risk factors arise, at least partially, from the individual-environment interaction during life, and worsen with aging and lack of physical exercise.

If the projection of the World Health Organization is correct, the number of elderly will be about 15 times higher in 2025, without correlation with population increase during the same period (Active ageing: a policy framework WHO/NMH/NPH/02.8). Considering the comorbidities associated with sedentarism, direct and indirect socioeconomic costs will rise significantly for public and private health systems.

Health promotion and prevention are among the greatest challenges of public health policies. However, health does not seem to be one of the most important goals in life [1-3]. The health care system faces a challenge in the paradigm of healthy habits’ incentives. The greatest impact on reducing health care costs could probably be achieved with the balance between care and prevention [1-3].

Regular physical activity is inversely associated with all-cause mortality in adults [3, 4]. Moreover, the regular exercise practice reduces cardiovascular disease’s risk, type 2 diabetes mellitus, osteoporosis, depression, obesity, breast cancer, colon cancer, falls in the elderly, among others [4].

Given the several evidences of health benefits of physical activity, professional organizations for the dissemination of technical-scientific health is, in fact, recommended, although not followed. Physical activity turns out to be rarely recommended and, thus have a very poor adhesion. In spite of consensus about the benefits of physical activity in both primary and secondary prevention, only 32% of adults and 66% of children and adolescents, according to Healthy People 2010 guideline, practice leisure-time physical activity [7]. Even among recipients of medical care, the referral to physical rehabilita-
tion and their adherence in physical activity are relatively low [6, 9, 10]. Therefore, if today's children and teenagers are the adults of tomorrow, we can speculate that the sedentary population will increase expressively and, as a result, the costs with health.

However, inactive people generally believe in their physical condition, regardless of their health status, which makes it more challenging for professional organizations to educate them. Moreover, many health professionals are also “convicted sedentary”, making it even more difficult to introduce the idea of habit changing to someone. In the other hand, nobody is born inactive; one becomes inactive over time. Thus, education is the key to reverse this fact. Teaching healthy habits at school age is essential to their incorporation into the everyday living and improving motor skills (as it shows, indeed, that 80% of school-age students have inappropriate abilities) [1, 3].

On the other hand, there are few available results on physical activity's cost-effectiveness and with limited evidence. The social cost seems to be higher in groups with pre-existing conditions than in those “healthy but sedentary” ones [6]. Therefore, future studies on cost-effectiveness of the physical activity should include a group of healthy active people with a history of regular physical activity, because physical activity itself can delay chronic degenerative diseases’ development and even prevent its occurrence, in some cases [4, 5].

The report of 2006 from Health and Safety Executive (HSE) showed an increase in physical activity in both, men and women. Nonetheless, these promotions are usually targeted to those who have previously practiced physical activity. There is a clear need to promote exercise among the least active ones. The promotion of media campaigns and work’s or dwelling’s events need to be organized by public and private agencies in order to sensitize population to adopt healthier lifestyle habits [1, 3] and, also, motivate practitioners of healthy habits to keep them up.

There is consensus that regular physical activity is part of a healthy lifestyle and its practice is associated with health benefits, as well as their irregularity or absence is associated with an increase in chronic diseases. Long-term actions and reaching a higher proportion of the population could have significant impact on health and economy. The example of some countries, like France, England and Belgium, which encourage workers to use their bicycles to commute, and provide financial benefits to both employees and businesses that adopt health improvement strategies. It is estimated that this incentive can generate savings in the order of $ 6.5 billion dollars/year with health (http://www1.folha.uol.com.br/ambiente/1039790-na-franca-empresas-cobrirao-gasto-de-bicicleta-para-funcionarios.shtml).

Thus, the regular practice of physical activity and healthy habits require changes in basic concepts in government and social policies. The higher involvement of public and private sectors related to health and education, the more expressive will be the reduction in socio-economic costs and the improvement in quality of life.

Disclosure of conflict of interest
None.

Address correspondence to: Dr. Guilherme Veiga Guimarães, Rua Dr Baeta Neves, 98, São Paulo/SP, Brazil, CEP 05444-050. E-mail: gvguima@usp.br; Dr. Emmanuel Gomes Ciolac, Departamento de Educação Física, Faculdade de Ciências, Universidade Estadual Paulista - UNESP, Av. Eng. Luiz Edmundo Carrijo Coube 14-06, Bauru-SP, 17033-360, Brazil. E-mail: ciolac@fc.unesp.br

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