I93. PHYSICAL ACTIVITY AND SEDENTARY BEHAVIOUR: HEALTH IMPLICATIONS FOR THE RHEUMATOLOGY MULTI-DISCIPLINARY TEAM

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Physical activity has been recognized as an important health behaviour for centuries. Researchers and other health professionals have devoted a great deal of time to understanding its antecedents and consequences as well as issues of behaviour change. Typically, this has been in the context of moderate-to-vigorous intensity physical activity (MVPA) encouraged in national and international guidelines. This work must continue. However, in addition to moving more, for health benefits we also need to sit less. The two behaviours are not simply bi-polar opposites. I will introduce the concepts of both MVPA and sedentary behaviour by (i) defining them, (ii) outlining health consequences of MVPA as well as high levels of sitting and, (iii) discussing how we might promote more movement and less sitting, including the role of psychological and non-psychological behaviour change strategies. Sedentary behaviour is quite a new field and will be emphasized in the presentation. It is not simply the opposite of MVPA and has significant health risks, including cardiometabolic health and, possibly, poor mental health.

Behaviour change studies have been conducted with young people, mainly around screen time, and these show small positive effects. Little has been done with adults, but studies are now emerging. These interventions use educational, environmental and prompting strategies. Theories used for physical activity may not be wholly appropriate for changing sedentary behaviour and discussion will centre on notions of self-monitoring, prompting, habit, and environmentally determined social norms as viable ways of reducing this ubiquitous and highly prevalent cluster of behaviours. Sedentary behaviour is a serious health issue that requires further study by health researchers. It is gaining traction but many do not understand the subtle difference between too little exercise and too much sitting. They are different behaviours and therefore may require different approaches to behaviour change. Implications for those in rheumatology will be considered.

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