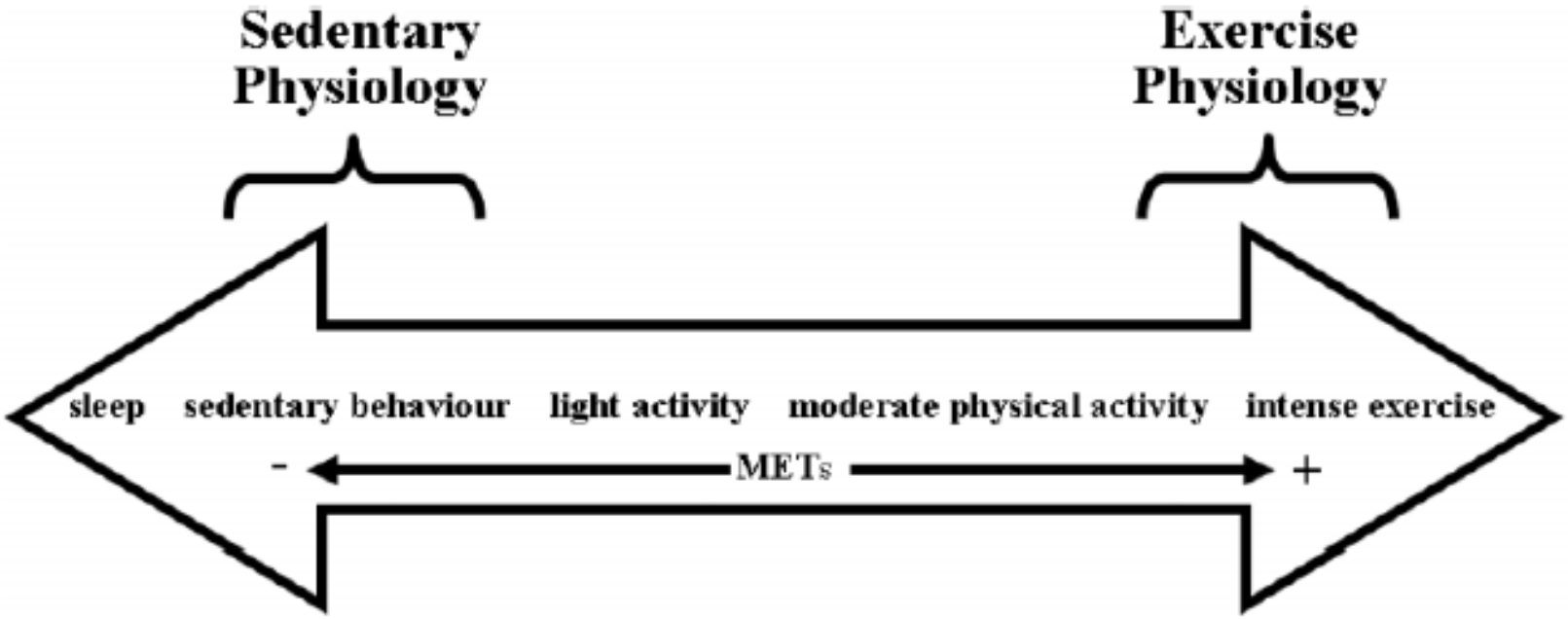
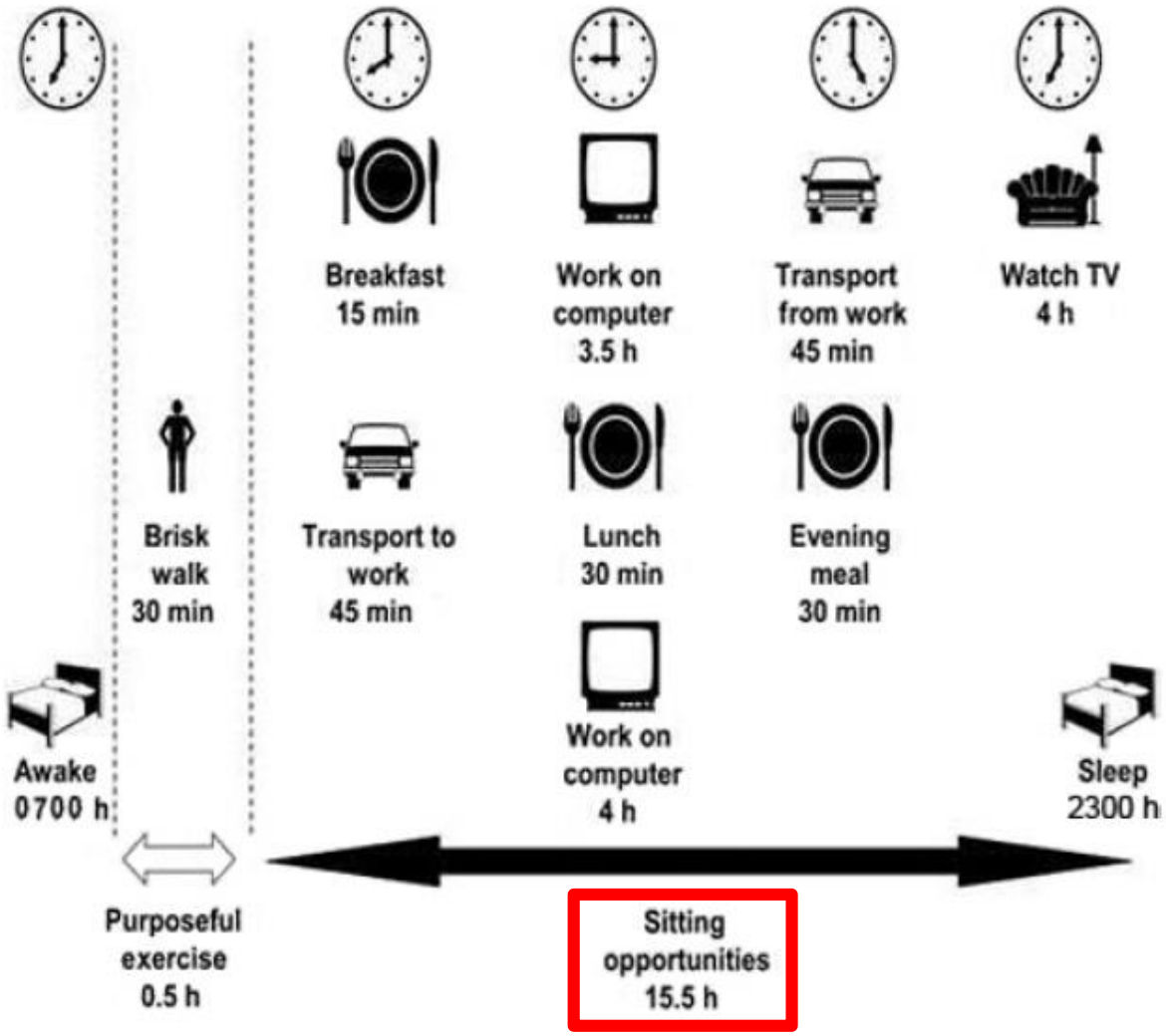
Pleasure/Displeasure

Piacere/Dispiacere



Tremblay M. et al. Appl. Physiol. Nutr. Metab 2010



Tremblay M. et al. Appl. Physiol. Nutr. Metab 2010

- Physical inactivity is an important independent risk factor for CVD.
- Correcting sedentary lifestyles is a convenient therapy physicians can prescribe to their patients.

Maslov PZ. Et al. EHJ 2017

- European Guidelines on CVD Prevention and the WHO recommend:
  - 150 min of moderate physical activity per week or 75 min of vigorous-intensity aerobic exercise, or equivalent combination of both in order to achieve longevity benefits.

Maslov PZ. Et al. EHJ 2017

- Despite the accessibility of information and awareness of the health benefits of exercise, 60% of the US population fails to engage in PA on a regular basis.

Maslov PZ. Et al. EHJ 2017

frontiers in Public Health

Perceptions of Important Characteristics of Physical Activity Facilities: Implications for Engagement in Walking, Moderate and Vigorous Physical Activity

Heinrich KM, et al. Frontiers in Public Health 2017

- Sebbene il 62% della popolazione adulta negli USA riporti di essere sufficientemente attiva, solo il 10% è risultato effettivamente attivo quando l'attività svolta sia stata oggettivamente misurata e non solo riportata soggettivamente.[1,2]
- L'insufficiente attività fisica rimane dunque un rilevante problema di salute pubblica.

Heinrich KM, et al. Frontiers in Public Health 2017

- … Although 62% of US adults report meeting recommendations, only 9.6% of adults do so when objective accelerometer data are used …

Heinrich KM, et al. Frontiers in Public Health 2017

- With the ease of accessibility of information in the modern world, **it is unlikely that** the epidemic of **sedentary lifestyle would result from unawareness of PA-related health benefits.**

Maslov PZ. Et al. EHJ 2017

- More likely, **current recommendations** for PA are set **too high** for most of the general population.
- **Simplification** of current PA recommendations is necessary to motivate the general population to engage in PA.
- Setting **lower standards** for PA intensity **may motivate** sedentary individuals to start exercising.

Maslov PZ. Et al. EHJ 2017

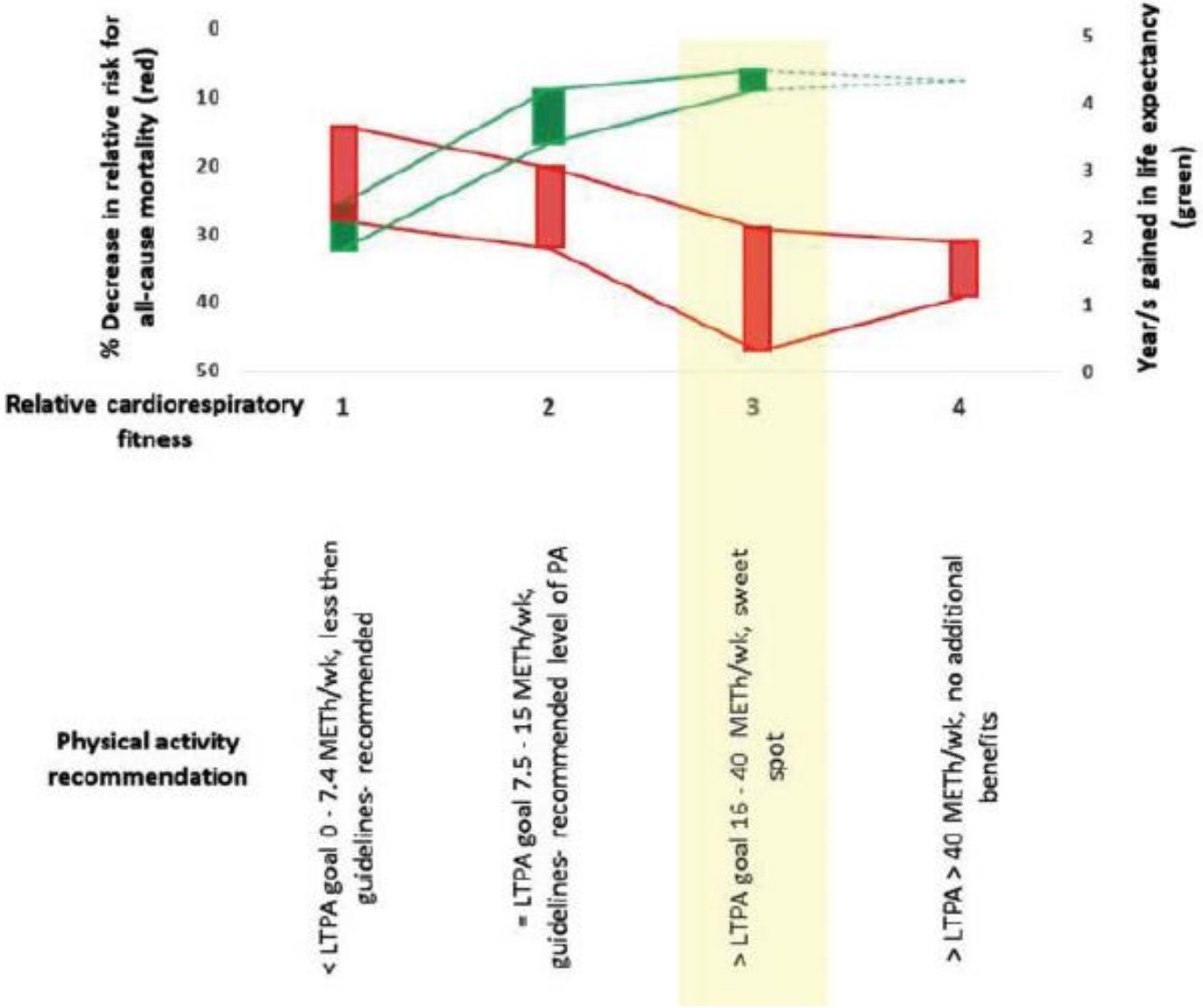
Individualized Exercise Prescription

Relative CRF Category 1, Sedentary:	Not engaged in any PA
Relative CRF Category 2, Somewhat active:	Walking to/from work and occasionally engaged in exercise or LTPA
Relative CRF Category 3, Active fit:	Engaged in guidelines-recommended level of PA
Relative CRF Category 4, Engaged in Sports:	Athletes and professional sport's players

Maslov PZ. Et al. EHJ 2017

Relative CRF category (self-reported)			1—Sedentary		2—Somewhat active		3—Active/fit		4—Engaged in Sports
Goals of total PA (MET-h/week)			0–7.4		7.5–15		16–40		Above 40
Absolute PA intensity	Light, less than 3 METs (walking)	Speed (mph)	2–2.9[10]		N/A		N/A		N/A
		Duration (min/week)	75–90		N/A		N/A		N/A
		Frequency (times per week)	3		N/A		N/A		N/A
	Moderate, 3–5.9 METs (brisk walking)	Speed (mph)	3–4[8]	↓ After 6–8 weeks ↓	3–4	↓ After 6–8 weeks ↓	3–4	↓ NO add. benefits ↓	N/A
		Duration (min/week)	75–90[11]		150–299		300–750		N/A
		Frequency (times per week)	3 or daily[10]		3–5		5–7		N/A
	Transition		↓ AFTER 6–8 weeks ↓		↓ After 6–8 weeks ↓		↓ After 6–8 weeks ↓		↓ No add. benefits ↓
	Vigorous, 6–12 METs (running)	Speed (mph)	5–6[8]		7.–7.5[12]		8[12]		8[7]
		Duration (min/week)	35–70[7]		75		150–375[9,12]		↑700
		Frequency (times per week)	1–2[8,13]		2–3[13,14]		4–6[9,13]		Daily
Potential health benefits			14–28% lower premature all-mortality risk[7,8,15], 15–27% lower risk of CAD[5,7,16–18], 1.8–2.5 year gain in life expectancy[7,11]		20–32% lower premature all-mortality risk[7,8,15,19], 21–32% lower risk of CAD[5,7,13,16–18], 3.4–4.2 year gain in life expectancy[7,11]		29–47% lower premature all-mortality risk[7,9,14,15], 27–44% lower risk of CAD[5,7,13,16–18], 4.2–4.5 year gain in life expectancy[12,18]		No additional health benefits after 40 MET-h/week[5,7,15,13]

Maslov PZ. Et al. EHJ 2017



Maslov PZ. Et al. EHJ 2017

Physical Activity and Public Health: Updated Recommendation for Adults from the American College of Sports Medicine and the American Heart Association

WILLIAM L. HASKELL[1], I-MIN LEE[2], RUSSELL R. PATE[3], KENNETH E. POWELL[4], STEVEN N. BLAIR[3], BARRY A. FRANKLIN[5], CAROLINE A. MACERA[6], GREGORY W. HEATH[7], PAUL D. THOMPSON[8], and ADRIAN BAUMAN[9]

In 1995 the Centers for Disease Control and Prevention (CDC) and the American College of Sports Medicine (ACSM) issued a public health recommendation that "Every US adult should accumulate 30 minutes or more of moderate-intensity physical activity on most, preferably all, days of the week" (49). The purpose of the recommendation was to provide a "clear, concise, public health message" that would "encourage increased participation in physical activity" by a largely sedentary US population.

Med. Sci. Sports Exerc., 39(8):1423–1434, 2007.

More than 10 years have passed since this recommendation was issued. New science has added to our understanding of the biological mechanisms by which physical activity provides health benefits and the physical activity profile (type, intensity, amount) that is associated with enhanced health and quality of life. The intent of the original recommendation, however, has not been fully realized. Physical inactivity remains a pressing public health issue. Technology and economic incentives tend to discourage activity, technology by reducing the energy needed for activities of daily living, and economics by paying more for sedentary than active work.

Med. Sci. Sports Exerc., 39(8):1423–1434, 2007.

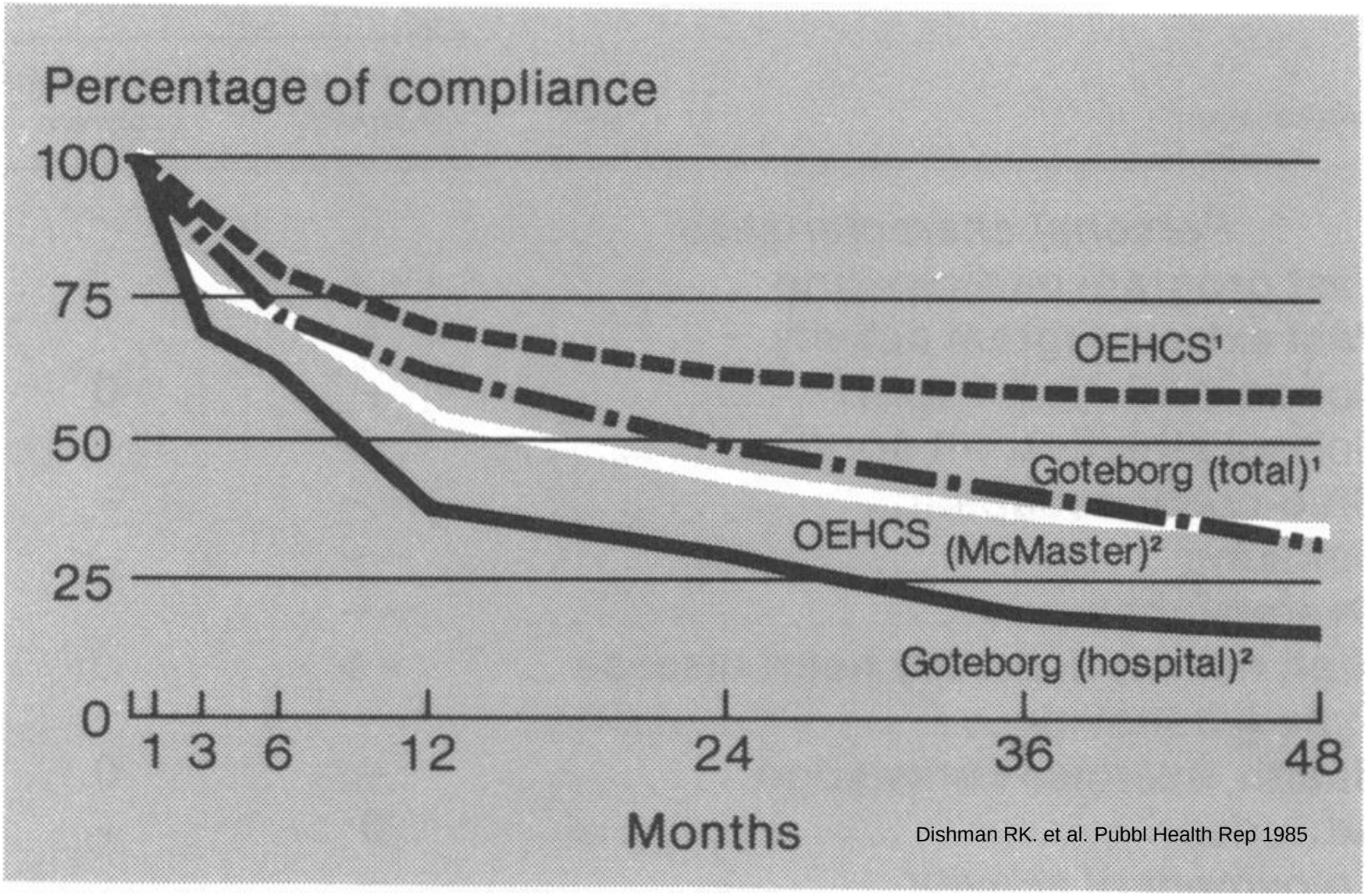
Salute

Migliorano le condizioni di salute fisica, peggiora lo stato psicologico, permangono le disuguaglianze

… la **Sedentarietà** non accenna a diminuire (**41,3%** delle persone >14 anni)…

- Moreover, of those individuals who initiate exercise programmes, there is an estimated **45% dropout** (range from 9% to 87%).
- Since these data come from research trials, most of which include intervention components designed to improve adherence and retention it is reasonable to speculate that, **in real-life** conditions, where no such support is usually present, **dropout is probably even higher**.

Marcus BE. Et al. Circulation 2006

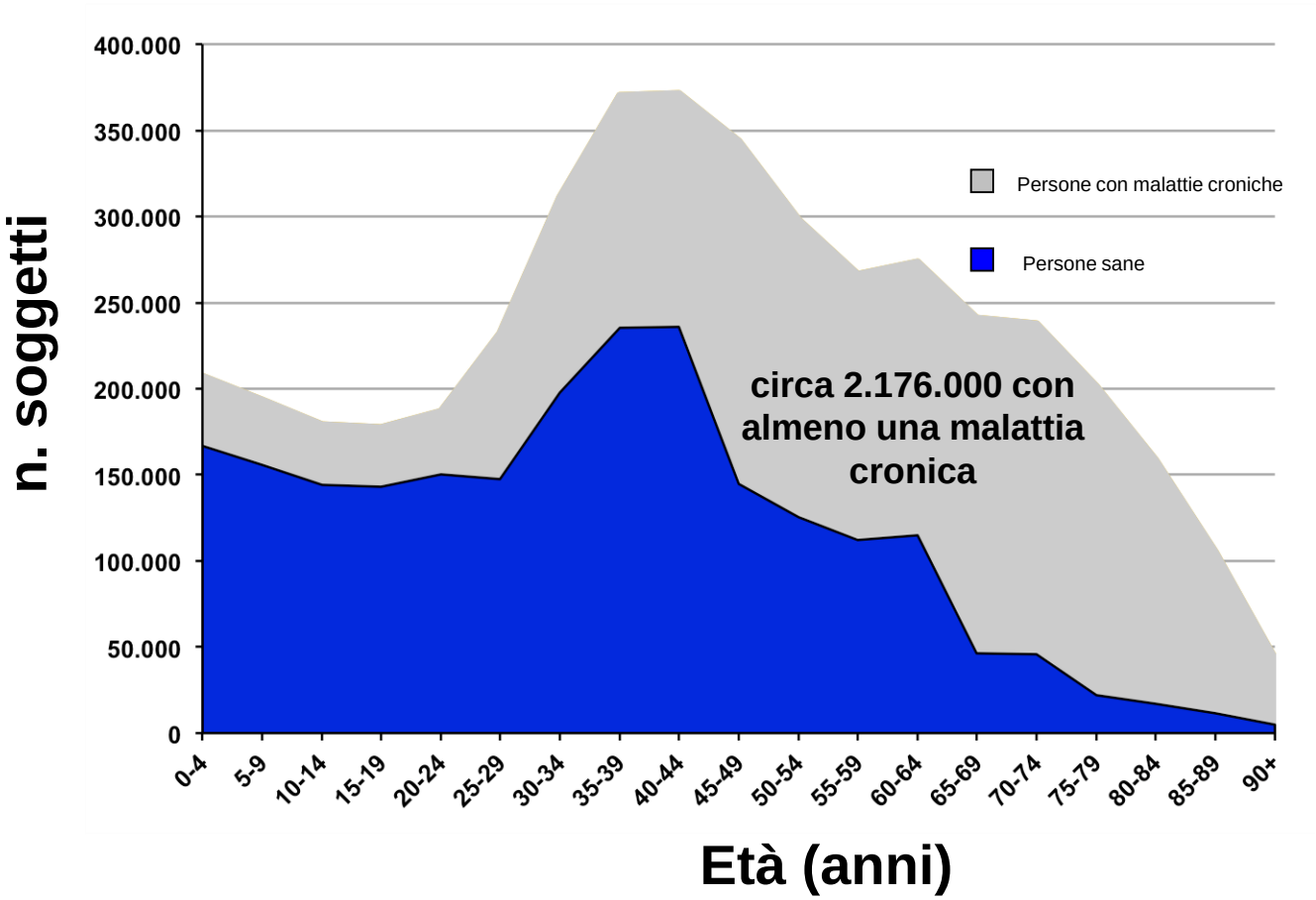


Compliance rates in two long-term clinical trials of exercise and rehabilitation following myocardial infarction

- Interventi basati solo sull'educazione e su aspetti cognitivi sono inefficaci…
- **NON BASTA DIRLO!**

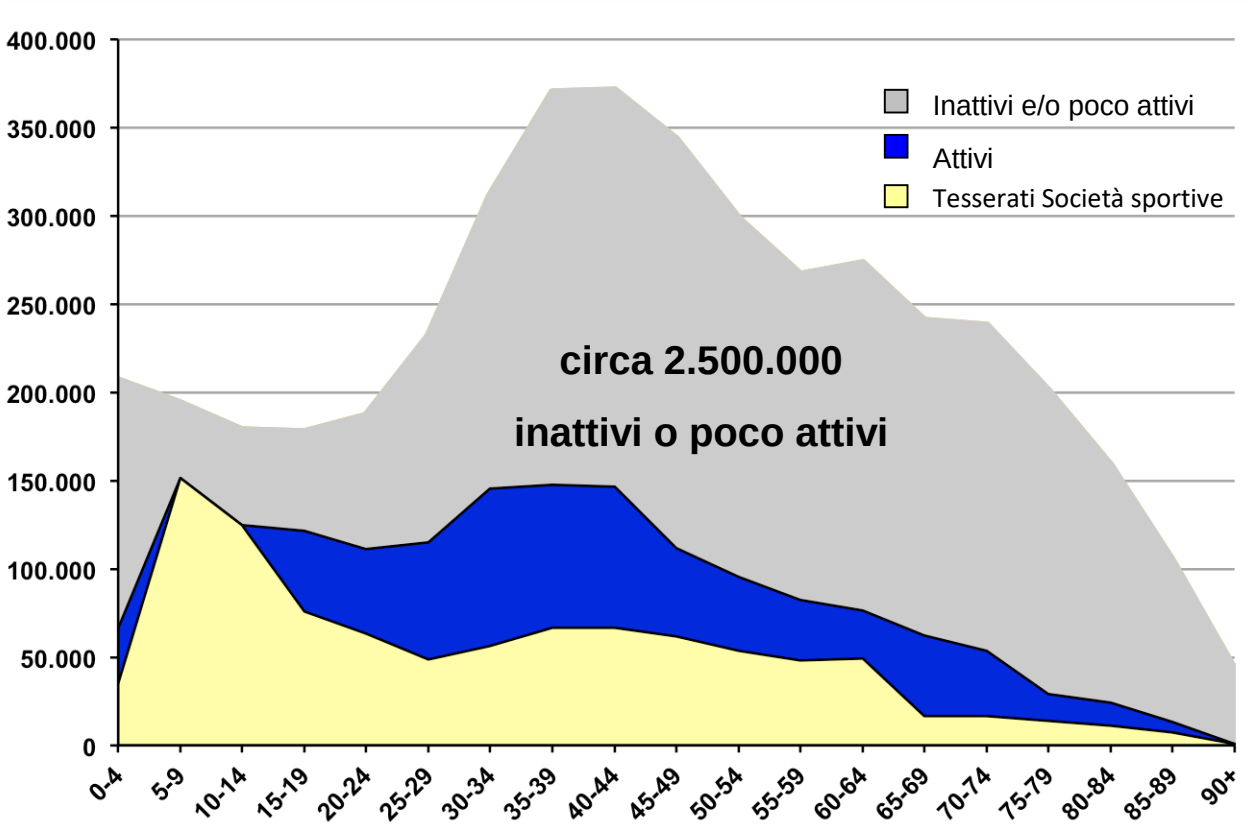
Dishman RK. et al. Pubbl Health Rep 1985

Malattie croniche prevalenti in Emilia-Romagna

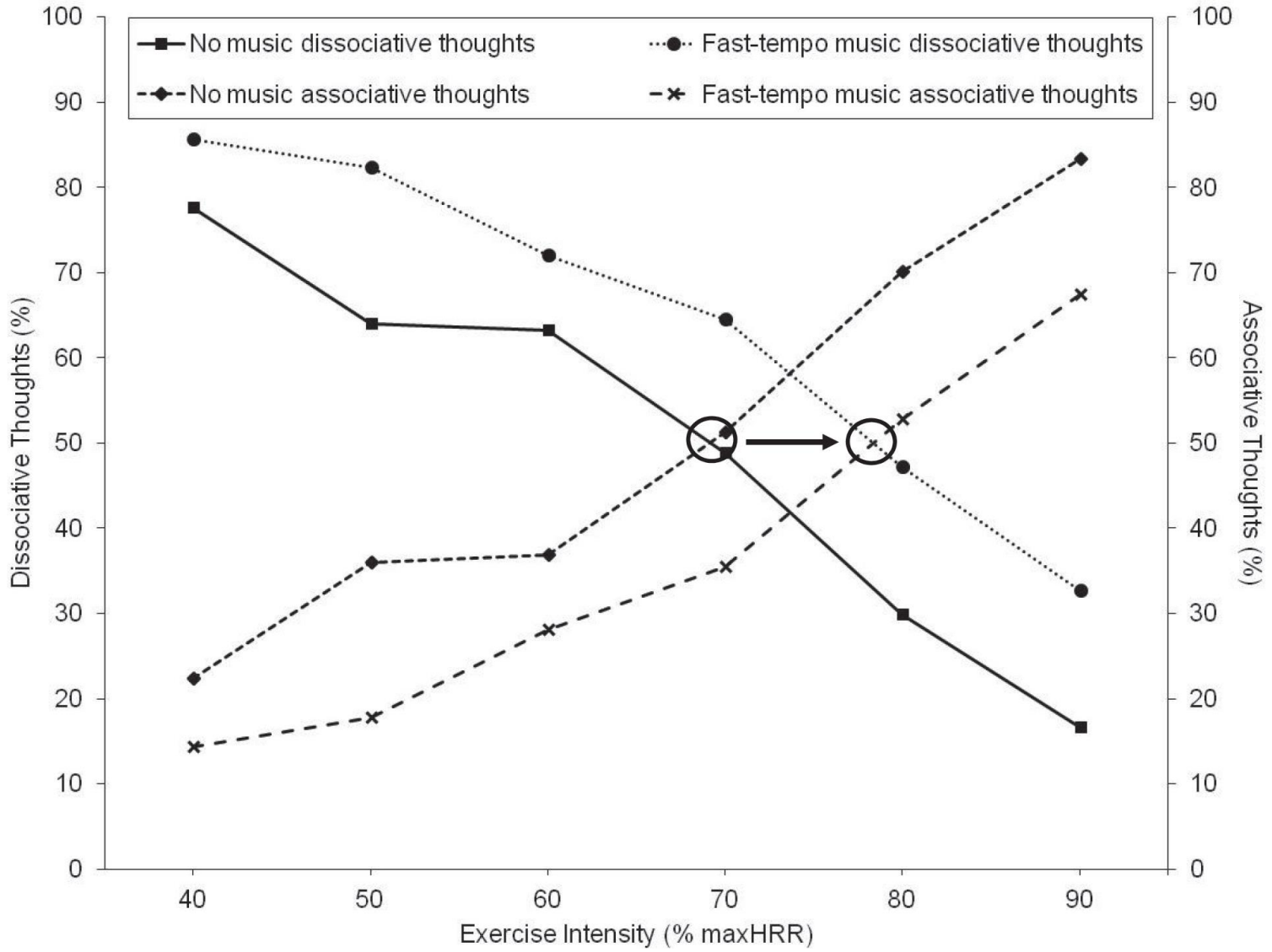


Servizio di Sanità Pubblica Assessorato Politiche per la Salute Regione Emilia-Romagna, ottobre 2011

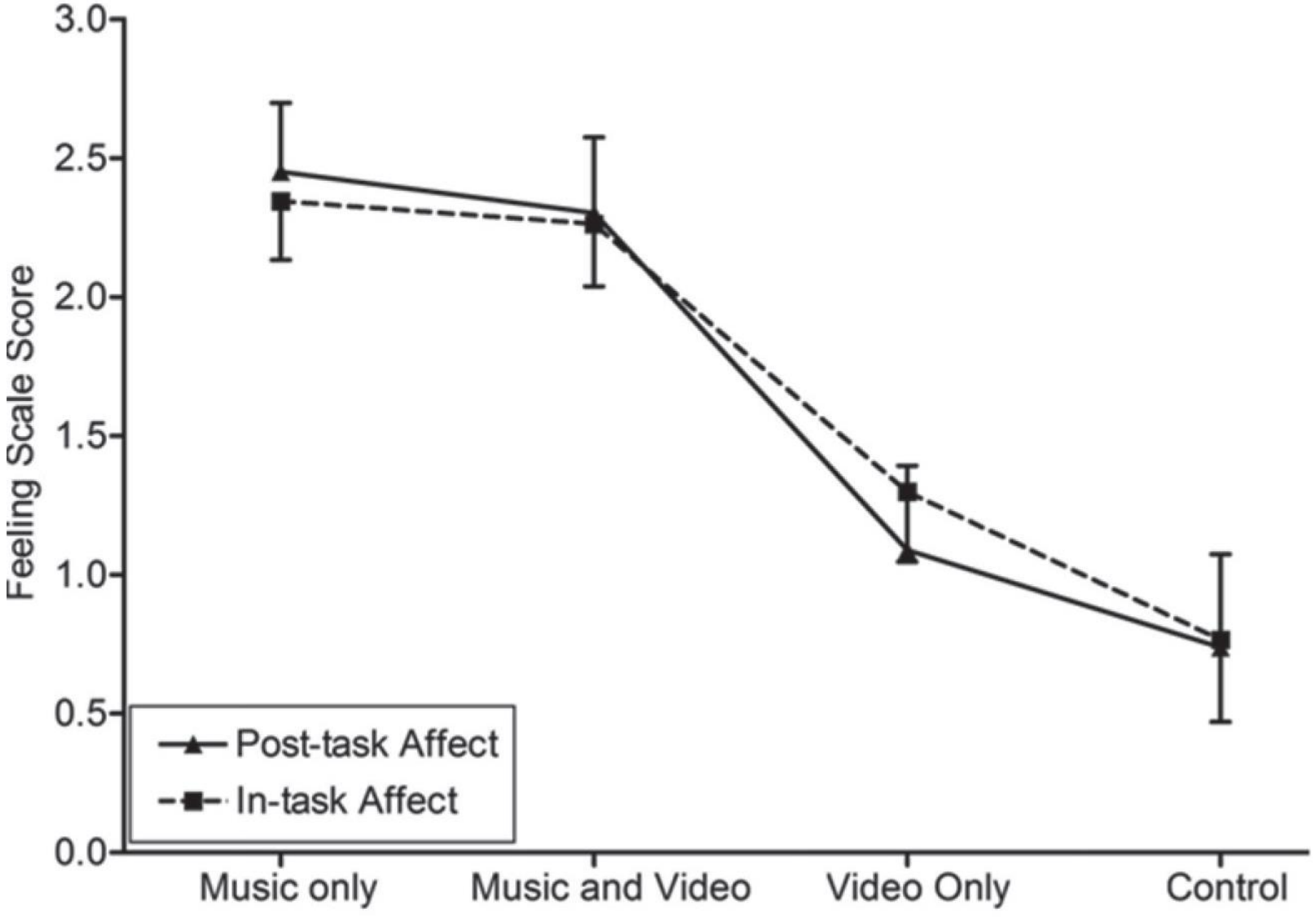
Attività fisica in Emilia-Romagna



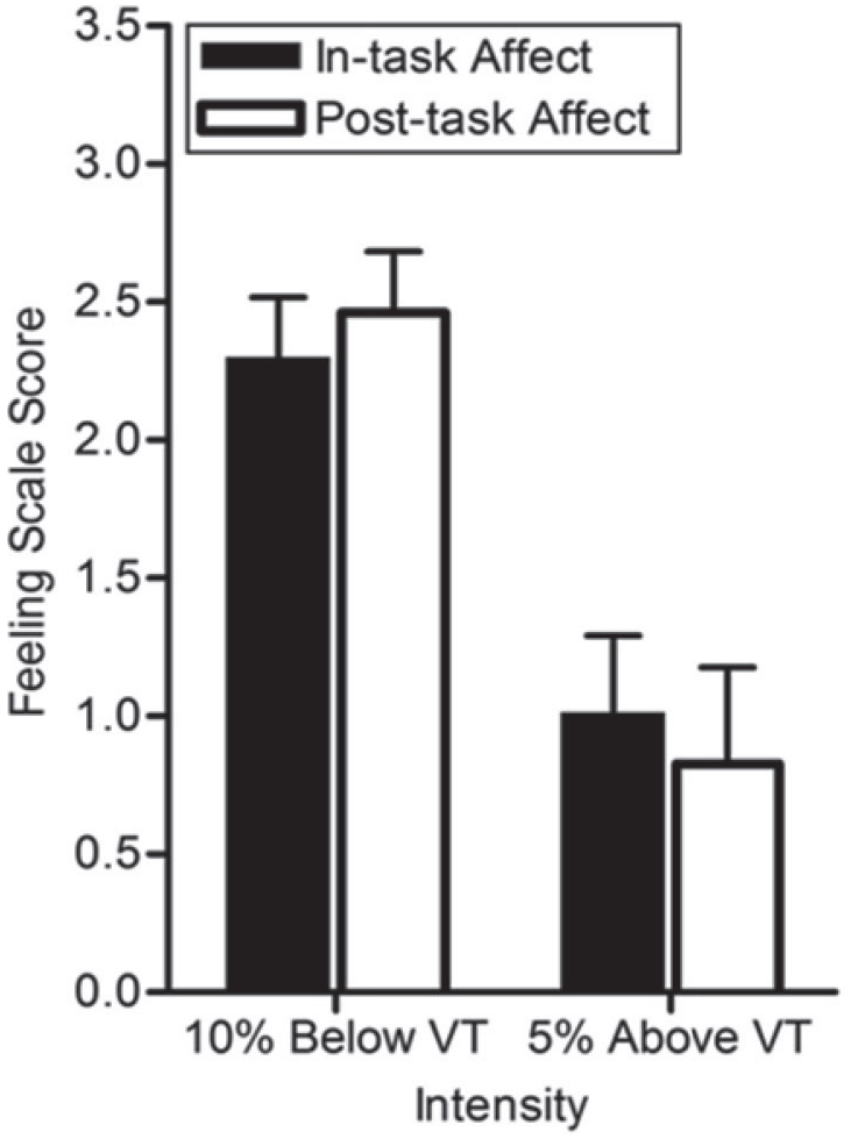
Servizio di Sanità Pubblica Assessorato Politiche per la Salute Regione Emilia-Romagna, ottobre 2011



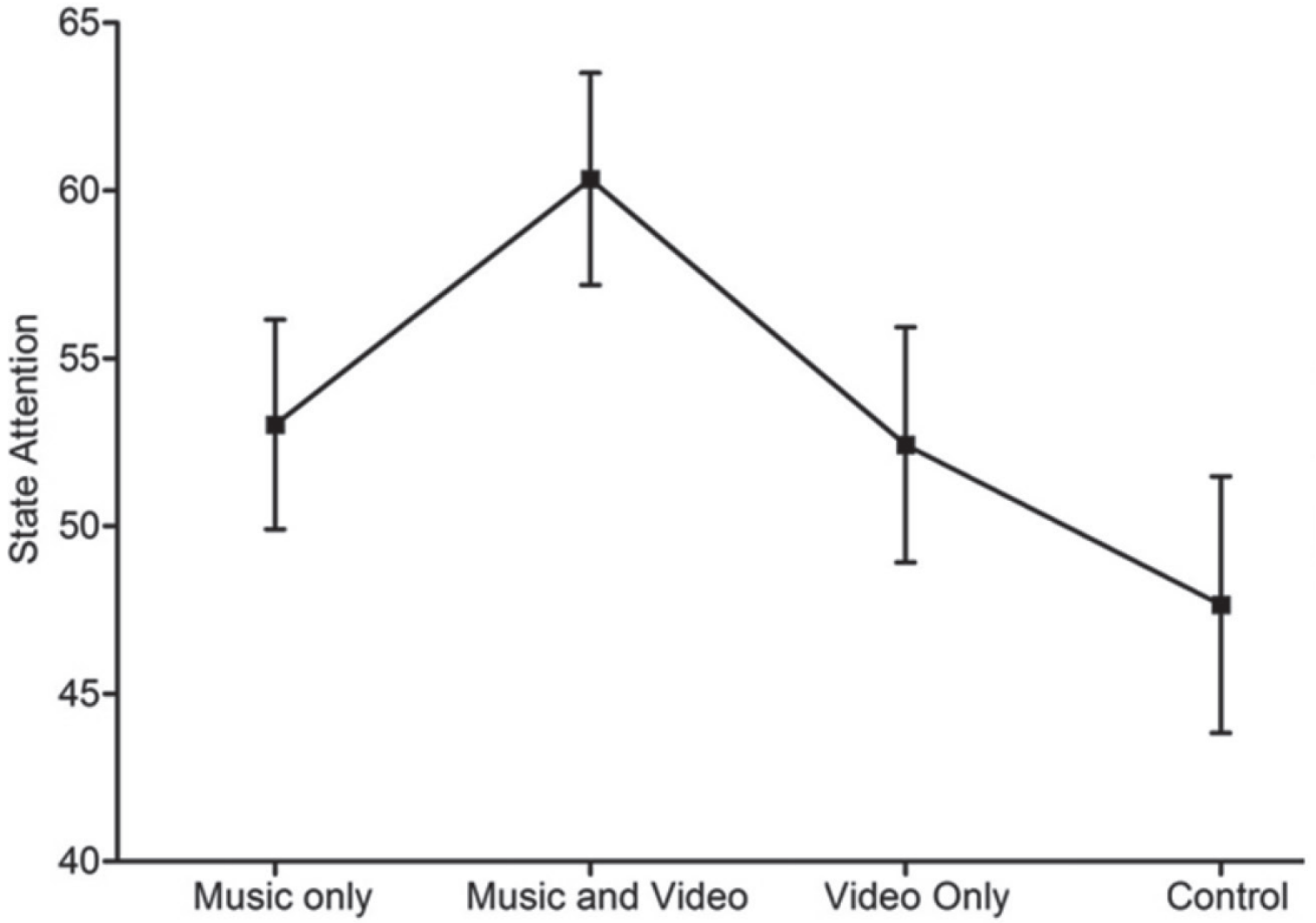
Jones L. et al. J Sport Exerc Psychol 2014



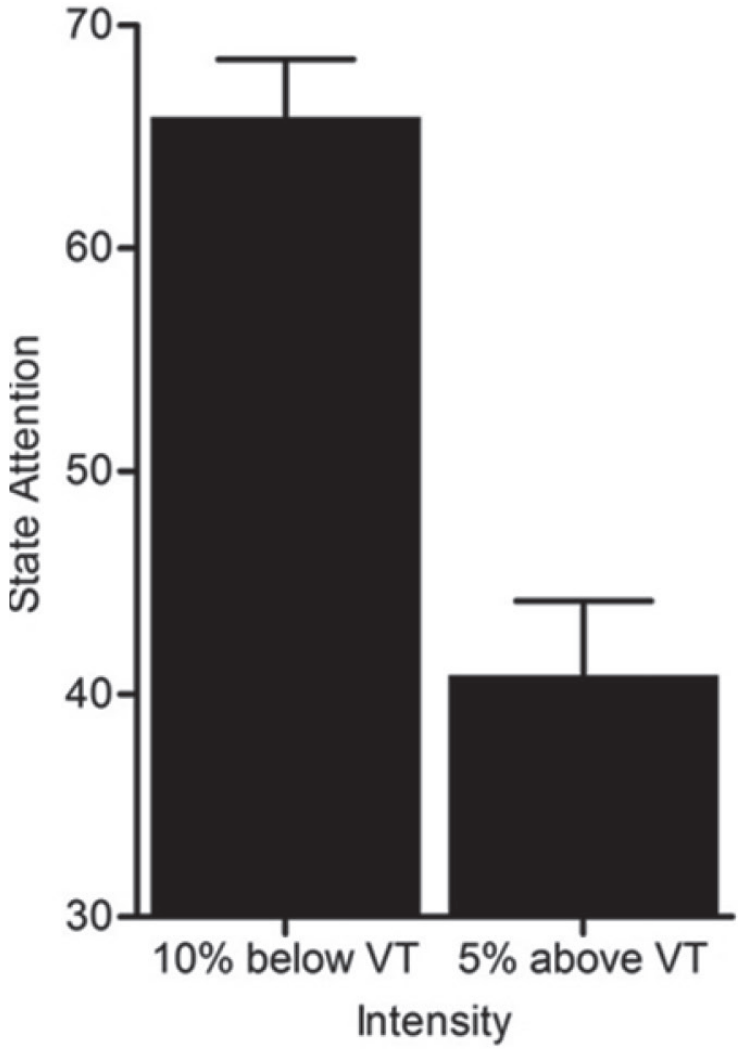
Jones L. et al. J Sport Exerc Psychol 2014



Jones L. et al. J Sport Exerc Psychol 2014



Jones L. et al. J Sport Exerc Psychol 2014



Jones L. et al. J Sport Exerc Psychol 2014

REVIEW ARTICLE

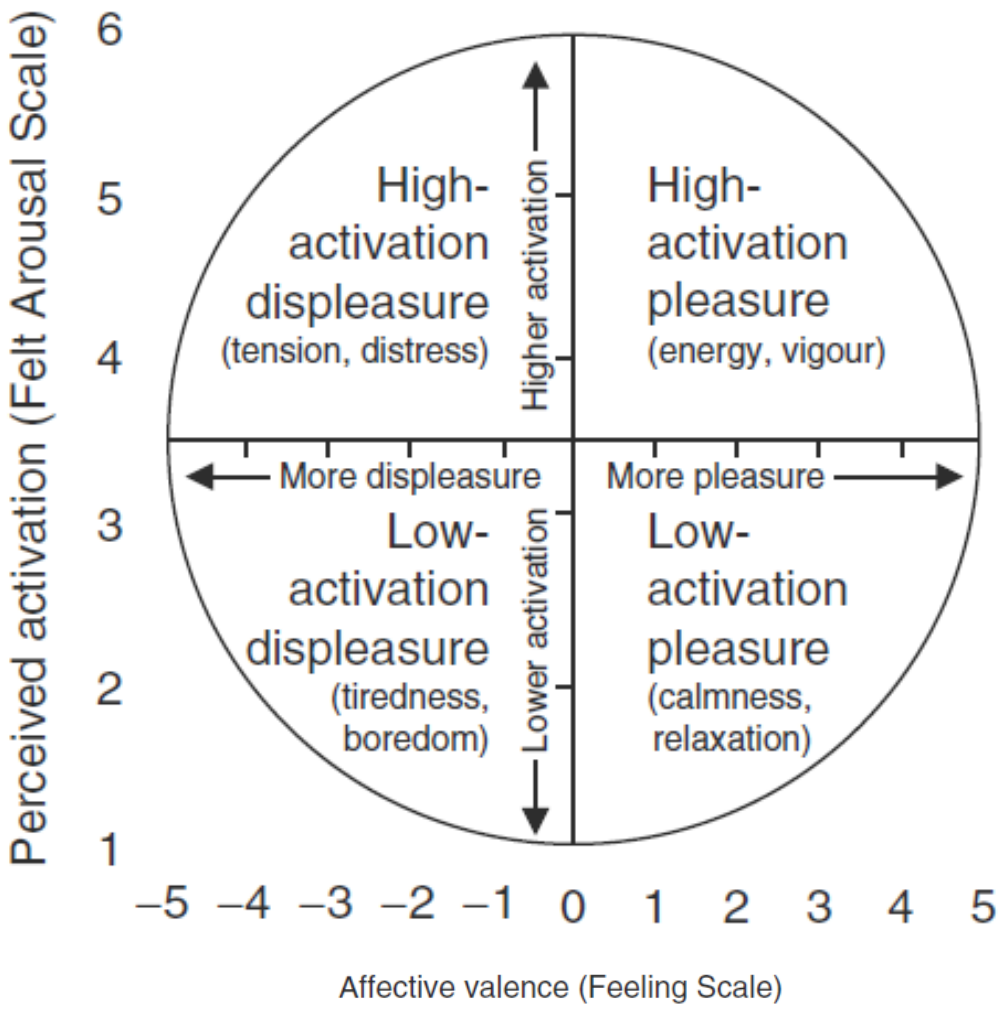
Sports Med 2011; 41 (8): 641-671
0112-1642/11/0008-0641/$49.95/0

The Pleasure and Displeasure People Feel When they Exercise at Different Intensities

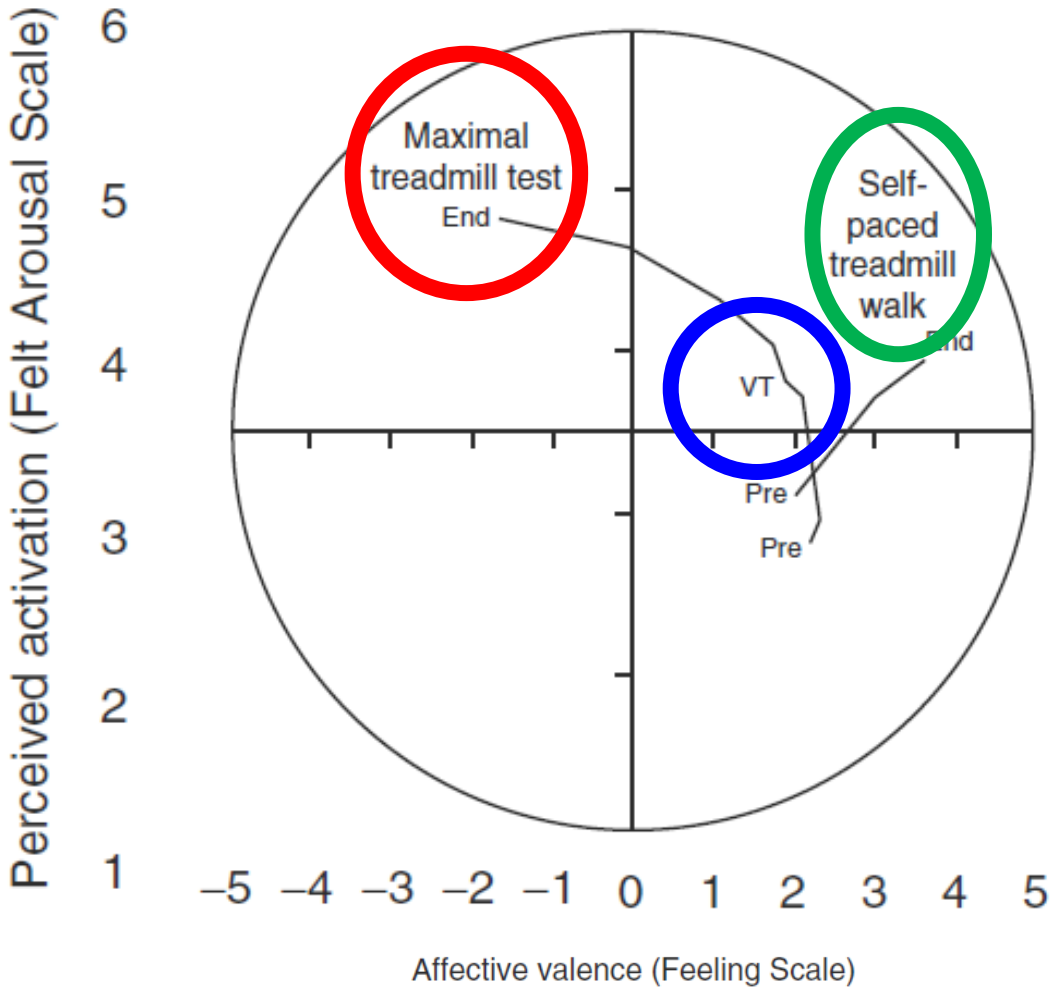
Decennial Update and Progress towards a Tripartite Rationale for Exercise Intensity Prescription

Panteleimon Ekkekakis,[1] *Gaynor Parfitt*[2] and *Steven J. Petruzzello*[3]

1 Department of Kinesiology, Iowa State University, Ames, IA, USA
2 School of Health Sciences, University of South Australia, Adelaide, SA, Australia
3 Department of Kinesiology and Community Health, University of Illinois at Urbana-Champaign, Urbana, IL, USA

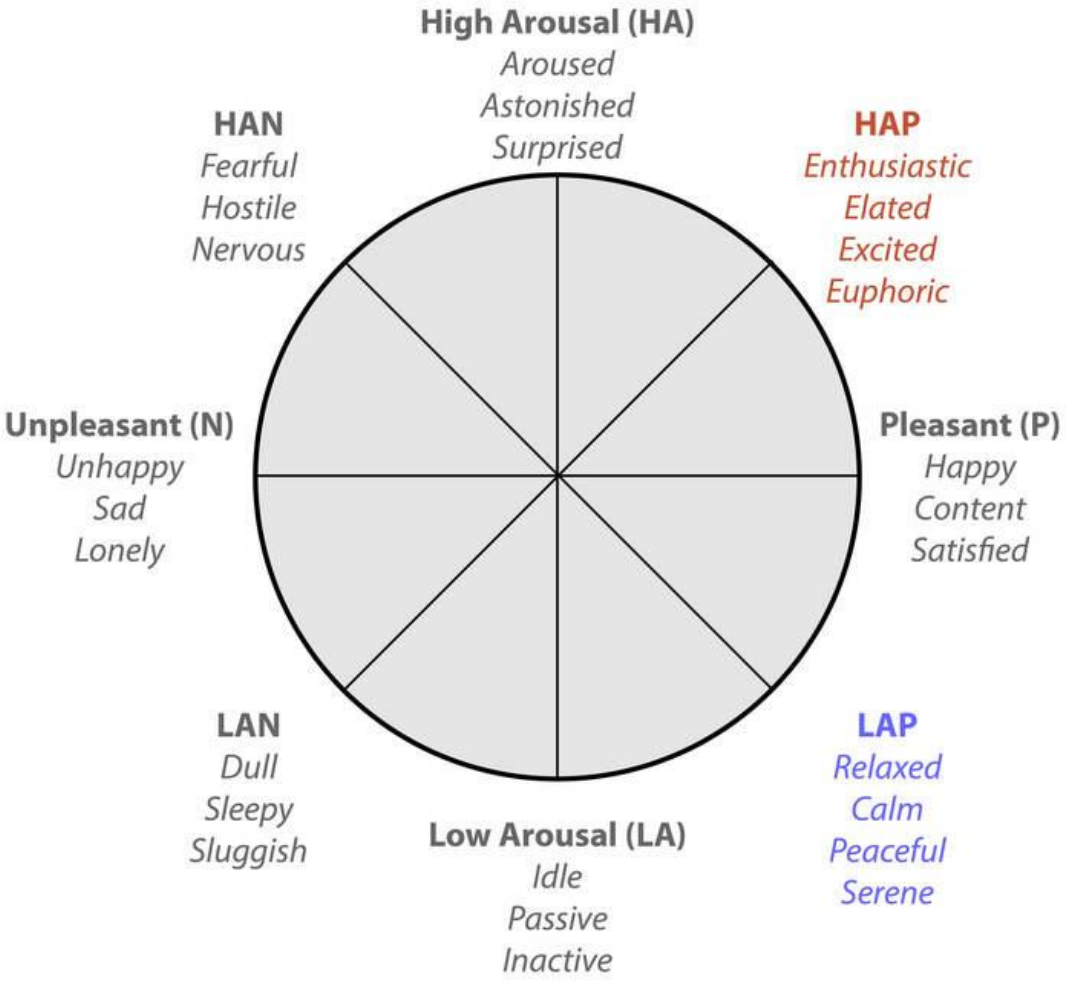


Ekkekkakis P. et al. Sports Med 2011

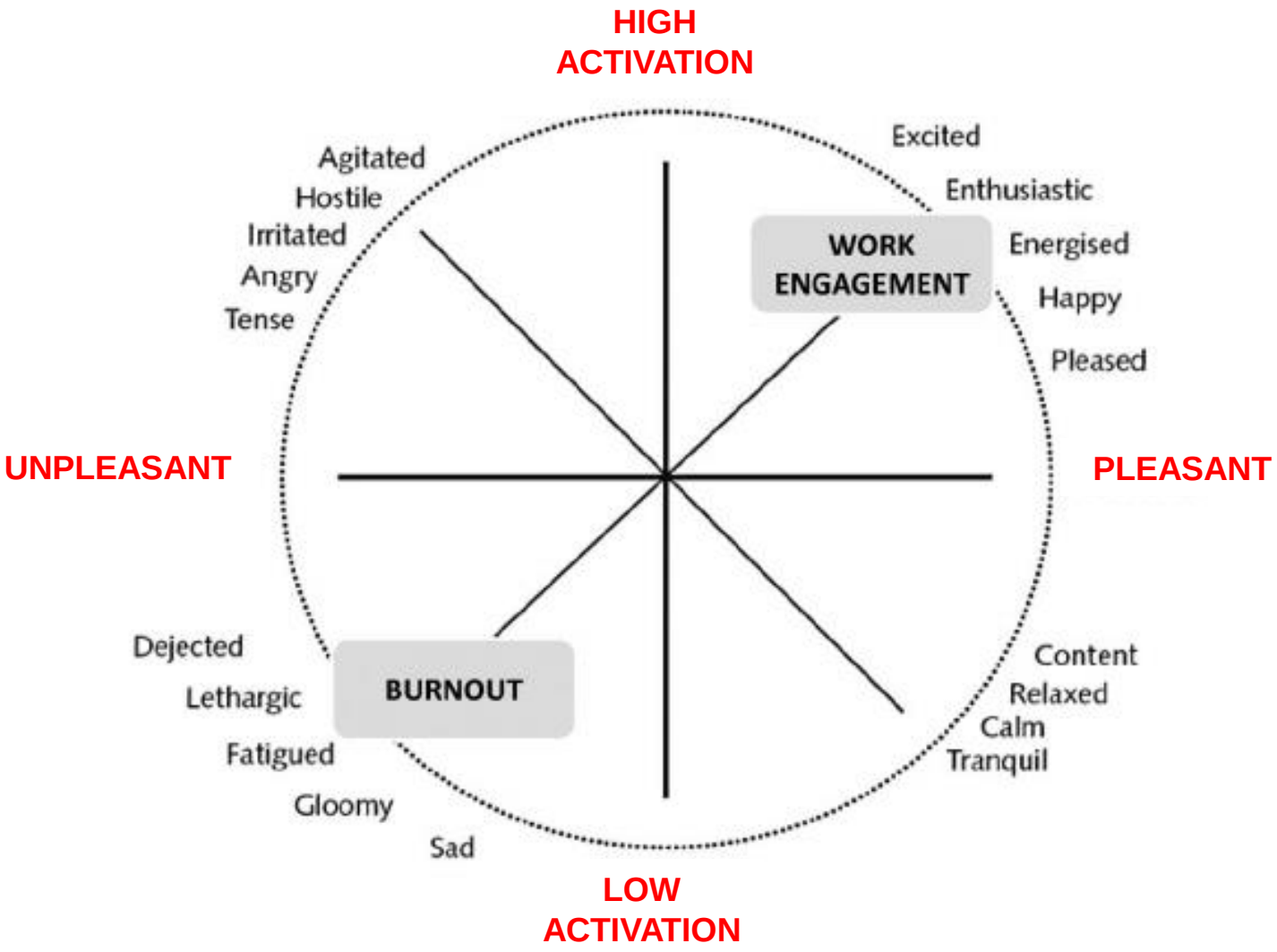


Ekkekkakis P. et al. Sports Med 2011

Two-Dimentional Map of Affective States



http://nobaproject.com/modules/culture-and-emotion



https://www.researchgate.net/figure/A-two-dimensional-view-of-subjective-well-being-Russell-2003-see-also-Bakker_fig1_211381795