Consequences of occupational physical activity on cardiovas cular events

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Colloque des ACTIFS... ACTIFS the January 29th 2019





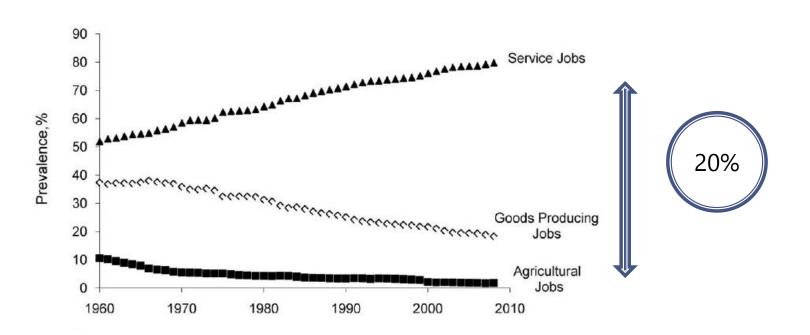
NO CONFLICTS OF INTEREST

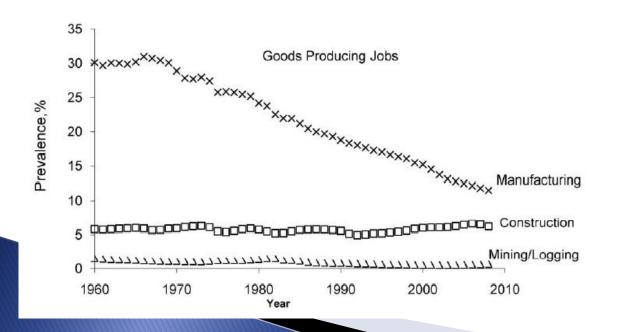
Move at work, YES but how to do?

- The benefits of leisure physical activity on health are wellproved.
- Guidance on leisure time physical activity are well established.
- But, the major public health challenge today relates more to behavioural adherence.
- Question: could the occupational physical activity positively contribute to health (cardiovascular events)?

EPIDEMILOGY

- Few data available
- Australia : office enployees :
 - 79% spent mainly time sitting at work
 - 14% spent mainly time standing-up at work
 - 7 % spent mainly time walking at work
- DARES / France: increase of people sitting in front of computer 11.9% '(1994) /22.6%(2010) +++ white collars





Consequences of moderate or high physical activity at work on cardiovascular events – Move at work but without excess!

The Copenhagen **Male** Study n=4846)

1970/ Follow-up: 30 y

(Holtermann, 2009)

Cardiovas cular mortality

Physical work activity

Low: Ref

Moderate: HR: 1.39 (1.13-1.69)

High: HR: 1.51 (1.18–1.94)

Strenuous work (work resulting in

sweating)

Seldom/never: Ref

Occasionally HR: 1.49 (1.25–1.77)

Often HR: 1.80 (1.35-2.42)

BELSTRESS n= 14,337 men 1994-1998 / Follow -up : 3.15 y (Clay, *Holtermann,2015*)

Coronary heart disease

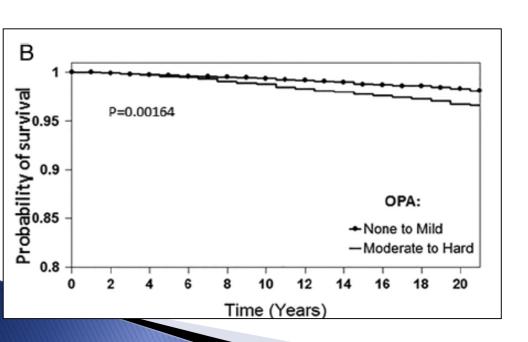
High OPA: HR: 1.28 (0.68-2.44)

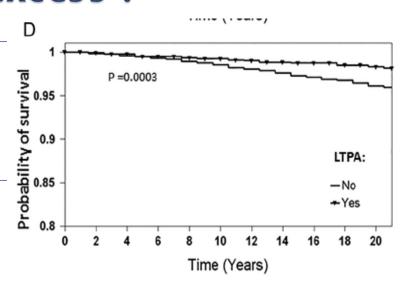
Consequences of moderate or high physical activity at work on cardiovascular events – Move at work but without excess!

CORDIS n= 4819 males 1985–1990. Follow-up/ 22 years (Harari, 2015)

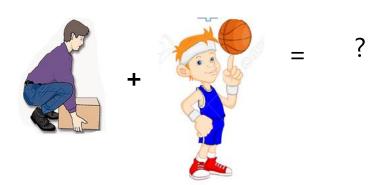
Cardiovas cular mortality

OPA Moderate or Hard :1.49 (1.07 - 2.07)





Health paradox effect (Holtermann, 2012)
Well-balanced tasks during the working day (Esquirol, 2012)



LOW OPA + MODERATE TO HIGH REF

BELSTRESS (Clay, Holtermann, 2015)

Coronary heart disease

High OPA: HR: 1.28 (0.68-2.44)

LOW OPA + LOW LPA

HIGH OPA + LOW LPA

HIGH OPA + MODERATE- HIGH LPA

LIMIT SIGNIFICANT



NO SIGNIFICANT



SIGNIFICANT HR: 3.82[1.41-10.36)



The Copenhagen **Male** Study n=4819)

Year: 1970/ Follow-up: 30 years

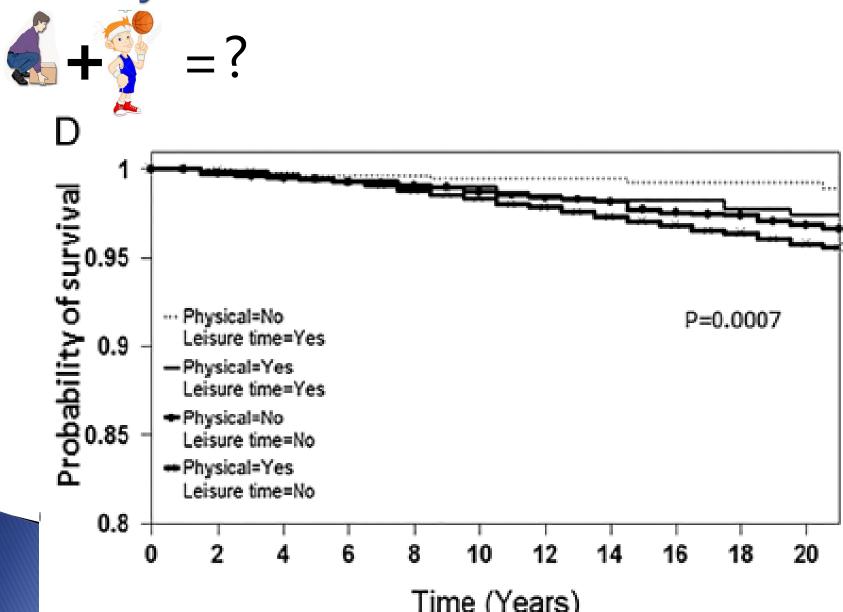
Coronary moratlity

(CLAY, Holtermann, 2016)



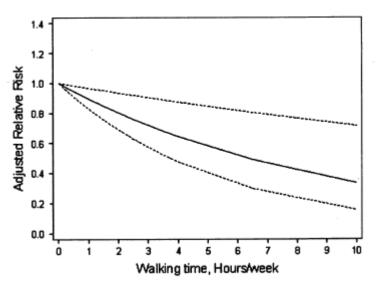
Combination of Physical and Leisure Time Physical Activity Coronary heart Disease mortality (%) 4.41 P_{trend}<0.001 3.36 3.5 2.56 2.5 1.5 1.08 1 0.5 0 Occupational=No, Occupational=Yes, Occupational=No, Occupational=Yes, Leisure time=Yes Leisure time=Yes Leisure time=No Leisure time=No

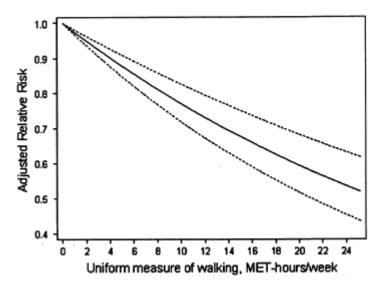
Combination of Physical and Leisure Time Physical Activity



Consequences of Walking at work on cardiovas cular events

A dose-response meta-analysis: 11 cohorts (until 2007) CVD





- Increase of total time spent to walking during a day (including occupational and non-occupational activities) reduce the cardiovascular risks with dose-response effect.
- walking 30 min/ day during 5 days/week decrease the cardiovascular risk by 19 %!

Zheng H and al.. Quantifying the dose-response of walking in reducing coronary heart disease risk: meta-analysis. European journal of epidemiology.

Standing and walking at work

- Walking at work :
 - Few studies specifically conducted at the workplace
 - Stamatakis, 2013: When you're at work are you mainly sitting down, standing up or walking?

5380 ♀ 5788 ♂ General population ≥ 40 yo at baseline follow-up 12 years

All-cause Mortality

9 HR: 0.68 (0.52–0.89)

♂ HR: 0.97 (0.78–1.19)

CVD mortality

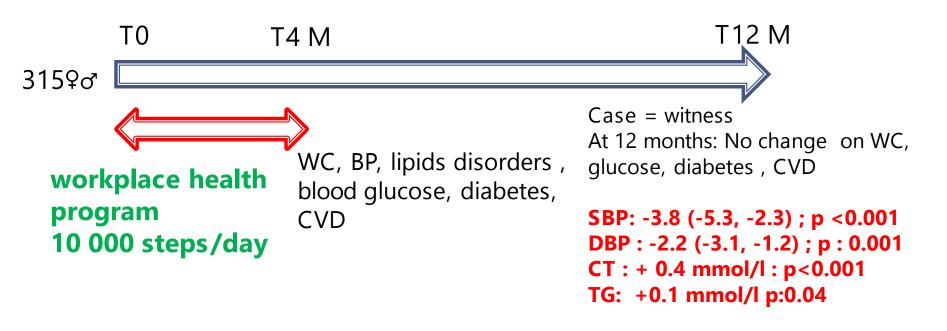
♀ HR: 1.53 (0.72–3.24)

♂ HR: 0.98 (0.66–1.45)

Walking /standing Ref: sitting

InterHeart china Case-control study: 2909 AMI
 At work: sendatary (ref) / Walking / Walking, climbing, lifting
 No significant association with AMI after all adjustments

Interventional study:

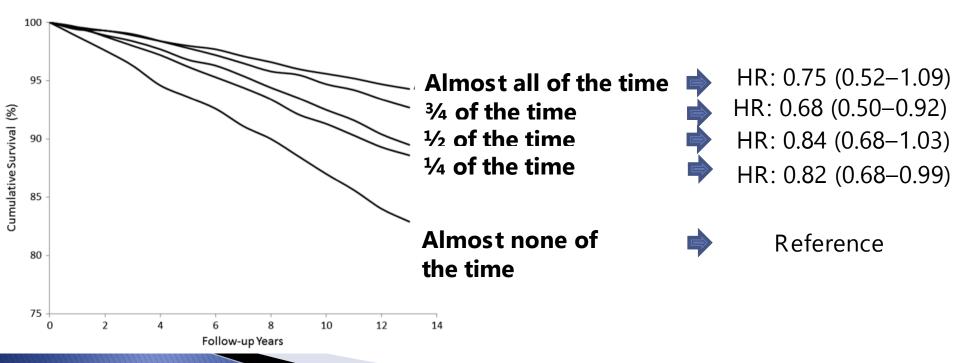


Workplace pedometer interventions for increasing physical activity. Freak-Poli RL, Cochrane Database Syst Rev., obesity 2013

Consequences of Standing time on cardiovascular events

All-cause mortality across categories of **daily standing time** in 16,586 men and women 18–90 yr of age, in the Canada Fitness Survey - 12.0 yr of follow-up.(KATZMARZYK, 2014)

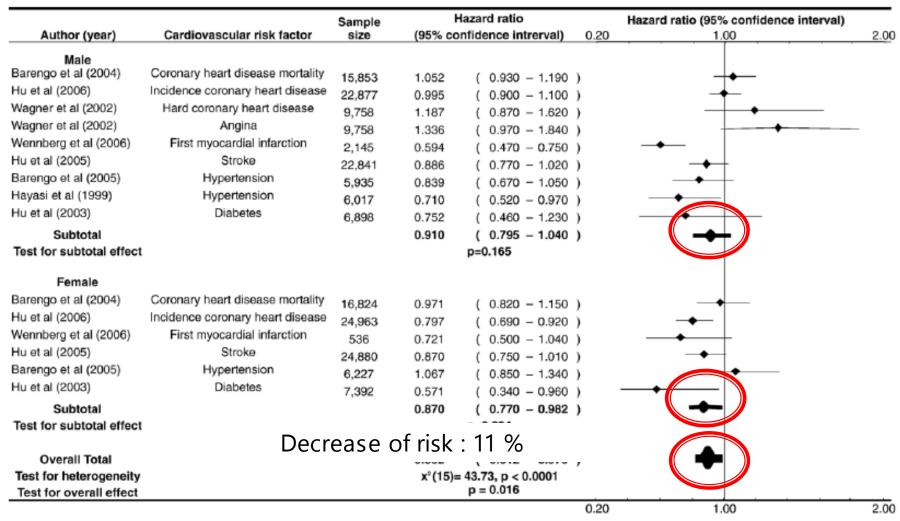
Cardiovas cular mortality across categories of daily standing time



Consequences of commuting to work and cardiovas cular outcomes

Active commuting and cardiovascular risk: a meta-analytic review. Hamer M, Prev Med. 2008

8 Studies (2007)



Commuting to work and cardiovas cular outcomes Prevention

How many time spent to commuting to go from or to work every day?

30 minutes / day: decrease by ≈20% CVD risk (HU, 2007)

Yes, but are you ready to do?

N= 3653 USA Adults Questionnaire 43% think walking a mile or more or for 20 minutes or more is reasonable (*Watson, 2015*)

And , **YOU** Employers ?

- Objective : to promote walking to work by employers
- 29 Employers
- Conclusion: exploration of obstacles at the individual, organizational and societal level (*Audrey*,2015)

Workplace interventions to reduce Time sitting

a recent meta-analyses!

Workplace interventions for reducing sitting at work. Shrestha N & al. Cochrane Database Syst Rev. 2016 Mar 17;3

Outcomes : **time spent sitting at work per day** 20 studies, 2180 participants

9 studies physical workplace changes

2 studies policy changes

7 etudes information and counselling

2 studies interventions from multiple categories



• A sit-stand desk alone / to no intervention reduced sitting time at work per workday with between 30 minutes to 2 hours 3 – 6 months



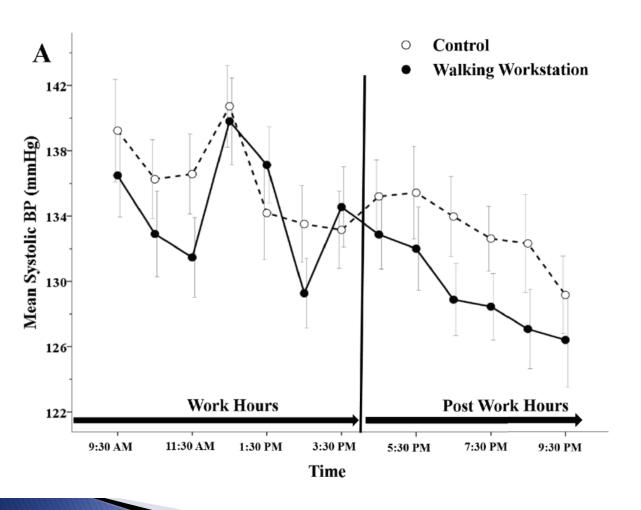
 Treadmill desks combined with counselling reduced sitting time at work -29 minutes 12 weeks' follow-up.



 Pedalling workstations combined with information did not reduce inactive sitting at work considerably -12 minutes

Inconsistent results
Low number of participants
Quality of methods used are discussed

No evaluation on cardiovascular events No longer follow-up So far / Recommendation Cross-over study: 10 participants Positive effect on SBP and DBP of 2.5 hours during 8-hours working day (Zeigler ZS, 2016)



Conclusion

- ▶ Benefit effect of HIGH OPA ≠ Benefit effect High LPA
- Well- balanced of occupational tasks during working day
- Preventive measures are available and can be implemented
- but, Need further researches of consequences on CVD
 - Assessment of OPA and LPA
 - Assessment of preventive strategies in work environment