

Low physical activity responsible for 17 percent of cardiovascular deaths in Argentina

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SAC 2015 is being held in Buenos Aires from 15 to 17 October 2015. Experts from the European Society of Cardiology (ESC) will present a special programme.

"Argentina has high rates of <u>physical inactivity</u>," said Dr Roberto Peidro, a leading member of the Argentine Society of Cardiology and vice-president of the Argentine Foundation of Cardiology. "Lack of free time is the most important excuse given by sedentary people. On the other hand, doctors give insufficient advice about exercise."

The current study investigated the impact of various levels of <u>physical</u> <u>activity</u> on death from <u>ischaemic heart disease</u> (IHD) and stroke and on total cardiovascular mortality in people aged 30 years and older. Data on physical activity was obtained from the Argentinian national survey of risk factors in 2013. Numbers of disease-specific deaths in 2010 came from the Ministry of Health in Argentina. Physical activity was categorised by metabolic equivalent tasks per minute per week (MET/minute/week), with 600 MET/min/week being equivalent to 30 minutes of brisk walking five days a week (ie 2.5 hours per week).

ESC guidelines recommend that healthy adults of all ages should spend 2.5 to 5 hours a week on physical activity or aerobic exercise training of at least moderate intensity, or 1 to 2.5 hours a week on vigorous intense exercise.2



During 2010 there were 43 796 deaths from cardiovascular disease in the population aged 30 years and above, including 25 142 deaths from IHD and 18 654 deaths from stroke.

The researchers found that engaging in less than 600 MET/min/week (ie the minimum recommended level of physical activity) was responsible for 17% (7 278) of total cardiovascular deaths in Argentina in 2010, of which 3 941 occurred in men and 3 337 in women. Doing less than 600 MET/min/week was responsible for 20% (4 907) of deaths from IHD and 13% (2 371) of stroke deaths.

Dr Poggio said: "We found that low levels of physical activity had a big impact on cardiovascular deaths in Argentina, which suggests that interventions promoting exercise should be a priority. The effects were greater in women of all ages because they exercise less than men."

She continued: "Our analysis suggests that engaging in at least 30 minutes of brisk walking 5 days a week would reduce cardiovascular mortality at any age, especially in women and those younger than 70 years of age. Our findings have public health implications and emphasise the importance of women in particular being more physically active."

Dr Peidro said: "This research demonstrates that the impact of physical inactivity on deaths from cardiovascular disease is very significant. The causes of lower physical activity in women, according to surveys, include their multiple occupations (work and home), less time spent doing sports by girls compared to boys, and the time spent caring for the health of other family members."

"State policies are needed that encourage people in Argentina to be more physically active," added Dr Peidro. "Scientific societies, health professionals and the state must work together to overcome the problem of sedentary lifestyles and, in this way, improve the duration and quality



of life."

Professor Michel Komajda, a past president of the ESC and course director of the ESC programme in Argentina, said: "It is well known that regular physical activity is beneficial for cardiovascular outcomes. The current study further assesses the relationship between the level of physical activity and cardiovascular deaths in Argentina. The conclusions clearly show that a low level of physical activity is common in Argentina and that regular physical activity prevents cardiovascular deaths, more so for coronary disease related deaths than for stroke. These findings should prompt actions to improve the awareness of the public regarding the long term benefits of regular physical activity."

More information: J. Perk et al. European Guidelines on cardiovascular disease prevention in clinical practice (version 2012): The Fifth Joint Task Force of the European Society of Cardiology and Other Societies on Cardiovascular Disease Prevention in Clinical Practice (constituted by representatives of nine societies and by invited experts) * Developed with the special contribution of the European Association for Cardiovascular Prevention & Rehabilitation (EACPR), *European Heart Journal* (2012). DOI: 10.1093/eurheartj/ehs092

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