

The New HHS Physical Activity Guidelines

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Last fall the Office of Disease Prevention and Health Promotion of the Department of Health and Human Services released the first federally-developed and promulgated *Physical Activity Guidelines for Americans*. The website for the several documents produced in the first round of their release is <http://www.health.gov/paguidelines>. In this article, I will reproduce the bulk of the summary *At-A-Glance: A Fact Sheet for Professionals* which, according to the website, was designed for busy professionals who need a quick desk-side reference to the *Guidelines*. I will first review the text and then offer a few comments on what the *Guidelines* mean and how they can best be used. Most of the first section is in the language of the "Fact Sheet." The second section, "What is Missing," is in my own words.

The Guidelines: An Introduction

As is well known to the readers, the current low activity level of most Americans puts them at unnecessary risk of ill-health in general and many specific diseases. The latest information shows that inactivity among American children, adolescents, and adults remains relatively high, and little progress has been made in increasing levels of physical activity among Americans. While for many years, both the American Heart Association and the American College of Preventive Medicine have offered physical activity recommendations, the *Guidelines* are the first official recommendations by the federal government in this arena.

They are intended, among other things, to provide one "basic set" to which all of the concerned organizations and agencies will subscribe. Since representatives from both the AHA and the ACSM (among others) were instrumental in designing this new set, both organizations have pledged to make their own widely distributed recommendations consistent with the new federal ones.



Guidelines are provided for the following population sub-groups:

Children and Adolescents (aged 6 to 17)

- Children and adolescents should do 1 hour (60 minutes) or more of physical activity every day.
- Most of the 1 hour or more a day should be either moderate- or vigorous-intensity aerobic physical activity.
- As part of their daily physical activity, children and adolescents should do vigorous-intensity activity on at least 3 days per week. They also should do muscle-strengthening and bone-strengthening activity on at least 3 days per week.

Adults (aged 18 to 64)

- Adults should do 2 hours and 30 minutes a week of moderate-intensity, or 1 hour and 15 minutes (75 minutes) a week of vigorous-intensity aerobic physical activity, or an equivalent combination of moderate- and vigorous-intensity aerobic physical activity.

Aerobic activity should be performed in episodes of at least 10 minutes, preferably spread throughout the week.

- Additional health benefits are provided by increasing to 5 hours (300 minutes) a week of moderate-intensity aerobic physical activity, or 2 hours and 30 minutes a week of vigorous-intensity physical activity, or an equivalent combination of both.
- Adults should also do muscle-strengthening activities that involve all major muscle groups performed on 2 or more days per week.

Older Adults (aged 65 and older)

- Older adults should follow the adult guidelines. If this is not possible due to limiting chronic conditions, older adults should be as physically active as their abilities allow. They should avoid inactivity. Older adults should do exercises that maintain or improve balance if they are at risk of falling.

Moderate-intensity physical activity is defined as, on an absolute scale, physical activity that is done at 3.0 to 5.9 times the intensity of rest. On a scale relative to an individual's personal capacity, moderate-intensity physical activity is usually a 5 or 6 on a scale of 0 to 10.

Vigorous-intensity physical activity is defined as, on an absolute scale, physical activity that is done at 6.0 or more times the intensity of rest. On a scale relative to an individual's personal capacity, vigorous-intensity physical activity is usually a 7 or 8 on a scale of 0 to 10.

The *Guidelines* point out that for all individuals, some activity is better than none. Physical activity is safe for almost everyone, and the health benefits of physical activity far outweigh the risks. People without diagnosed chronic conditions (such as diabetes, heart disease, or osteoarthritis) and who do not have

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symptoms (e.g., chest pain or pressure, dizziness, or joint pain) do not need to consult with a health care provider about physical activity.

For adults with disabilities, it is recommended that the adult guidelines be followed. If this is not possible, these persons should be as physically active as their abilities allow. They should avoid inactivity.

For children and adolescents with disabilities, one should work with the child's health care provider to identify the types and amounts of physical activity appropriate for them. When possible, these children should meet the guidelines for children and adolescents—or as much activity as their condition allows. Children and adolescents should avoid being inactive.

For pregnant and postpartum women, healthy women who are not already doing vigorous-intensity physical activity should get at least 2 hours and 30 minutes (150 minutes) of moderate-intensity aerobic activity a week. Preferably, this activity should be spread throughout the week. Women who regularly engage in vigorous-intensity aerobic activity or high amounts of activity can continue their activity provided that their condition remains unchanged and they talk to their health care provider about their activity level throughout their pregnancy.

Following is a brief review of the *Health Benefits of Physical Activity*. For adults and older adults, there is strong evidence for a lower risk of early death, heart disease, stroke, type 2 diabetes, high blood pressure, adverse blood lipid profile, metabolic syndrome, and colon and breast cancers, as well as prevention of weight gain and weight loss when combined with an effective diet, improved cardiorespiratory and muscular fitness, reduction of risk for falls, reduced depression, and better cognitive function (for older adults). There is moderate to strong evidence for better functional

health (for older adults) and reduced abdominal obesity and moderate evidence for improved weight maintenance after weight loss, lower risk of hip fracture, increased bone density, improved sleep quality, and lower risk of lung and endometrial cancers.

For children and adolescents, there is strong evidence for improved cardiorespiratory endurance and muscular fitness, favorable body composition, improved bone health, and improved cardiovascular and metabolic health biomarkers. There is moderate evidence for reduced symptoms of anxiety and depression.

What's Missing

The *Guidelines* provide an excellent standard, worked out over many years, for what the recommendations are for the minimum amounts of exercise necessary to produce the expected health benefits. A great benefit to both the general public and health professions will be the expected standardization of the exercise recommendations among the various professional societies and health organizations. There is little in the *Guidelines* on what specific activities to do although it appears from conversations with some of the principals involved that as they are disseminated and promoted, brisk walking for health (what I call PaceWalking™) will be emphasized. But if all that was needed to help people become regular exercisers was information on why it is good for you and how much and of what kind of exercise is recommended, we should have the healthiest society on earth. We are literally bombarded with that kind of information every day on TV, on the web, in newspapers and magazines, and in the supermarket tabloids.

What's missing in all the "exercise information" – and as it happens in the full *Guidelines* – is advice on how to mobilize your motivation. I did a search in the document to find the word "motivation" and did not locate it once in the *Guidelines*.

On page four of the Spring 2008 issue of the *AMAA Journal*, I briefly describe the new ACSM program Exercise is Medicine® and the book *ACSM's Exercise is Medicine®: A Clinician's Guide to Exercise Prescription*, written by me and Edwards Phillips, MD, Director of the Institute of Lifestyle Medicine in the Department of Physical Medicine and Rehabilitation at Harvard Medical School (to be published by Lippincott, Williams and Wilkins in March, 2009). Following the dictum, "the hard part of regular exercise is the regular, not the exercise," we devote about a third of the book to how to mobilize motivation. We offer two different approaches to doing so, both of which have been shown to be effective. We also provide a good deal of information on what to do, how to do it, and how to schedule it, in both the "lifestyle activities of daily living" approach and the "scheduled leisure-time" approach. Providing the "other side of the story" to the now federally endorsed *Guidelines*, we hope it will be possible to slowly, but surely, turn people around and get them pointed in the healthful direction on the pathway of regular exercise.