

## Mobilidade Ativa: Implicações na Saúde

Romeu Mendes, MD PhD

rmendes@arsnorte.min-saude.pt



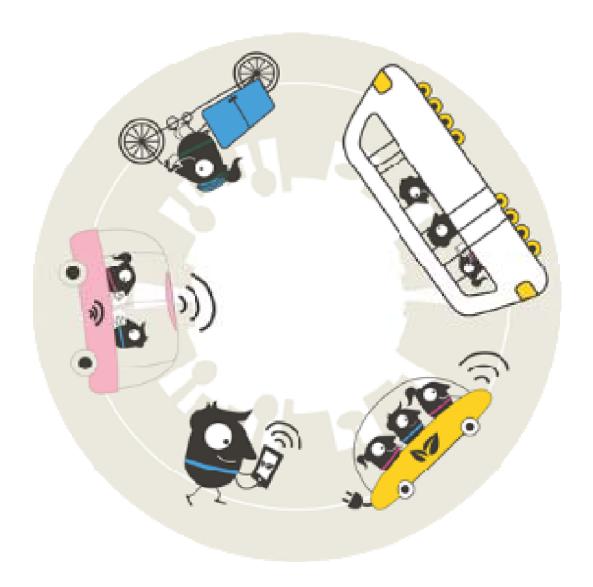




































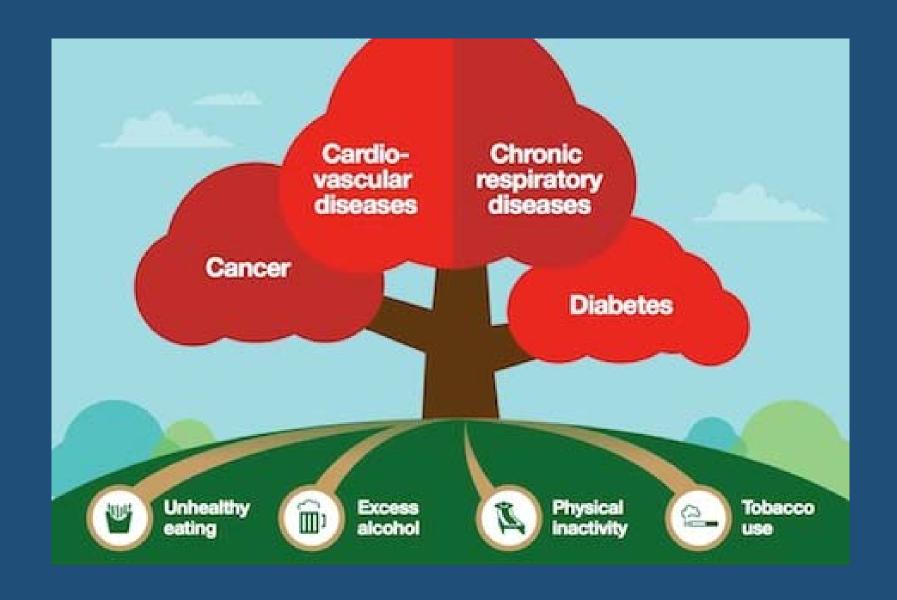


































Non-communicable diseases are the leading cause of death worldwide, accounting for 68% of total deaths (2012, WHO)







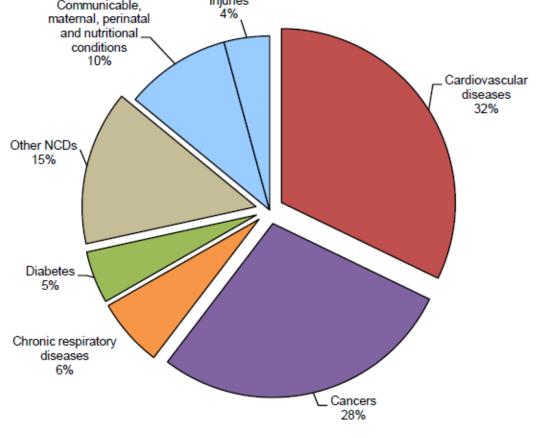








## Proportional mortality (% of total deaths, all ages, both sexes) Communicable, maternal, perinatal and putritional



Total deaths: 97,000 NCDs are estimated to account for 86% of total deaths.

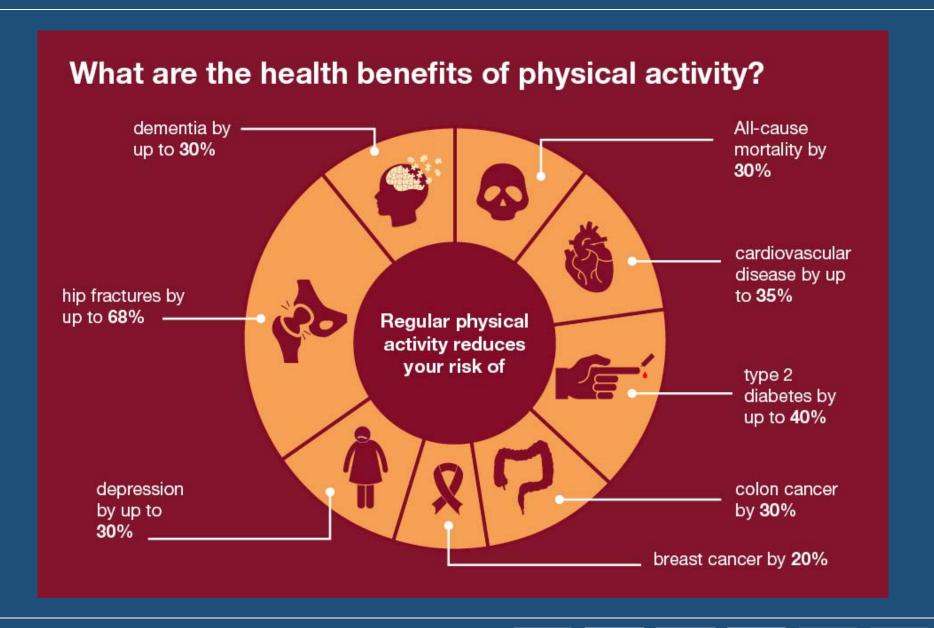






















Scand J Med Sci Sports 2015: (Suppl. 3) 25: 1-72 doi: 10.1111/sms.12581

© 2015 The Authors, Scandinavian Journal of Medicine & Science in Sports published by John Wiley & Sons Ltd.

SCANDINAVIAN JOURNAL OF MEDICINE & SCIENCE IN SPORTS

### Exercise as medicine – evidence for prescribing exercise as therapy in 26 different chronic diseases

B. K. Pedersen<sup>1</sup>, B. Saltin<sup>2</sup>

<sup>1</sup>The Centre of Inflammation and Metabolism and The Center for Physical Activity Research, Rigshospitalet, University of Copenhagen, Copenhagen, Denmark, 2The Copenhagen Muscle Research Centre, Rigshospitalet, University of Copenhagen, Copenhagen, Denmark

Corresponding author: Bente Klarlund Pedersen, Rigshospitalet Section 7641, Blegdamsvej 9, DK-2100, Copenhagen, Denmark. Tel.: +45 35 45 77 97, Fax: +45 35 45 76 44, E-mail: bkp@rh.dk

Accepted for publication 16 September 2015















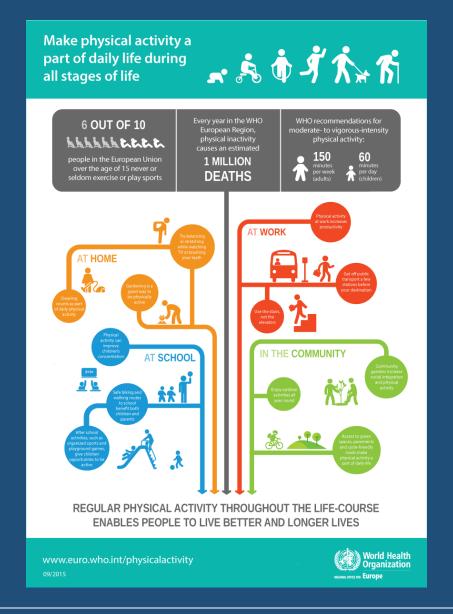






















## **Make Time for Break Time** Daily Activity Cancer Risk HIGHER LOWER Types of activity: Moderate / Vigorous Break Sedentary











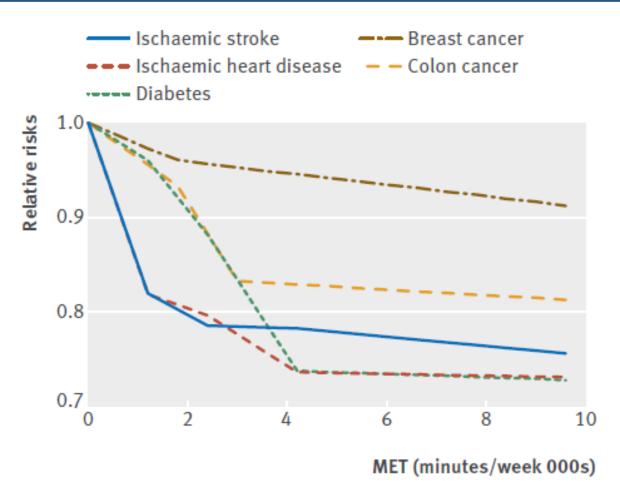


Fig 7 | Continuous risk curves for association between physical activity and breast cancer, colon cancer, diabetes, ischemic heart disease, and ischemic stroke









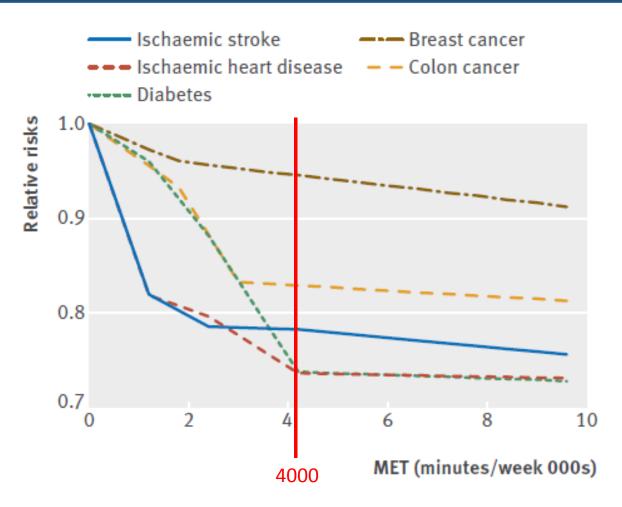


Fig 7 | Continuous risk curves for association between physical activity and breast cancer, colon cancer, diabetes, ischemic heart disease, and ischemic stroke



































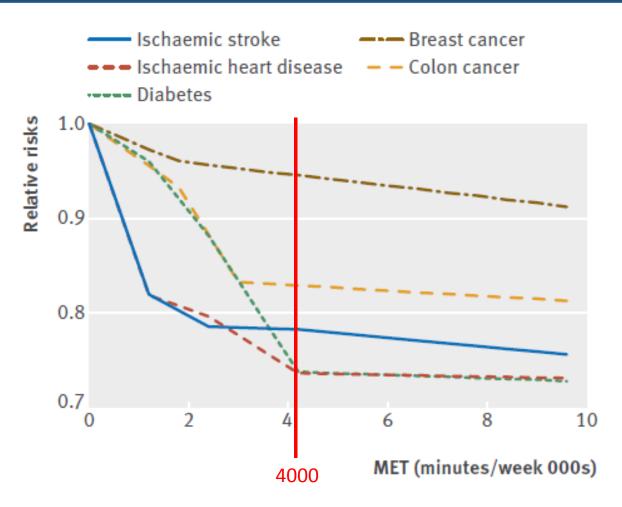


Fig 7 | Continuous risk curves for association between physical activity and breast cancer, colon cancer, diabetes, ischemic heart disease, and ischemic stroke









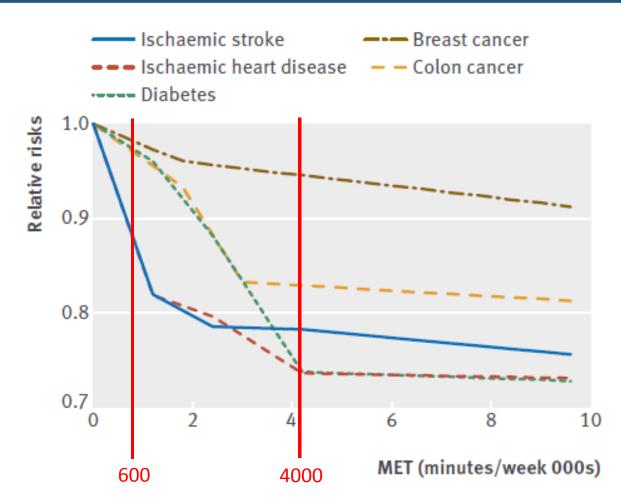


Fig 7 | Continuous risk curves for association between physical activity and breast cancer, colon cancer, diabetes, ischemic heart disease, and ischemic stroke























### American Journal of Preventive Medicine

#### RESEARCH ARTICLE

### Walking in Relation to Mortality in a Large Prospective Cohort of Older U.S. Adults

Alpa V. Patel, PhD, <sup>1</sup> Janet S. Hildebrand, MPH, <sup>2</sup> Corinne R. Leach, PhD, <sup>1</sup> Peter T. Campbell, PhD, <sup>1</sup> Colleen Doyle, MS, <sup>3</sup> Kerem Shuval, PhD, <sup>1</sup> Ying Wang, PhD, <sup>1</sup> Susan M. Gapstur, PhD

**Introduction:** Engaging in >150 minutes of moderate-intensity or 75 minutes of vigorous-intensity physical activity weekly is recommended for optimal health. The relationship between walking, the most common activity especially for older adults, and total mortality is not well documented.

Methods: Data from a large U.S. prospective cohort study including 62,178 men (mean age 70.7 years) and 77,077 women (mean age 68.9 years), among whom 24,688 men and 18,933 women died during 13 years of follow-up (1999–2012), were used to compute multivariable-adjusted hazard rate ratios and 95% CIs for walking as the sole form of activity or adjusted for other moderate- or vigorous-intensity physical activity in relation to total and cause-specific mortality (data analysis 2015–2016).

Results: Inactivity compared with walking only at less than recommended levels was associated with higher all-cause mortality (hazard rate ratio=1.26, 95% CI=1.21, 1.31). Meeting one to two times the recommendations through walking only was associated with lower all-cause mortality (hazard rate ratio=0.80, 95% CI=0.78, 0.83). Associations with walking adjusted for other moderate- or vigorous-intensity physical activity were similar to walking only. Walking was most strongly associated with respiratory disease mortality followed by cardiovascular disease mortality and then cancer mortality.

Conclusions: In older adults, walking below minimum recommended levels is associated with lower all-cause mortality compared with inactivity. Walking at or above physical activity recommendations is associated with even greater decreased risk. Walking is simple, free, and does not require any training, and thus is an ideal activity for most Americans, especially as they age.

Am J Prev Med 2017; 1(1):1111-1111. © 2017 American Journal of Preventive Medicine. Published by Elsevier Inc. All rights reserved.













# The American Heart Association Recommendations for Physical Activity in Kids



© 2014 Learn more at heart.org/KidsActivityRecommendations.



























Special Eurobarometer 472

Summary

Sport and physical activity



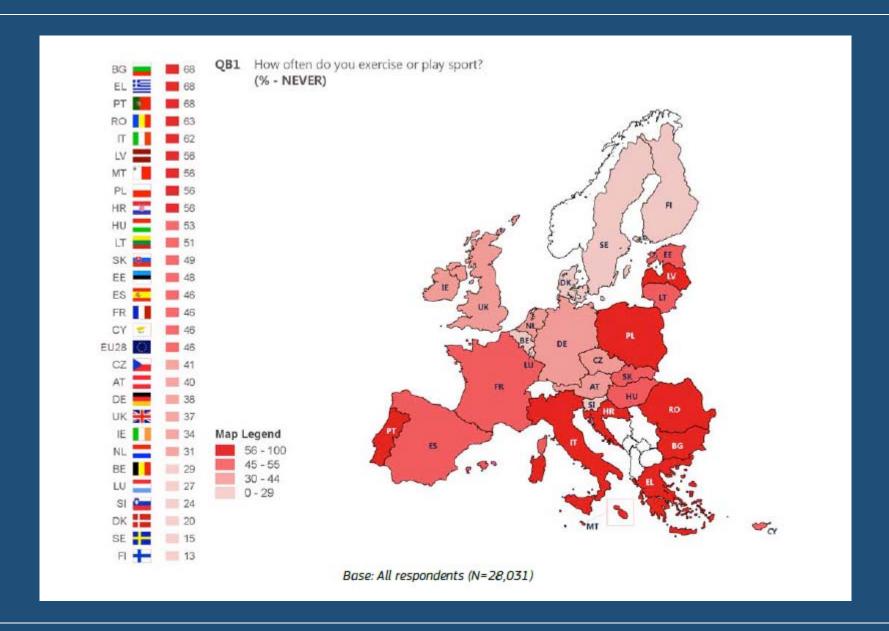










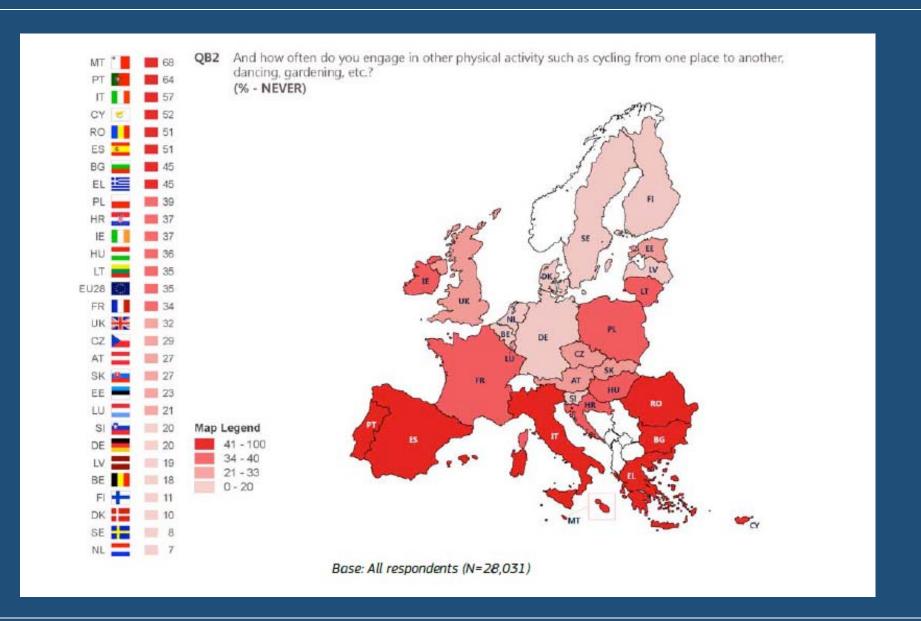












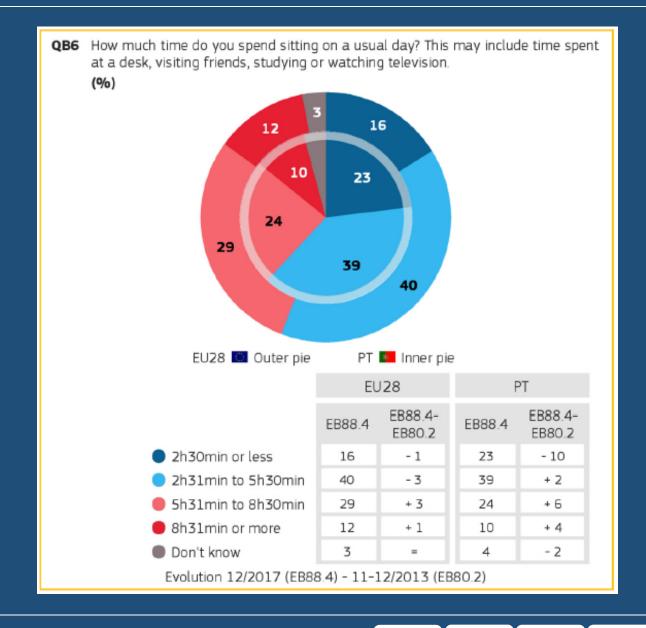






















## Quanto custa a inactividade física em Portugal?

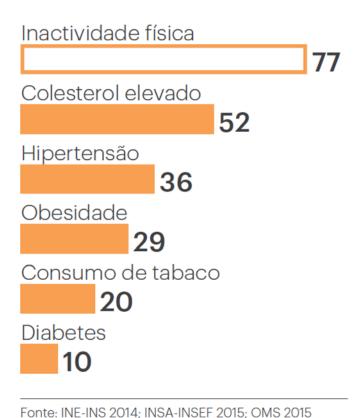
A Organização Mundial de Saúde (OMS) estima que, para um país de 10 milhões de habitantes onde metade da população é fisicamente inactiva, o custo anual da inactividade física é aproximadamente 900 milhões de euros. A aplicar-se a Portugal seria um valor considerável. equivalente a cerca de 9% do orcamento do Ministério da Saúde para 2017

Pedro Teixeira



### Prevalência de factores de risco

Em % na população adulta















Brussels, 10 October 2008

### **EU Physical Activity Guidelines**

Recommended Policy Actions in Support of Health-Enhancing Physical Activity

Approved by the EU Working Group "Sport & Health" at its meeting on 25 September 2008

Confirmed by EU Member State Sport Ministers at their meeting in Biarritz on 27-28 November 2008

1



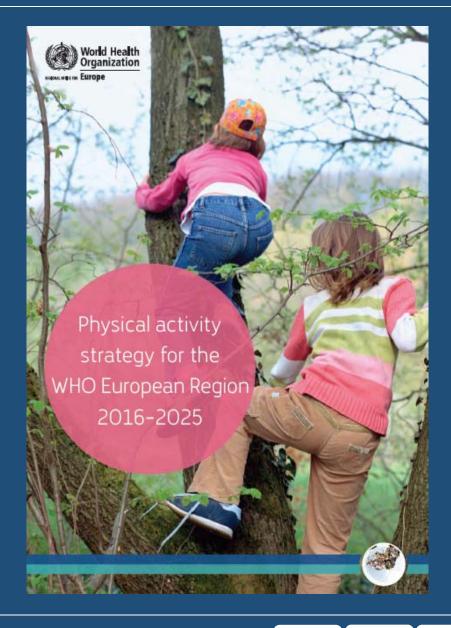






















### Set of 9 voluntary global NCD targets for 2025 Premature mortality from NCDs Harmful use 25% reduction **Essential NCD** of alcohol medicines and 10% reduction technologies 80% coverage **Physical** inactivity 10% reduction Drug therapy and counseling 50% coverage Salt/ sodium intake 30% reduction Diabetes/ obesity 0% increase Raised blood Tobacco use pressure 30% reduction Mortality and Morbidity 25% reduction Risk Factors for NCDs















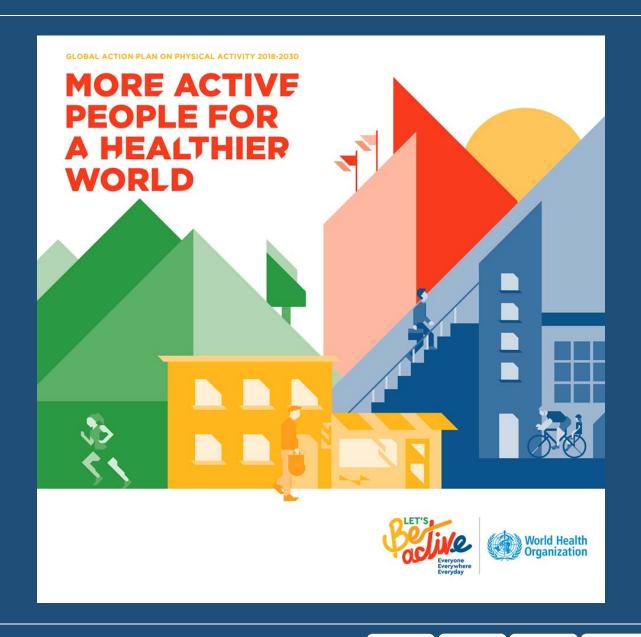






































## OBJETIV S DE DESENVOLVIMENTO SUSTENTÁVEL







































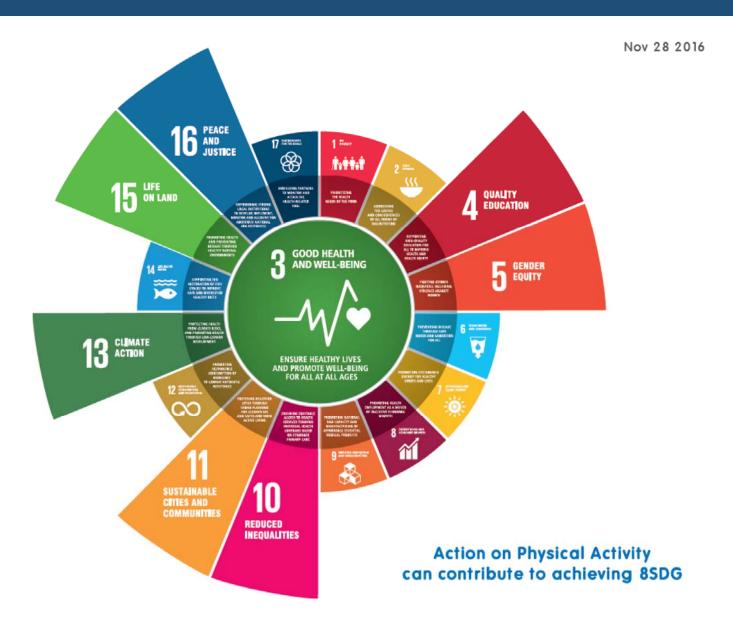


































Diário da República, 2.ª série — N.º 94 — 16 de maio de 2016

## SAÚDE

## Gabinete do Secretário de Estado Adjunto e da Saúde

### Despacho n.º 6401/2016

- 1 A Direção-Geral da Saúde (DGS) desenvolve, no âmbito do Plano Nacional de Saúde, programas de saúde prioritários nas seguintes áreas:
  - a) Prevenção e Controlo do Tabagismo;
  - b) Promoção da Alimentação Saudável;
  - c) Promoção da Atividade Física;
  - d) Diabetes;
  - e) Doenças Cérebro-cardiovasculares;
  - f) Doenças Oncológicas;
  - g) Doenças Respiratórias;
  - h) Hepatites Virais;
  - i) Infeção VIH/SIDA e Tuberculose;
- j) Prevenção e Controlo de Infeções e de Resistência aos Antimicrobianos;
  - k) Saúde Mental.

















Programa Nacional para a Promoção da Atividade Física













## Boas Práticas

















Incorporate physical activity into everyday life, such as walking, cycling or combining with public transport instead of travelling by car

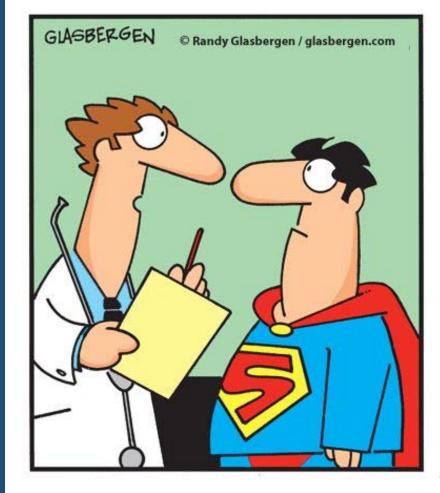
























#### TO GET ONE SMOKING PATIENT TO GIVE UP CIGARETTES<sup>1</sup>



50-120

TO GET ONE INACTIVE PATIENT TO MEET RECOMMENDED ACTIVITY LEVELS<sup>1</sup>



DOCTORS NEED TO ADVISE

12

#### BOTH HAVE COMPARABLE HEALTH BENEFITS<sup>1</sup>



"Let's make every contact count, for physical activity!"<sup>2</sup>

- 1. Thornton ]S et al. Br ] Sports Med 2016; dol:10.1136/bjsports-2016-096291.
- 2. GatesAB. Br J SportsMed 2016; 50(6): 322-3.













#### CRISTINA GODINHO



## A primeira consulta de atividade física no SNS

Atividade física como terapêutica? A partir de agora sim, e no SNS. Projetos-piloto que dão resposta na prescrição de atividade física a pessoas com doença crónica arrancam em diversas unidades de saúde do país - e os resultados vão ser avaliados.

9 de Setembro de 2018, 7:55

5939 **(f) (y) (d) (in) (p) (2) (1)** 















JOSÉ CARLOS CAIADO

Para além do seu papel preventivo, sabemos hoje que uma prática regular de atividade física pode desempenhar um papel crucial no tratamento de pelo menos 26 doenças crónicas, incluindo doenças oncológicas, cardiovasculares, metabólicas, pulmonares, psiquiátricas e também neurológicas. Existe atualmente evidência científica sólida que suporta que, em casos específicos, a prática de atividade física ou exercício físico estruturado, enquanto terapia ou coadjuvante terapêutico, pode ser tão eficaz quanto os tratamentos médicos. Em alguns casos, pode ser mesmo mais eficaz (e custoeficaz) que os tratamentos habituais.

O reconhecimento atribuído à atividade física enquanto um dos mais importantes fatores de risco modificáveis, isto é, que está nas nossas mãos alterar, está patente em diversas recomendações internacionais. O recentemente lançado Plano de Ação Global para a Atividade Física da OMS destaca a implementação, ao nível dos cuidados de saúde, de sistemas que permitam a avaliação sistemática e o aconselhamento e prescrição de atividade física, sendo que tal é considerado como um dos melhores investimentos ('best buys') em intervenções para a prevenção e controlo das doenças crónicas.







































Sports Med DOI 10.1007/s40279-014-0142-5

#### SYSTEMATIC REVIEW

## Measuring and Influencing Physical Activity with Smartphone **Technology: A Systematic Review**

Judit Bort-Roig · Nicholas D. Gilson · Anna Puig-Ribera · Ruth S. Contreras · Stewart G. Trost

© Springer International Publishing Switzerland 2014

#### Abstract

Background Rapid developments in technology have encouraged the use of smartphones in physical activity research, although little is known regarding their effectiveness as measurement and intervention tools.

Objective This study systematically reviewed evidence on smartphones and their viability for measuring and influencing physical activity.

Data Sources Research articles were identified in September 2013 by literature searches in Web of Knowledge, PubMed, PsycINFO, EBSCO, and ScienceDirect.

influencing people to be more active through smartphone applications.

Study Appraisal and Synthesis Methods Two reviewers independently performed the selection of articles and examined titles and abstracts to exclude those out of scope. Data on study characteristics, technologies used to objectively measure physical activity, strategies applied to influence activity; and the main study findings were extracted and reported.

Results A total of 26 articles (with the first published in 2007) met inclusion criteria. All studies were conducted in





























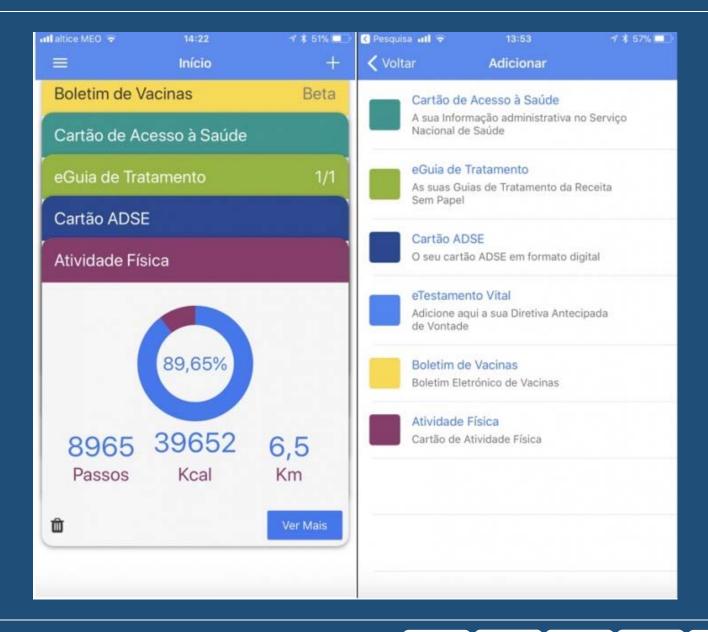












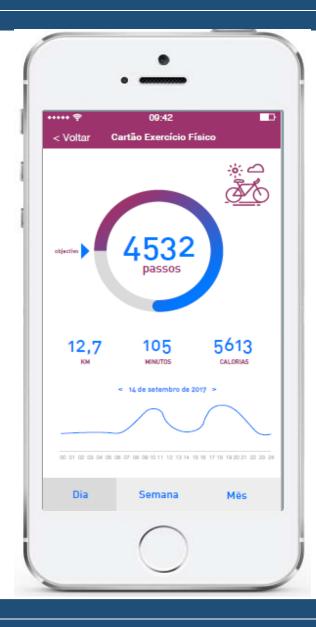


























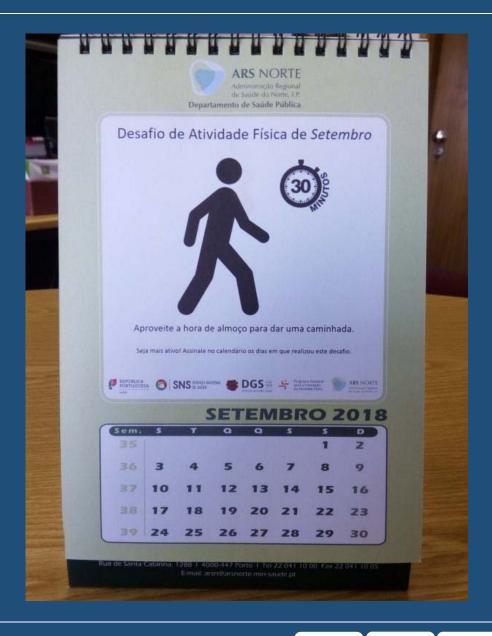
































































































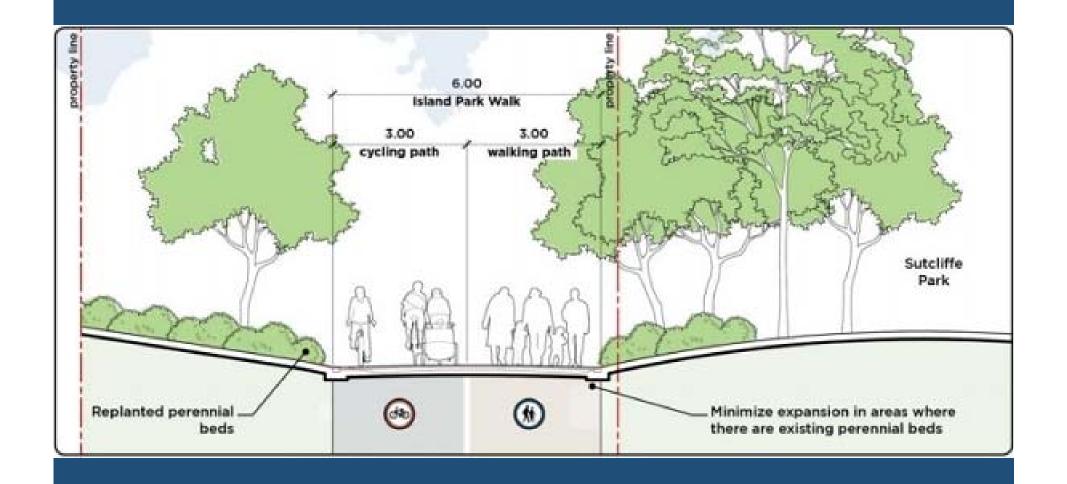






















Support The Guardian

Subscribe Find a job Sign in Search v

News

**Opinion** 

**Sport** 

Culture

Lifestyle More >



Money ▶ Property Pensions Savings Borrowing Careers

#### New Zealand

## New Zealand company offers employees \$10 a day to cycle to work

Christchurch advertising firm says workers could feel energised by the exercise - and the money

#### Eleanor Ainge Roy in Dunedin

Wed 7 Mar 2018 01.57 GMT















▲ A New Zealand company is offering employees up to \$10 if they cycle to and from work. Photograph: Mark Baker/AP

#### most popular



'Pest from the west': snow forces schools to close in parts



Live International Women's Day 2018: protests across the world as women push for progress - live



Samsung Galaxy S9+ review: the best big-screen phone by miles



Stormy Daniels: White House appears to confirm Trump contract with porn star



José Mourinho v Jürgen Klopp and the question of football aesthetics | Jonathan Wilson

Jonathan Wilson





PÓRTUGUESA











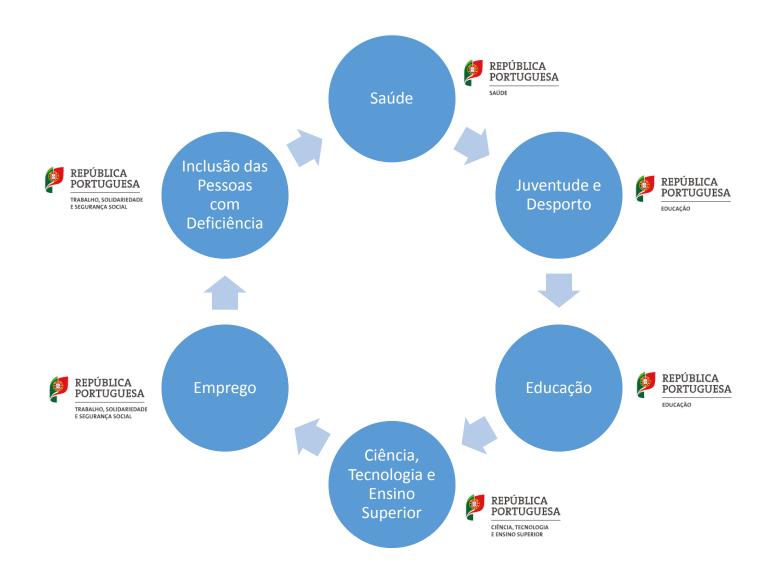


































# www.panaf.gov.pt

















INICIATIVAS

**LEGISLAÇÃO** 

**PUBLICAÇÕES** 

**BOAS PRÁTICAS** 

COMISSÃO Q



Saúde



Desporto



Educação em todo o Ciclo de Vida



Vigilância e Monitorização



Comunicação e Informação



Trabalho e Empresas



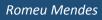
Comunidades e Sociedade Civil



Ambiente Construído e Mobilidade Ativa



**Grupos Especiais** 





























https://www.u-bike.pt/













# CicloExpresso do Oriente











































































http://sextadebicicleta.mubi.pt/













## **HEPA Indicators**



















## European Commission reports progress on health-enhancing physical activity















Thematic areas		Indicators
International PA recommendations and guidelines	Indicator 1	National recommendation on physical activity for health
	Indicator 2	Adults reaching the minimum WHO recommendation on physical activity for health
	Indicator 3	Children and adolescents reaching the minimum WHO recommendation on physical activity for health
Cross-sectoral approach	Indicator 4	National government coordination mechanism and leadership on HEPA promotion
	Indicator 5	Funding allocated specifically to HEPA promotion
Sport	Indicator 6	National Sport for All policy or action plan
	Indicator 7	Sport Clubs for Health Programme
	Indicator 8	Framework to support offers to increase access to exercise facilities for socially disadvantaged groups
	Indicator 9	Target groups addressed by the national HEPA policy
Health	Indicator 10	Monitoring and surveillance of physical activity
	Indicator 11	Counselling on physical activity
	Indicator 12	Training on physical activity in curriculum for health professionals













Education	Indicator 13	Physical education in primary and secondary schools
	Indicator 14	Schemes for school-related physical activity promotion
	Indicator 15	HEPA in training of physical education teachers
	Indicator 16	Schemes promoting active travel to school
Environment, urban planning, public safety	Indicator 17	Level of cycling and walking
	Indicator 18	European guidelines for improving infrastructures for leisure-time physical activity
Working environment	Indicator 19	Schemes to promote active travel to work
	Indicator 20	Schemes to promote physical activity at the workplace
Senior citizens	Indicator 21	Schemes for community interventions to promote physical activity in older adults
Indicators evaluation	Indicator 22	National HEPA policies that include a plan for evaluation
Public awareness	Indicator 23	National awareness raising campaign on physical activity
i ubile awareriess	indicator 25	- Transmar awareness raising campaign on physical acti









Education	Indicator 13	Physical education in primary and secondary schools
	Indicator 14	Schemes for school-related physical activity promotion
	Indicator 15	HEPA in training of physical education teachers
	Indicator 16	Schemes promoting active travel to school
Environment, urban planning, public safety	Indicator 17	Level of cycling and walking
	Indicator 18	European guidelines for improving infrastructures for leisure-time physical activity
Working environment	Indicator 19	Schemes to promote active travel to work
	Indicator 20	Schemes to promote physical activity at the workplace
Senior citizens	Indicator 21	Schemes for community interventions to promote physical activity in older adults
Indicators evaluation	Indicator 22	National HEPA policies that include a plan for evaluation
Public awareness	Indicator 23	National awareness raising campaign on physical activity















Development of the health economic assessment tools (HEAT) for walking and cycling

Meeting report of the consensus workshop in Bonn, Germany, 1–2 October 2013











http://www.heatwalkingcycling.org

















## Health economic assessment tool (HEAT) for walking and for cycling

Methods and user guide on physical activity, air pollution, injuries and carbon impact assessments





























## Mobilidade Ativa: Implicações na Saúde

Romeu Mendes, MD PhD

rmendes@arsnorte.min-saude.pt











