

Is there an optimal daily movement pattern for heart health? A study of Canadian workers' activity tracker data

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Acknowledgements

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Key findings

- Canadian workers had 6 distinct daily physical activity (PA) patterns
- Workers with moderate or high PA through the day or during evenings had lower heart disease risk compared to least active workers
- Workers with high daytime activity were not different in their heart disease risk to the least active

Promoting PA outside work hours may be the optimal strategy for heart health benefits in working populations



Physical activity and heart health

- Being physically inactive contributes to:
 - Unhealthy weight gain and obesity
 - High cholesterol
 - Elevated blood pressure and blood glucose levels



Move More. Reduce Sedentary Time. Sleep Well.

Source: Canadian Society for Exercise Physiology

• All heighten the risk of developing cardiometabolic diseases



"Adults accumulate a weekly average of 150 to 300 minutes of moderate intensity or ≥75 minutes of vigorous physical activity (PA), or an equivalent combination."

https://www.who.int/publications/i/item/9789240015128



How working lives influence physical activity





Poll #1

Which of these make it hard for you to be physically active? Check all that apply.

- 1) Your workplace / the nature of your job
- 2) I don't have much time or energy after work
- 3) I'm not motivated right now
- 4) Other



Limitations of the Physical Activity guidelines

• Guidelines are agnostic to the settings in which PA occurs







• Evidence from population-based studies mostly based on self-reported PA

Are there alternative PA strategies that are also heart healthy?





1. Describe the distinct physical activity patterns of workers

2. Identify which physical activity patterns are associated with a lower future risk of heart disease over a 10-year period



Data collection





Data processing

| | Canadian Health Measures Survey (5 cycles; 2007-2017) | | | | | | |
|-----------------------------------|--|--|--|--|--|--|--|
| | Survey Component | Accelerometer worn for 7 days | Clinical measures | | | | |
| Identify movements | Working adults ≥18 years of age. Sample: ~10,582 adults | Sedentary behaviour Light-intensity physical activity Moderate-intensity physical activity Vigorous-intensity physical activity | Height and weight Waist circumference Blood pressure Cholesterol Blood sugar | | | | |
| Institute for Work & Health | | 200 - 400 - 800 - 1000 - 1000 - | - 1500 - 1000 - 1000 - 500 M T W Th F S Su Day of Week | | | | |

Identifying similar physical activity patterns





Hierarchical Cluster Analysis

Outcome: Predicted 10-year risk of first heart disease event

 Defined as fatal or nonfatal heart attack or coronary heart disease, or stroke over a 10-year period among people free from heart disease at the time of study participation

A high risk corresponds to the upper risk threshold for prescribing lowto-moderate dose statins to reduce heart disease risk (US Preventive Services Task Force)



*Goff et al. ACC/AHA guideline on the assessment of cardiovascular risk. Circulation. 2014.

Outcome: Predicted 10-year risk of first heart disease event

| | 10-Ye ~9 | ear ASCVD Risk calculated risk | Lifetime ASCVD Ris ~% calculated ris | s k sk |
|---|---|---|---|---|
| | ~9 | risk with optimal risk factors 🕄 | ∼% risk with opti factors ⊕ | mal risk |
| ASC | VD Rick Estin | mator | | C Rese |
| | for patients with LDL-C < 19 | 0 mg/dL (4.92 mmol/L), with | out ASCVD, not on LDL- | C lowering therapy |
| | | | | |
| Den | nographics | | | |
| Sex | 5 1 | Age | Race | |
| | Male Female | | White | African American Other |
| | | Age must be between 20-79 | | |
| | | | | The is These |
| | S | | | Unit Type Us |
| Lab | - 0 | | | |
| Lab Total Ch | olesterol (mg/dL) | HDL-Cholesterol (mg/dL) | | Systolic Blood Pressure (mm Hg) |
| Lab Total Ch | olesterol (mg/dL) it be between 130 - 320 | HDL-Cholesterol (mg/dL) | 00 | Systolic Blood Pressure (mm Hg) Value must be between 90-200 |
| Lab Total Ch Value mus | olesterol (mg/dL) it be between 130 - 320 | HDL-Cholesterol (mg/dL) | 00 | Systolic Blood Pressure (mm Hg) Value must be between 90-200 |
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| Lab Total Ch Value must Pers | olesterol (mg/dL) at be between 130 - 320 sonal History | HDL-Cholesterol (mg/dL) | 00 | Systolic Blood Pressure (mm Hg) Value must be between 90-200 |
| Lab Total Ch Value mus Value mus Diabetic | olesterol (mg/dL) It be between 130 - 320 Sonal History | HDL-Cholesterol (mg/dL) Value must be between 20 - Smoker | 000 | Systolic Blood Pressure (mm Hg) Value must be between 90-200 Treatment for Hypertension |

https://tools.acc.org/ldl/ascvd_risk_estimator/index.html#!/calulate/estimator/



Final models

All results were statistically adjusted for the following characteristics:

- Accelerometer wear time
- Seasonality
- Age

Measurement

Sociodemographics & Lifestyle

- Education
- Household income
- Marital status •
- Cohabitating with dependent child
- BMI
- Alcohol consumption

- Hours worked per week Work stress Employed or self-employed status Physical demands of work Stationary or dynamic work?
 - Work

Study sample – 8,909 workers

47% women; 53% men

Average age of 42 years

66% were married/in a common-law relationship

69% had attained postsecondary education

40% had children under 12 years living at home

63% in higher household income group

82% were in full-time work

Average work hours of 40 hrs/wk

66% perceived a bit or quite a bit of work stress

59% were overweight or obese

96% did not have pre-existing diabetes



Pattern 1 – 3,219 workers



Pattern 2 – 2,808 workers

2: Lowest Activity



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1000 18 17 16 15 14 11 13 12 Hour $(\bigcirc$ Physical Activity Midnight 8pm Noon Midnight 8am Vigorous Moderate - 😔 😔 😔 😔 😔 **** Light 2 Sedentary **Work Hours Home & Recreational Home & Recreational** Hours Hours

Sedentary person

18

24

4000

3000

23

22

21

Pattern 3 – 1,194 workers



Early childhood educator

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Pattern 4 – 713 workers



Construction worker

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Pattern 5 – 225 workers



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Night shift workers



Pattern 6 – 750 workers



Active person



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Which activity pattern fits closest to your own activity on an average day?

- 1) Lowest activity
- 2) High daytime activity
- 3) Fluctuating moderate activity or moderate activity
- 4) Moderate evening activity
- 5) Highest activity



10-year heart disease risk



10-year heart disease risk









Worker characteristics in each activity pattern

| | 1: Moderate consistent activity | 2: Lowest activity | 3: Fluctuating moderate activity | 4: High daytime activity | 5: Moderate evening activity | 6: Highest activity |
|-------------------------------------|---------------------------------------|-----------------------|--|--------------------------------|------------------------------------|------------------------|
| High physically demanding job | 31% | 17% | 12% | 27% | 29% | 14% |

| Self-reported physical activity (PA) | | | | | | |
|--|--------------|--------------|--------------|----------------------|---------------|--------------|
| Total recreational PA / week (min) | 81.1 (7.5) | 87.0 (8.0) | 152.3 (17.7) | 88.2 (33.1) | 124.3 (15.9) | 179.7 (17.7) |
| Total active transportation / week (min) | 81.9 (20.1) | 47.4 (5.5) | 91.7 (11.0) | 118.8 (24.0) | 41.6 (16.7) | 76.6 (15.1) |
| Total other PA / week (min) | 278.6 (32.1) | 156.4 (22.7) | 99.9 (19.2) | 190.7 (55.5) | 443.3 (188.0) | 103.5 (25.1) |



Limitations and considerations

- Limitations of accelerometer devices
- Cross-sectional survey
- Limited work schedule information





Discussion

• Strategies promoting PA only in daytime work hours may be less effective than those promoting PA outside daytime work hours

• What roles do the PA paradox and recreational sitting play?

 A more feasible approach for people with socioeconomic and workrelated barriers to PA



Implications



+ Federal, Provincial and Territorial Ministers Responsible for Sport, Physical Activity and Recreation. Towards Alignment: A Collaborative Agenda for Recreation, Sport and Physical Activity in Canada, 2015.

> https://www.canada.ca/en/publichealth/services/publications/health y-living/lets-get-moving.html





Thank you

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