



Sedentary Behavior in Different Age Groups

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ABOUT THE STUDY

Sedentary Behavior (SB) is defined as any posture (sitting, lying down, or lying down) that can be observed across all domains, including behaviors at work or at school, at home, and during transport when waking up by the energy cost. Examples are watching television, playing board games, driving or sitting on the go, sitting or lying down, studying or sitting at work (desk based computer). The effect of SB interventions on measurements of total sitting time, professional sitting time, and screen time, examine the effectiveness of specific intervention components; and determine if there is a research gap in terms of potential types of interventions targeting SB. Of particular importance is the evidence of a steady increase in static occupational research that has emerged over the past few decades. Specifically, evidence from developed countries (using accelerometers) indicates that idle time is between 55% and 70% of adult waking hours, with an average idle time of 9 h per day. 24 year olds spend an average of about 1.5 h per day on sedentary activities such as watching TV/DVDs or playing electronic games, while 5-17 year olds spend more than 2.25 h per day. Two age groups had higher levels of SB than recommended by Australian guidelines. Recommended guidelines for limiting static entertainment screen time to more than 2 h per day in children and adolescents. However, in adults, there are no recommendations for maximum daily SB time or frequency of sitting breaks. Susceptibility to SB often takes place in the socio-ecosystem, where an individual's SB is largely influenced by multiple factors, such as the nature of their functions and the tools/equipment used to perform the functions. This explains why sit-stand desks in workplace settings can be very effective in reducing sitting time, as sitting in a chair is not necessary for work.

There is strong evidence that high amounts of SB increase the risk of all-cause and Cardio-Vascular Disease (CVD) deaths and incidence of CVD and Type 2 Diabetes (T2D) in adults. Furthermore, moderate evidence suggests that SB incidence may be associated with endometrial, colon, and lung cancer. The harmful effects of SB are more common in people who are physically inactive. In children, longer duration and higher

frequencies of screen time can have a negative impact on body composition, cardio metabolic risk, behavior, fitness and self-esteem.

The problem of over-sitting is increasingly recognized by public health guidelines that now have clear, yet widespread messages around SB. Due to the high exposure to SB and the adverse effects on population health, research in this area has gained prominence over the past 10 years, leading to the conduct of intervention studies targeting reductions in SB in different contexts and in different population groups. Consequently, several systematic reviews have been published in recent years to quantify the impact of SB interventions on measurements of sitting time, focusing primarily on office interventions and some community-based interventions.

Decision makers and policy makers prefer approaches that capture the 'completion' of evidence on the impact of informing practice and guidelines. With regard to SB, as a result of the systematic review, it is valuable to provide a high level of synthetic evidence to inform decision makers about the impact of the intervention. To the best of our knowledge, to date only one review of systematic reviews has been conducted to assess the impact behavior change interventions designed to reduce SB due to TV watching and/or media use in children and adolescents. That umbrella review suggests that future research should target interventions targeting other types of SB and other population age groups (e.g. adults); as well as assess the impact of different behavioral change patterns in different settings. This umbrella review set out to investigate the potential of interventions in reducing SB in healthy populations in all age groups.

This is a strong evidence for the effectiveness of SB interventions in reducing idle time, especially interventions that target professional sitting in office settings with a clinically meaningful reduction of at least 30 minutes per day. SB interventions are also effective in reducing screen time in children and adolescents; however, the effect size appears to be small. Future research is going to explore the potential of SB in the elderly outside of professional settings as well as during sedentary leisure. Furthermore, the stability of the changes in SB remains a challenge.

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