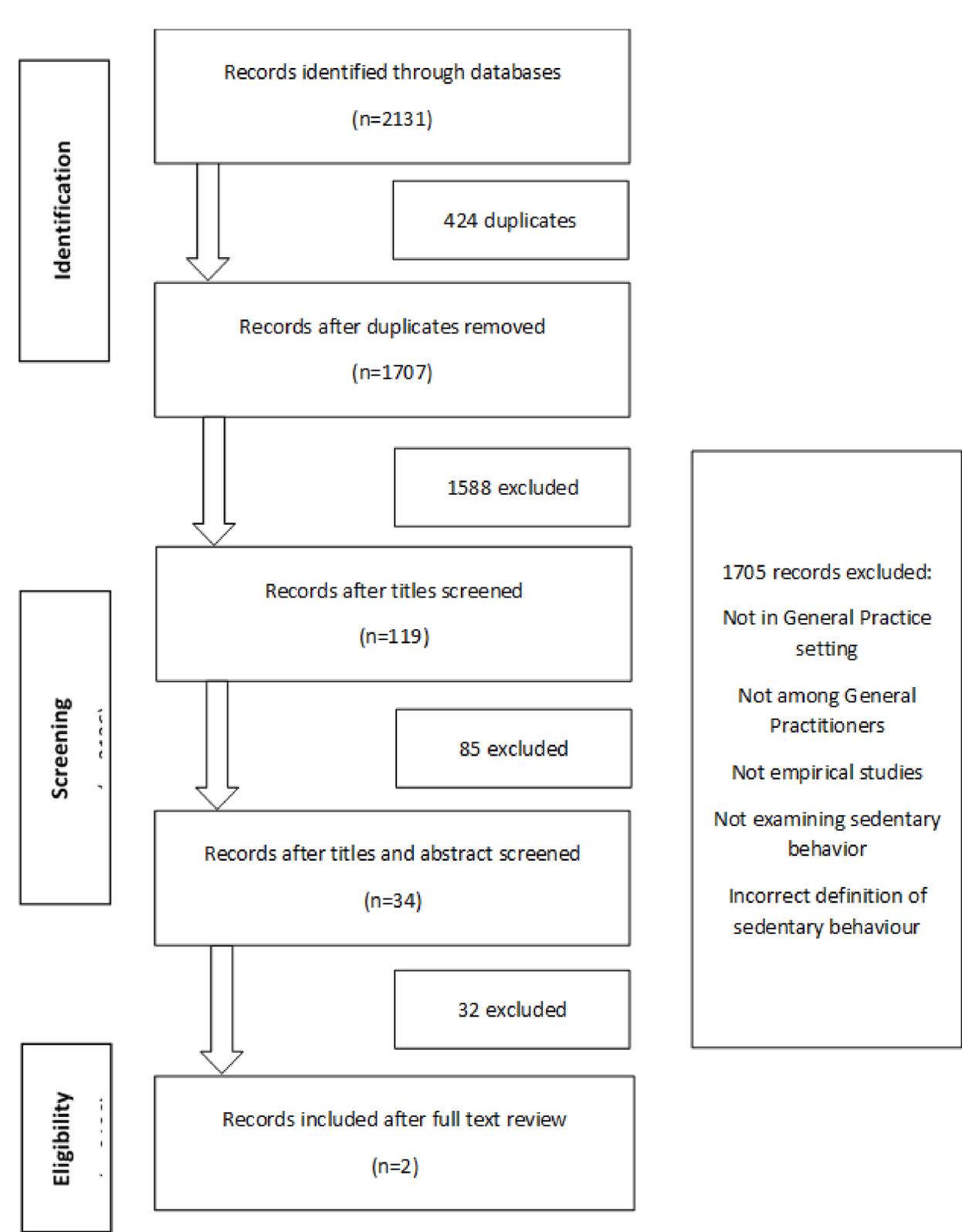


Introduction

Sedentary behaviour is when someone is awake, in a sitting, lying or reclining posture and is an independent risk factor for multiple causes of morbidity and mortality. A dose-response relationship has been demonstrated, whereby increasing sedentary time corresponds with increasing mortality rate. This study aimed to identify current levels of sedentary behaviour among General Practitioners (GPs), by examining and synthesising how sedentary behaviour has been defined and measured in the primary care literature.

Methods

A systematic review was conducted to identify studies relating to levels of sedentary behaviour among GPs. Searches were performed using Medline®, Embase®, PsycINFO and Web of Science, from inception of databases until January 2020. Articles were assessed for quality and bias, with extraction of relevant data.



Results

Search criteria returned 1707 studies. 34 full texts were reviewed and 2 studies finally included. Both were cross-sectional surveys using self-reported estimation of sedentary time. Keohane et al. examined GP trainees and GP trainers in the Republic of Ireland. 60% reported spending in excess of 7 hours sitting each day, 24% between 4 and 7 hours, and 16% less than or equal to 4 hours. Suija et al. examined female GPs in Estonia. Mean reported daily sitting time was 6 hours and 36 minutes, with 56% sitting for over 6 hours per day. Both studies were of low methodological quality and high risk of bias.

Discussion

This systematic review shows there is a paucity of research examining current levels of sedentary behaviour among GPs. Given that GPs who are more physically active are more likely to recommend physical activity to their patients, and patients are more likely to make healthy lifestyle changes if they believe their doctor follows the health advice themselves, by reducing their sedentary behaviour and increasing their physical activity, GPs could play an important role in the development of a less sedentary and more physically active society. There is therefore a need for objective data to determine the current levels of sedentary behaviour among GPs, in order to identify ways of reducing this, if possible.

References

- 1) Ekelund U, Tarp J, Steene-Johannessen J, Hansen BH, Jefferis B, Fagerland MW, et al. Dose-response associations between accelerometry measured physical activity and sedentary time and all cause mortality: systematic review and harmonised meta-analysis. *BMJ*. 2019;366:l4570.
- 2) Keohane DM, McGillivray NA, Daly B. Physical activity levels and perceived barriers to exercise participation in Irish General Practitioners and General Practice trainees. *Ir Med J*. 2018;111(2):690.
- 3) Suija K, Pechter U, Maaros J, Kalda R, Ratsep A, Oona M, et al. Physical activity of Estonian family doctors and their counselling for a healthy lifestyle: a cross-sectional study. *BMC Family Practice*. 2010;11:48.
- 4) Lobelo F, de Quevedo IG. The evidence in support of physicians and health care providers as physical activity role models. *American journal of lifestyle medicine*. 2016;10(1):36-52.
- 5) Lobelo F, Duperly J, Frank E. Physical activity habits of doctors and medical students influence their counselling practices. *British Journal of Sports Medicine*. 2008;43(2):89-92.