ACSM Position Stand Appropriate Physical Activity Intervention Strategies for Weight Loss and Prevention of Weight Regain for Adults

Link naar position stand:
https://journals.lww.com/acsm-msse/Fulltext/2009/02000/Appropriate_Physical_Activity_Intervention.26.aspx

ABSTRACT

Overweight and obesity affects more than 66% of the adult population and is associated with a variety of chronic diseases. Weight reduction reduces health risks associated with chronic diseases and is therefore encouraged by major health agencies. Guidelines of the National Heart, Lung, and Blood Institute (NHLBI) encourage a 10% reduction in weight, although considerable literature indicates reduction in health risk with 3% to 5% reduction in weight. Physical activity (PA) is recommended as a component of weight management for prevention of weight gain, for weight loss, and for prevention of weight regain after weight loss. In 2001, the American College of Sports Medicine (ACSM) published a Position Stand that recommended a minimum of 150 min/wk of moderateintensity PA for overweight and obese adults to improve health; however, 200–300 min/wk was recommended for long-term weight loss. More recent evidence has supported this recommendation and has indicated more PA may be necessary to prevent weight regain after weight loss. To this end, we have reexamined the evidence from 1999 to determine whether there is a level at which PA is effective for prevention of weight gain, for weight loss, and prevention of weight regain. Evidence supports moderateintensity PA between 150 and 250 min/wk to be effective to prevent weight gain. Moderate-intensity PA between 150 and 250 min/wk will provide only modest weight loss. Greater amounts of PA (>250 min/wk) have been associated with clinically significant weight loss. Moderateintensity PA between 150 and 250 min/wk will improve weight loss in studies that use moderate diet restriction but not severe diet restriction. Cross-sectional and prospective studies indicate that after weight loss, weight maintenance is improved with PA >250 min/wk. However, no evidence from well-designed randomized controlled trials exists to judge the effectiveness of PA for prevention of weight regain after weight loss. Resistance training does not enhance weight loss but may increase fat-free mass and increase loss of fat mass and is associated with reductions in health risk. Existing evidence indicates that endurance PA or resistance training without weight loss improves health risk. There is inadequate evidence to determine whether PA prevents or attenuates detrimental changes in chronic disease risk during weight gain.

SAMENVATTING

Overgewicht en obesitas zijn belangrijke gezondheidsproblemen, die het risico op chronische ziekten vergroten. Gewichtsvermindering van 5-10% wordt algemeen aanbevolen; dit verkleint de gezondheidsrisico's. Lichaamsbeweging wordt aanbevolen als onderdeel van gewichtsmanagement, i.e. blijvende gewichtsvermindering door gewichtsverlies en het voorkomen van gewichtstoename. De ACSM geeft in 2001 als algemene aanbeveling een minimum van 150 min/week matig intensieve beweging om gewichtstoename te voorkomen, maar voor gewichtsvermindering tenminste 200-300 min/week.
Recent onderzoek heeft aangetoond, dat >250 min/week matig intensieve beweging nodig is voor significant gewichtsverlies. Krachttraining leidt door toename van de vetvrije massa niet tot meer gewichtsvermindering, maar de veranderde lichaamssamenstelling heeft wel een afname van gezondheidsrisico's tot gevolg.

Dit document is een update van het ASCM standpunt van 2001.