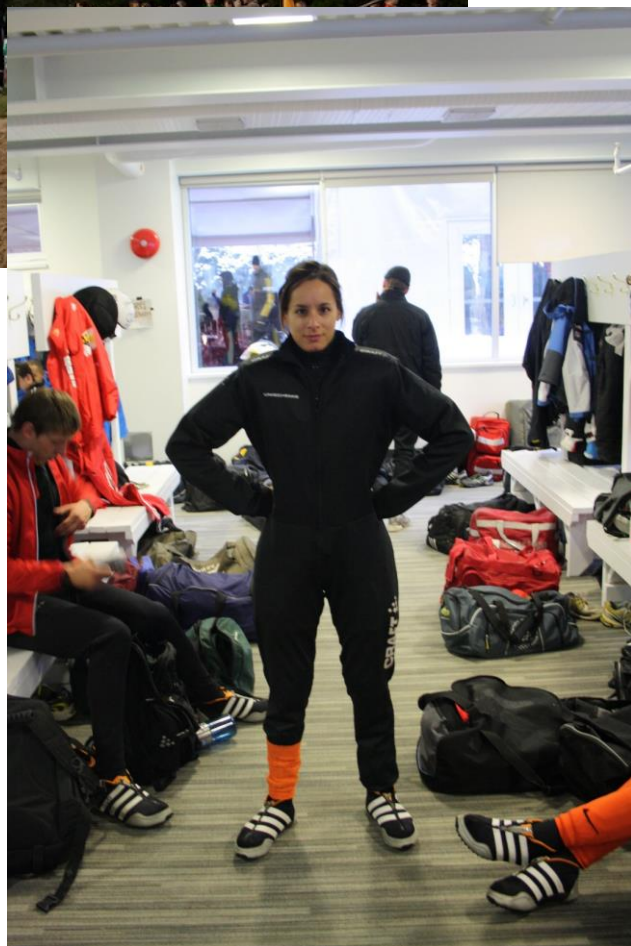


“Het leven is als fietsen,
om je evenwicht te houden
moet je in beweging blijven”

*Tamara Aipassa
Cardioloog
Januari 2023*

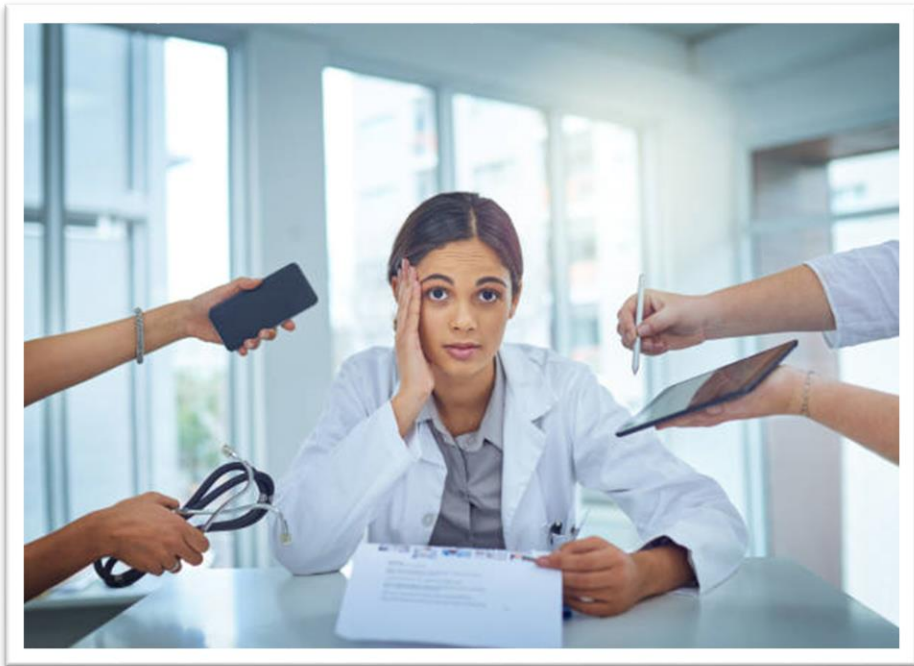



zuyderland






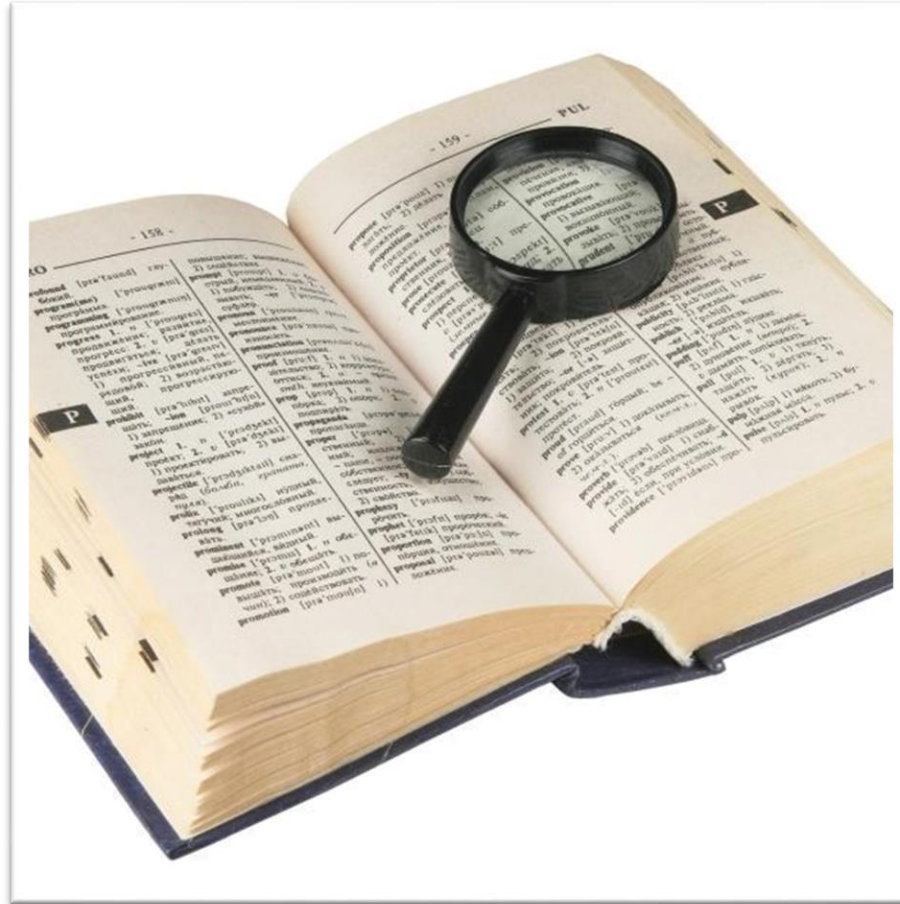
"Here—go make Daddy's Fitbit think he's exercising."



 Sittard-Geleen Nieuws - Nieuws.nl ◀ ▶ ⋮ ✕



 Nieuwe KFC geopend in Sittard-Geleen [Bezoeken](#)



Waar hebben we het over

Termen

- ▶ **Bewegen** = iedere lichaamsbeweging veroorzaakt door spiere waarvoor energie wordt verbruikt.
- ▶ **Sporten** = vrijwillige fysieke activiteit, die gepland, gestructureerd, en herhalend is. En gedaan wordt om fitheid gezondheid te behouden dan wel te verbeteren
- ▶ **Inactiviteit** = de beweegnorm niet halen
- ▶ **Sedentair** = zittende leefstijl
- ▶ **Matig-intensief** = energy expenditure > 3 METS

METS

Metabolic Equivalent of Task.
How to calculate the intensity of
our workout.



1 SEDENTARY - < 1.6 METS

Activities that involve lying or sitting that have low energy requirement



2 LIGHT - 1.6 TO 3 METS

An intensity that can be sustained for 60 mins and does not affect breathing rate



3 MODERATE - 3 - 6 METS

Aerobic activity may be conducted while holding an uninterrupted conversation. This intensity can be performed for 30 - 60 mins.



4 VIGOROUS - 6 - 9 METS

An intensity that cannot be maintained without compromising speech and conversation. This intensity can only be maintained for 30 mins



5 HIGH - > 9 METS

An intensity that generally cannot be sustained more than 10 mins

Sedentair / zittende leefstijl

- ▶ Televisie kijken
- ▶ Computer: werk
- ▶ Computer: ontspanning
- ▶ Zittende ontspanning: lezen, schrijven, fröbelen, puzzelen etc.
- ▶ Reizen: autorijden, zitten in de trein
- ▶ Studeren



Bewegen is gezond

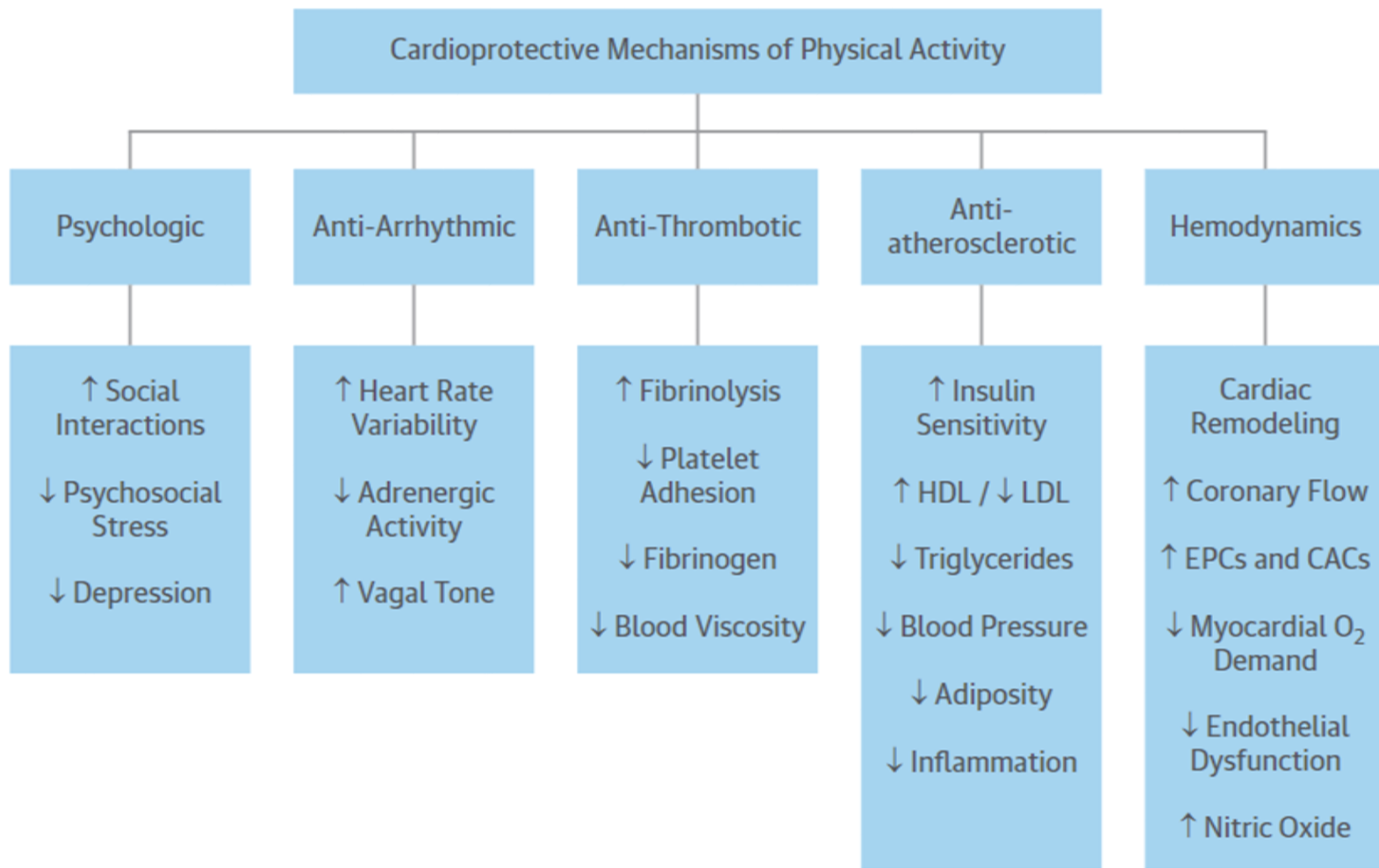
The background features abstract, overlapping geometric shapes in various shades of blue, ranging from light sky blue to deep navy blue. These shapes are primarily located on the right side of the frame, creating a dynamic, modern aesthetic. The rest of the background is plain white.



**World Health
Organization**

- **Physical activity has significant health benefits for hearts, bodies and minds**
- **Physical activity contributes to preventing and managing noncommunicable diseases such as cardiovascular diseases, cancer and diabetes**
- **Physical activity reduces symptoms of depression and anxiety**
- **Physical activity enhances thinking, learning, and judgment skills**
- **Physical activity ensures healthy growth and development in young people**
- **Physical activity improves overall well-being**
- **Globally, 1 in 4 adults do not meet the global recommended levels of physical activity**
- **People who are insufficiently active have a 20% to 30% increased risk of death compared to people who are sufficiently active**
- **More than 80% of the world's adolescent population is insufficiently physically active**

FIGURE 1 Benefits of PA/Exercise



Smoking cessation

Hazard ratio of 0.63 on mortality in post-AMI quitters [7] **0.63**

- Use the 5 A's framework.
- Combine behavioural support and medication.

Dietary change

Mediterranean diet
Extra virgin olive oil Hazard ratio of 0.69 on ASCVD events [38] **0.69**

Mediterranean diet
Nuts Hazard ratio of 0.72 on ASCVD events [38] **0.72**

- Current dietary targets for salt and alcohol are being debated.

Weight loss

Relative risk of 0.82 on all-cause mortality [25] **0.82**

- Lack of evidence for diets only focused on weight loss to reduce ASCVD.

- Medication and bariatric surgery can be considered for weight loss.

Lifestyle management

Focus on patients with high estimated ASCVD risk and a high probability of success

Promoting physical activity

Moderate-intensity leisure-time physical activity of:

150 min
week Relative risk of 0.86 on ASCVD events [51] **0.86**

300 min
week Relative risk of 0.80 on ASCVD events [51] **0.80**

- Physical activity should be integrated into everyday life to minimise sedentary time.

Stress management

Hazard ratio of 0.59 on ASCVD events [72] **0.59**

- Stress influences adherence to medication and beneficial lifestyle behaviours.

Implementation in practice

- Shared decision-making is crucial for motivation and commitment [79].
- Multidisciplinary interventions are recommended to reduce ASCVD [82].
- Long-term support may be needed to improve adherence to beneficial lifestyles [84].

Promoting physical activity

Moderate-intensity leisure-time physical activity of:

150 min
week Relative risk of 0.86 on ASCVD events [51] **0.86**

300 min
week Relative risk of 0.80 on ASCVD events [51] **0.80**

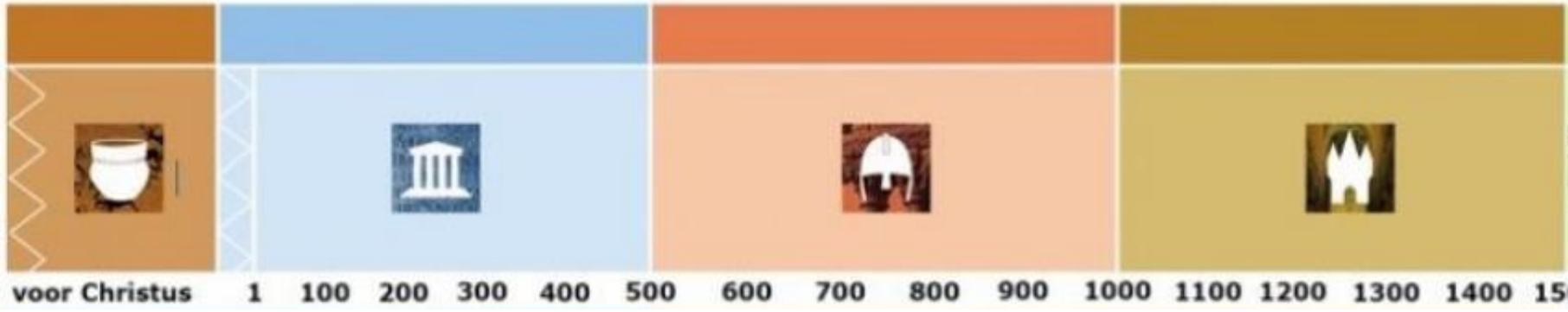
- Physical activity should be integrated into everyday life to minimise sedentary time.

Bewegen

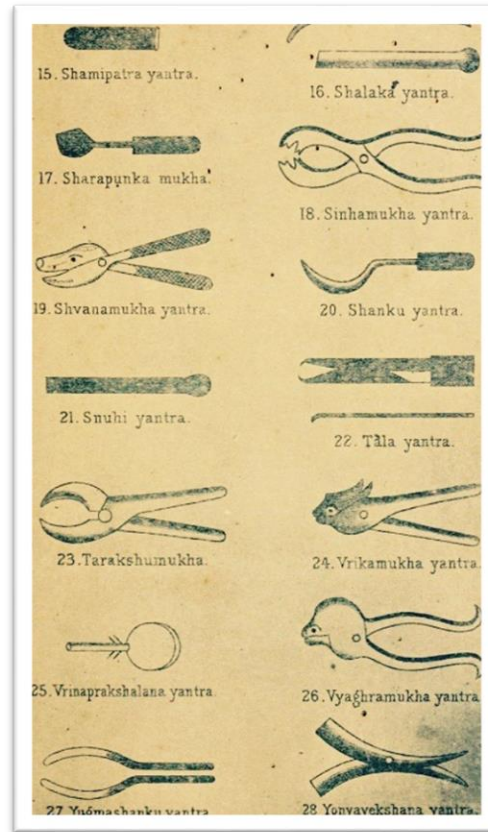
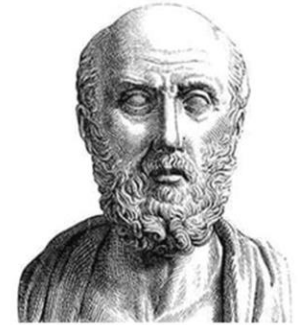
PREHISTORIE

OUDHEID

MIDDELEEUWEN



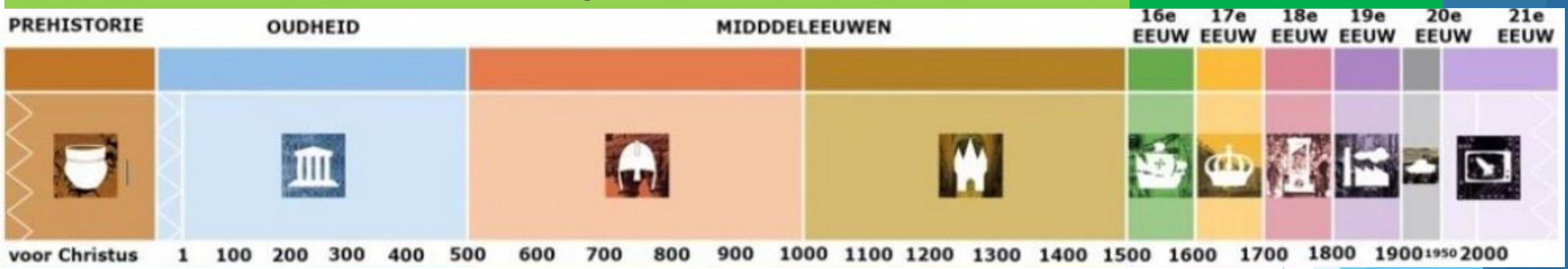
**Walking is man's best medicine.
– Hippocrates**

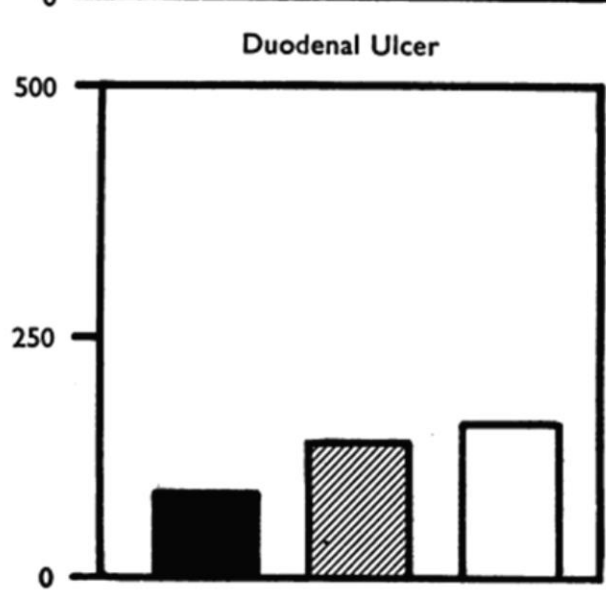
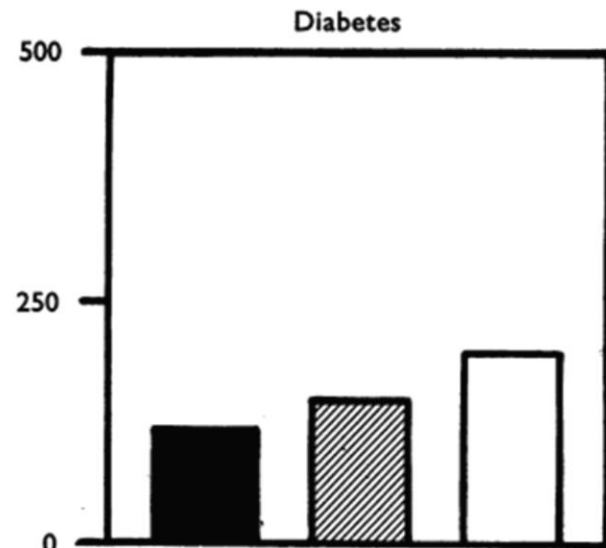
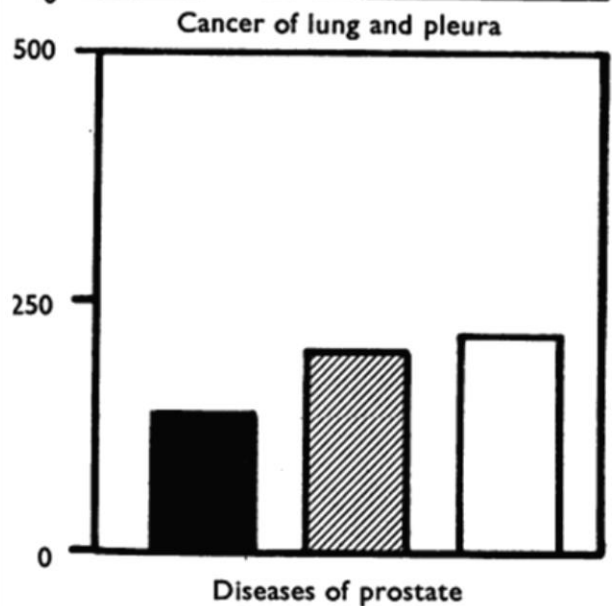
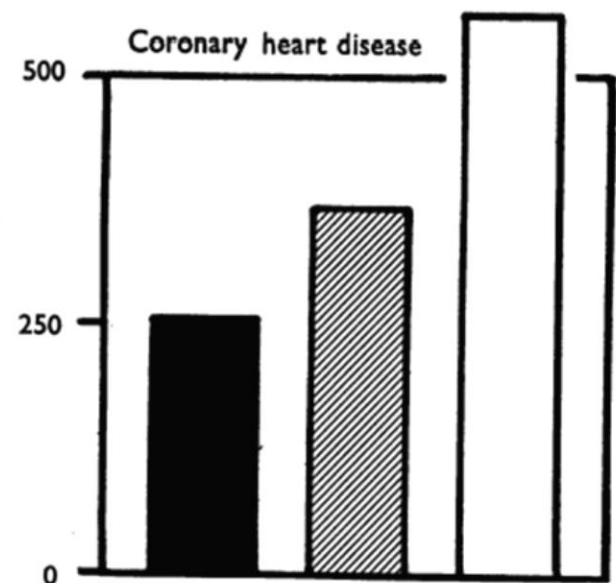


One of the first recorded prescriptions of ET was by Susruta of India in 600 BCE, who advocated that ET “made the body stout, strong, firm, compact, and light, enhanced the growth of limbs and muscles, improved digestion and complexion, prevented inactivity, and reduced senility, [and absolutely] conducive to a better preservation of health.”¹⁵ The links

Bewegen

Bedrust





Brit. J. industr. Med., 1953, 10, 245.

**MORTALITY IN RELATION TO THE
PHYSICAL ACTIVITY OF WORK**

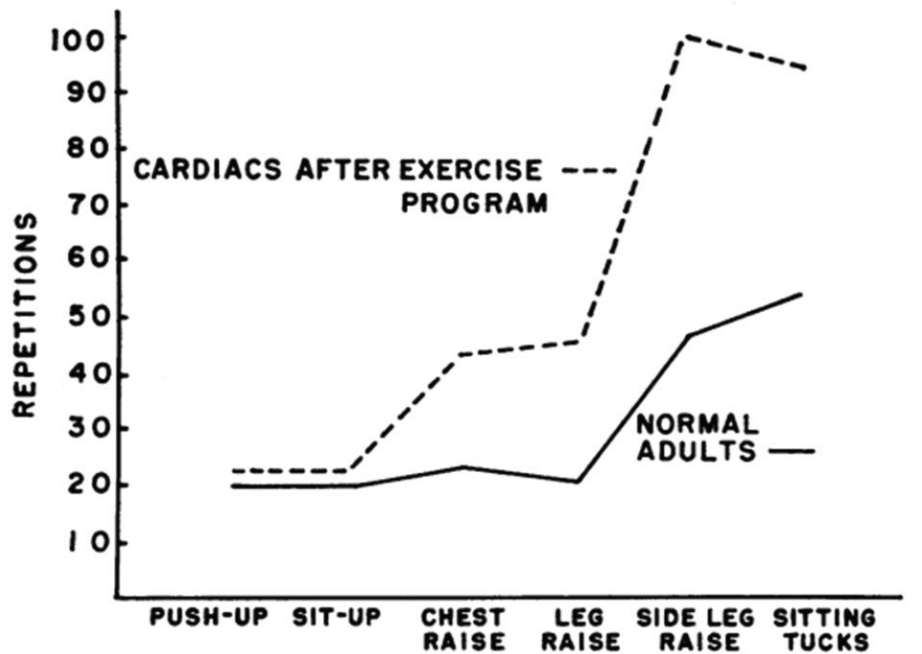
A PRELIMINARY NOTE ON EXPERIENCE IN MIDDLE AGE

BY

J. N. MORRIS and J. A. HEADY

The Effects of a Graduated Exercise Program on Patients with Previous Myocardial Infarction

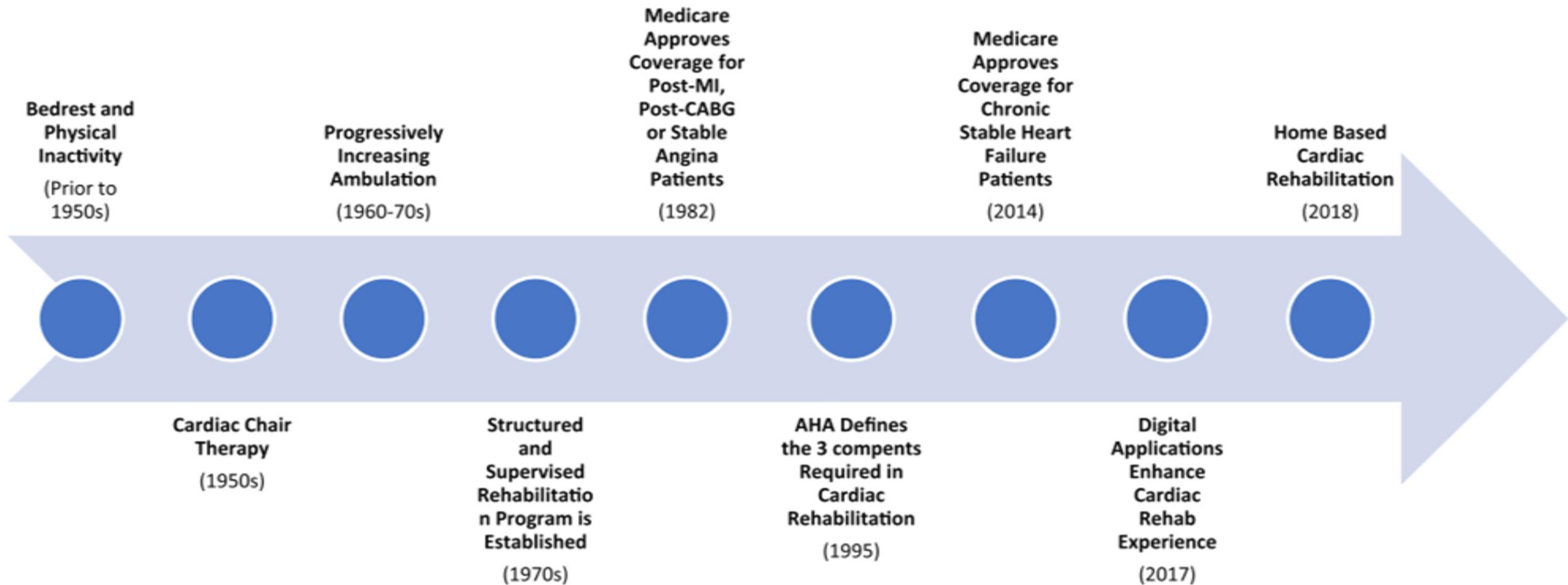
P. A. RECHNITZER, M.D., M.R.C.P.(Edin.), F.R.C.P.[C],
M. S. YUHASZ, Ph.D., H. A. PICKARD, M.D., F.R.C.P.[C] and
N. M. LEFCOE, M.D., F.R.C.P.[C], *London, Ont.*



THE 5-MINUTE MUSCULAR ENDURANCE TEST ITEMS

Fig. 2.—Muscular endurance comparison.

them. Each of the four men in this study experienced dramatic subjective improvement. They stated that they had increased stamina, could do their work more effectively, derived pleasure from more active leisure activities and in general experienced great satisfaction in being able to live a physically active life free from the restrictions of their former rather cautious approach to any physical activity.





Dus bewegen is goed, en we weten het.

Maar als mens zijn doet we het maar matig...



	Overall percentage of insufficient physical activity (95% UI)	Percentage of men with insufficient physical activity (95% UI)	Percentage of women with insufficient physical activity (95% UI)
All countries	27.5% (25.0–32.2)	23.4% (21.1–30.7)	31.7% (28.6–39.0)
Central Asia, Middle East, and north	37.8% (31.0–35.2)	25.0% (22.7–28.7)	30.0% (27.0–42.7)
Central Europe and north	27.5% (25.0–32.2)	23.4% (21.1–30.7)	31.7% (28.6–39.0)
East Asia and Southeast Asia	27.5% (25.0–32.2)	23.4% (21.1–30.7)	31.7% (28.6–39.0)
High-income countries	27.5% (25.0–32.2)	23.4% (21.1–30.7)	31.7% (28.6–39.0)
High-income countries	27.5% (25.0–32.2)	23.4% (21.1–30.7)	31.7% (28.6–39.0)
Latin America and the Caribbean	27.5% (25.0–32.2)	23.4% (21.1–30.7)	31.7% (28.6–39.0)
Oceania	27.5% (25.0–32.2)	23.4% (21.1–30.7)	31.7% (28.6–39.0)
South and Southeast Asia	27.5% (25.0–32.2)	23.4% (21.1–30.7)	31.7% (28.6–39.0)
Sub-Saharan Africa	27.5% (25.0–32.2)	23.4% (21.1–30.7)	31.7% (28.6–39.0)
Low-income	16.2% (14.2–17.9)	13.4% (11.3–15.6)	18.8% (15.9–21.4)
Middle-income	26.0% (22.6–31.8)	21.9% (18.9–31.3)	30.1% (26.0–39.5)
High-income	36.8% (35.0–38.0)	32.0% (29.8–33.1)	41.6% (39.1–43.9)

Table 2: Prevalence of insufficient physical activity in 2016

Marges ▼

Persoonskenmerken ▼

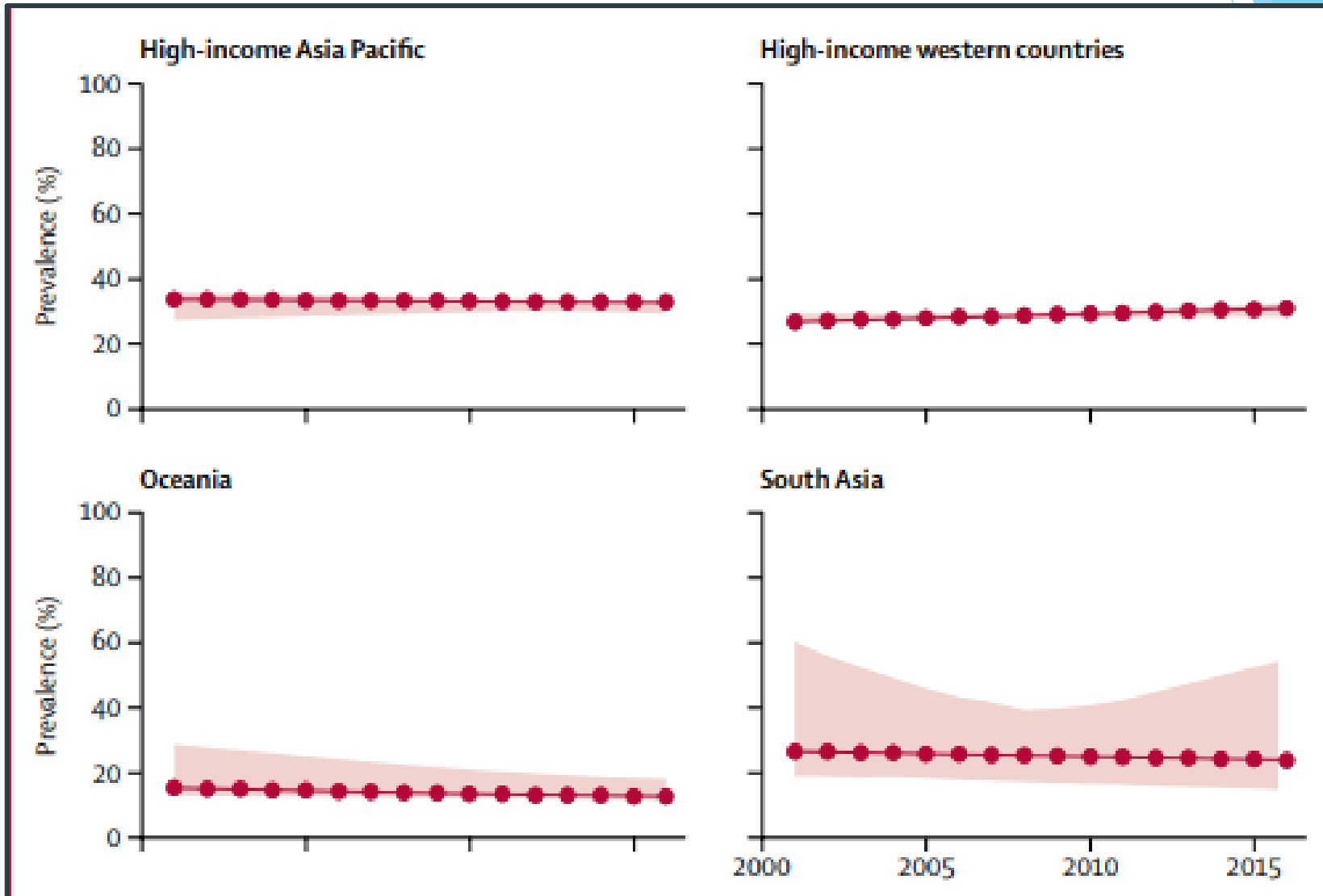
Perioden ▼

Bewegen, 12 jaar of ouder

Voldoen aan Nederl. Norm Gezond Bewegen

	Inactief	Semi-actief	Normactief	Wekelijkse sporters
%				
Waarde	9,9	30,8	59,3	51,9

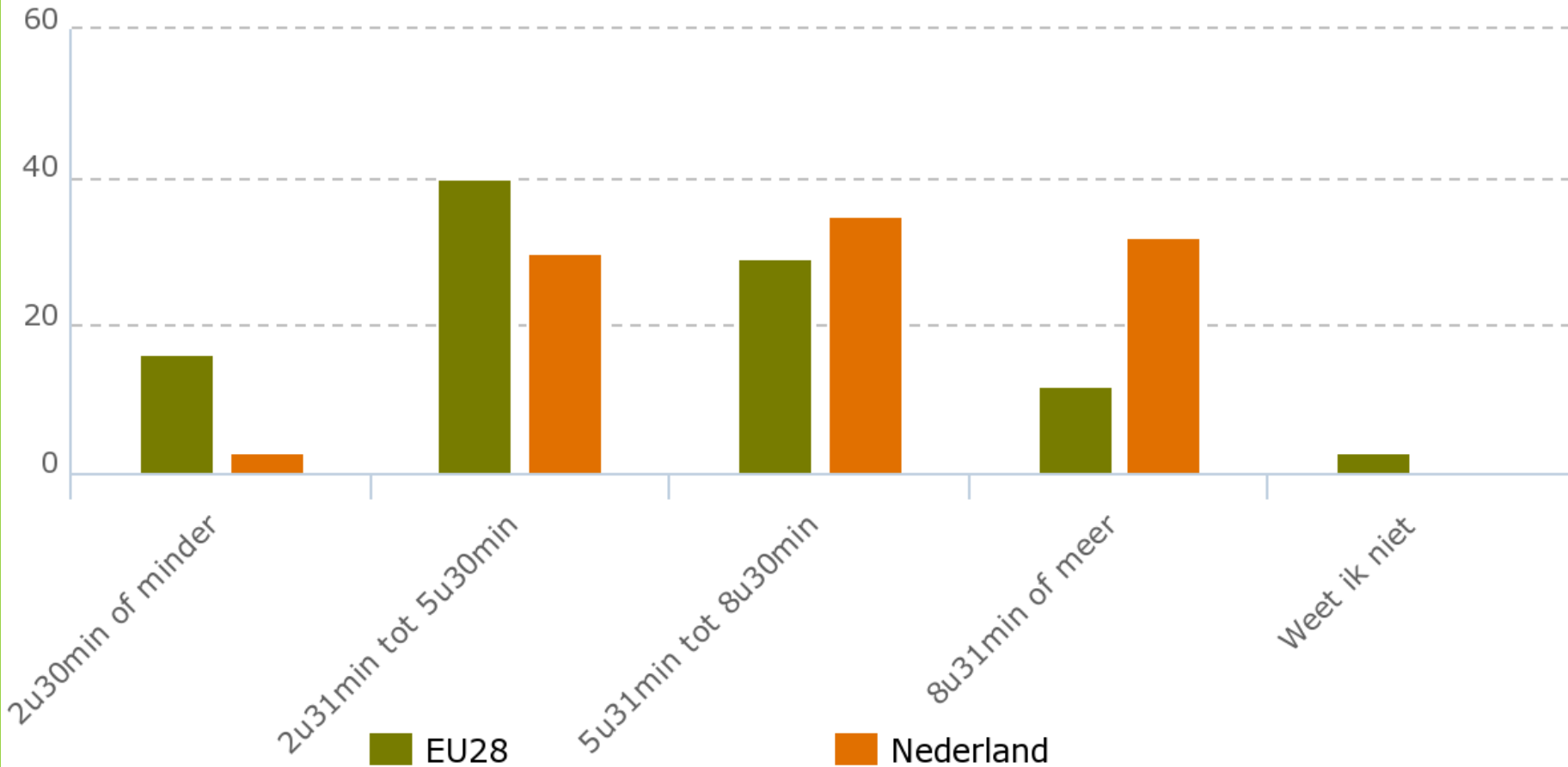
Bron: CBS



Internationale verschillen in zitgedrag 2017

Hoeveel tijd zit je op een gewone dag?

Percentage



Tijd sedentair

- ▶ US: 1965 26 uur → 2009 38 uur
- ▶ UK: 1960 30 uur → 2005 42 uur/week
- ▶ 2006 US:
 - volwassenen 6-8 uur/dag
 - > 60 jaar 8,5-9,5 uur per dag

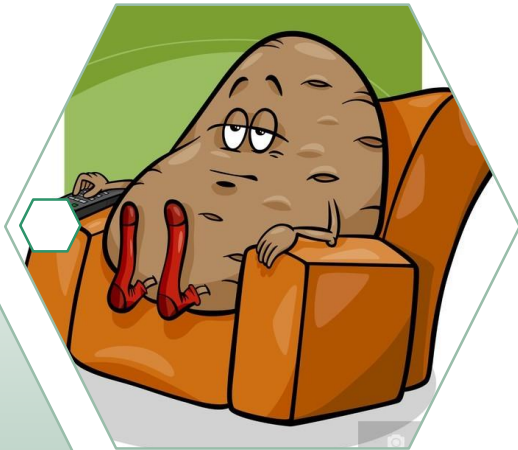
*Targeting Reductions in Sitting Time to Increase Physical Activity and Improve Health.
Kaedle. sl : Med Sci Sports Exerc, 2017.*



5
miljoen*

1,35
miljoen*

6,8
miljoen**





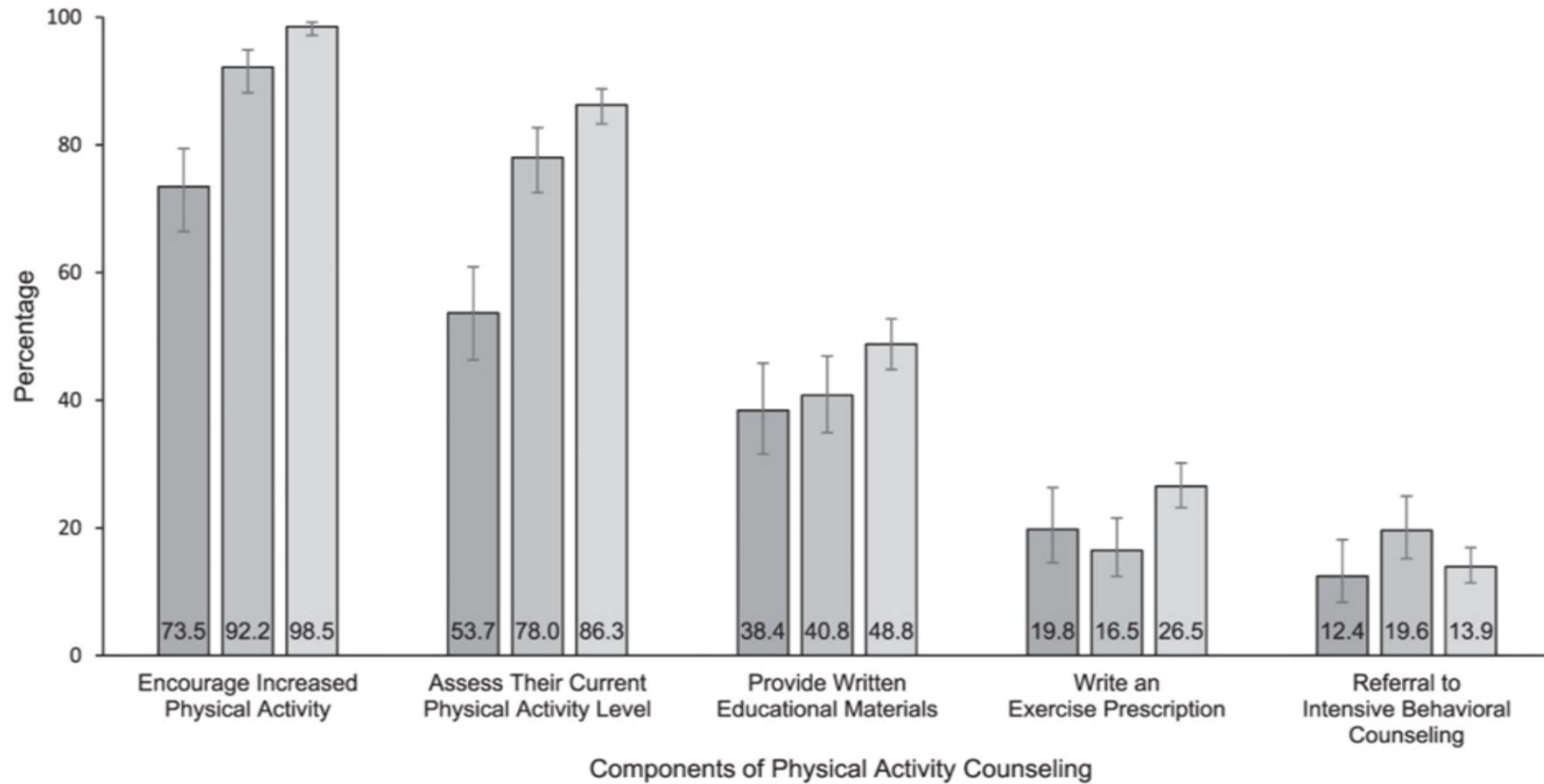
Ook in de zorg doen we het niet best

Table 2 Indicator scores: risk factor recording

		Smoking status	Physical activity capacity	Weight/BMI	Blood pressure	Serum cholesterol
Austria	Mean	100↑	50.6	61.4	94.2	95.7↑
	SD	0	31.2	33.0	7.1	6.0
	p	.000	.566	.311	.957	.000
Belgium	Mean	76.7	52.6	84.4↑	98.0↑	95.4↑
	SD	29.0	34.5	15.1	4.2	6.7
	p	.708	.805	.001	.004	.000
England	Mean	94.8↑	64.1	82.9↑	98.3↑	94.6↑
	SD	10.0	29.4	22.1	3.4	7.5
	p	.000	.121	.003	.000	.000
France	Mean	79.4	46.0	90.9↑	96.2	96.4↑
	SD	21.5	39.6	11.0	7.7	6.7
	p	.983	.439	.000	.555	.002
Germany	Mean	92.5↑	55.6	65.2	96.3	94.2
	SD	9.9	41.5	33.3	7.0	8.9
	p	.001	.933	.662	.462	.016
Netherlands	Mean	57.2↓	41.7	44.6↓	82.0↓	67.2↓
	SD	28.3	27.7	27.3	15.8	19.5
	p	.000	.030	.000	.000	.000

Percentage of Patients At Risk^a for CVD Counseled:

■ Few or Some (1%–50%) ■ Many (51%–75%) ■ Most (>75%)



Reported barriers to discussing physical activity with at-risk^a patients (N = 1043)^b, DocStyle

	Overall prevalence of reporting			
	Attitude and belief barriers ^d		System-level barriers ^d	
	%	SE	%	SE
Total	42.5	1.5	69.1	1.4

Reden voor geen advies - *attitude*

Patiënt doet het toch niet

Ik denk niet dat adviseren effectief is

Ik weet niet wat ik moet adviseren

Reden voor geen advies - *systeem*

Niet voldoende tijd

Verzekering

Geen mogelijkheid tot verwijzen

Table 1. Proportion of patients advised and attended a cardiac rehabilitation programme (CRP) by age, gender and recruiting event.

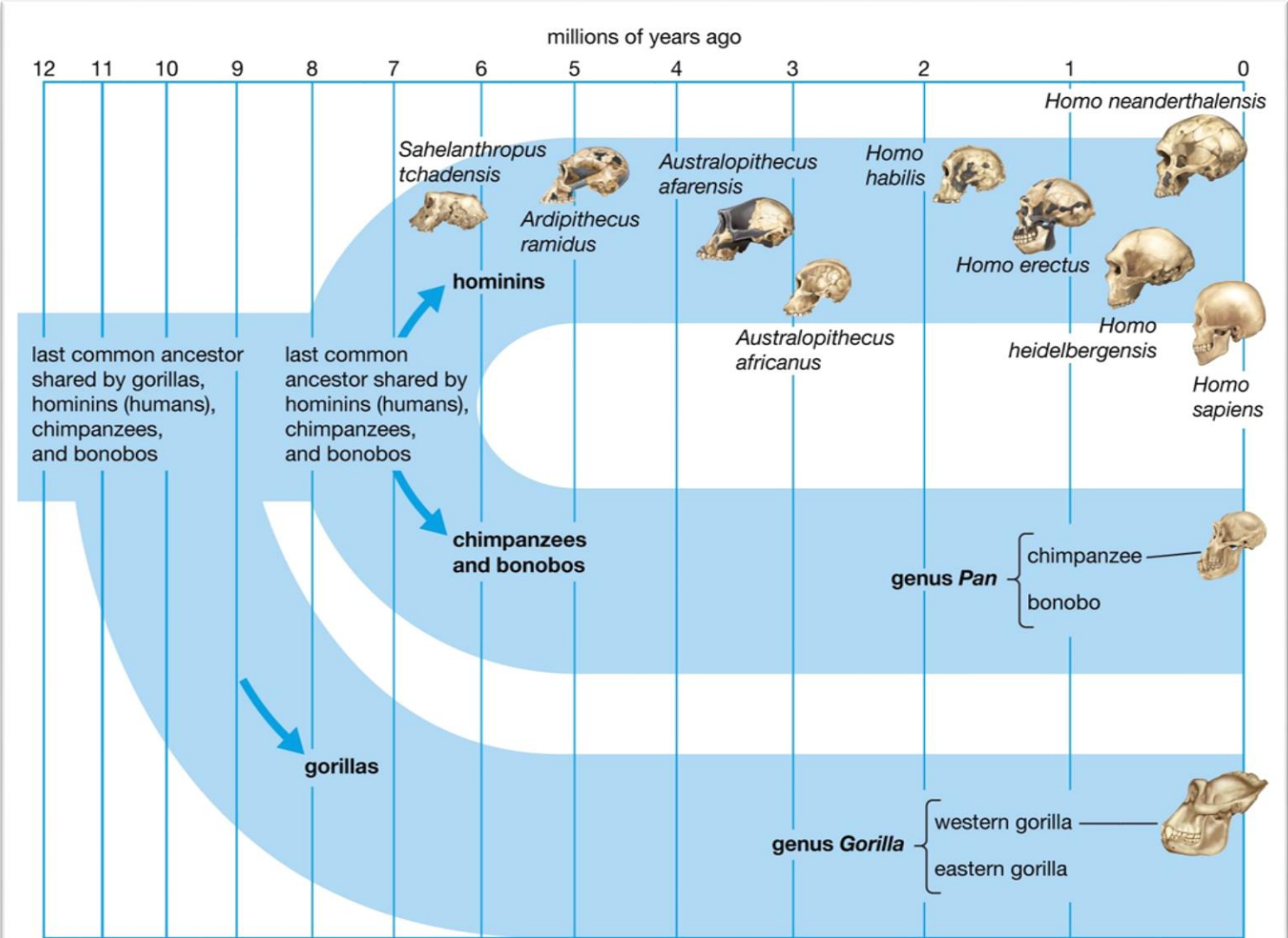
	CRP		
	Advised % (n)	Attended ^a (among those advised) % (n)	Attended ^a (among all patients) % (n)
Age at interview			
<50 years	52.6% (355/675)	78.0% (277/355)	41.0% (277/675)
50–59 years	53.2% (1011/1899)	83.1% (840/1011)	44.2% (840/1899)
60–69 years	50.6% (1493/2951)	82.4% (1230/1493)	41.7% (1230/2951)
≥70 years	48.3% (1150/2382)	79.5% (914/1150)	38.4% (914/2382)

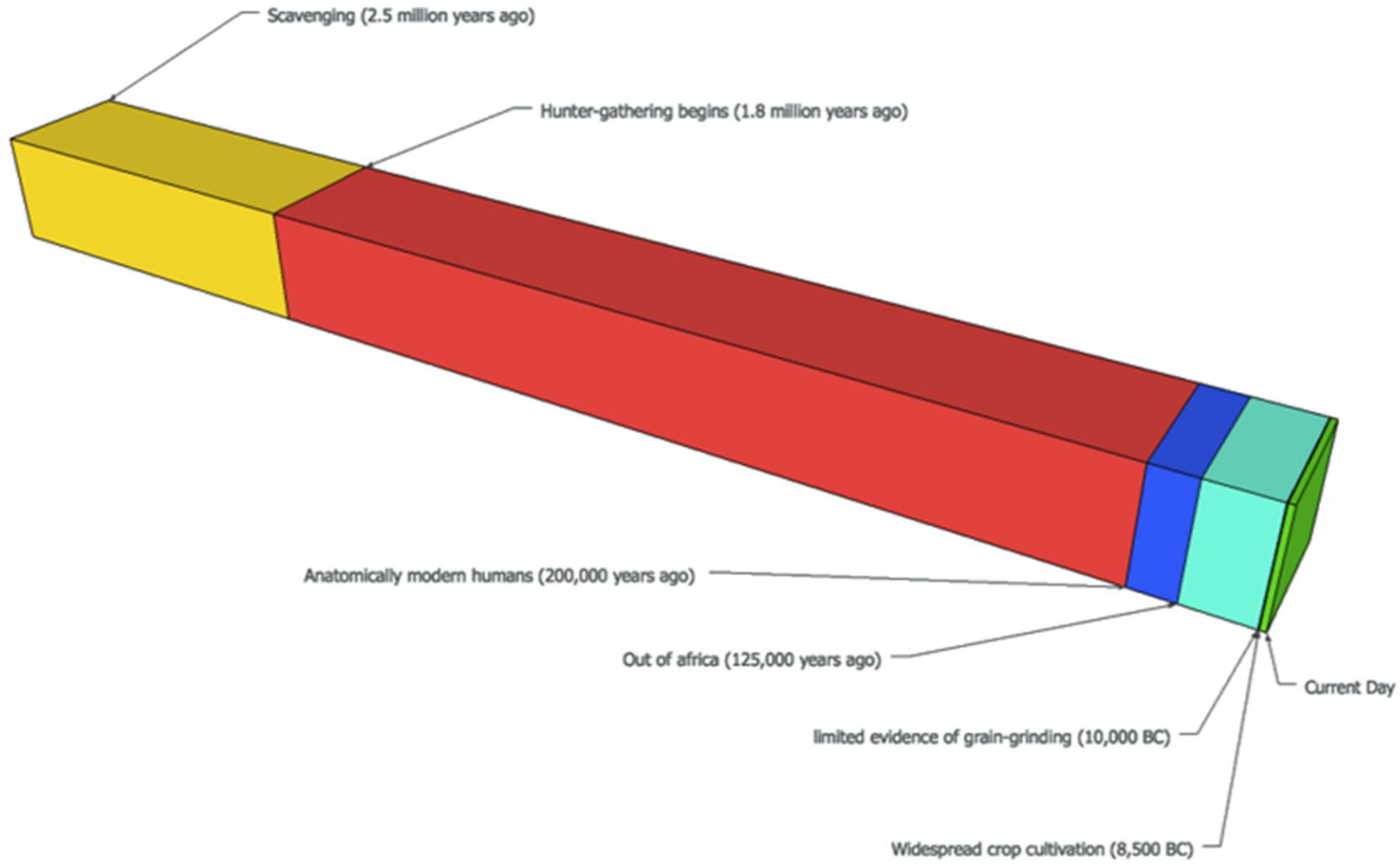


Bewegen, we zijn er waardeloos in.

Hoe kan dat nou?

Liever lui dan moe







Calorie

Groei

Onderhoud

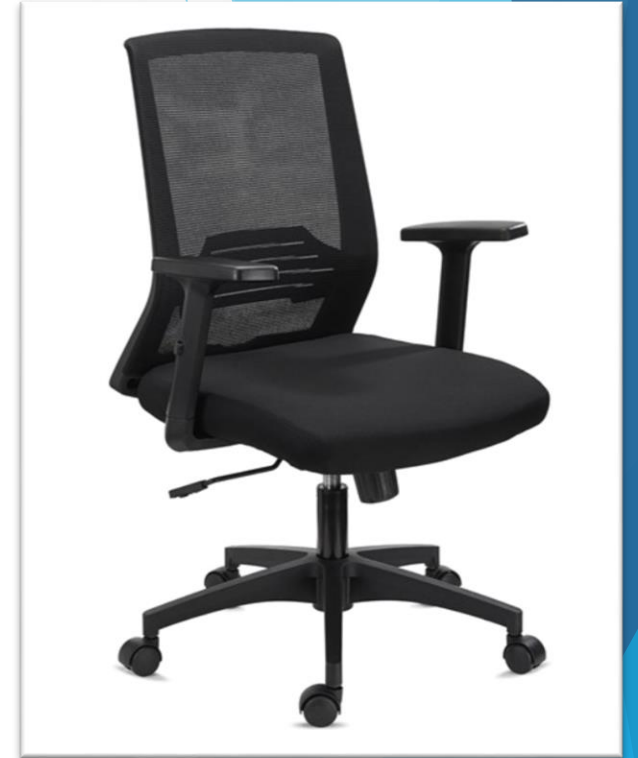
Opslag

Activiteit

Voortplanting

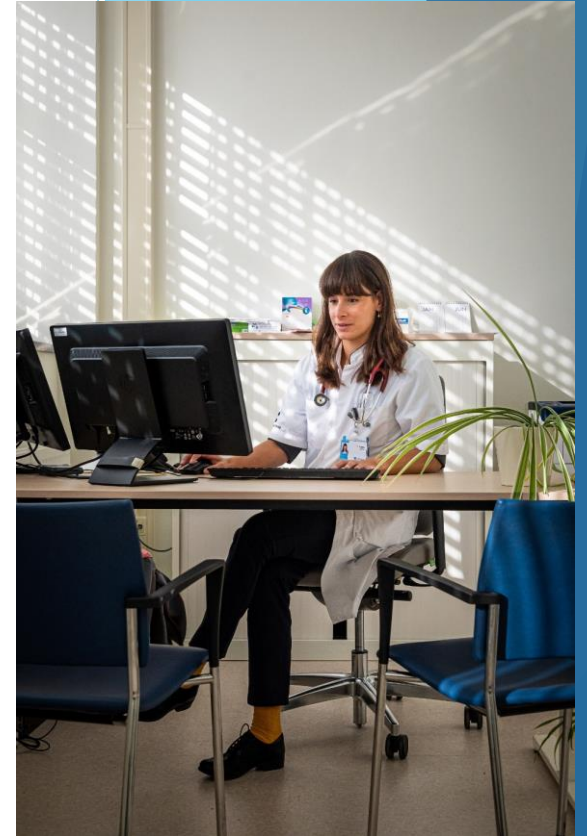
Zitten

- ▶ Hadza 24 uur:
 - ▶ 4 uur lichte activiteiten
 - ▶ 2 uur moderate-intensive
 - ▶ 20 minuten vigoreus
- ▶ Zij zitten toch eigenlijk ook wel veel...
 - ▶ Zij zitten niet op een stoel
 - ▶ Wat doen we tijdens het zitten:
 - ▶ stress volle taken stijging cortisol, meer snacken, toename abdominaal vet door niet verbranden van intake, dalen van insulineresistentie, toename cholesterol levels postprandiaal.

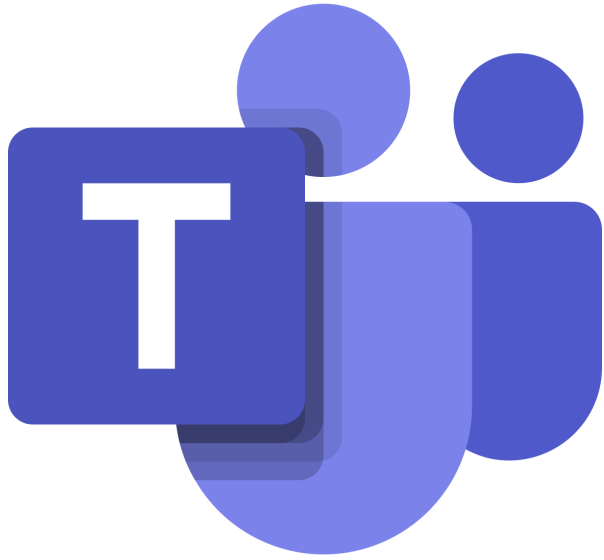


Sedentair op het werk

- ▶ Werknemers zijn gemiddeld 7,8 uur per dag op het werk
- ▶ Fysiek actieve banen zijn met 58% afgenomen de afgelopen 50 jaar



Targeting Reductions in Sitting Time to Increase Physical Activity and Improve Health.
Kaede. et al : *Med Sci Sports Exerc*, 2017.



Bewegen is gezond

We zijn er slecht in

We kunnen er niet altijd wat aan doen

... maar vaak wel

FOKKE & SUKKE

HEBBERN EEN OPLOSSING

Wat dacht je
van...

... de sensational
six?





Educatie

Volledige
Inclusie

Gedrag

Maak
een
plan

Buiten
het
ZKH

Make
it fun

Sensational
Six

Educatie

*"Hoe te bewegen bij coronair lijden;
een evident-based approach"*

Drs. Tobias Pustjens
AIOS Cardiologie Maastricht UMC+



*"Bewegen en Atriumfibrilleren;
een vergeten patiëntenpopulatie?"*

Drs. Jochen van Wabeke
AIOS Cardiologie Maastricht UMC+

*"Het leven is als fietsen; om je evenwicht te houden,
moet je in beweging blijven"*

Drs. Tamara Aipassa
Cardioloog Zuyderland
Tevens moderator van deze avond



Bewegen is een multipl



Tamara Aipassa kent als cardioloog in het Zuyderland Medisch Centrum het belang van bewegen. En hoe belangrijk een goede leefstijl is voor het hart. Een deel van gezondheidsproblemen kan opgelost worden, benadrukt ze.

Moet je sporten om voldoende te bewegen? Dat hoeft niet per se. Door in het dagelijks leven voldoende te bewegen, werk je net zo goed aan je gezondheid. Door een extra wandeling te

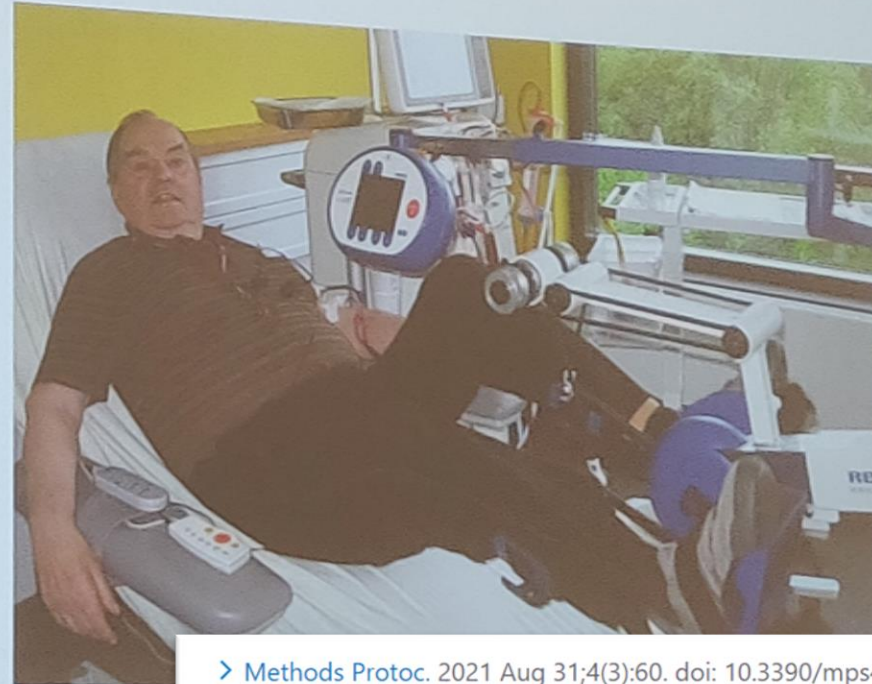
maken, te fietsen of de auto wat verder weg te parkeren.

Om mensen in beweging te krijgen, post ze op haar website en op haar social media regelmatig een *snaxercise*; een oefening van een minuut.

Benieuwd? Lees hier het hele artikel. >

Educatie

DiaTT: Exercise with Amputation

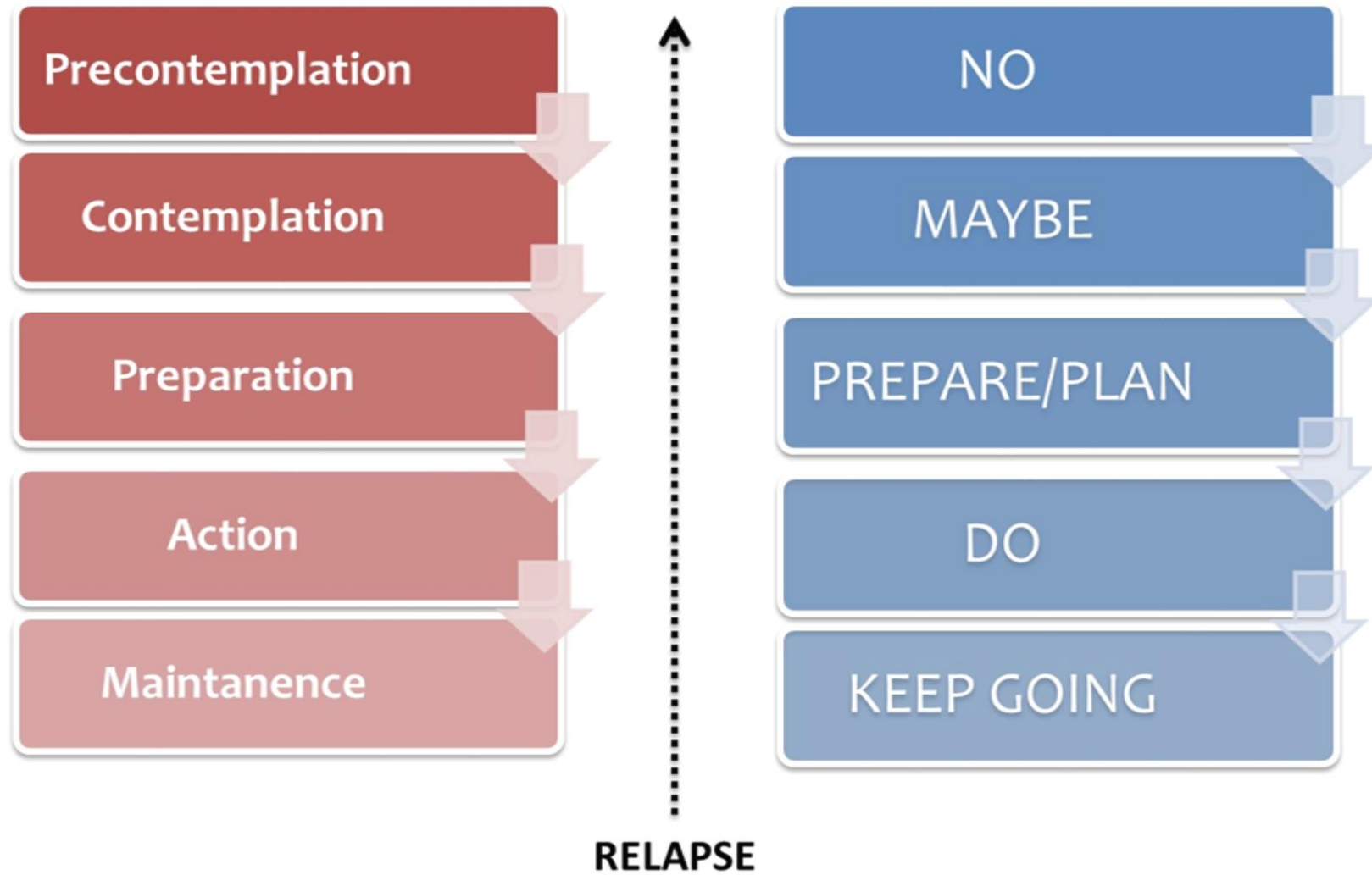


> [Methods Protoc. 2021 Aug 31;4\(3\):60. doi: 10.3390/mps4030060.](#)

Cluster Randomized Controlled Trial on the Effects of 12 Months of Combined Exercise Training during Hemodialysis in Patients with Chronic Kidney Disease—Study Protocol of the Dialysis Training Therapy (DiaTT) Trial

Volledige
Inclusie

Transtheoretical Model Stages of change

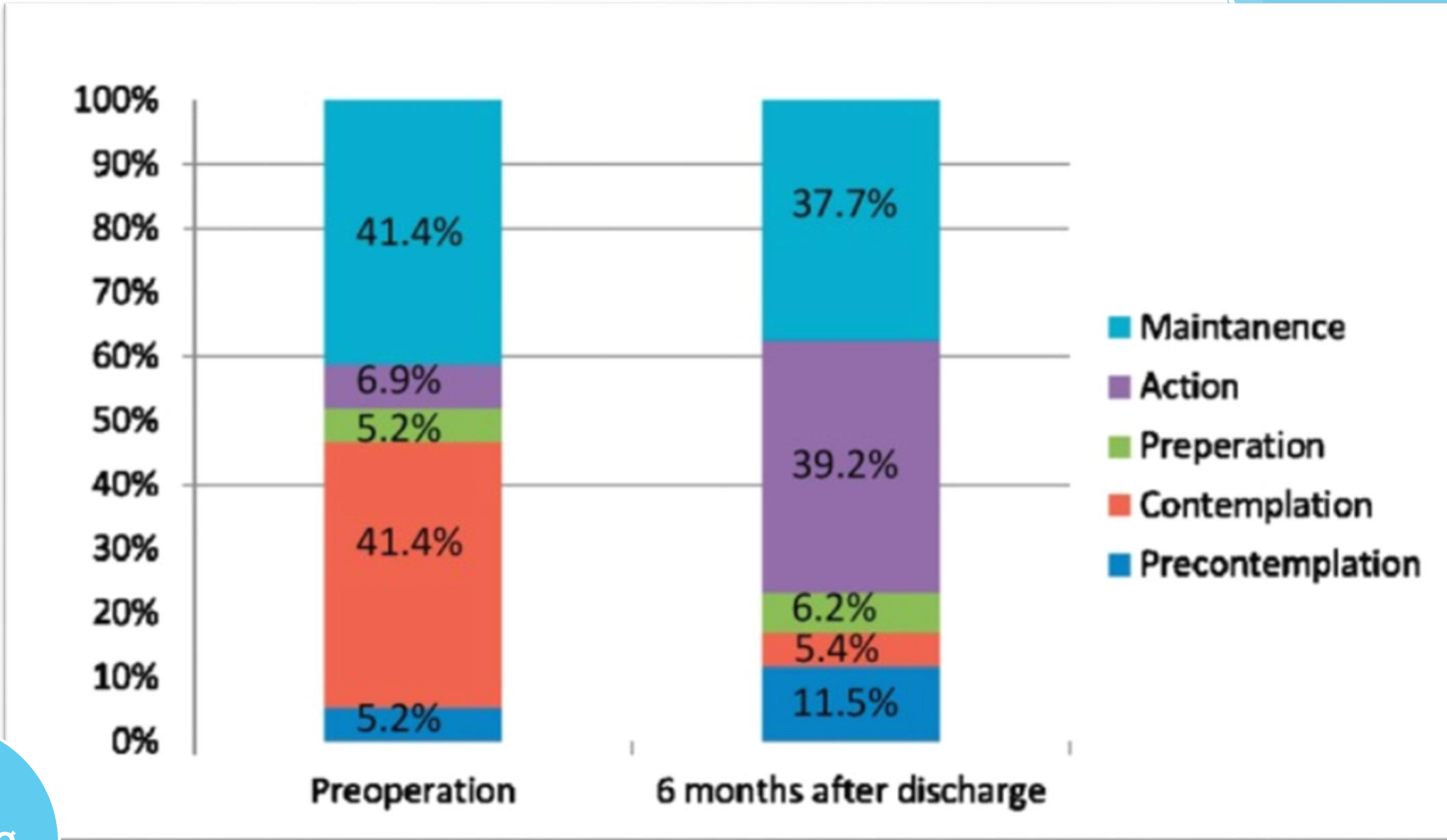


Gedrag

Fase	Wat te doen	Praktisch
Precontemplation “Dit is niks voor mij” Weerstand	Ambivalentie creëren	Kennisoverdracht, consequenties benoemen van gedrag, er zijn verander mogelijkheden. Geen oordeel, geen plan!
Contemplation “Dit is misschien iets voor mij”	Ambivalentie verkennen, Bewustzijn verhogen	Voor/nadelen, life events
Preparation “Ik ga het doen” (maar hoe?)	Meedenken, mogelijkheden verkennen, commitment versterken	Plan concreet maken
Action “Ik doe het”	Ondersteunen	Complimenteren, omgeving aanpassen
Maintenance “Ik moet het volhouden”	Helpen tegenslagen verwerken	Paar stappen terug

Gedrag

Gedrag





Maak
een
plan



kietsel



26 vind-ik-leuks

kietsel Morning ride with the Spanish bikers in Limburg/ Belgium. Good ride, great company.

Buiten het ZKH

cardioloog 1u

Fit worden en blijven vergt inspanning, maar is goed voor je 📈💪

Mijn routine voor de zaterdag én zondag:

- 🚶 15 km wandeling
- 💪 30-45 min. kracht training

joeyubachs



♡ 💬 📍

cindytoussaint_ en 10 anderen vinden dit leuk
joeyubachs Even een dag terug in Bernhovense gelederen!
bikemyday



Make
it fun





Make
it fun

Clubrecords junioren heren

Outdoor

100m	11"2	Van De Walle	Rudi	Namen	13/06/1981	
110mH	17"69	Verbeke	Bart	Deinze	23/05/1993	
200m	22"73	CrappÚ	Jo	Deinze	27/05/1990	
400m	49"8	Van De Walle	Rudi	Leuven	01/07/1981	
800m	1'50"9	De Mets	Hans	Deinze	19/06/1982	
1500m	3'51"2	Grammens	Patrick	Waregem	01/06/1990	
3000m	8'34"2	Grammens	Patrick	Zwevegem	31/08/1990	
3000mS	9'43"33	Van Wabeke	Benny	Heizel	15/08/1982	
5000m	15'09"46	Van Wabeke	Jochen	Lebbeke	13/05/2012	



*"Bewegen en Atriumfibrilleren;
een vergeten patiëntenpopulatie?"*

Dr. Jochen van Wabeke
AIOS Cardiologie Maastricht UMC+

3 min/km
20 km/uur

*"Hoe te bewegen bij coronair lijden;
een evident-based approach"*

Drs. Tobias Pustjens

AIOS Cardiologie Maastricht UMC+



Bedankt voor jullie aandacht

