



Physical Activity In Children

21st Australian Conference on Haemophilia,
VWD and Rare Bleeding Disorders

August 2023

What is physical activity?



"WHO defines physical activity as any bodily movement produced by skeletal muscles that requires energy expenditure. Physical activity refers to all movement including during leisure time, for transport to get to and from places, or as part of a person's work. Both moderate- and vigorous-intensity physical activity improve health"

<https://www.who.int/news-room/factsheets/detail/physical-activity>



CHILDREN AND ADOLESCENTS

(aged 5–17 years)



In children and adolescents, physical activity confers benefits for the following health outcomes: improved physical fitness (cardiorespiratory and muscular fitness), cardiometabolic health (blood pressure, dyslipidaemia, glucose, and insulin resistance), bone health, cognitive outcomes (academic performance, executive function), mental health (reduced symptoms of depression); and reduced adiposity.

At least **60** minutes a day



moderate- to vigorous-intensity physical activity across the week; most of this physical activity should be aerobic.



> **Vigorous-intensity aerobic activities, as well as those that strengthen muscle and bone, should be incorporated at least 3 days a week.**

Strong recommendation, moderate certainty evidence.

It is recommended that:

> **Children and adolescents should do at least an average of 60 minutes per day of moderate- to vigorous-intensity, mostly aerobic, physical activity, across the week.**

Strong recommendation, moderate certainty evidence.

On at least **3** days a week



vigorous-intensity aerobic activities, as well as those that **strengthen muscle and bone** should be incorporated.



GOOD PRACTICE STATEMENTS

- Doing some physical activity is better than doing none.
- If children and adolescents are not meeting the recommendations, doing some physical activity will benefit their health.
- Children and adolescents should start by doing small amounts of physical activity, and gradually increase the frequency, intensity and duration over time.
- It is important to provide all children and adolescents with safe and equitable opportunities, and encouragement, to participate in physical activities that are enjoyable, offer variety, and are appropriate for their age and ability.

In children and adolescents, higher amounts of sedentary behaviour are associated with the following poor health outcomes: increased adiposity; poorer cardiometabolic health, fitness, behavioural conduct/pro-social behaviour; and reduced sleep duration.

It is recommended that:

> **Children and adolescents should limit the amount of time spent being sedentary, particularly the amount of recreational screen time.**

Strong recommendation, low certainty evidence.

LIMIT the amount of time spent being sedentary, particularly recreational screen time.



Executive summary

WHO guidelines on physical activity and sedentary behaviour

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Physical Activity



- Encouraged for people with bleeding disorders
- Essential part of treatment
- Should start at a young age
- Should be encouraged into adulthood

Why do children and adolescents need to be physically active?



- Improves physical fitness
- Improves muscle strength and stamina
- Improves joint range of motion and joint flexibility
- Improves feelings of general well being
- Improved cognitive function
- It is good for psychological health
- Helps sleep
- Relieves stress, improves mood
- Builds resilience
- Improves gross motor function and helps with skill building
- Improves bone density and bone health
- Maintains healthy weight
- Reduces risk of cardiovascular disease, chronic health conditions moving into adulthood

Does physical activity mean sport?



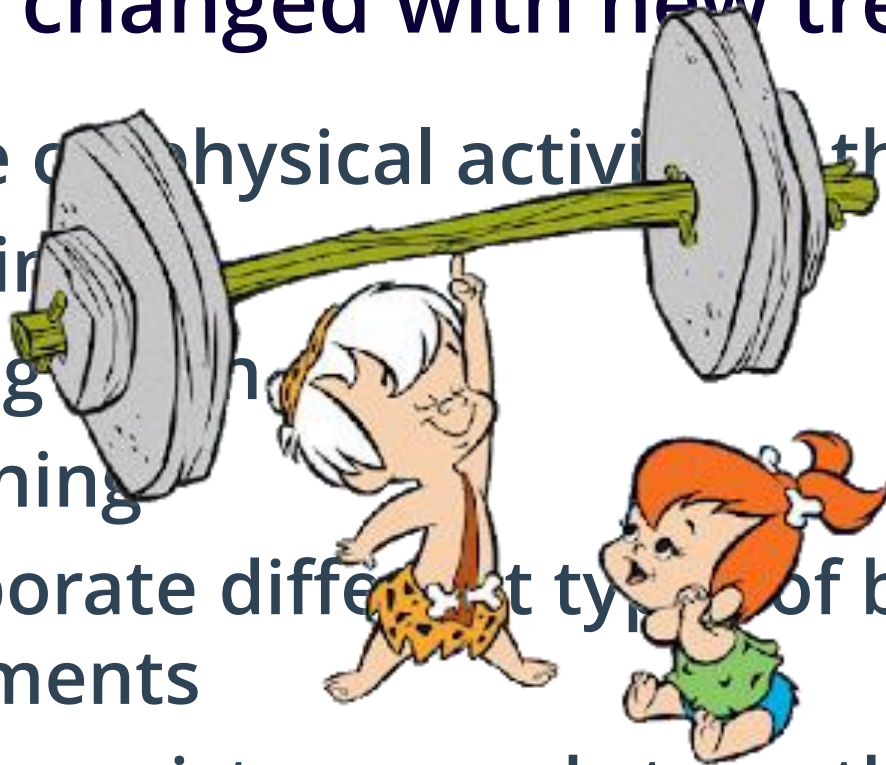
- NO



What's changed with new treatment?



- Advice on physical activity is the same
- Warming up
- Cooling down
- Stretching
- Incorporate different types of body movements
- Include resistance and strength training



What's changed with new treatment?



- No pre sport prophylaxis
- Children with FVIII inhibitor
- Bleeds are not being recognised
- Bleeds presenting differently
- Our new families have never experienced a bleed

Has physio advice changed?



- No, we still nag!!
- We are still giving sport and physical activity advice
- We are still diagnosing and treating bleeds – although less of them
- We are still giving bleed education
- I am giving more advice about posture, screentime
- **I'm** giving more advice about the gym and weight training

Some people call it "nagging".
I call it, "Just do what I
freaking told you to do the
first time!"



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In Conclusion



- Physical activity is important for **EVERYONE**
- We are still learning about what haemophilia looks like on treatments
- Still listen to your physio!!!