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Research paper

Correlates of sedentary behavior in 2,375 people with depression from 6 low- and middle-income countries

Davy Vancampfort^{a, b, c, d, e}, Brendon Stubbs^{a, d, e}, James Mugisha^{f, g}, Joseph Firth^{h, i}, Felipe B. Schuch^{j, k, l}, Ai Koyanagi^{m, n}

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Highlights

- Interrupting sedentary time is important in men, those who are not cohabiting and /or unemployed.
- Lack of social cohesion may increase sedentary behaviour in people with depression.
- The presence of bodily pain, arthritis and stroke are associated with being more sedentary in people with depression.

Abstract

Objective

Sedentary behaviour (SB) is harmful for health and well-being and may be associated with depression. However, little is known about the correlates of SB in people with depression. Thus, we investigated SB correlates among community-dwelling adults with depression in six low- and middle-income countries.

Methods

Cross-sectional data from the World Health Organization's Study on Global Ageing and Adult Health were analyzed. The analysis was restricted to those with DSM-IV Depression or receiving depression treatment in the last 12 months. Self-reported time spent sedentary per day was the outcome. High SB was defined as ≥8 hours of SB per day. The correlates (sociodemographic and health-related) of SB were estimated by multivariable linear and logistic regression analyses.

Results

In 2375 individuals with depression (mean age=48.0 years; 60.7% female), the prevalence of high SB was 11.1% (95%CI=8.2%-14.9%), while the mean (±SD) time spent sedentary was 215 (±192) minutes per day. Socio-demographic factors significantly associated with high SB were older age and being unmarried, being male and being unemployed. In other domains, no alcohol consumption, current smoking, mild cognitive impairment, bodily pain, arthritis, stroke, disability, and lower levels of social cohesion, COPD, visual impairment, and poor self-rated health was associated with greater time spent sedentary.

Conclusion

Our data suggest that future interventions seeking to reduce SB among individuals with depression may target at risk groups based on identified sociodemographic correlates while the promotion of social cohesion may have the potential to increase the efficacy of future public health initiatives. From a clinical perspective, bodily pain and somatic co-morbidities need to be taken into account.

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Keywords

sedentary; sitting; depression

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