

Caminhar faz bem!

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Caminhar depressa faz bem !



*"Caminhar depressa pode ser tão bom para controlar a pressão arterial, o colesterol e o risco de contrair diabetes como correr. As conclusões são de um estudo publicado este mês pela revista *Atherosclerosis, Thrombosis and Vascular Biology* que revela que o importante é a distância que se percorre no exercício, e não o tempo.*

O estudo foi feito a 33.060 corredores e 15.045 pessoas que utilizam as caminhadas como forma de exercício ao longo de seis anos. Retiradas as conclusões, os investigadores verificaram que a energia utilizada nas duas formas de exercício resulta em "reduções similares para a tensão arterial alta, o colesterol alto, diabetes e possivelmente para doenças cardíacas", diz o documento." in [Público online](#)

Em Portugal temos o [Prog rama Nacional de Marcha e Corrida](#) como um programa adequado a quem procura estes benefícios.

Abstract do estudo:

Walking Versus Running for Hypertension, Cholesterol, and Diabetes Mellitus Risk Reduction

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Objective—To test whether equivalent energy expenditure by moderate-intensity (eg, walking) and vigorous-intensity exercise (eg, running) provides equivalent health benefits.

Approach and Results—We used the National Runners' (n=33 060) and Walkers' (n=15 945) Health Study cohorts to examine the effect of differences in exercise mode and thereby exercise intensity on coronary heart disease (CHD) risk factors. Baseline expenditure (metabolic equivalent hours per day [MET_h/d]) was compared with self-reported, physician-diagnosed incident hypertension, hypercholesterolemia, diabetes mellitus, and CHD during 6.2 years follow-up. Running significantly decreased the risks for incident hypertension by 4.2% ($P<10^{-7}$), hypercholesterolemia by 4.3% ($P<10^{-14}$), diabetes mellitus by 12.1% ($P<10^{-5}$), and CHD by 4.5% per MET_h/d ($P=0.05$). The corresponding reductions for walking were 7.2% ($P<10^{-6}$), 7.0% ($P<10^{-8}$), 12.3% ($P<10^{-8}$), and 12.3% ($P<10^{-8}$).

<10

–4

), and 9.3% (

P

=0.01). Relative to <1.8 METh/d, the risk reductions for 1.8 to 3.6, 3.6 to 5.4, 5.4 to 7.2, and ≥7.2 METh/d were as follows: (1) 10.1%, 17.7%, 25.1%, and 34.9% from

running and 14.0%, 23.8%, 21.8%, and 38.3% from

walking

for hypercholesterolemia; (2) 19.7%, 19.4%, 26.8%, and 39.8% from running and 14.7%,

19.1%, 23.6%, and 13.3% from

walking

for hypertension; and (3) 43.5%, 44.1%, 47.7%, and 68.2% from running, and 34.1%, 44.2%

and 23.6% from

walking

for diabetes mellitus (

walking

>5.4 METh/d excluded for too few cases). The risk reductions were not significantly different for running than

walking

for diabetes mellitus (

P

=0.94), hypertension (

P

=0.06), or CHD (

P

=0.26), and only marginally greater for

walking

than running for hypercholesterolemia (

P

=0.04).

Conclusions—Equivalent energy expenditures by moderate (walking) and vigorous (running) exercise produced similar risk reductions for hypertension, hypercholesterolemia, diabetes mellitus, and possibly CHD.