

Barriers to exercise among participants of a bariatric surgery program from a Brazilian capital

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The aim of this study was to analyze the perceived barriers to exercise and its associated factors among participants of a bariatric surgery program, in a reference hospital, from a Brazilian northeastern capital. Therefore, the Scale of Benefits and Barriers to Exercise (EBBS), which used only the domains related to the dimension of the barriers that evaluate them in four subdimensions (physical effort, environmental, time and family) was applied with 289 patients (49 men and 240 women) with a mean age of 43 years (SD 8.6), who were in the pre (n = 81) or post (n = 208) operative period. It was collected information about their sex, age, weight and height (for BMI calculation), exercise (WHO recommendations were used), and if they had already undergone bariatric surgery. To analyze the associations and estimate the prevalence ratios of the variables in relation to the barriers, Poisson Regression was used. The level of significance was set at 5%. In the general assessment of barriers, it was found that physically active patients (PR = 0.78 95% CI = 0.72-0.83 p < 0.001) have less perception of barriers than inactive ones. In the physical effort and environmental subdimensions, the assets (PR = 0.82 CI95% = 0.76-0.88 p < 0.001 and PR = 0.78 CI95% = 0.73-0.84 p < 0.001, respectively) and those who have already undergone bariatric surgery (PR = 0.88 CI 95% 0.80-0.97 p = 0.014 and PR = 0.88 CI 95% = 0.80-0.96 p = 0.006, respectively) have lower perception of barriers. Those over 42 years of age (PR = 0.88 CI95% 0.81-0.95 p < 0.001) and the active ones (PR = 0.79 CI95% = 0.73-0.85 p < 0.001) have lower perception of barriers of the time sub-dimension. In the family sub-dimension, there was no association between the variables studied and the perception of barriers. It was concluded that being physically inactive, not having undergone bariatric surgery and being under 42 years old is associated with a greater perception of barriers to exercise.

Key messages:

- The health service can use the findings to track those most likely to use barriers to exercise.
- The health service can propose personalized physical activities to reduce barriers to exercise.