Abstract #: 904 Physical fitness across the life-course and the metabolic syndrome in mid-adulthood

Brooklyn Fraser<sup>1</sup>, Leigh Blizzard<sup>1</sup>, Marie-Jeanne Buscot<sup>1</sup>, Michael Schmidt<sup>2</sup>, Terence Dwyer<sup>1,3,4,5</sup>, Alison Venn<sup>1</sup>, Costan Magnussen<sup>1,6,7</sup>

<sup>1</sup>Menzies Institute for Medical Research, University of Tasmania, Hobart, Australia, <sup>2</sup>Department of Kinesiology, University of

Downloaded from https://academic.oup.com/ije/article/50/Supplement\_1/dyab168.205/6361695 by guest on 10 April 2024

Georgia, Athens, USA, <sup>3</sup>George Institute for Global Health, Oxford Martin School and Nuffield Department of Obstetrics & Gynaecology, Oxford University, Oxford, UK, <sup>4</sup>Murdoch Children's Research Institute, Melbourne, Australia, <sup>5</sup>Faculty of Medicine, Dentistry and Health Sciences, University of Melbourne, Melbourne, Australia, <sup>6</sup>Research Centre of Applied and Preventive Cardiovascular Medicine, University of Turku, Turku, Finland, <sup>7</sup>Centre for Population Health Research, University of Turku and Turku University Hospital, Turku, Finland

Background: Low physical fitness, including muscular strength and cardiorespiratory fitness (CRF), is a risk factor for the metabolic syndrome (MetS). However, it is unknown how physical fitness at different life stages contributes to the development of MetS.

Methods: Included were 783 Childhood Determinants of Adult Health Study participants who between 1985 and 2019 had measures of physical fitness (muscular strength: dominant grip strength; CRF: 1.6km run or physical work capacity at 170 beats per minute) at three life stages (childhood=7–15 years, young-adulthood=26–36 years, mid-adulthood=36–49 years) and had their MetS status assessed using the harmonised definition in mid-adulthood. The Bayesian relevant life-course exposure model, a novel statistical analytic technique, quantified associations between physical fitness at each life stage with MetS and estimated the maximum accumulated effect of physical fitness across the life-course.

Results: The contribution of muscular strength at each life stage with MetS in mid-adulthood was equal (childhood=36%, young-adulthood=31%, mid-adulthood=33%), whereas for CRF the greatest contribution was from childhood and mid-adulthood (childhood=41%, young-adulthood=20%, mid-adulthood=39%). A one standard deviation increase in cumulative physical fitness across the life-course was associated with 36–55% reduced odds of MetS (muscular strength: OR = 0.64, 95%Credible Interval=0.40,0.95; CRF: OR = 0.45, 95%Credible Interval=0.30,0.64).

Conclusions: As physical fitness at each life stage was associated with MetS in mid-adulthood, strategies aimed at increasing both childhood and adult physical fitness levels could improve future health.

Key messages: Increased participation in both aerobic and musclestrengthening activities, beginning in childhood and extending into adulthood, could be encouraged to help prevent MetS.