

71 - PREVALENCE OF THE LEVEL OF PHYSICAL ACTIVITY AND ITS RELATIONSHIP WITH BODY MASS INDEX IN THE CENTRAL UBS OF PORTÃO CITY, RS

MONICA POSSEBON
ÉDER TEIXEIRA NUNES
SOLANGE DE FÁTIMA MOHD SULEIMAN SHAMA
Centro Universitário Feevale, Novo Hamburgo, RS, Brasil
mpossebon@feevale.br

INTRODUCTION

Obesity is a chronic disease caused by the mutual influence of multiple factors, including: genetic, environmental, social, economic, cultural and nutritional. It is linked to the rise of chronic diseases like hypertension, diabetes mellitus type 2, dyslipidemia, cardiovascular disease and certain types of cancer (BOUCHARD, 2003).

According to Pitanga (2004), the so-called epidemiological transition that takes place in the world has been characterized by the change in patterns of morbidity and mortality, noting that the non-transmissible chronic diseases are exceeding to normality. And among the different risk factors associated with the origin of non-transmissible chronic diseases there is the sedentary lifestyle.

The World Health Organization records significant increase in obesity in recent decades and is considered epidemic worldwide, regardless of social and economic conditions, affecting both developed countries and those in development (WHO, 1997).

In Brazil, several studies based on the comparison between population-based surveys found that in a period of 15 years (1975 to 1989), the prevalence of overweight, defined as body mass index (BMI) > 25 kg/m², increased 53 % among Brazilian adults over 18 years of age, from 17 to 27% among men and from 26 to 38% among women. The analysis carried out considering a longer period (1975 to 1997) showed an upward differential of obesity (BMI > 30 kg/m²) according to socioeconomic status, sex and region studied. There was secular increase of obesity in women of lower socioeconomic level in all regions examined and decline among women of higher socioeconomic level in more developed regions. In men, this variation was only less intense, with no reduction in the higher socioeconomic strata (MONTEIRO; CONDE, 1999).

Among the regions of the country, the highest prevalence is recorded in the Southern Region, which is similar or even superior, to those described in developed countries. The occurrence of obesity doubled among men during the studied period (from 2.4% to 4.8%), whereas in the female population, the increase was more significant: from 7% to 12%. The data shows, moreover, that overweight and obesity increase with the age, reaching higher prevalence in the age group between 45 and 54 years, in which was recorded increase in body weight above the predetermined threshold in 37% of men and 55 % of women (COITINHO et al. 1991).

In 2001, the Brazilian Institute of Geography and Statistics in search of family budgets found that weight excess has already reached 38.8 million Brazilian adults, of whom 10.5 million are considered obese.

Consistent with the link between physical activity and good health, Howley (2000) and Alves et al. (2005), emphasized that if only added to the regular PA lifestyle, it already provides substantial improvements in global health. And, its promotion is one of the most important actions for health promotion at the individual level and, if performed in a group is one of the biggest factors of stimulus for the purchase of this habit and can easily be promoted as part of the actions of the Family Health Program (BUSS, 2000).

There are many ways to assist in the improvement of public health in our country and the world, one of them is the practice of regular PA. Its adoption is not the solution to problems, but it is probably a key factor to maintain good levels of health. Added to this, economic arguments support the promotion of PA with the purpose of improving the life quality and, consequently, reduce costs of medical-hospital services, as it reduces the number of medical care and, as a result, the reduction of queues in the Single Health System (Sistema Único de Saúde).

Studies directed to individuals, groups and communities, clearly indicate the existence of an inverse association between the levels of PA and the incidence of several diseases such as hypertension, obesity, diabetes, coronary artery disease and depression. In addition to this, strong evidences show that in physically active individuals the costs for public health may be significantly lower (NAHAS, 2003).

Considering that the lack of PA is a risk factor to health, to determine the prevalence of sedentary lifestyles and obesity is an important indicator for developing strategies of disease prevention and health maintenance, caused by bad living habits. In this sense, investigate questions about the PA level, overweight, obesity in users of the Single Health System (SUS) is a subject that should be widely discussed because, from the knowledge of this reality, we can invest economic and social resources in the needed areas that will change the picture of health in this city and help to promote the welfare of the population, through the implementation of programs of regular PA.

Within that context, this study sought to determine the prevalence of physical activity level and its relationship with BMI in adults aged between 21 and 59 years, users of the Central Basic Health Unit in Portão city, RS. Aspects related to the presence of risk factors, personal health and daily time that the surveyed remain seated were also evaluated.

METHODOLOGY

This study was characterized as observational and descriptive. The sample was composed of 278 people, aged between 21 and 59 years, being 208 females and 70 males, which were selected accidentally and had voluntary participation. Were excluded from the study, a) all people under the age of 21 years and more than 59 years, in addition to the people that: b) refused to participate in the study c) had some physical problem that prevented, temporarily or definitively, to have their weight and height measured and respond to the instruments and d) pregnant women. The study was approved by the Ethics Committee of the University Centre Feevale under the opinion No 4.09.03.06.347. The data was collected in the period from 21 to 30 of August, 2006, from two instruments, applied in the form of a separate interview: R) Questionnaire with the socio-demographic data, health conditions and risk factors II) International Physical Activity Questionnaire (IPAQ), version 8, short and normal week (seven days) and weight and height measures. Before the start of data collection, all people have been resolved through consent. To measure the body mass was used a digital scale branded Camry, Electronic Personal Scale model - EB6171, which has a capacity of 150 kilograms, scale of 100. Height was verified with a tape branded Sanny, capable of measuring up to two hundred centimetres, which was fixed on the wall, getting the measure through a square of wood. From these figures were calculated body mass index through the equation: $[BMI = BM (kg) \div HEI (m^2)]$, where BMI: body mass index (kg/m²), BM: body mass (kg), HEI: height (m). It was used as a parameter for identification of overweight and obesity the one proposed by the Brazilian Association for the Study of Obesity and the Metabolic Syndrome through the I Latin American Consensus on Obesity (1998), which considers leanness index of body mass index <18.5, normal between 18.5 and 24.9, overweight from 25 to 29.9, obesity from 30 to 39.9 and severe obesity rate equal to or above 40. The data was analyzed by descriptive statistics and for the analysis of categorical variables was used Qui-square test. It was adopted a significance level of 5%.

RESULTS

The sample consisted of 278 individuals, being 208 females and 70 males, giving a percentage of (74.8%) and (25.2%) respectively. Regarding socio-demographic characteristics, more than 55% of the sample is in two age groups, which covers 30 to 49 years, with the average age of 40.3 years, 59.4% are married and 57.2% have not completed primary school, i.e. have a very low level of education. The family income that prevailed was from R \$ 351.00 to R\$ 700.00. Of the total sample (278), 49% (136) are workers, 33.4% (93) housekeepers and 17.6% (49) other (retirees and beneficiaries of aid disease, students and unemployed).

As for issues related to the presence of risk factors and personal health, 29.4% said they had never smoked, 17.6% are former smokers and 23% of the people under study reported it to be part of their habits, distributed in: up 10 cigarettes / day (32.8%), 10 to 20 cigarettes per day (53.1%) and over 20 cigarettes per day (14.1%).

According to Marcopito et al. (2005), on research concerning some risk factors in chronic diseases held in Sao Paulo city, in the age group from 15 to 59 years, with a sample of 2103 people, it was obtained a percentage of 22.6% of the smoker population, the same being very similar to the results of current research (23%).

With regard to the health condition of the group studied, it was possible to verify that 22.3% consume alcoholic drinks weekly, 33.8% are hypertensive, 19% (6.8%) are diabetic. And, 50% considered their health from regular to bad (11.5% bad and 38.5% regular), 40.3% good and only 3.2% considered it excellent. It appears that the percentage of each variable equal to 100% of the sample.

Regarding the prevalence of hypertension, the results found (33.8%) are very close to the results of other surveys conducted in Brazil: Rego et al. (1990) in Sao Paulo, found that 22.3% of the sample was hypertensive; Gigante and Cols. (1997) found in Pelotas, RS, hypertension in 22% of the sample studied, Souza and Cols. (2003) found a prevalence of 29.5% of hypertension in Campos, RJ, Fuchs and Cols. (1994) observed a prevalence of 29.5% of hypertensive patients in Porto Alegre, southern Brazil, and Trindade and Cols. (1998) reported a percentage of 33% of the people with hypertension in Passo Fundo, RS

The accelerated growth of obesity among people is possibly related, among other things, to the modernization of societies, which caused greater supply of food, plus the improvement of tools, such as mechanization and automation.

Table 1: Classification of body mass index (BMI) (n=278)

Classification	BMI (Kg/m ²)	n	%	Obesity grade	Risk to Health
Leanness	< 18,5	6	2,2%	0	High
Normal	18,5 a 24,9	88	31,6%	0	Normal
Overweight	25 a 29,9	106	38,1%	I	High
Obesity	30 a 39,9	72	25,9%	II	Very High
Severe Obesity	≥ 40	6	2,2%	III	Extremely High
Total		278	100%		

The prevalence of overweight and obesity found in the study was high (66.2%), and, according to the one found in the literature, regardless of the diagnostic criteria used, confirmed the magnitude and seriousness that the problem took on the population. Of these 39.9% are obese and 3.3% have severe obesity. An interesting data obtained was that on average, the body mass of those surveyed was of 72.3 kg and the height of 1.61 m, with these measures we have a body mass index of 27.7, which fits in the index of overweight, high risk to health.

In the studies which were used for comparison were found prevalence rates of 21% to obese and 40% to overweight, being the prevalence of obesity among women significantly higher, with 25% and 15% among men (GIGANTE et al., 1997) and 18% of obese people, being 14.2% men and 21.4% women (REGO et al., 1990).

Regarding the level of physical activity, the table below shows that the highest prevalence is insufficiently active (40.3%), and of these, 39.5% are women and 43% men. Of the total sample, 78 (27.7%) are sufficiently active and 32% very active.

In population-based study conducted in Pelotas city, Brazil, using the IPAQ, short version, we found a prevalence of 41.1% for physical inactivity (HALLAL et al., 2003). Percentage almost identical to the one found in this study (40.3%).

Table 2: Level of physical activity in the studied sample, by gender (n = 278)

Gender	Insufficiently Active		Sufficiently Active		Very Active		Total	
	N	%	N	%	N	%	N	%
Female	82	39,5%	58	27,8%	68	32,7%	208	100%
Male	30	43%	20	28,5%	20	28,5%	70	100%

Comparing the results of the prevalence of physical activity level of this study, when separated by gender, with the data collected by the Ministry of Health in 2002-2003, where we obtained a percentage of sedentary of 23.3% for men and 36.3% for women in the city of Porto Alegre, we found some similarity for women index and a balance with the data from Matsudo et al. (2002) for both sexes, in a study conducted in Sao Paulo, where we found through the IPAQ short version that 35.9% of men and 39.3% of women were insufficiently active. However, differing from the Ministry of Health survey, where the prevalence of inactivity for males was lower.

In relating the level of physical activity with body mass index, we observed that 66.7% of those who fit in the index of leanness are very active, but the index of normal and overweight (42.1%, 45.4%) are sedentary, bringing with it a question that soon may increase its rates, in obese 32% are sedentary, but those who suffer from severe obesity 50% (3 with obesity level III) are sufficiently active, i.e. they have some daily tasks (take and pick the kids up from college, cleaning the house, etc.).

According to data obtained (Table 3), we can verify that of the sedentary, 42.9% fit in the rate of overweight, 20.5% are obese and in two cases, i.e. 1.8% have severe obesity, with a very high level of risk to health.

Table 3: The relation between physical activity level and body mass index (n = 278)

BMI (Kg/m ²)	Risk to Health	Insuff. Active		Suffic. Active		Very Active	
		N	%	N	%	N	%
Leanness	High	2	1,8%	0	0%	4	4,5%
Normal	Normal	37	33%	20	25,6%	31	35,2%
Overweight	High	48	42,9%	29	37,1%	29	33,0%
Obesity	Very High	23	20,5%	26	33,4%	23	26,1%
Severe Obesity	Extremely High	2	1,8%	3	3,9%	1	1,1%
Total		112 (40,3%)	100%	78 (27,7%)	100%	88 (32%)	100%

Of the total sample, 94 (33.8%) individuals are hypertensive, being 27.2% men and 36.1% women; of these, 74 are overweight, being 5 with severe obesity, 36 obese and 33 with overweight. When we separated the hypertensive by gender, we

observed a percentage of 77.4% for overweight women and 84.3% for men.

Table 4: Classification of risk factors to health of the sample and its relation to the level of physical activity

	Insufficiently Active	Sufficiently Active	Very Active	Total
Hypertension	39,4%	34,1%	26,5%	100%
Diabetes	31,8%	53,0%	15,2%	100%
Smoker	34,4%	22,0%	43,6%	100%
Former smoker	42,0%	18,5%	39,5%	100%
Alcoholism	45,8%	22,7%	31,5%	100%
Overweight	45,4%	27,3%	27,3%	100%
Obesity II	32,0%	36,0%	32,0%	100%
Obesity III	33,3%	50,0%	16,7%	100%

It appears that when crossing the body mass index with consumption of tobacco (Table 4), we found that smokers have a significantly lower body mass index than non-smokers ($p = 0.02$), i.e. smokers have a body mass index of 26.1 while former smokers and those who do not smoke have a body mass index very similar, but 2.2 higher than the smokers (28.3 body mass index). Complementing 43.6% of smokers are very active.

Referring to the length people remain seated and its relationship with body mass index, one can see that 51.1% people remain at least 4 hours seated per day and can reach up to 14 hours; of these, 83.4% of men and 69.9% of women were overweight or obese. Of the 83.4% of men, 34% are obese and 66% fit in overweight, and of the 69.9% of women, 5.4% fit in the classification of severe obesity, 40% obese and 54.6% overweight.

When comparing the levels of physical activity and the time they remain seated, we noticed that there was a statistically significant (0.001), between genders.

The study found that 6.8% of the sample who have diabetes, 8.2% are women and 2.9% men, it is emphasized that there was a significant difference (0.045), between genders. It also showed that 84.3% of the diabetics are overweight, and when separated by gender, 94.2% of the diabetic women are overweight, 7.2% with severe obesity, 42.8% are obese and 50% overweight. We have that 100% of diabetic men are overweight (50% obesity and 50% overweight).

In the data above described we can see a weight excess, both in the sample of hypertensive and diabetics, of which 78.8% of hypertensive and 84.3% of diabetics are overweight. With this information we can affirm that the hypertension and diabetes are directly linked with above normal BMI, which is related to physical inactivity.

CONCLUSION

Within the limitations inherent in a cross-sectional study, based on the methodology used and results obtained in this work, we could conclude that the sample of users of the central UBS in the city of Portão, RS, had predominance in the classification as insufficiently active, a total of 112 people, constituting 40.3% of the total sample of search. The level of classified as sufficiently active and very active consisted of 27.7% and 32% respectively. Regarding gender, it is understood that the men, proportionately, made a higher insufficiently active percentage in the classification with 43% against 39.5% women, and in the sufficiently active classification, the percentages were very close, 28.5% for men and 27.8% for women. So the women only obtained a higher percentage in the very active classification, with 32.7% against 28.5%.

As for the presence of risk factors, 23% are smokers, 22.3% consume alcoholic drinks weekly, 33.8% are hypertensive, and 6.8% are diabetics. In relation to their self-perception regarding personal health, 50% consider it from regular to bad (11.5% poor and 38.5% regular), 40.3% good and only 3.2% excellent.

Regarding the daily time that the sample remain seated, it was found that 51.1% of them remain seated at least 4 hours per day and can reach up to 14 hours; of these, 83.4% of men and 69.9% of women were overweight or obese.

You can see that there is relationship between the level of PA and BMI, because, of the sedentary (112), 66.2% fit in the rate of overweight and obesity, and linking with other risk factors, it is evident the one already described in literature, i.e. the existence of an inverse association between the levels of PA and the incidence of risk factors. With these data, we can conclude that there is not a culture of physical activity practice in the city of Portão, even though 95.7% of individuals investigated have the conviction that the sedentary lifestyle is a factor to health problems.

The contents found in this study were high and may serve as references in policies and programs for development of multidisciplinary public health to combat the sedentary lifestyle, involving regular practice of PA in order to change the picture of health in this city and help in promoting welfare in this population.

BIBLIOGRAPHICAL REFERENCES

- ALVES, J.G.B. et al. Prática de Esportes durante a adolescência e Atividade Física de Lazer na vida adulta. **Rev. Bras. Med. Esporte**, set./out. 2005, vol.11, n. 5, p. 291-294.
- BOUCHARD, C. **Atividade Física e Obesidade**. São Paulo: Manole, 2003.
- BRASIL. Ministério da Saúde. **Inquérito Domiciliar sobre Comportamentos de Risco e Mortalidade Referidas de Doenças e agravos não Transmissíveis**. Brasil, 15 capitais e Distrito Federal 2002-2003. _____, Ministério da Saúde. **Cadernos de Atenção Básica**, n. 12. Série A. Normas e Manuais Técnicos. Disponível em: http://dtr2004.saude.gov.br/nutricao/documentos/doc_obesidade.pdf. Acesso em: 15 Jul 2006.
- BUSS, P.M. Promoção da saúde e qualidade de vida. **Ciênc. saúde coletiva**. Rio de Janeiro, v.5, n.1, 2000. Disponível em: http://www.scielo.br/scielo.php?script=sci_arttext&pid=S1413-8123200000100014&lng=pt&nrm=iso. Acesso em: 24 Out 2006. doi: 10.1590/S1413-8123200000100014.
- COITINHO, D.C., LEÃO, M.M., RECINE, E., SICHIERI, R. **Condições nutricionais da população brasileira: adultos e idosos**. Pesquisa nacional sobre saúde e nutrição. Brasília, DF: Instituto Nacional de Alimentação e Nutrição (INAN); 1991.
- I CONSENSO LATINO AMERICANO DE OBESIDADE. **Associação Brasileira de Estudos Sobre Obesidade**. Disponível em: <http://www.abeso.org.br/pdf/consenso.pdf> Acesso em: 6/11/2006.
- FUCHS F.D., MOREIRA L.B., MORAES R.S., BREDEMEIER M., CARDOZO S.C. Prevalência da hipertensão arterial sistêmica e fatores associados na região urbana de Porto Alegre. Estudo de base populacional. **Arquivos Brasileiros de Cardiologia**. 1994, 63: 473-9.
- GIGANTE, D.P., BARROS, F.C., POST, C.A.L. OLINTO, M.T.A. Prevalência de obesidade em adultos e seus fatores de risco. **Rev. Saúde Pública**, 31(3): 236-46, 1997.
- HALLAL P.C, VICTORA C.G, WELLS J.C.K, LIMA R.C. Physical Inactivity: Prevalence and Associated Variables in Brazilian Adults. **Med. Sci. Sports Exerc.** 2003; 38: 1894-1900.

- HOWLEY, E.T. **Manual do instrutor de condicionamento físico para a saúde**. Tradução de Cecy Ramires Maduro, Márcia dos Santos Dornelles. 3. ed. Porto Alegre: Artmed, 2000.
- MARCOPITO, Luiz Francisco et al. Prevalência de alguns fatores de risco para doenças crônicas na cidade de São Paulo. **Rev. Saúde Pública**, São Paulo, v. 39, n. 5, 2005. Disponível em: <http://www.scielo.br/scielo.php?script=sci_arttext&pid=S0034-89102005000500007&lng=&nrm=iso>. Acesso em: 21/2006 doi: 10.1590/S0034-89102005000500007.
- MATSUDO, S.M. et al. Nível de Atividade Física da população do Estado de São Paulo: Análise de acordo com o gênero, idade, nível socioeconômico, distribuição geográfica e de conhecimento. **Revista Brasileira de Ciência e Movimento**, v. 10, n.4, out. 2002, p. 41-50.
- MONTEIRO, C.A.; CONDE, W.L.; CASTRO, I.R.R. de. The changing relationship between education and risk of obesity in Brazil (1975-1997). **Cad. Saúde Pública**, Rio de Janeiro 2008. Disponível em: <http://www.scielosp.org/scielo.php?script=sci_arttext&pid=S0102-311X2003000700008&lng=en&nrm=iso>. Acesso em: 21 Oct 2006 doi: 10.1590/S0102-311X2003000700008.
- NAHAS, M.V. **Atividade Física Saúde e Qualidade de Vida**: Conceito e Sugestões para um Estilo de Vida Ativo. 3ª ed. Londrina: Midiograf, 2003.
- PITANGA, F.J.G. **Epidemiologia da Atividade Física, Exercício e Saúde**. São Paulo: Phorte, 2004.
- REGO, R.A. et al. Fatores de risco para doenças crônicas não-transmissíveis: inquérito domiciliar no Município de São Paulo, SP (Brasil). Metodologia e resultados preliminares. **Rev. Saúde Pública**, São Paulo, v. 24, n. 4, 1990. Disponível em: <http://www.scielosp.org/scielo.php?script=sci_arttext&pid=S0034-89101990000400005&lng=en&nrm=iso>. Acesso em: 14 Nov 2006. doi: 10.1590/S0034-89101990000400005.
- SOUZA, Luiz J. de et al. Prevalência de obesidade e fatores de risco cardiovascular em Campos, Rio de Janeiro. **Arq Bras Endocrinol Metab**, São Paulo, v. 47, n. 6, 2003. Disponível em: <http://www.scielo.br/scielo.php?script=sci_arttext&pid=S0004-27302003000600008&lng=&nrm=iso>. Acesso em: 21/2006 doi: 10.1590/S0004-27302003000600008.
- TRINDADE, I.S., HEINECK, G., MACHADO, J.R., AYZEMBERG, H., FORMIGHIERI, M., CRESTANI, M., et al. Prevalência da hipertensão arterial sistêmica na população urbana de Passo Fundo (RS). **Arquivos Brasileiros de Cardiologia**; São Paulo: 1998; 71. Disponível em: <http://www.scielo.br/scielo.php?script=sci_arttext&pid=S0066-782X1998000800006&lng=pt&nrm=iso>. Acesso em: 18 Out 2006. doi: 10.1590/S0066-782X1998000800006
- WORLD HEALTH ORGANIZATION. **Obesity preventing and managing**. The Global Epidemic. Report of a Who Consultation on Obesity. Geneva, 1997.

R. Otavio A. de Oliveira, 174/B-301
Bairro N. S. de Lourdes
Santa Maria, Rs, Brasil
Cep: 97050-550
Tel: 55 99969059
E-mail: mpossebon@feevale.br
Centro Universitário Feevale

PREVALENCE OF THE LEVEL OF PHYSICAL ACTIVITY AND ITS RELATIONSHIP WITH BODY MASS INDEX ADULT USERS IN THE CENTRAL UBS OF PORTÃO CITY, RS

ABSTRACT

This study aimed to determine the prevalence of physical activity level and its relationship with body mass index in adult users of the centre UBS in the city of Portão, RS. This study was characterized as observational and descriptive. Were part of the search 278 users of SUS, of both sexes, being 208 (74.8%) female and 70 (25.2%) males, aged between 21 and 59 years. Data was collected through a questionnaire with socio-demographic data, health conditions and risk factors and IPAQ 8 short version and measures of body mass index, adopting criteria set by WHO (1997). It was concluded that there is predominance in the ranking with 40.3% insufficiently active, being 112 people of the total sample and for body mass index there was predominance in excess of weight with 66.2% (184), i.e. 106 (38.1%) overweight, 72 (25.9%) obese and 6 (2.2%) severe obesity. The average BMI of the total sample was 27.7 which fits in the index of overweight, high risk to health, 55% of the samples are in the age group from 30 to 49 years, with the average age of 40.3 years. According to data obtained in this study, we can establish rates relating to the risk factors to health in the sample, i.e., diabetes (6.8%), alcoholism (22.3%), tobacco (23%), obesity grade I and II (28.1%), hypertension (33.8%), overweight (38.1%) and sedentary (40.3%). The level of physical activity prevalence, overweight and obesity was high. The results suggest the need for adoption of measures for control and prevention of obesity by the boards of health.

Key words: physical activity level, body mass index, risk factors and public health.

LA PRÉDOMINANCE DU NIVEAU D'ACTIVITÉ PHYSIQUE ET SA RELATION AVEC L'IMC DANS LES ADULTES USAGERS DE L'UBS CENTRALE DE LA MUNICIPALITÉ DE PORTÃO, RS

RÉSUMÉ

Cette étude a eu comme objectif déterminer la prédominance du niveau d'activité physique et sa relation avec l'IMC dans les adultes usagers de l'UBS Centrale de la Municipalité de Portão, RS. Cette étude s'est caractérisée comme observationnelle descriptive. Ont participé de la recherche 278 usagers du SUS, 208 (74,8%) du sexe féminin et 70 (25,2%) du sexe masculin, âgés de 21 à 59 ans. Les données ont été obtenues par questionnaire sur les données socio-démographiques, conditions de santé et facteurs de risque et l'IPAC version 8 courte et mesures d'Indice de Masse Corporelle, adoptant des critères définis par l'OMS (1997). Nous avons conclu qu'il y a la prédominance dans la classification insuffisamment actif avec 40,3%, étant 112 personnes de l'échantillon total et pour l'IMC a eu la prédominance dans l'excédent de poids avec 66,2% (184), c'est-à-dire, 106 (38,1%) excédent de poids, 72 (25,9%) obèses et 6 (2,2%) obésité grave. La moyenne de l'IMC de l'échantillonnage totale a été de 27,7 laquelle s'encadre dans l'excédent de poids, risque élevé pour la santé; 55% de l'échantillon ont entre 30 à 49 ans, ayant l'âge moyen de 40,3 ans. Selon les données obtenues dans cette recherche, nous pouvons établir des indices qui se réfèrent aux facteurs de risque pour la santé comme diabétiques (6,8%), éthylisme (22,3%), fumeurs (23%), obésité degré I et II (28,1%), hypertension (33,8%), excédent de poids (38,1%), sédentaires (40,3%). La prédominance du niveau de d'activité physique, excédent de poids et obésité, s'est montrée élevée. Les résultats montrent la nécessité de l'adoption de mesures de contrôle et de prévention de l'obésité de la part des organes de santé.

Mots-clés: Niveau d'activité physique, IMC, facteurs de risque, santé publique.

PREVALENCIA DEL NIVEL DE ACTIVIDAD FÍSICA Y SUA RELACIÓN CON EL IMC EM ADULTOS USUARIOS DE LA UBS CENTRAL DEI MUNICIPIO DE PORTÃO, RS**RESUMEN**

Este estudio tuvo como objetivo determinar la prevalencia del nivel de actividad física y su relación con el IMC en adultos usuarios de la UBS Central del Municipio de Portão, RS. Esta investigación se caracterizó por observación descriptiva. Fueron parte de ese estudio 278 usuarios del SUS, de ambos los sexos, siendo 208 (74,8%) del sexo femenino y 70 (25,2%) del sexo masculino, en la franja de etaria entre 21 e 59 años. Los datos fueron obtenidos mediante cuestionario con los datos sociodemográficos, condiciones de salud y factores de riesgo y el IPAQ versión 8 curta y medidas de Índice de Masa Corporal, adoptando criterios definidos por la OMS (1997). Concluyéndose que hay predominancia en la clasificación insuficientemente activo con 40,3%, siendo 112 personas de la muestra total y para el IMC hubo predominancia en el exceso de peso con 66,2% (184), o sea, 106 (38,1%) sobrepeso, 72 (25,9%) obesos y 6 (2,2%) obesidad grave. La media del IMC de la muestra total quedó en 27,7 la cual se encuadra en el índice de sobrepeso, riesgo elevado para la salud; 55% de la muestra están en la franja etaria de 30 a 49 años, teniendo como media la edad de 40,3 años. Según datos obtenidos em esa pesquisa, pudimos establecer índices referentes a los factores de riesgos para la salud de la muestra, o sea, diabéticos (6,8%), etilismo (22,3%), fumo (23%), obesidad grado I y II (28,1%), hipertensión (33,8%), sobrepeso (38,1%), sedentarismo (40,3%). La prevalencia del nivel de actividad física, sobrepeso y obesidad se mostró elevada. Los resultados apuntan para la necesidad de adopción de medidas de controle y prevención de la obesidad por parte de los órganos de salud.

Palabras claves: Nivel de actividad física, IMC, factores de riesgo, salud pública.

PREVALENCIA DO NÍVEL DE ATIVIDADE FÍSICA E SUA RELAÇÃO COM O IMC EM ADULTOS USUÁRIOS DA UBS CENTRAL DO MUNICÍPIO DE PORTÃO, RS**RESUMO**

Este estudo teve como objetivo determinar a prevalência do nível de atividade física e sua relação com o IMC em adultos usuários da UBS Central do Município de Portão, RS. Este estudo se caracterizou como observacional descritivo. Fizeram parte da pesquisa 278 usuários do SUS, de ambos os sexos, sendo 208 (74,8%) do sexo feminino e 70 (25,2%) do sexo masculino, na faixa etária entre 21 e 59 anos. Os dados foram obtidos mediante questionário com os dados sócio-demográficos, condições de saúde e fatores de risco e o IPAQ versão 8 curta e medidas de Índice de Massa Corporal, adotando critérios definidos pela OMS (1997). Concluiu-se que há predominância na classificação insuficientemente ativo com 40,3%, sendo 112 pessoas da amostra total e para o IMC houve predominância no excesso de peso com 66,2% (184), ou seja, 106 (38,1%) sobrepeso, 72 (25,9%) obesos e 6 (2,2%) obesidade grave. A media do IMC da amostra total ficou em 27,7 a qual se enquadra no índice de sobrepeso, risco elevado para a saúde; 55% da amostra estão na faixa etária de 30 a 49 anos, tendo como media a idade de 40,3 anos. Segundo dados obtidos nesta pesquisa, podemos estabelecer índices referentes aos fatores de riscos para a saúde da amostra, ou seja, diabéticos (6,8%), etilismo (22,3%), fumo (23%), obesidade grau I e II (28,1%), hipertensão (33,8%), sobrepeso (38,1%), sedentarismo (40,3%). A prevalência do nível de atividade física, sobrepeso e obesidade mostrou-se elevada. Os resultados apontam para a necessidade de adoção de medidas de controle e prevenção da obesidade por parte dos órgãos de saúde.

Palavras-chaves: Nível de atividade física, IMC, fatores de risco, saúde pública.