Physical activity, psychological complaints, and occupational health

Bradley A. Evanoff
Washington University School of Medicine in St. Louis

Follow this and additional works at: http://digitalcommons.wustl.edu/ohs_facpubs
Part of the Medicine and Health Sciences Commons

Recommended Citation
Physical activity, psychological complaints, and occupational health

B Evanoff

*Occup Environ Med* 2006 63: 2-3
doi: 10.1136/oem.2005.022665

Updated information and services can be found at:
http://oem.bmj.com/content/63/1/2.full.html

These include:

**References**
This article cites 6 articles, 4 of which can be accessed free at:
http://oem.bmj.com/content/63/1/2.full.html#ref-list-1

**Email alerting service**
Receive free email alerts when new articles cite this article. Sign up in the box at the top right corner of the online article.

Notes

To order reprints of this article go to:
http://oem.bmj.com/cgi/reprintform

To subscribe to *Occupational and Environmental Medicine* go to:
http://oem.bmj.com/subscriptions
responsible for changing patterns of diseases like NHL. 


Correspondence to: Dr A Blair, National Cancer Institute, Executive Plaza South, Room 8119, Bethesda, MD 20892, USA; Blairai@ mail.nih.gov

Funding: this research was support by the Intramural Research Program of the NIH (National Cancer Institute)

Competing interests: none

I performed this work as part of my employment with the US government and consequently copyright cannot be assigned. The BMJ Publishing Group Ltd, however, is free to use this material on a worldwide basis and to publish it in OEM.

REFERENCES


Health and safety

Physical activity, psychological complaints, and occupational health

B Evanoff

Commentary on the paper by Bernaards et al (see page 10)

O ccupational health professionals and researchers are primarily concerned with examining and preventing the specific health effects of exposures to chemical and physical agents that are unique to the work environment. When looking beyond work related diseases to other diseases and broader health outcomes such as disability, absenteeism, and general health status, we must also consider the effects of factors outside of work, and the interaction of these factors with work exposures. The article by Bernaards and colleagues provides further evidence of the importance of taking a broader view of worker health and safety.

The study by Bernaards and colleagues used data from the Dutch SMASH study (Study on Musculoskeletal disorders, Absenteeism, Stress, and Health), a three year prospective cohort study of over 1700 Dutch workers. Baseline and annual questionnaire data on strenuous leisure time physical activity were used to predict four health outcomes: depression, emotional exhaustion, perceived general health status, and work absenteeism due to psychological complaints. The study found that strenuous leisure time physical activity was associated with a lower risk of depression, emotional exhaustion, and poor general health, as well as with a lower risk of work absenteeism due to psychological complaints. The beneficial effects of exercise were strongest in persons with sedentary jobs. These results join those of a few other longitudinal studies showing that higher levels of leisure time physical activity are associated with lower risks of future depression and depressive symptoms.3 4

Surprisingly, this study found that strenuous physical activity at a frequency of once or twice a week was associated with lower risks of depression than exercise at three or more times per week. Unfortunately, the relatively small number of workers in the highest category of exercise frequency meant that this study did not have the statistical power to accurately determine the shape of the dose-response curve, which differed in the various analyses conducted for different health outcomes in their study. A larger study would be needed to determine whether the psychological and work enabling health benefits of exercise increase in a monotonic dose–response fashion, whether there is a plateau with decreasing incremental benefits at higher exercise levels, or whether there is truly a “U-shaped” curve with decreasing psychological benefits resulting from more exercise. Though this latter possibility seems unlikely, it is conceivable that people prone to depression reported exercising more, or that “overtraining” led to depressive symptoms in some subjects. Another surprising result, which was not discussed by the authors, was the increasing prevalence of current depressive symptoms during the study, from 9.1% at baseline to 15.8% three years later. This is especially surprising because people with depression at baseline were more likely to drop out of the study. Though this study was carefully performed, it nonetheless has some methodological limitations, shared by other studies in this area, that limit conclusions regarding causality. One such problem is potential bias because the exposure of interest is likely to be affected by the outcome of interest: people with poor general health or depression are less likely to exercise than those with good health or without depression. The one year lagging of exposure used by the authors reduces, but probably does not eliminate this potential bias. Similarly, the relation between exercise frequency and work absenteeism is likely to be confounded by health and emotional status. The small number of subjects in the highest exercise category limited the conclusions that could be drawn regarding the level of exercise that provided benefits. Restricting the analysis of sick leave to those with sick leave attributed to psychological disorders left few subjects for analysis, and was probably subject to under-reporting. Complementing the results of this paper is another publication from the SMASH study which showed that all-cause sickness absences, and the duration of these absences, was lower among workers who reported regular physical activity.1

Despite methodological limitations, this study shows an important relation between strenuous recreational physical activity and psychological health. The
results of this and similar studies make sense—anyone who has experienced a ‘runners’ high’ knows that exercise can lead to a sense of psychological well-being. It seems logical that current exercise habits can, to some extent, predict future symptoms of depression and related health outcomes. Placing this and similar studies in the context of occupational safety and health requires us to think about several points: Is this a topic that is important to occupational health professionals and researchers? What else do we need to know about the effects of physical activity in working populations, and how should we learn it? What are the policy implications of this and other studies linking worker lifestyle to worker health?

- Is this type of study relevant to occupational health professionals and researchers?

If we are to adopt a more comprehensive view of worker health and safety, the answer is clearly yes. Chronic diseases related to individual lifestyle choices are a major source of disability, morbidity, and mortality among workers, and a major expense for employers. Depression, a very common disorder, has been estimated to cost US employers $44 billion per year in lost productivity; 5 a major expense for employers. Acceleration, a very common disorder, has been estimated to cost US employers workforces, but this interest must not focus only on personal responsibility for health behaviours, but also on programmes and social structures that foster healthy behaviours. Many employers have taken steps, and many more could take steps, to encourage increased physical activity among their workforce. Simple actions include the provision of clean and well lit stairways to encourage use of the stairs instead of the elevator; encouraging employees to run, walk, or bike to work through provision of showers and bicycle parking; access to fitness classes or facilities; and other steps to facilitate and encourage employee physical activity. Paired with other actions such as smoking cessation programmes and the availability of attractive and affordable healthy food choices, worksite based programmes to encourage physical exercise may provide benefits to employer and employee alike.

The article by Bernaards and colleagues helps to expand our view of the benefits of physical activity in a sedentary workforce, and supports the idea that integration of healthy lifestyle choices with more traditional worker health and safety may offer significant benefits to workers and employers. High quality intervention studies are needed to show how much we can actually gain from such integration. The resources required to perform such studies are large, but so are the potential health and economic benefits if successful.

**REFERENCES**