Obesity Australia
understanding and action

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Obesity and Exercise

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Increased physical activity, indeed all voluntary movement, burns stored energy including fat. Without additional dietary changes the influence of exercise on weight loss is limited however, due to a compensatory increase in hunger and food intake. Yet coupled with a diet where food intake is reduced, exercise does modestly enhance the loss of weight, and continued exercise is an important component in keeping weight off (weight maintenance).

"Exercise" is but one component of voluntary physical activity or movement.

- We increase activity by reducing the time that we are sedentary in activities such as driving a car, sitting at a desk, looking at a screen, reading a book or engaged in a sedentary hobby.
- We increase activity by making smart active transport choices: taking the stairs, leaving the car in the garage and walking; riding a bike; using public transport; getting a desk you can stand at; and walking to your colleagues' office rather than using email. There are many ways to move more.
- And of course we can perform exercise, but the "e-word" can mean different things to different people. Planned physical activity has so many disguises and for those with obesity, especially severe obesity, there are many barriers to performing what the fitness world would consider exercise. Exercise needs to be adapted to the individual with the aim of increasing fitness, function, and assisting with achieving and maintaining weight loss.

If possible, we aim for every adult to perform 150-300 minutes of moderate physical activity every week, including short periods of activity of even 10-20 minutes, rather than insisting on formal periods of 40-60 minutes initially. This makes it easier to achieve the weekly target. The type and intensity of activity should be individualized to suit the person and avoid personal barriers to some activities. It will also depend on age, fitness, mobility, and state of health.

Physical activity has a wonderful array of benefits beyond weight management. It improves cognitive function; helps reduce the risk of diabetes and heart disease; preserves muscle and therefore function with weight loss, especially in older folk; helps prevent the physical disability associated with obesity; and preserves quality of life. In summary, physical activity promotes a healthier, longer, more functional life independent of weight achieved.

Obesity is strongly associated with: arthritis in the knees, especially in women; various causes of foot pain; and a higher risk of back pain. While obesity is only weakly associated with other forms of arthritis, it can aggravate the pain and disability caused by these conditions. Specific advice should be sought to help with designing activities for those with specific conditions and disabilities.