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EDITORIAL

Physical activity and sedentary behavior in Covid-19 pandemic scenario

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The new SARS-CoV-2 virus, which transmits the coronavirus (COVID-19), has spread around the world and has changed various lifestyles in the world's population. According to the director general of the World Health Organization (WHO), Tedros Adhanom Ghebreyesus, this scenario was characterized as a syndemic.1 To contain the spread of the new virus, isolation and social distancing - quarantine - was the main decision to reduce the spread of the virus and try to control the number of people susceptible to developing the symptoms of the disease.2 With this scenario, people who have a chronic disease, became part of the risk group, being more susceptible to contracting the disease, worsening their condition clinical condition and have complications in the treatment3.

In theory, the most affected in this syndemic scenario were people with Chronic Non-Communicable Diseases (NCDs), since, in addition to being considered a risk group, they also had difficulties with physical activity, one of the control strategies for CNCDs. With the temporary closure of face-to-face physical activities, it is believed that the population's level of physical activity has decreased and, therefore, the risk of hypokinetic diseases and obesity-associated comorbidities has increased.4 The literature shows an association with low levels of physical activity. of physical activity and sedentary behavior with increased risk of mortality4

Despite the clear decrease in the level of physical activity during isolation, several people showed a counterpoint by remaining active, to a lesser extent, or even starting to practice physical activity during isolation. People who already practiced physical activity prior to isolation managed to continue with the practice, although not at the same intensity and volume, observing the positive effects of maintaining this habit.5

In addition to observing the practice of physical activity, it is necessary to pay attention to sedentary behavior. This has been shown to have as much or more impact on the health of individuals associated with NCDs6. Sedentary behavior defined by time spent during the day with muscle actions that do not generate energy expenditure above resting metabolism has increased prevalence in adults, children and adolescents 6,7.

Katzmarzyk et al point out that, regardless of socioeconomic level, in comparison between different countries, both the level of physical activity and sedentary behavior are closely linked to NCDs in adults. Da Silva et al highlights the increase in sedentary behavior in adolescents compared to periods from 2015 to 2017, still pre-pandemic. Such behavior may have worsened even more with the need for social isolation.

Thus, among several points of attention that we must have in this moment of partial and advanced resumption of face-to-face environments and relationships, it is worth mentioning both the increase in the practice of physical activity and the reduction of sedentary behavior in the world population. Encouraging and proposing interventions in this sense can help the population to regain previous levels of health, mitigating various post-pandemic factors that may arise related to health.

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