

## UK physical activity guidelines update – Feedback from the Scientific Consensus Meetings

### General feedback

- There should be a less arbitrary change in guidelines between age groups (e.g. bouts in adults vs. older adults / 24-hour guidelines) and some differentiation within age groups (e.g. a 25-year-old vs a 61-year-old) – are decision making processes consistent across EWGs?
- Re-think the use of controlling language (i.e. “adults *should* do XYZ”)
- For all age groups, more emphasis should be placed on active travel – particularly the use of e-bikes
- Social aspects of physical activity need to be embedded throughout the guidelines across all ages
- We cannot segment the population so much that we have vastly different ‘guidelines’ for different groups (weight status, gender, disability, age, medical conditions), it will get very confusing
- Across all age groups there were a number of delegates that questioned whether there should be a daily physical activity guideline
- The science is better than 2011 however, this leads to more nuanced recommendations in all age groups - this is great but - how can we embrace the evidence whilst not contradicting ourselves? (This is not only an issue for the communications team - but for all EWGs to decide on what is ‘good enough’)
- Disability should be embedded across all age groups and have an inclusive approach (i.e. the terms used – ‘standing up’, ‘sitting for long periods’)
- Need to be clearer who the guidelines are for and what their purpose is?
  - a. Is it to present what we know based on robust evidence and produce cut-offs for policy makers?
  - b. Is it to influence the behaviour of professionals and the public – should prioritise this
  - c. Communicating these two things are not the same thing (science is an abstract concept to most, they need tangible concepts)
- The full reports should be available for consultation – all critical for review by experts outside physiology