# SUPPLEMENTARY ONLINE-ONLY CONTENT

## Sitting Less and Moving More: Implications for Hypertension

Paddy C. Dempsey, Robyn N. Larsen, David W. Dunstan, Neville Owen, Bronwyn A. Kingwell

Short title: Sitting Less, Moving More & Hypertension

Corresponding author: Paddy C. Dempsey Physical Activity, Metabolic & Vascular Physiology and Behavioural Epidemiology Laboratories, Baker Heart and Diabetes Institute, Level 4, 99 Commercial Rd, Melbourne, VIC 3004, Australia Telephone number: +613-8532-1853 E-mail: paddy.dempsey@baker.edu.au

## Content

Page 1: References

Page 2-4:

**Supplementary Table S1.** Summary of acute studies examining the cardiovascular (blood pressure) responses to prolonged sitting and sitting interrupted with physical activity bouts.

Page 5:

Supplementary Table S2. Model results in relation to Figure 2.

### References

- 1. Bhammar DM, Sawyer BJ, Tucker WJ, Gaesser GA. Breaks in Sitting Time: Effects on Continuously Monitored Glucose and Blood Pressure. *Med Sci Sports Exerc*. 2017;49:2119-30.
- 2. Champion RB, Smith LR, Smith J, Hirlav B, Maylor BD, White SL, Bailey DP. Reducing prolonged sedentary time using a treadmill desk acutely improves cardiometabolic risk markers in male and female adults. *J Sports Sci.* 2018;36:2484-91.
- 3. Bailey DP, Locke CD. Breaking up prolonged sitting with light-intensity walking improves postprandial glycemia, but breaking up sitting with standing does not. *J Sci Med Sport*. 2015;18:294-8.
- 4. Padilla J, Sheldon RD, Sitar DM, Newcomer SC. Impact of acute exposure to increased hydrostatic pressure and reduced shear rate on conduit artery endothelial function: a limb-specific response. *Am J Physiol Heart Circ Physiol*. 2009;297:H1103-8.
- 5. Shvartz E, Gaume JG, White RT, Reibold RC. Hemodynamic responses during prolonged sitting. *J Appl Physiol*. 1983;54:1673-80.
- 6. Younger AM, Pettitt RW, Sexton PJ, Maass WJ, Pettitt CD. Acute moderate exercise does not attenuate cardiometabolic function associated with a bout of prolonged sitting. *J Sports Sci.* 2016;34:658-63.
- 7. Zeigler ZS, Swan PD, Bhammar DM, Gaesser GA. Walking workstation use reduces ambulatory blood pressure in adults with prehypertension. *J Phys Act Health*. 2015;12 Suppl 1:S119-27.
- 8. Zeigler ZS, Mullane SL, Crespo NC, Buman MP, Gaesser GA. Effects of Standing and Light-Intensity Activity on Ambulatory Blood Pressure. *Med Sci Sports Exerc*. 2016;48:175-81.
- 9. Larsen RN, Kingwell BA, Sethi P, Cerin E, Owen N, Dunstan DW. Breaking up prolonged sitting reduces resting blood pressure in overweight/obese adults. *Nutr Metab Cardiovasc Dis*. 2014;24:976-82.
- 10. Dempsey PC, Sacre JW, Larsen RN, et al. Interrupting prolonged sitting with brief bouts of light walking or simple resistance activities reduces resting blood pressure and plasma noradrenaline in type 2 diabetes. *J Hypertens*. 2016;34:2376-82.
- 11. Barone Gibbs B, Kowalsky RJ, Perdomo SJ, Taormina JM, Balzer JR, Jakicic JM. Effect of alternating standing and sitting on blood pressure and pulse wave velocity during a simulated workday in adults with overweight/obesity. *J Hypertens*. 2017;35:2411-8.
- 12. Dempsey PC, Thyfault JP. Physiological Responses to Sedentary Behaviour. In: Leitzmann MF, Jochem C, Schmid D, editors. Sedentary Behaviour Epidemiology. Springer Series on Epidemiology and Public Health. Cham: Springer International Publishing; 2018. p. 109-53.
- 13. Larsen RN, Kingwell BA, Robinson C, et al. Breaking up of prolonged sitting over three days sustains, but does not enhance, lowering of postprandial plasma glucose and insulin in overweight and obese adults. *Clin Sci (Lond)*. 2015;129:117-27.
- 14. Grace M, Climie RE, Wheeler MJ, et al. Prolonged uninterrupted sitting impairs vascular function and increases biomarkers of atherosclerotic risk in overweight adults (Abstract). *American College of Sports Medicine*. 2018;49:S111.

**Supplementary Table S1.** Summary of acute studies examining the cardiovascular (blood pressure) responses to prolonged sitting and sitting interrupted with physical activity bouts.

# a) Normotensive healthy populations

Reference	Population/setting	BP measure	Intervention	BP results
Bhammer (2017) <sup>1</sup>	10 (5 men, 5 women) Age: $32 \pm 5$ years BMI: $30 \pm 5$ kg/m <sup>2</sup> Insufficiently active	ABPM	<ol> <li>Sitting (SIT)—9 h</li> <li>30-min moderate- intensity walking at midday (8.5 h sitting)</li> <li>Sitting + moderate- intensity walking bouts (MOD)—(21 x 2 min bouts of walking at 20 min intervals—total 42 min walking)</li> <li>Sitting + vigorous- intensity walking bouts (VIG)—(8 x 2 min bouts of walking at 60 min intervals—total 16 min walking)</li> </ol>	Results for n = 6 (4 men, 2 women) due to excluded data (missing/caffeine) <i>MOD vs. SIT</i> <i>Evening BP outside</i> <i>laboratory</i> $-\downarrow$ SBP by 6 mmHg $-\downarrow$ DBP by 5 mmHg $-\downarrow$ MAP by 6 mmHg No other trial periods or BP results were statistically significant between any conditions.
Champion (2018) <sup>2</sup>	24 (12 men, 12 women) Age: $\sim$ 37 ± 10 years BMI: $\sim$ 25 ± 5 kg/m <sup>2</sup> Physically active	O - hourly	1. Sitting (SIT)—6.5 h 2. Sitting + light-intensity walking bouts (LW)—6.5 h (6 x 20 min bouts of light walking at 60 min intervals—total 2 h light walking)	<i>LW vs. SIT</i> $-\downarrow$ SBP by 4 mmHg $-\downarrow$ DBP by 3 mmHg $-\downarrow$ MAP by 4 mmHg
Bailey (2015) <sup>3</sup>	10 (7 men, 3 women) Age: $24 \pm 3$ years BMI: $27 \pm 4$ kg/m <sup>2</sup> Activity level—not reported	O - hourly	<ol> <li>Sitting (SIT)—5 h</li> <li>Sitting + standing bouts (LW)—5 h (14 x 2 min bouts of standing at 20 min intervals—total 28 min light walking)</li> <li>Sitting + light-intensity walking bouts (LW)—5 h (14 x 2 min bouts of light walking at 20 min intervals—total 28 min light walking)</li> </ol>	No statistically significant effects on BP.
Padilla (2009) <sup>4</sup>	8 healthy men Age: $24 \pm 2$ years (SE) BMI: $24 \pm 1$ kg/m <sup>2</sup> Physically active	O and A -hourly (brachial and popliteal)	1. Sitting (SIT)—3 h 2. Supine control (lying down)—3 h	SIT vs. LYING DOWN - ↑ SBP (magnitude not detailed) - ↑ DBP (magnitude not detailed)
Shvartz (1983) <sup>5</sup>	8 healthy men Age range: 19–30 years BMI: ~25 kg/m <sup>2</sup> (data not specifically reported)	O - hourly	5 h sitting period with initial 30 min and 20 min in supine and standing positions, respectively.	Responses during 5 h sitting – ↑ TPR by 5% – ↑ DBP by 9 mmHg (1 h vs. 5 h) – ↑ mean arterial BP (7.3 mmHg)

	Activity level—not reported			<ul> <li>-↓ calf BF by 13%</li> <li>-↑ calf pooling by 17%</li> <li>- Non-significant changes in SBP, thigh BF, cardiac output, stroke volume, and heart rate</li> </ul>
Younger (2016) <sup>6</sup>	10 (6 men, 4 women) Age: $22 \pm 1$ years (SE) BMI: $25 \pm 2$ kg/m <sup>2</sup> Physically active	A - hourly	1. Sitting (SIT)—5 h 2. 30-min MVPA (cycling) + 5 h sitting	<ul> <li>↓ Mean arterial pressure by 5% over 5 h MVPA vs. SIT</li> <li>↑ Heart rate in hours 1 and 2</li> <li>No significant differences for SBP, or DBP</li> </ul>

b) Pre-hypertensive and hypertensive populations

Reference	Population/setting	BP	Intervention	BP results
Zeigler (2015) <sup>7</sup>	9 (4 men, 6 women) Age: $43 \pm 13$ years BMI: $27 \pm 6$ kg/m <sup>2</sup> Insufficiently active desk workers. All participants pre- hypertensive	measure       ABPM	1. Sitting (SIT)—8 h (simulated office) 2. Sitting + accumulated walking bouts @ 1.6 km/h (total 2.5 h)—8 h (2 x 10, 2 x 15, 2 x 20, 2 x 30 at ~hourly time points).	Work hours (9-4pm) $-\downarrow$ SBP by 3 mmHg $-\downarrow$ DBP by 3 mmHg Post work hours (4- 10pm) $-\downarrow$ SBP by 4 mmHg $-\downarrow$ DBP by 4 mmHg
Zeigler (2016) <sup>8</sup>	9 (2 men, 7 women) Age: 30 ± 15 years BMI: 29 ± 3 kg/m <sup>2</sup> Insufficiently active 7 participants pre- hypertensive	ABPM	<ol> <li>Sitting (SIT)—8 h</li> <li>Sitting + accumulated standing bouts (total 2.5 h)</li> <li>STAND—8 h (2 x 10, 2 x 15, 2 x 20, 2 x 30 at ~hourly time points)</li> <li>Sitting + accumulated walking bouts @ 1.6 km/h (total 2.5 h) WALK</li> <li>Sitting + accumulated cycling bouts @ ~20 watts and same cadence as 3.) (total 2.5 h) CYCLE</li> </ol>	Work hours (8-4pm) STAND vs. SIT $-\downarrow$ SBP by 3 mmHg $-\uparrow$ DBP by 2 mmHg WALK vs. SIT $-\downarrow$ SBP by 3 mmHg CYCLE vs. SIT $-\downarrow$ SBP by 5 mmHg $-\downarrow$ DBP by 1 mmHg Post work hours (4-7pm) STAND vs. SIT $-\downarrow$ SBP by 6 mmHg $-\downarrow$ DBP by 4 mmHg WALK vs. SIT $-\downarrow$ SBP by 4 mmHg CYCLE vs. SIT $-\downarrow$ SBP by 13 mmHg $-\downarrow$ DBP by 7 mmHg
Larsen (2014) <sup>9</sup>	19 (11 men, 8 women) Age: $54 \pm 5$ years BMI: $31 \pm 4$ kg/m2 Sedentary occupation Insufficiently active 52% pre-hypertensive or hypertensive	O - hourly	1. Sitting (SIT)—5 h 2. Sitting + light-intensity walking bouts (LW)—5 h (14 x 2 min bouts of light walking at 20 min intervals—total 28 min light walking)	$LW vs. SIT$ $-\downarrow SBP by 3 mmHg$ $-\downarrow DBP by 3 mmHg$ $MW vs. SIT$ $-\downarrow SBP by 2 mmHg$ $-\downarrow DBP by 2 mmHg$ $MW vs. LW$

			3. Sitting + moderate intensity walking bouts (MW)—5 h (14 x 2 min bouts of moderate walking at 20 min intervals—total 28 min moderate walking)	– No significant differences
Dempsey (2016) <sup>10</sup>	24 (14 men, 10 women) with type 2 diabetes Age: 62 ± 6 years BMI: 33 ± 3 kg/m2 Sedentary and insufficiently active 88% pre-hypertensive or hypertensive	O - hourly	<ol> <li>Sitting (SIT)—7 h</li> <li>Sitting + light-intensity walking bouts (LW)—7 h</li> <li>x 3 min bouts of light walking at 30 min intervals—total 36 min light walking)</li> <li>Sitting + simple resistance activity bouts (SRA)—7 h</li> <li>x 3 min bouts (body- weight half squats, calf raises, gluteal contractions) at 30 min intervals—total 36 min)</li> </ol>	<i>LW vs. SIT</i> $-\downarrow$ SBP by 14 mmHg $-\downarrow$ DBP by 8 mmHg <i>SRA vs. SIT</i> $-\downarrow$ SBP by 16 mmHg $-\downarrow$ DBP by 10 mmHg <i>SRA vs. LW</i> $-\downarrow$ SBP by 2 mmHg $-\downarrow$ DBP by 2 mmHg
Barone Gibbs (2017) <sup>11</sup>	25 (16 men, 9 women) Age: $42 \pm 12$ years BMI: $32 \pm 5$ kg/m <sup>2</sup> Sedentary and insufficiently active Pre-to-Stage 1 hypertensive – none on antihypertensive medications.	O - hourly	<ol> <li>Sitting (SIT)—8 h (2 x 3:40 h periods in am and pm)</li> <li>Sitting + standing bouts (STAND)—8 h (8 x 30 min bouts of standing at 30 min intervals—total 4 h standing)</li> </ol>	STAND vs. SIT – ↓ DBP by 1 mmHg – ↓ MAP by 1 mmHg – No significant difference in SBP

Data represent means  $\pm$  SD or mean (range) for study described unless otherwise stated.  $\uparrow$  increased significantly (P < 0.05);  $\downarrow$  decreased significantly (P < 0.05); SBP, systolic blood pressure; DBP, diastolic blood pressure; ABPM, ambulatory BP measurement; O, oscillometric (automatic) office BP measurement; A, auscultatory (manual) office BP measurement. Note: Some information is adapted from Dempsey et al.<sup>12</sup> with permission.

#### Supplementary Table S2. Model results in relation to Figure 2.

Participant phenotype and	Sitting condition:	Walking condition:	P (difference
BP measure	$\beta$ coefficient for time	$\beta$ coefficient for time	in slopes) <sup>a</sup>
Hypertensives (n=29)			
Systolic BP (mmHg/hr)	0.703*	-1.760***	P<0.001
Diastolic BP (mmHg/hr)	0.505*	-1.033***	P<0.001
Normotensives (n=33)			
Systolic BP (mmHg/hr)	0.447	-0.974***	P<0.001
Diastolic BP (mmHg/hr)	-0.022	-0.761***	P=0.002

Walking breaks vs. prolonged sitting (Figure 2A)

Significant regression coefficient of BP on time, \**P*<0.05; \*\**P*<0.01; \*\*\**P*<0.001.

<sup>*a*</sup>Linear mixed effect model with random slopes (condition-by-time interaction). Models were adjusted for age, sex, BMI, treatment order, and baseline values. Walking breaks were 2-3 min every 20-30 min following baseline.

Simple resistance activity breaks vs. prolonged sitting (*Figure 2B*)

Participant phenotype and	Sitting condition	SRA condition	P (difference
BP measure	$\beta$ coefficient for time	$\beta$ coefficient for time	in slopes) <sup>a</sup>
Hypertensives (n=24)			
Systolic BP (mmHg/hr)	1.120***	-2.343***	P<0.001
Diastolic BP (mmHg/hr)	0.937***	-1.650***	P<0.001
Normotensives (n=19)			
Systolic BP (mmHg/hr)	0.947*	-1.813***	P<0.001
Diastolic BP (mmHg/hr)	0.723*	-0.901**	P<0.001

Significant regression coefficient of BP on time, \*P<0.05; \*\*P<0.01; \*\*\*P<0.001. *a*Linear mixed effect model with random slopes (condition-by-time interaction). Models were adjusted for age, sex, BMI, treatment order, and baseline values. SRA=simple resistance activity breaks (half-squats, calf raises, gluteal contractions and knee raises; 3 min every 30 min following baseline).

*Note.* Primary source datasets include pooled BP data from four separate experimental studies, including two published<sup>9, 10</sup> and two unpublished<sup>13, 14</sup>.