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37

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Effects of High-Intensity Interval Training on **Cognitive Function in Middle-Aged and Older** Adults with Central Obesity: a Secondary Analysis of a Randomized Controlled Trial

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Background

Obesity in midlife is a risk factor for cognitive decline and significantly contributes to the increasing prevalence of dementia worldwide.¹ Physical activity and exercise are essential in obesity management,² but whether they lead to improved cognitive function

Results

Data on 63 participants (mean [SD] age = 56.0 [7.1] years), with 23 allocated to CON, 17 to 1xHIIT, and 23 to 3xHIIT, were analyzed with baseline values as covariates. After the intervention, a trend toward a significant group-by-time interaction was observed in

in middle-aged and older adults with obesity is not well understood. High-intensity interval training (HIIT) involves alternating periods of high-intensity exercise with periods of lower-intensity or no exercise and can improve cardiometabolic disease risk factors in adults.³

Objectives

This study is a secondary analysis of an ongoing randomized controlled trial and examined the effects of HIIT on cognitive function in middle-aged and older adults with central obesity.

response inhibition (p = 0.07).



Methods

This study recruited overweight (BMI ≥23) and centrally obese (waist circumference ≥90/80 cm for males/females) Chinese adults (aged \geq 45 years), who were randomly assigned to a usual care control group (CON), a once-weekly HIIT group (1xHIIT), and a thrice-weekly HIIT group (3xHIIT). Response inhibition was assessed at baseline and after the 16week intervention using the no-go trial error rate of the Go/No-Go task.

Conclusion

Once completed, this study could have sufficient power to demonstrate the positive effects of HIIT on cognitive function in middle-aged and older adults with central obesity. The conclusion will be based on a final sample size of 149 participants, which is sufficient to detect a moderate effect size of Cohen's d = 0.5.

Assessed for eligibility (n = 186)

References



1. Livingston G, et al. Lancet. 2020; 396: 413-446.

2. Bray GA, et al. Lancet. 2016; 387: 1947–1956.

3. Campbell WW, et al. Med Sci Sports Exerc. 2019; 51: 1220–1226.

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