

Professors with advice to inactive people: Football is good for your health

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But if you want to play football rather than taking medicine, the advice is that you will need to keep playing and only do it after consulting with your doctor.

Imagine four groups of people. Each group has health issues: the first group smokes, the second has diabetes, the third is fighting obesity, and the fourth has poor physical fitness.

Which group's members are at the biggest risk of dying on reaching the age of 50?

Answer: the group with poor physical fitness.

Perhaps the answer was too easy to guess?

So let's take the first three groups – smoking, diabetes and obesity – and combine their risks.

Where now is the biggest risk of dying as a 50-year-old: in the combined group or in the final group with poor physical fitness?

Answer: the group with poor physical fitness.

Nothing is worse for our health than being inactive, says Karim M. Khan, referring to an article in *British Journal of Sports Medicine* from 2009: [Physical inactivity: the biggest public health problem of the 21st century](#)[5]

Khan, a professor of sport and exercise medicine at the University of British Columbia, Canada, recently attended a conference at the University of Southern Denmark (SDU) in Odense, where he talked, among other things, about the four groups of people.

“A day of physical inactivity is as detrimental to your body as smoking three cigarettes. A week of inactivity is equivalent to smoking a whole packet. You might want to reflect on that if you think you're too busy to go for a run,” was the warning at the conference from Professor Khan.

He is also editor-in-chief of the acclaimed *British Journal of Sports Medicine*. In 2010 he wrote: [A week of physical inactivity has similar health costs to smoking a packet of cigarettes](#)[6].

Professor Khan stressed that exercise is so good at protecting the body against disease that it is on a par with taking medicine.

The more you exercise, the better the effect on, for example, high blood pressure and diabetes, as well as a number of deadly diseases such as certain cancers and cardiovascular diseases.

Professor Khan is backed up fully by Peter Riis Hansen, a cardiologist and consultant at Gentofte Hospital.

“It’s a ‘no-brainer’ that physical activity is healthy. We need to start as early as possible because we can already see in children and young people who exercise that they have healthier veins. This probably reduces the risk of getting cardiovascular diseases later in life, and they’re the biggest killer in the world,” says Professor Hansen, who is also a clinical professor at the Department of Clinical Medicine at the University of Copenhagen.

The conference at SDU was not just about exercise generally, but football specifically. Because football has two major benefits:

1. It is extra healthy compared to running, partly because the players run at different speeds and frequencies.
2. Many people keep playing once they have found a team because they derive social and mental benefits from it. This means that football is a treatment that has a good chance of taking place over a long period.

This is why a large number of researchers refer to football as medicine.

Professor Hansen says that he himself would have no hesitation throwing himself into football if he got sick.

“Naturally I would. If, for example, you look at studies comparing exercise and medicine in terms of the effects on mortality in cardiovascular patients, or on blood pressure in hypertonics, it seems the effects are at the same level,” Professor Hansen wrote in an e-mail to Videnskab.dk referencing two studies:

- 1) [How does exercise treatment compare with antihypertensive medications?](#) [7]
- 2) [Comparative effectiveness of exercise and drug interventions on mortality outcomes](#) [8]

Professor Peter Krstrup is of the same view. Together with his colleague Morten B. Randers, he arranged the well-attended conference at SDU under the title “Football is Medicine”.

Professor Krstrup is already extremely active in the football world as a girls’ football trainer, a physical coach of the Danish women’s national team and a recreational player himself.

“However, if the situation were to arise that I was playing too little and my doctor told me that my blood pressure, cholesterol or blood sugar levels were too high, then football would be the first thing I would think of,” writes Professor Krstrup in an e-mail to Videnskab.dk.

Professor Krstrup adds that in the case of other diseases he would consider football as part of the treatment together with dietary changes and other forms of medicine.

“But in all circumstances I would recommend that doctors first consider an exercise programme for both prevention and treatment and supplement it with other lifestyle changes and pills or other types of medicine as needed,” says Professor Krstrup, head of research at the Department of Sports Science and Clinical Biomechanics at SDU.

However, you need to consider a few things before you do what the professors have in mind.

On the down side, the big problem with exercise generally is that, although we know full well that we should do it, we just can’t be bothered to. Or perhaps we make the effort one day, but not the next day.

So the clever people can shout as loudly as they want about their international recommendations and all the other warnings that we just need to exercise for half an hour a day to get a wealth of beneficial effects.

But all the experience and research shows that everyone finds it extremely hard persisting with exercise.

This is particularly true for low-resource people with little money, mental problems or a number of health

issues.

Which is why so many of us end up on pills instead.

“It drives us mad that people don’t exercise because you won’t find any pill that can do the same,” said Professor Khan from the podium at the conference.

Our propensity for putting pills in our mouth rather than the ball in the net means that, even though professionals laud football as medicine, the challenge comes with some important caveats:

1. If you decide to use football as medicine, do it in consultation with your doctor.
2. Be especially aware that you need to keep up the activity. Because the moment you stop football training, there is a risk that the disease will take over.

This would be the case, for example, with diabetes, as Professor Allan Flyvbjerg has noted in [a previous article on Videnskab.dk \(in Danish\): Can football really replace medicine?](#) [9]

“If you really succeed with playing football regularly, it seems that, figuratively speaking, the disease goes away for a while. But the fact is that you still have diabetes, which is absolutely guaranteed to return if you slacken off again,” says the article from Professor Flyvbjerg, head of Steno Diabetes Center in Copenhagen and a professor at the University of Copenhagen.

In a similar vein, Peter Riis Hansen adds that “as a professional, I would probably be aware of this trap and therefore quickly reach for the prescription pad if the football began to gather dust!”

You should also be aware of two further caveats:

3. Strictly speaking, no long-term trial has ever been conducted in which patients have been randomly divided, in accordance with the finest precepts, into two groups, either playing football or taking medicine, so that the effects can be directly compared. So we don’t know with absolute certainty that playing football when you are young will keep you fit when you are older. Or how long the effects of football actually last.

“That would require a lot of patients and decades of follow-up, and you would anticipate a lot of drop-outs along the way. So studies like that will almost certainly never happen, but the sum of all other evidence clearly shows that if exercise can be maintained over time, the long-term gains will also be there,” says Professor Hansen.

A number of short-term studies have compared football directly with, for example, blood pressure medicine. One such study, carried out in Denmark in 2013, has shown that football actually works even better than pills: [Soccer improves fitness and attenuates cardiovascular risk factors in hypertensive men](#) [10].

4. Like all medicine, football can have side effects.

At the SDU conference, Tim Meyer – a professor at Saarland University and team physician of the German men’s national football team – explained that you have to remember that football can also cause injuries.

In the worst-case scenario, they can prevent someone working.

“The higher the intensity at which you train, the better the health effects – but it also increases the risk of certain side effects, which has to be included in any assessment of how healthy football is,” said Tim Meyer.

[Read the Danish version of this article at Videnskab.dk](#) [11]

 [Change the size of the track, goals or teams and football can fit people of all ages and levels. \(Photo: Per Kjærbye / football pictures.dk / DBU\)](#) [12]

 [Figure: Number of deaths that had been avoided if a risk factor had not been present, e.g. know that smokers do not smoke, are inactive, walked for 30 minutes daily at least 5 days a week \('Low CFR'\). Data from a follow-up in a group of 12,000 middle-aged men and women in the Aerobics Center Longitudinal Study \(ACLS\) study, presented in the recognized British Journal of Sports Medicine.](#) [13]

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[Researcher Karim M. Khan](#) [15] [Researcher Peter Riis Hansen](#) [16] [Researcher Peter Krustrup](#) [17]
[Researcher Allan Flyvbjerg](#) [18]

[Huseyin Naci et al: How does exercise treatment compare with antihypertensive medications? A network meta-analysis of 391 randomised controlled trials assessing exercise and medication effects on systolic blood pressure. BJSM \(2018\).](#) [7] [Huseyin Naci, John P A Ioannidis: Comparative effectiveness of exercise and drug interventions on mortality outcomes: metaepidemiological study. BJSM \(2015\).](#) [19] [Karim M Khan, Jennifer C Davis: A week of physical inactivity has similar health costs to smoking a packet of cigarettes. BSJM \(2010\). doi:10.1136/bjsm.2010.074047](#) [6] [Steven N Blair: Physical inactivity: the biggest public health problem of the 21st century. BSJM \(2009\)](#) [5] [Zoran Milanovi?: Broad-spectrum physical fitness benefits of recreational football: a systematic review and meta-analysis. BSJM \(2018\).](#) [20]

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- [18] <http://www.sdcc.dk/forskning/forskningsprofiler/Sider/Allan-Flyvbjerg.aspx>
- [19] <http://dx.doi.org/10.1136/bjsports-2015-f5577rep>
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