AMOUNT OF WALKING AND LEVEL OF DEPRESSION: CROSS SECTIONAL STUDY

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Introduction: Depression is a common mental disorder. It is managed by anti-depressant drugs, psychotherapy sessions or both. Physical activity may improve depressive symptoms. We aim in this study to know the effect of walking on depression and depressive symptoms and the relationship between walking and depression among Arabic population.

Method: an online cross sectional survey, written in Arabic language targeting both males and females’ Arabic speakers from age 18 and above, we used an Arabic translation version of Beck’s Depression Inventory to assess depressive symptoms with other question about physical activity (30 minutes or more per session)

Result: 1368 participants, 64.7% female and 35.3% male. Of the total participants 55.9% are not walking regularly and 44.1% are walking on regular basis. Of total 56.2% are not depressed, while 43.8% are suffering from depression. In the group who are not depressed 47.6% are not walking and 52.4% are walking regularly. Among those who walks, 9.6% are walking once per week, 12.9% are walking twice per week, and 29.9% are walking three times or more per week. In the group who are depressed 66.6% are not walking regularly while 33.4% are walking regularly. Among those who walks, 8.2% are walking once per week, 7.7% are walking twice per week, and 17.5% are walking 3 times or more per week.

Conclusion: These findings underscore the need for increasing awareness of impact of physical activity in psychological well being. Further controlled study may focus on possibility of Brain changes secondary to physical activity.

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HEALTH LITERACY ASSESSMENT OF UAE COLLEGE STUDENTS: A SHORT TOOL FOR IMPROVING HEALTH PROMOTION

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Developed countries increasingly focus on health literacy (HL) as a preceptor for health promotions in light of the increasing burden of chronic diseases such as diabetes related cardiovascular disease and obesity. However, HL is not well-known in Arab countries where a steady rise in chronic disease prevalence has been observed in recent years. Rapid modernization, affluence and access to numerous foods with high fat contents and a more sedentary lifestyle contribute to the rise in chronic disease in even the youngest populations. The increasing rates of chronic disease, contribute to a major loss in productivity, lowering the pool of local human resources and driving up the cost of health care. HL can serve as a driving force for health promotion and behavior change since health risk behavior is often established at a young age. HL also serves as the bridge that connects policies on health and education. HL is context specific and is defined as the capacity to obtain, process and understand basic health information and services; make appropriate health care decisions, or act on health information; and the ability to access or navigate the health care system, which can be a challenge, particularly for diverse and vulnerable populations. HL must be considered in well-educated populationes, who still may find it challenging to process the overwhelming amount of health-related information available to date. The purpose of this presentation is to describe existing HL tools and present current research to adapt such tools for young populations in non-clinical settings.

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