

Article: Sitting Disease

While the modern technology has brought ease in our lives, similarly, it has also made our lifestyles more sedentary which include the long sitting hours in offices, during commute, while eating and endless scrolling the smart phones.

This sedentary lifestyle is becoming one of the leading causes of non-communicable disease such as cardiovascular disease, Type-II diabetes, Hypertension and certain cancers. Furthermore, it also adds significantly the premature deaths in young people. According to the health experts, a person should at least consume 150 minutes per week, in physical activities including brisk walking, jogging, cycling, doing gym, or any other exercise that allows him move his body. However, unfortunately, our society lacks the motivation to perform any sort of physical activity, rather it prioritises spending the leisure time in those activities which demand no motion. In addition, there

is no any official surveillance system available which can provide data regarding various diseases acquired due to sedentary routines. Furthermore, our health ministry doesnot pay heed to the alarming rise of cardiovascular diseases and Type-II diabetes in younger people which is causing the premature deaths in our youth. In addition to this, no significant awareness campaigns are being held which can prevent the further damage posed by such unhealthy lifestyles. Therefore, the need of the hour demands making people aware of the benefits of walking, avoiding long sitting hours, consuming healthy food, limiting usage of smartphones, spending atleast 150 minutes per week in any physical activity, and preferring walking on their feet for short distance ~~travels~~ journeys. Furthermore, the state as well as the NGOs should run awareness campaigns in universities, schools and public places, so that people can adopt healthier lifestyles and ~~prevent~~ protect

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BY ZAFAR MIRZA

Sitting disease

Both lack of exercise and too much sitting are harmful to human health.

"Walking is man's best medicine." — Hippocrates

MORE than two millennia ago, the father of modern medicine recognised something fundamental about human health: our bodies are designed to move. Yet modern civilisation seems to have forgotten this simple truth. Today, millions of people spend most of their waking hours sitting — in cars, at desks, in meetings, and increasingly in front of screens. A typical day for many in cities involves commuting while seated, working while seated, eating while seated and relaxing while seated.

Public health experts describe this phenomenon as 'sitting disease' — a lifestyle pattern characterised by prolonged sedentary behaviour and insufficient physical activity. Unlike infectious diseases that generally affect us suddenly through infectious organisms, this one does not cause immediate symptoms, but over time contributes to some of the most serious health conditions of our times. Physical inactivity has now emerged as one of the most important risk factors for non-communicable diseases (NCDs), also called chronic diseases. These include cardiovascular disease, diabetes, cancers, chronic respiratory conditions and several mental health disorders. Global health research shows that insufficient physical activity significantly increases the risk of premature death. People who do not meet recommended activity levels face substantially higher risks of heart disease, stroke and metabolic disorders.

Recognising this threat, the WHO recommends that adults engage in at least 150 minutes of moderate-intensity physical activity per week, such as brisk walking, cycling, swimming or other similar activities. If you want to take Sunday off, then it makes 25 minutes daily, not a big deal, but with huge health benefits. Regular physical activity improves cardiovascular fitness, regulates blood sugar, strengthens muscles and bones, reduces obesity, enhances mental well-being and lowers the risk of several cancers. Equally important is the emerging science around sedentary behaviour. Long uninterrupted periods of sitting appear to have harmful metabolic effects independent of exercise levels. Even individuals who exercise regularly may face health risks if they remain sedentary for most of the day. In simple terms, both lack of exercise and too much sitting are harmful to health.

Over the past few decades, Pakistan has been

undergoing a health transition. Infectious diseases remain a challenge, but NCDs are rapidly becoming the dominant cause of illness and premature death. The top killer in Pakistan is ischemic heart disease. Cardiovascular diseases, diabetes, hypertension, obesity and certain cancers predominantly constitute the burden of disease. There are several contributing factors: demographic changes, urbanisation, dietary transitions, environmental stressors, and significantly, lifestyle behaviours. Among these, physical inactivity is a major yet often underestimated health determinant.

Urban life encourages sedentary routines. Motorised transport replaces walking, office work replaces manual labour and digital technology absorbs hours of attention daily. Children spend less time playing outdoors while adults find fewer opportunities for physical movement in their daily schedules. This shift towards sedentary and unhealthy lifestyles is occurring quietly but rapidly. Health systems globally, including in Pakistan, are heavily oriented towards treating diseases after they occur. Hospitals, medicines and specialised clinical care are essential. But they address the consequences rather than the root causes of chronic diseases.

Prevention, especially through healthier lifestyles, remains one of the most powerful, cost-effective public health strategy. Lifestyle medicine, or preventive medicine, helps promote, coach and monitor healthy lifestyle changes. Physical activity is a cornerstone of this preventive approach. Alongside healthy nutrition, ie, mainly plant-based food, adequate and restorative sleep, addiction control, stress management and healthy social connectedness, it forms the foundation of a healthy lifestyle.

Encouraging regular physical activity across populations could significantly reduce the burden of cardiovascular disease, diabetes and obesity — conditions that place an enormous strain on families and healthcare systems. While global research on physical activity is extensive, Pakistan still lacks comprehensive national data linking sedentary lifestyles with disease outcomes. Large-scale studies examining patterns of physical activity, occupational sitting time, urban design, commuting behaviour and recreational exercise are limited. We should establish a 'national behavioural risk factor surveillance system', which conducts regular national surveys that generate national data about our lifestyles.

Such data is essential for informed policymaking. Understanding the behavioural and environmental determinants of physical inactivity in Pakistan can help design targeted public health interventions. Ministries of health, universities and public health institutes should collaborate to generate this evidence base. Combating sitting disease does not require sophisticated technologies or expensive infrastructure. The most effective interventions are often the simplest. Walking remains one of the safest, cheapest and most accessible forms of exercise. A brisk walk of 25-30 minutes a day can significantly improve cardiovascular health and metabolic function.

Similarly, small changes in daily routines can make a meaningful difference. Taking the stairs instead of the lift, walking short distances instead of driving, cycling for local errands, engaging in sports or recreational activities, and even standing or stretching periodically during work hours can reduce sedentary time. Addressing sitting disease needs individual responsibility and supportive environments.

Individuals must consciously incorporate physical activity into their daily lives; policymakers, urban planners, educators and employers should help create conditions that make active living easier and attractive. Schools and universities can emphasise sports and outdoor play. Workplaces can encourage active breaks and healthier working environments. Working at WHO in Geneva, I remember many colleagues going for a walk during lunch break. Some went for a jog or cycling. We also had a gym in the building.

We need to stand up against sitting disease. The NCDs epidemic in Pakistan is a major component of the prevailing public health crises. Every fourth adult above 20 years is Type II diabetic and every third adult of around 40 years has elevated blood pressure. Yet one of the most powerful preventive tools is available to everyone, regardless of income or geography. It doesn't need a prescription, a hospital visit or advanced technology. It simply requires that we stand up and start moving. Perhaps Hippocrates understood what modern life has forgotten — the human body thrives when it is in motion. ■

The writer is a former SAPM on health with ministerial status, adjunct professor of health systems and president of the Pakistan Association of Lifestyle Medicine.