CONCLUSION

• We present evidence that Health mobile apps affect the physical activity trends of men with short-term or no studies. This effect is increased when the individuals undergo preliminary and final physical condition measurements.
• The apps tend to modify the men’s way of thinking more than their doing.
• Health-promotion sms sent to these men every two weeks seem to increase the frequency on which they both think and do something about their health.
• Reporting the number of steps every fourth week makes these men think more about their own health.
• These men had a significant increase in muscle mass and oxygen uptake after the intervention process. In addition, there is a tendency to increase their median number of steps per day, rest heart rate, body fat and fitness rating.
• In contrast, their BP increased slightly.

BACKGROUND

• Mobil app. promote number of steps
• Men’s health depends of their education
• Men die 4,2 years before women
• Men don’t think about their health
• Meet the man where he is – at work
• Health promotion without professional contact
• Men turn too late professional assistance

METHOD

Clinical control trial flow-chart

Control group n = 35

intervention group n = 33

SMS x 10

Mail steps–VAS x 5

Baseline

Intervention 6 months

n = 68 short term or no studies
19 – 62 year old men.

RESULTS

Table 1: Measurement of cardiovascular parameters at baseline and effect points

<table>
<thead>
<tr>
<th>Variable</th>
<th>Control group n=35</th>
<th>Intervention group n=33</th>
<th>p-value</th>
</tr>
</thead>
<tbody>
<tr>
<td>BP systolik (mm Hg)</td>
<td>142,94±1.0</td>
<td>139,00±1.0</td>
<td>0,13</td>
</tr>
<tr>
<td>BP distolik (mm Hg)</td>
<td>89,00±1.0</td>
<td>88,00±1.0</td>
<td>0,56</td>
</tr>
<tr>
<td>RHR (bpm)</td>
<td>64,00±1.0</td>
<td>67,00±1.0</td>
<td>0,99</td>
</tr>
</tbody>
</table>

Table 2: Measurement of physical parameters at baseline and effect points

<table>
<thead>
<tr>
<th>Variable</th>
<th>Control group n=35</th>
<th>Intervention group n=33</th>
<th>p-value</th>
</tr>
</thead>
<tbody>
<tr>
<td>Fitness rating (ml/min/Kg)</td>
<td>33,00±6.6</td>
<td>33,66±3.9</td>
<td>0,39</td>
</tr>
<tr>
<td>Oxigen uptake (Voz2) (l/min)</td>
<td>2,85±0,3</td>
<td>2,93±0,2</td>
<td>0,21</td>
</tr>
<tr>
<td>Body fat (%)</td>
<td>14,90±1.0</td>
<td>19,10±1.0</td>
<td>2,10*</td>
</tr>
<tr>
<td>Muscle mass (Kg)</td>
<td>67,80±6.7</td>
<td>67,30±6.4</td>
<td>0,46</td>
</tr>
</tbody>
</table>

Fig 1: Effect of intervension on VAS doing and VAS thinking

The study showed:
• Men’s thoughts and action increases
• Better match between thinking and doing