Danish University Colleges

Mens mobile health
Effect of health mobile apps to men with short-term or no studies during a 6 months intervention study
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Men`s mobile health:
Effect of health mobile apps to men with short-term or no studies during a 6 months intervention study

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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

- Men`s health depends of their education.
- Men die 4.2 years before women.
- Men turn too late professional assistance.
- Mobil app. promote number of steps.
- Men don`t think about their health.
- Health promotion without professional contact.
- Meet the man where he is – at work.

METHOD

Clinical control trial flow-chart

- Control group n = 35
- Intervention group n = 33
- n = 68 short term or no studies
- 19 – 62 year old men.

RESULTS

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

The study showed:

- Men`s thoughts and action increases
- Better match between thinking and doing

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

<table>
<thead>
<tr>
<th>Variable</th>
<th>Control group n=35 Baseline</th>
<th>Effect</th>
<th>p-value</th>
<th>Intervention group n=33 Baseline</th>
<th>Effect</th>
<th>p-value</th>
</tr>
</thead>
<tbody>
<tr>
<td>BP systolik (mm Hg)</td>
<td>142,94†</td>
<td>139,00</td>
<td>0,13‡</td>
<td>134,00†</td>
<td>136,00</td>
<td>0,09§</td>
</tr>
<tr>
<td>BP distolik (mm Hg)</td>
<td>90,00†</td>
<td>88,00‡</td>
<td>0,56§</td>
<td>83,76†</td>
<td>86,36‡</td>
<td>0,03°</td>
</tr>
<tr>
<td>RHR (bpm)</td>
<td>64,00†</td>
<td>67,00‡</td>
<td>0,99§</td>
<td>66,85†</td>
<td>65,12‡</td>
<td>0,26</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 Baseline</th>
<th>Effect</th>
<th>p-value</th>
<th>Intervention group n=33 Baseline</th>
<th>Effect</th>
<th>p-value</th>
</tr>
</thead>
<tbody>
<tr>
<td>Fitness rating (ml/min/Kg)</td>
<td>33,00†</td>
<td>33,66</td>
<td>0,39</td>
<td>36,03†</td>
<td>37,18</td>
<td>0,068</td>
</tr>
<tr>
<td>Oxgen uptake (Vo2) (l/min)</td>
<td>2,85 †</td>
<td>2,93</td>
<td>0,21</td>
<td>3,09†</td>
<td>3,22</td>
<td>0,03*</td>
</tr>
<tr>
<td>Body fat (%)</td>
<td>14,90†</td>
<td>19,10‡</td>
<td>2,10‡</td>
<td>17,46†</td>
<td>16,43‡</td>
<td>0,06</td>
</tr>
<tr>
<td>Muscle mass (Kg)</td>
<td>67,80</td>
<td>67,30</td>
<td>0,46</td>
<td>67,90†</td>
<td>68,81‡</td>
<td>0,02‡</td>
</tr>
</tbody>
</table>

* Statistically significant p<0,05

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