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ORs in those with high CRF at baseline were 0.90 (0.80-1.02) and 0.43 (0.26-0.71).

Conclusions
Decrease in CRF with >1% per year associated with significant higher risk for incident hypertension, while maintaining or increasing CRF had similar risk associations. This was seen in both men and women, different age-groups and baseline level been conducted to assess if the interventions were delivered and received as intended and what their views were regarding implementation of the exercises in their daily routine.

Results
A comparison will be made between views of coaches, trainers and physical education teachers that participated in our several trials.

Conclusions
Combining the views of coaches, trainers and physical education teachers regarding future implementation of injury prevention programs will help guide the implementation of the exercised based preventive routines that will be developed for

P05-03 The role of physical training in the correction of cognitive impairment in patients with type 2 diabetes
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Background
The purpose of the study was to evaluate the role of physical exercises in improving cognitive functions in type 2 diabetes mellitus.

Methods
The study protocol was approved by an ethics committee and all patients signed an informed consent. We examined 204 patients with type 2 diabetes aged 61.7±11.2 years (persons hospitalized in the endocrinology department of the clinics of the Siberian State Medical University, Tomsk). Blind double method patients were randomized into 2 groups: the main one was engaged in physical therapy and the control group (observation). The study was carried out in two stages: at the first visit, a clinical and psychological examination was

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P05-04 Physical activity level and sedentary time prior to cardiac ward admission among patients with cardiovascular disease and its association to all-cause mortality
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Background
Low physical activity (PA) level and high sedentary time (SED) have been associated to cardiovascular (CVD) morbidity and mortality. Routinely assessing the PA-level of patients being admitted to hospital has been proposed. The aim was to explore PA-level and SED among patients prior to cardiac ward admission and whether this can predict all-cause mortality.

Methods
A longitudinal observational study of patients with ischemic heart disease, heart failure, cardiac arrhythmia, valvular heart disorder and inflammatory heart diseases treated on cardiac wards (2015-2016) in Stockholm, Sweden. Data on PA-levels and SED prior to admission were collected by validated questionnaires during inpatient care. PA level a regular week was calculated by an index (3-19 points) including everyday PA and exercise. The cut-off of insufficiently physically active was set to >9 points. Individuals’ reporting ≥7 hours of sitting a normal day were categorised as high SED. Differences in PA-level and SED between different diagnose groups were
explored by Benjamini-Hochberg procedure. The associations between PA-level and SED with all-cause mortality were analysed using cox regressions, adjusting for age, sex, diagnosis group, education level, disposable income, smoking status, alcohol consumption and eating habits.

**Results**

Among 1148 patients with CVD, approximately 56% were considered as insufficiently physically active (>9 points). In addition, approximately half the study population were categorized as high SED (≥7 hours per day). There were differences in PA-level and SED between the various cardiovascular diagnoses, with individuals with heart failure and valvular heart disorder being in general more inactive and having higher levels of SED. A total of 200 deaths occurred during a median follow-up time of 2.6 years. The mortality was higher among those categorised as insufficiently physically active (HR 1.49, 95% CI 1.08-2.07) or high SED (HR 1.79, 95% CI 1.32-2.43) compared to those reporting sufficient PA and low SED, respectively.

**Conclusion**

A high amount reported insufficient PA and a high amount of SED preceding hospitalisation. There was an association between PA (negatively) and SED (positively) with all-cause mortality among patients with CVD. This highlights the prognostic value of assessing patients' PA-level and SED in clinical practice.

**Keywords:** physical exercise, sedentary behaviour, heart diseases, survival