

# In a randomized controlled clinical trial among postmenopausal women, 12 months moderate-intensity exercise training reduced the incidence of colds compared with a stretching-only program

**Title:** Moderate-intensity exercise reduces the incidence of colds among postmenopausal women

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**Reference:** Am J Med 2006; 119(11)

**Type of study:** Randomized controlled clinical trial

**Keywords:** exercise, intensity, flu, colds, upper respiratory tract infections, prevention

**EB Rating:** 7.5/10

**CI Rating:** 8/10

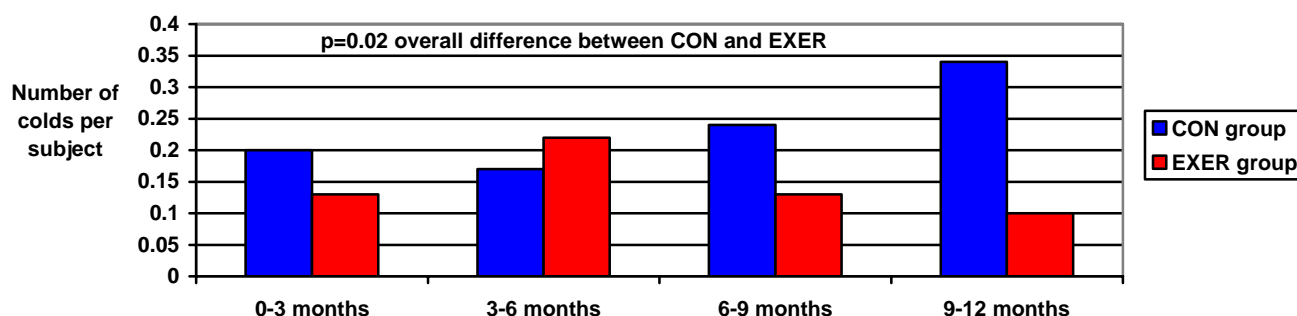
**Background:** It has been suggested that there is a protective effect of moderate intensity exercise on the development of infections – however, there are no well conducted, long term studies to verify this

**Research question/s:** Does a moderate-intensity, year-long exercise program, reduce the risk of colds and other upper respiratory tract infections in a group of postmenopausal women?

## Methodology:

- Subjects: 115 overweight or obese, sedentary, postmenopausal women
- Experimental procedure: All the subjects were assessed and then randomly assigned to either a moderate-intensity exercise group (EXER=53, 45 min of moderate-intensity exercise, 5 days/wk) or the control group (CON=62, 45-min stretching session, 1/wk) for 12 months. Questionnaires asking about upper respiratory tract infections in the previous 3 months were administered quarterly during the 12 months period
- Measures of outcome: Incidence of colds and other upper respiratory tract infections in the two groups

## Main finding/s:



- Incidence of colds: The risk of colds decreased in the EXER group in comparison to the CON group ( $p=0.02$ )
- Incidence of upper respiratory tract infections: There was no significant difference in the incidence of URTI between the groups over the 12 months

## Conclusion/s:

- In a randomized controlled clinical trial among postmenopausal women, 12 months moderate-intensity exercise training reduced the incidence of colds compared with a stretching-only program

## Methodological considerations:

Well conducted study, no actual documentation of infection

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