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Effects of high-intensity interval training on the anthropometric profile of overweight and obese adult women

Efectos del entrenamiento físico intervalado de alta intensidad sobre el perfil antropométrico de mujeres adultas con sobrepeso u obesidad

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| Abstract |

Introduction: Sedentary lifestyle, overweight and obesity in adult women have high prevalence.

Objective: To determine the effects of a high intensity interval training program on the anthropometric profile of overweight or obese women.

Materials and methods: 24 adult women, including 16 with overweight and 8 with obesity, between 26 and 49 years of age, were selected to participate in a two month high intensity training program (three sessions per week). Weight, height, BMI, muscle mass percentage, and fat mass and visceral fat percentages were assessed.

Results: The adherent group (\geq 75% assistance) was composed by 16 participants, while the non-adherent group (assistance <75%), by 8 participants. No significant differences were found among both groups previous to and after the intervention ($p\geq$ 0.05). The non-adherent group did not show any significant change, while the adherent group improved (p<0.05) their variables of weight (p<0.001), BMI (p<0.001), fat mass percentage (p<0.001), muscle mass percentage (p<0.001) and visceral fat percentage (p=0.020) after the intervention.

Conclusions: The training program improved the anthropometric profile of the participants without requiring specialized equipment or involving high costs, thus, this procedure is recommended for the treatment of malnutrition by excess in this type of population.

Keywords: Physical Exercise; Overweight; Obesity (MeSH).

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Resumen

Introducción. Existe una alta prevalencia de sedentarismo, sobrepeso y obesidad en mujeres adultas.

Objetivo. Determinar los efectos de un programa de entrenamiento intervalado de alta intensidad sobre el perfil antropométrico de mujeres con sobrepeso u obesidad.

Materiales y métodos. 24 mujeres adultas (16 con sobrepeso y 8 con obesidad) entre 26 y 49 años fueron reclutadas para participar en un programa de entrenamiento de alta intensidad durante dos meses (tres sesiones/semana). Se evaluó peso, talla, IMC, porcentaje de masa muscular, porcentaje de masa grasa y porcentaje de grasa visceral.

Resultados. El grupo adherente (asistencia \geq 75%) quedó compuesto por 16 participantes y el grupo no adherente (asistencia <75%) por ocho participantes. No existieron diferencias significativas pre y post intervención entre ambos grupos (p \geq 0.05). El grupo no adherente no presentó cambios importantes mientras que el grupo adherente mejoró (p<0.05) las variables peso (p<0.001), IMC (p<0.001), porcentaje de masa grasa (p<0.001), porcentaje de masa muscular (p<0.001) y porcentaje de grasa visceral (p=0.020).

Conclusiones. El programa de entrenamiento mejoró el perfil antropométrico de las participantes sin requerir implementos ni costos elevados para su desarrollo, por lo que es un procedimiento recomendable para el tratamiento de la malnutrición por exceso.

Palabras clave: Ejercicio físico; Sobrepeso; Obesidad (DeCS).

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Introduction

Chile has evolved and its economy, technology and culture have progressed in such a way that, in recent decades, it has positioned itself as a developing country. However, there is an alarming increase of chronic non-communicable diseases: 93% of women are sedentary and 64% are overweight or obese (1); both pathologies are associated with the development of insulin resistance, type 2 diabetes and cardiovascular disease (2-5). The traditional pharmacology has not provided an effective response to battle obesity, instead, physical activity has proven to be one of the most effective solutions to counteract the effects associated with this condition (6). This benefit grows if the activity is performed regularly and intensity increases (7).

Obesity is defined as an excess of body fat or adipose tissue, and is produced by the increase in energy consumption and the reduction in caloric expenditure (8). This condition generates a series of processes that develop resistance to leptin, resulting in a vicious cycle of weight gain induced by genetic and environmental factors (9).

Physical exercise has been proved to be one of the most effective ways to prevent and treat modern chronic diseases (10). When training is aerobic, although beneficial health effects are generated, high volumes of exercise are required to produce significant changes in the body; taking into account that the lack of physical activity of the population is mainly caused by lack of time (11), considering methods that produce more sudden and profound effects is necessary. Low-volume, high-intensity interval training (HIIT) should be considered as a method for battling the negative effects of chronic diseases associated with lifestyle (12,13), as there is evidence that the accumulation of a variety of HIIT is effective for improving cardiopulmonary fitness, VO2max (14), metabolic capacity and insulin sensitivity (15,16).

The purpose of this study was to determine the effects of a highintensity interval training program on the anthropometric profile of overweight or obese women.

Materials and methods

Participants

24 adult women, aged 26 to 49, voluntarily participated in this study and went through a HIIT program for two months, in the facilities of Universidad Mayor, Temuco Campus; 16 participants were overweight and 8, obese. The invitation was made through voluntary and free registration in three exercise sessions per week (24 sessions in total).

Table 1. Exercise protocol used in the intervention.

The study design was quasi-experimental and two study groups were created according to the percentage of assistance to the program by the participants: the adherent group (AG), with attendance to exercise sessions ≥75% (minimum 18 sessions, n=16, age: 38.4±13), and the non-adherent group (NAG), with assistance <75% (less than 18 sessions, n=8, age: 32.2±6). Each participant acted as self-supervisor after comparing the pre and post intervention.

The protocols coincided with the Declaration of Helsinki of 2013; the study was approved by the School of Nutrition of Universidad Mayor and each participant signed an informed consent to participate in the research.

Inclusion criteria included female subjects, aged 18 to 60 and at least three of the following factors: 1) high percentage of total fat >21%; 2) BMI >25, 3) sedentary lifestyle with the aim of performing <50 minutes per week of physical activity, and 4) percentage of muscle mass decreased by <40%.

Exclusion criteria considered the presence of any history of osteoarticular or ischemic disease, arrhythmias, tachycardias or chronic obstructive pulmonary disease that prevented doing HIIT exercises.

Procedures

Weight, muscle mass percentage (% MM), body fat percentage (% BFP) and visceral fat were determined through a double bioelectrical impedance assessment —using an bioelectrical impedance meter OMROM HBF-510LA—, barefoot, in light clothes and without metal objects. Height was determined with the aid of a precision height rod —Health o Meter®, USA—, graduated at 0.1mm; to calculate body mass index (BMI), the Quételet formula was used. Overweight was classified as 25.0-29.9 kg/m², and obesity as \geq 30 kg/m².

Design of the intervention program

An interval exercise program with the 1x2x3 method (17) was designed; three sets per exercise were run for 60 seconds, each with an intensity that induced muscle failure at the end of this period and two minute breaks between sets. This methodology is similar to other studies (18,19).

The exercises were focused on abdominal muscles and knee and hip extensors, and they were performed with multi - joint movement chains (Table 1). The progression of the exercises was done to break the adaptability of the study subjects to the accumulation of stimuli.

	Characteristic							
Intensity	Muscle failure after a minute of exercise.							
Progression	Week 1	Week 2	Week 3	Week 4	Week 5	Week 6	Week 7	Week 8
	Half squat	Deep squat	Deep squat with side kick	Deep squat with jump side kick jump	Deep squat with side kick jump Crunch exercise	Deep squat with side kick jump Crunch exercise Cross-legged crunch	Deep squat with side kick jump Crunch exercise Cross-legged crunch Thrust	Deep squat with side kick jump Crunch exercise Cross-legged crunch Thrust
Progression	9 minutes	9 minutes	9 minutes	18 minutes	18 minutes	30 minutes	40 minutes	40 minutes
Method	One-minute exercise – two-minute passive rest to reach recovery pulse - three repetitions three times a week, on alternate days.							
Materials	No equipment implementation is required							

Source: Own elaboration based on the data obtained in the study.

Statistical analysis

Data are presented as mean \pm standard deviation. All variables showed normal behavior (p \ge 0.05) and were measured through Shapiro Wilk test. A Student's t-test was used to evaluate pre- and post-intervention differences and for comparison between groups and independent groups. All analyzes were performed using SPSS version 22.0 and the confidence level was 95% (p<0.05).

Results

The NAG (participation <18 sessions) did not show significant changes after the intervention, whereas the AG (participation \geq 18 session) presented significant changes with HIIT intervention in the following variables: weight (p<0.001), BMI (p<0.001), BFP% (p<0.001),% MM (p<0.001) and visceral fat% (p=0.020) (Table 2).

ВМІ

Visceral fat

Table 2. Features of pre and post high-intensity interval training intervention.

Veriebles	T	Non-adherent group (≥18 sessions)	Adherent group (<18 sessions)	Comparison between groups
Variables	Test	(n=8)	(n=16)	р
	Pre	68.40±11.72	74.70±13.28	0.268
Mainhe	Post	68.08±11.14	72.29±12.61	0.432
Weight	V %	-0.48	-3.61	
	p value	0.376	<0.001	
	Pre	28.11±4.69	29.63±4.60	0.457
ВМІ	Post	27.97±4.46	28.66±4.36	0.719
DIVII	V %	-0.51	-3.27	
	p value	0.337	<0.001	
	Pre	42.36±5.72	43.86±5.79	0.556
% Body fat	Post	42.06±5.70	41.66±5.86	0.873
% Body lat	V%	-0.71	-5.02	
	p value	0.140	<0.001	
	Pre	24.11±1.73	24.26±2.40	0.877
% MM	Post	24.20±1.89	25.26±2.49	0.304
% IVIIVI	V%	0.36	4.12	
	p value	0.630	<0.001	
	Pre	8.25±2.38	7.75±2.35	0.629
% Visceral Fat	Post	8.25±2.40	7.44±2.22	0.417
% visceral Fat	V%	0.00	-4.00	
	p value	0.999	0.020	

% MM: muscle mass percentage; BMI: body mass index; V%: percentage change between pre and post intervention. Source: Own elaboration based on the data obtained in the study.

Adherent group variations 90 60 50 40 30 20 10 0 Pre Post Pre Post Post Pre Post Pre Post Pre

Figure 1. Significant variations - adherent group. Source: Own elaboration based on the data obtained in the study.

MM

Fat

Weight

Discussion

The purpose of this study was to determine the effects of a of high-intensity interval training program on the anthropometric profile of 8 overweight women and 16 obese women. The results indicated that the implementation of this program or training method, without the use of specialized equipment, allowed achieving changes in body composition, especially in reducing the fat mass of the adherent group.

Overnutrition was associated with the development of insulin resistance and risk factors for cardiovascular disease (20). In this research, weight and BMI reported changes after eight weeks of HIIT (p<0.001), results that differed from other studies where similar methodologies were applied but failed to achieve significant changes in nutritional status (21,22); higher weight losses in subjects with obesity and morbid obesity were reported only in cases in which patients also received counseling and nutrition education (23). In addition, fat mass percentage significantly decreased by 5.02% in the adherent group (p<0.001).

The research conducted by Zhang *et al.* (24) implemented a 12-week training program with Asian women that included high-intensity sprint and showed a decrease in the percentage of body fat, thus making HIIT the most effective method to control visceral and subcutaneous fat. The study by Kordi *et al.* (25), with sedentary women, proved that high-intensity interval training is an appropriate method for reducing body fat and improving anthropometric indices; likewise, Mancilla *et al.* (26) implemented this method on subjects with impaired glucose and excess weight, achieving a body fat reduction of 4.2kg. Postmenopausal women showed similar results through aerobic and overload exercise (27) and brisk walking (28).

In this study, muscle mass increased by 1.25%, similar to other groups of study with pre-diabetic predisposed subjects (29), where resistance exercises were applied until muscle failure for three months. A group of elder Japanese women proved that when obesity is combined with muscle weakness, there is a greater risk of developing mobility limitation than with only obesity (30), which is why it must be a priority in the treatment of women with this condition if quality of life is intended to improve.

In the research by Zapata-Lamana *et al.* (31), performed with adult women for three months, a physical exercise program, similar to the reported in this study, was implemented; improvements in cardiovascular health were observed when blood lipids and cholesterol were significantly altered.

This research allowed producing significant changes in the variables studied without requiring a high duration per session, which confirmed that this type of HIIT methodologies are time-efficient, improve muscle function and produce skeletal muscle adaptations that result in an increased fat and glucose oxidation (32-35); this is evident in the increase of % MM and the decrease of BFP% of the studied overweight or obese women.

It is important to incorporate, for future research, psychosocial variables to assess, from a holistic perspective the effect of physical exercise as the main limitation of this study is that only anthropometric variables were considered.

Conclusions

The intervention conducted in this study improved the anthropometric profile of women with overnutrition subjected to intervention and that accomplished adherence to the program (>18 sessions); similarly, the patients significantly reduced their weight and body fat (p<0.001). It

is noteworthy that this program managed to meet the target without requiring additional equipment.

The evaluation of plasma levels, aerobic capacity and blood pressure are planned for future research in order to further complement the benefits of this program.

Conflicts of interest

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References

- Ministerio de Salud, Pontificia Universidad Católica de chile, Universidad Alberto Hurtado. Encuesta Nacional de Salud ENS Chile 2009-2010. Santiago de Chile: Ministerio de Salud; 2010.
- McLaughlin T, Allison G, Abbasi F, Lamendola C, Reaven G. Prevalence of insulin resistance and associated cardiovascular disease risk factors among normal weight, overweight, and obese individuals. Metabolism. 2004;53(4):495-9. http://doi.org/c3g637.
- Celis-Morales CA, Pérez-Bravo F, Ibanes L, Sanzana R, Hormazabal E, Ulloa N, et al. Insulin resistance in Chileans of European and indigenous descent: evidence for an ethnicity x environment interaction. PloS One. 2011;6(9):e24690. http://doi.org/bz36fb.
- Melanson KJ, McInnis KJ, Rippe JM, Blackburn G, Wilson PF. Obesity and cardiovascular disease risk: research update. *Cardiol. Rev.* 2001;9(4):202-7. http://doi.org/b9mqj3.
- 5. O'Brien PE, Dixon JB. The extent of the problem of obesity. *Am. J. Surg.* 2002;184(6):S4-S8. http://doi.org/dgrtmh.
- Márquez J, Suárez G, Márquez J. Beneficios del ejercicio en la insuficiencia cardíaca. Rev. Chil. Cardiol. 2013;32(1):58-65. http://doi.org/bng3.
- Subirats-Bayego E, Subirats-Vila G, Soteras-Martínez I. Prescripción de ejercicio físico: indicaciones, posología y efectos adversos. *Med. Clin.* 2012;138(1):18-24. http://doi.org/cxxv4r.
- Martínez JA. Body-weight regulation: causes of obesity. *Proc. Nutr. Soc.* 2000;59(3):337-45. http://doi.org/c4x8x4.
- Myers MG Jr, Leibel RL, Seeley RJ, Schwartz MW. Obesity and leptin resistance: distinguishing cause from effect. *Trends. Endocrinol. Metab.* 2010;21(11):643-51. http://doi.org/bh8kp5.
- González-Calvo G, Hernández-Sánchez S, Pozo-Rosado P, García-López D. Asociación entre tejido graso abdominal y riesgo de morbilidad: efectos positivos del ejercicio físico en la reducción de esta tendencia. *Nutr. Hosp.* 2011;26(4):685-91.
- Reichert FF, Barros AJ, Domingues MR, Hallal PC. The role of perceived personal barriers to engagement in leisure-time physical activity. *Am. J. Public Health* 2007;97(3):515-9. http://doi.org/dk2md9.
- Tschentscher M, Eichinger J, Egger A, Droese S, Schönfelder M, Niebauer J. High-intensity interval training is not superior to other forms of endurance training during cardiac rehabilitation. *Eur. J. Prev. Cardiol.* 2014;23(1):14-20. http://doi.org/bng4.
- Gibala MJ, Little JP, MacDonald MJ, Hawley JA. Physiological adaptations to low-volume, high-intensity interval training in health and disease. J. Physiol. 2012;590:1077-84. http://doi.org/fx5rrc.

- Matsuo T, Saotome K, Seino S, Shimojo N, Matsushita A, Lemitsu M, et al. Effects of a low-volume aerobic-type interval exercise on VO2max and cardiac mass. Med. Sci. Sports Exerc. 2014;46(1):42-50. http://doi.org/bng5.
- Kessler HS, Sisson SB, Short KR. The potential for high-intensity interval training to reduce cardiometabolic disease risk. Sports Med. 2012;42(6):489-509. http://doi.org/bnhd.
- 16. Cocks M, Shaw CS, Shepherd SO, Fisher JP, Ranasinghe AM, Barker TA, et al. Sprint interval and endurance training are equally effective in increasing muscle microvascular density and eNOS content in sedentary males. J. Physiol. 2013;591(3):641-56. http://doi.org/bnhf.
- Saavedra C. Guía de actividad física para el adulto mayor. Santiago de Chile: Instituto Nacional del Deporte; 2006.
- 18. Delgado-Floody P, Jerez-Mayorga D, Caamaño-Navarret F, Osorio-Poblete A, Thuillier-Lepeley N, Alarcón-Hormazábal M. Doce semanas de ejercicio físico intervalado con sobrecarga mejora las variables antropométricas de obesos mórbidos y obesos con comorbilidades postulantes a cirugía bariátrica. Nutr. Hosp. 2015;32(5):2007-11. http://doi.org/bnhh.
- Delgado-Floody P, Caamaño-Navarret F, Jerez-Mayorga D, Campos-Jara C, Ramirez-Campillo R, Osorio-Poblte A, et al. Efectos de un programa de tratamiento multidisciplinar en obesos mórbidos y obesos con comorbilidades candidatos a cirugía bariátrica. Nutr. Hosp. 2015;31(5):2014-9. http://doi.org/7z6.
- Reaven GM. Insulin resistance: the link between obesity and cardiovascular disease. Med. Clin. North Am. 2011;95(5):875-92. http://doi.org/c8nx3v.
- 21. Talanian JL, Galloway SD, Heigenhauser GJ, Bonen A, Spriet LL. Two weeks of high-intensity aerobic interval training increases the capacity for fat oxidation during exercise in women. J. Appl. Physiol 2007;102(4):1439-47. http://doi.org/bzm94t.
- 22. Álvarez C, Ramírez R, Flores M, Zúñiga C, Celis-Morales CA. Efectos del ejercicio físico de alta intensidad y sobrecarga en parámetros de salud metabólica en mujeres sedentarias, pre-diabéticas con sobrepeso u obesidad. Rev. Méd. Chile 2012;140(10):1289-96. http://doi.org/7z5.
- 23. Delgado-Floody P, Cofré-Lizarma A, Alarcón-Hormazábal M, Osorio-Poblete A, Caamaño-Navarrete F, Jerez-Mayorga D. Evaluación de un programa integral de cuatro meses de duración sobre las condiciones preoperatorias de pacientes obesos candidatos a cirugía bariátrica. Nutr. Hosp. 2015;32(3):1022-27. http://doi.org/bnhg.
- 24. Zhang H, Tong T, Qiu W, Wang J, Nie J, He Y. Effect of high-intensity interval training protocol on abdominal fat reduction in

- overweight chinese women: a randomized controlled trial. *Kinesiology*. 2015;47(1):57-66.
- 25. Kordi M, Choopani S, Hemmatinafar M, Choopani Z. The effects of six week high intensity interval training (HIIT) on resting plasma levels of adiponectin and fat loss in sedentary young women. J. Jahrom Univ. Med. Sci. 2013;11(1):20-7.
- 26. Mancilla R, Torres P, Álvarez C, Schifferli I, Sapunar J, Díaz E. Ejercicio físico interválico de alta intensidad mejora el control glicémico y la capacidad aeróbica en pacientes con intolerancia a la glucosa. Rev. Med. Chile. 2014;142(1):34-9. http://doi.org/7zx.
- 27. Figueroa A, Going SB, Milliken LA, Blew RM, Sharp S, Teixeira PJ, et al. Effects of exercise training and hormone replacement therapy on lean and fat mass in postmenopausal women. J. Gerontol. A. Biol. Sci. Med. Sci. 2003;58(3):266-70. http://doi.org/fhrfbq.
- 28. Irwin M, Yasui Y, Ulrich CM, Bowen C, Rudolph RE, Schwartz RS, et al. Effect of exercise on total and intra-abdominal body fat in postmeno-pausal women: a randomized controlled trial. JAMA. 2003;289(3):323-30. http://doi.org/bk4p7r.
- Delgado P, Cresp M, Caamaño F, Machuca C, Carter-Thuilie B, Osorio A. Efectos de un programa de ejercicio con sobrecarga en variables antropométricas de sujetos con disposición prediabética y ascendencia étnica. *Gac. Med. Bol.* 2014;37(2):78-82.
- 30. Jung S, Yabushita N, Kim M, Seino S, Nemoto M, Osuka Y, et al. Obesity and Muscle Weakness as Risk Factors for Mobility Limitation in Community-Dwelling Older JapaneseWomen: A Two-Year Follow-Up Investigation. J. Nutr. Health Aging. 2016;20(1):28-34. http://doi.org/bnhk.
- Zapata-Lamana R, Cigarroa I, Díaz E, Saavedra C. Reducción del riesgo cardiovascular en mujeres adultas mediante ejercicio físico de sobrecarga. Rev. Med. Chile. 2015;143(3):289-96. http://doi.org/72c.
- Boutcher SH. High-intensity intermittent exercise and fat loss. J. Obes. 2011;2011:868305. http://doi.org/fc4vgq.
- 33. Izquierdo M, Ibáñez J, González-Badillo JJ, Häkkinen K, Ratamess NA, Kraemer WJ, et al. Differential effects of strength training leading to failure versus not to failure on hormonal responses, strength, and muscle power gains. J. Appl. Physiol. 2006;100(5):1647-56. http://doi.org/d8gthx.
- **34. Gibala M.** Molecular responses to high-intensity interval exercise. *Appl. Physiol. Nutr. Metab.* 2009;34(3):428-32. http://doi.org/cv6tgp.
- 35. Paoli A, Moro T, Marcolin G, Neri M, Bianco A, Palma A, et al. High-Intensity Interval Resistance Training (HIRT) influences resting energy expenditure and respiratory ratio in non dieting individuals. J Trans Med 2012;10(1):237. http://doi.org/bnd8.

