

*RESPONSE TO THE LETTER TO THE DIRECTOR***Physical activity in prison: Should it be a first-line healthcare intervention?**

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We are very grateful that you found our article on the prevalence of chronic pathology and risk factors of interest¹ and we further join the reflection on whether physical activity should or should not be a first-line intervention.

Sport activities have been contemplated within correctional facilities for a number of years now, aimed at reducing criminality, as a basis for social rehabilitation, as a means to reduce drug abuse, to enhance self-control and even as a means to fill time, to evade from the issues that imprisonment entails².

Currently, physical activity is necessary as a first-line healthcare intervention in view of the risk factors associated to the main and most prevalent diseases in this setting. Physical activity further contributes to overweight and obesity control, to improve insulin resistance and blood glucose levels in diabetes type 2 as well as to enhance therapeutic compliance in dyslipidemia, hypertension and to reduce the incidence of certain tumors such as breast and colon cancer³.

Supervised and tailored physical activity programs should be included aimed at the prevention of all the aforementioned risk factors, within prevention and health promotion measures in the correctional setting.

Meanwhile, in consultation we recommend patients something very easy which does not entail any infrastructure: WALKING every day for at least 30 minutes. We must consider, that as a study by the University of

Cambridge⁴ reveals: “physical inactivity kills twice as many people obesity”. More specifically, obesity is related to 337000 deaths out of every 9.2 million cases in Europe every year, while inactivity is associated with 676000 cases.

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