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Sitting Time and Healthcare Costs at Midlife in a Finnish Cohort

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Northern Finland Birth Cohort 1966 • Cross-sectional analysis at age 46

MAIN FINDING

Higher costs in one occupational sitting category

Approximately 20% higher costs for 1.01–3.00 versus ≤1.00 hours/day (adjusted p = 0.025).

01 WHY THIS STUDY?

The economic implications of sitting remain less well understood than its health associations. Separating work and leisure sitting may help clarify domain-specific relationships with healthcare costs.

Research question

How are occupational and leisure sitting associated with annual primary healthcare costs at midlife?

Study population

Northern Finland Birth Cohort 1966; age-46 follow-up in 2012–2014.

Conference abstract: **7,147 participants**.
Healthcare cost data: **4,334 participants**.

02 HOW WAS IT STUDIED?

Exposure: self-reported sitting at work and during leisure.

Outcome: annual primary healthcare costs estimated from public, private and occupational healthcare visits, using Finnish Institute for Health and Welfare unit costs.

Analysis: generalised linear models with a gamma distribution and log link, adjusted for potential confounders.

Daily sitting time

TOTAL	7.3 h/day
LEISURE	4.0 h/day
WORK	3.4 h/day

Total sitting SD: 3.3 h/day. Domain means are rounded.

03 WHAT DID WE FIND?

Occupational sitting: the second quartile (1.01–3.00 h/day) had approximately 20% higher adjusted costs than the lowest quartile (≤1.00 h/day), p = 0.025.

Across categories: no consistent pattern.

Leisure sitting: no independent association with costs.

Interpretation for working life

The result was limited to one occupational sitting category and did not demonstrate a dose-response relationship.

Further research should evaluate workplace sitting interventions and their economic effects. This observational study cannot establish that reducing sitting would lower healthcare costs.

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