

self-rated fitness (SRF) as predictors of all-cause mortality. Moreover, we also examined whether any protective effect of SRH on premature mortality was mediated by SRPA, SRF.

Methods. SRH, SRPA and SRF were self-reported in 7111 participants, aged 16 to 96 years, by asking their perceptions of health, PA and fitness, respectively, in comparison with their age peers. Based on their ratings participants were categorised in 3 incremental groups. Cox proportional hazards regression was used to examine associations between SRH, SRPA, SRF and all-cause mortality.

Results. During a median follow-up of 23 years, 1850 deaths occurred. SRH, SRPA and SRF were inversely and independently associated with mortality ($P < 0.05$) after adjustment for sex, age, socio-economic and marital status, body mass index, baseline medical conditions, parental history of chronic disease, fruit, vegetable and alcohol intake, and smoking habits. The association between SRH and mortality remained significant following additional adjustment for SRPA, SRF. Self-rated factors combined were associated with a more than 50% reduced hazard for premature mortality when comparing extreme categories.

Conclusion. SRH, SRPA and SRF are independent predictors of mortality. Perceptions of health, physical activity and fitness may be valuable additional tools in epidemiological studies, health surveillance and the clinical setting.

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Do overall physical fitness and subjective well-being help patients cope with fibromyalgia severity? The al-Ándalus project

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Aim. The purposes of the current study were: (i) to analyse the associations of overall physical fitness (OPF) and subjective well-being (SWB) with fibromyalgia symptom severity (FS); and (ii) to test the combined effect of OPF and SWB on FS among female patients.

Methods. This cross-sectional study included 424 fibromyalgia women. OPF and the components of SWB, positive affect (PA), negative affect (NA) and cognitive well-being (CWB), and FS were assessed by means of the Functional Senior Physical Fitness Test Battery, the Positive And Negative Affect Schedule, the Satisfaction With Life Scale, and the Fibromyalgia Impact Questionnaire, respectively.

Results. Significant associations of OPF, PA, NA, and CWB ($\beta = -.23$, $\beta = -.18$, $\beta = .26$, and $\beta = -.18$, respectively) with FS were observed.

The combination of high OPF and high PA, low NA, or high CWB reduced FS by ~20% (Cohen's $d > 1.0$).

Conclusion. Our findings support that multidisciplinary interventions aimed to increase physical fitness holistically and to enhance subjective well-being may be particularly advisable for patients with low OPF and low SWB.

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Socioeconomic Factors and Abdominal Obesity in European and Brazilian Adolescents: Data from Two Observational Studies

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Keywords: Adolescents; Abdominal obesity; Socioeconomic status; Waist circumference; Waist to height; Cross-sectional study

Objectives. This study aimed to different socioeconomic indicators as parental education, and occupation, and Family Affluence Scale (FAS), related to abdominal obesity in adolescents from two observational studies, HELENA and BRACAH.

Methods. Brazilian ($n = 991$, 54.5% girls aged 14-18y, BRACAH study) and European ($n = 3528$, 52.3% girls aged 12.5-17.5y, HELENA study) participant adolescents were recruited in two cross-sectional studies. From the total number ($n = 3528$) of adolescents studied in HELENA, we included in this analysis 3192, 53.1% girls. Adolescents with complete information on waist circumference (WC), height, socioeconomic status indicators and confounding variables (center, physical activity and sedentary behavior) were included. Socioeconomic indicators were measured through a self-reported questionnaire in order to assess the family social status from the adolescents. Multilevel linear regression models were used and results were adjusted for potential confounders.

Results. In European girls, mother's and father's education levels were inversely associated with waist to height ratio ($p < 0.0001$).