

Does physical fitness enhance lung function in children and young adults?

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Online Data Supplement

Table S1a. Changes in $\dot{V}O_{2\max}$ and spirometry between assessments in the Odense study.

		Measure	Mean change (SD)	95% CI
Female	Age 9-15 (n=366)	$\dot{V}O_{2\max}$ (L/min)	0.98 (0.27)	0.95, 1.01
		FEV ₁ (L)	1.70 (0.30)	1.67, 1.73
		FVC (L)	1.82 (0.34)	1.79, 1.85
		FEV ₁ /FVC (%)	2.6 (4.7)	2.1, 3.0
	Age 15-21 (n=266)	$\dot{V}O_{2\max}$ (L/min)	-0.06 (0.33)	-0.10, -0.02
		FEV ₁ (L)	-0.03 (0.24)	-0.06, 0.00
		FVC (L)	0.30 (0.30)	0.26, 0.33
		FEV ₁ /FVC (%)	-7.3 (3.8)	-7.7, -6.8
	Age 21-29 (n=276)	$\dot{V}O_{2\max}$ (L/min)	-0.10 (0.39)	-0.15, -0.06
		FEV ₁ (L)	-0.03 (0.23)	-0.06, 0.00
		FVC (L)	0.18 (0.30)	0.14, 0.22
		FEV ₁ /FVC (%)	-4.2 (4.2)	-4.7, -3.7
Male	Age 9-15 (n=420)	$\dot{V}O_{2\max}$ (L/min)	1.57 (0.44)	1.53, 1.61
		FEV ₁ (L)	2.23 (0.50)	2.18, 2.27
		FVC (L)	2.54 (0.58)	2.48, 2.59
		FEV ₁ /FVC (%)	0.5 (4.7)	0.1, 1.0
	Age 15-21 (n=301)	$\dot{V}O_{2\max}$ (L/min)	0.39 (0.55)	0.33, 0.45
		FEV ₁ (L)	0.55 (0.49)	0.50, 0.61
		FVC (L)	1.10 (0.60)	1.03, 1.17
		FEV ₁ /FVC (%)	-7.0 (4.0)	-7.5, -6.5
	Age 21-29 (n=306)	$\dot{V}O_{2\max}$ (L/min)	-0.27 (0.49)	-0.32, -0.21
		FEV ₁ (L)	-0.09 (0.31)	-0.13, -0.06
		FVC (L)	0.16 (0.42)	0.11, 0.21
		FEV ₁ /FVC (%)	-3.7 (3.7)	-4.1, -3.2

Only non-pregnant participants with complete data at each age are included.

Table S1b. Changes in $\dot{V}O_{2\max}$ and spirometry between assessments in the Dunedin study.

		Measure	Mean change (SD)	95% CI
Female	Age 15-26 (n=288)	$\dot{V}O_{2\max}$ (L/min)	0.21 (0.56)	-0.15, 0.28
		FEV ₁ (L)	0.08 (0.28)	0.05, 0.11
		FVC (L)	0.36 (0.32)	0.32, 0.40
		FEV ₁ /FVC (%)	-6.7 (4.1)	-7.1, -6.2
	Age 26-32 (n=301)	$\dot{V}O_{2\max}$ (L/min)	-0.85 (0.54)	-0.91, -0.79
		FEV ₁ (L)	-0.05 (0.21)	-0.08, -0.03
		FVC (L)	0.15 (0.25)	0.12, 0.18
		FEV ₁ /FVC (%)	-3.7 (3.4)	-4.1, -3.3
	Age 32-38 (n=369)	$\dot{V}O_{2\max}$ (L/min)	-0.13 (0.18)	-0.15, -0.11
		FEV ₁ (L)	-0.22 (0.23)	-0.24, -0.19
		FVC (L)	-0.14 (0.25)	-0.17, -0.11
		FEV ₁ /FVC (%)	-2.6 (3.7)	-3.0, -2.2
Male	Age 15-26 (n=371)	$\dot{V}O_{2\max}$ (L/min)	0.98 (0.80)	0.91, 1.07
		FEV ₁ (L)	0.96 (0.67)	0.90, 1.02
		FVC (L)	1.48 (0.74)	1.41, 1.56
		FEV ₁ /FVC (%)	-5.8 (4.9)	-6.3, -5.3
	Age 26-32 (n=403)	$\dot{V}O_{2\max}$ (L/min)	-0.51 (0.65)	-0.58, -0.45
		FEV ₁ (L)	-0.22 (0.33)	-0.25, -0.18
		FVC (L)	0.01 (0.36)	-0.02, 0.05
		FEV ₁ /FVC (%)	-3.5 (3.9)	-3.9, -3.1
	Age 32-38 (n=436)	$\dot{V}O_{2\max}$ (L/min)	-0.29 (0.28)	-0.32, -0.26
		FEV ₁ (L)	-0.28 (0.31)	-0.31, -0.25
		FVC (L)	-0.24 (0.35)	-0.27, -0.21
		FEV ₁ /FVC (%)	-1.7 (3.5)	-2.1, -1.4

Only non-pregnant participants not taking beta-blockers with complete data at each age are included.

Table S2a. Cross-sectional analyses by sex. Odense Study:

		Female				Male			
	Dependent	n	Coeff (95% CI)	p		n	Coeff (95% CI)	p	p(int)
Age 9	FEV ₁ (% predicted)	647	2.8 (1.8, 3.8)	<0.001		646	2.9 (1.9, 3.8)	<0.001	0.058
	FVC (% predicted)	647	2.4 (1.8, 3.1)	<0.001		646	2.5 (1.5, 3.5)	<0.001	0.257
	FEV ₁ /FVC (%)	647	0.3 (-0.1, 0.8)	0.170		646	0.3 (-0.2, 0.7)	0.246	0.038
Age 15	FEV ₁ (% predicted)	346	2.9 (1.1, 4.7)	0.001		406	3.5 (1.8, 5.1)	<0.001	0.222
	FVC (% predicted)	346	3.8 (2.2, 5.5)	<0.001		406	3.7 (2.2, 5.2)	<0.001	0.386
	FEV ₁ /FVC (%)	346	-0.8 (-2.0, 0.0)	0.050		406	-0.4 (-1.3, 0.5)	0.428	0.503
Age 21	FEV ₁ (% predicted)	421	3.6 (2.4, 4.7)	<0.001		450	2.6 (1.5, 3.7)	<0.001	0.229
	FVC (% predicted)	421	3.4 (2.3, 4.5)	<0.001		450	3.1 (2.1, 4.1)	<0.001	0.810
	FEV ₁ /FVC (%)	421	0.5 (-0.6, 0.7)	0.883		450	-0.4 (-1.1, 0.3)	0.242	0.207
Age 29	FEV ₁ (% predicted)	371	2.2 (1.1, 3.4)	<0.001		412	3.1 (1.8, 4.3)	<0.001	0.434
	FVC (% predicted)	371	1.9 (0.8, 3.0)	0.001		412	2.3 (1.1, 3.4)	<0.001	0.626
	FEV ₁ /FVC (%)	371	0.1 (-0.6, 0.8)	0.843		412	0.7 (0.1, 1.4)	0.034	0.485

The independent (predictor) variable is maximal oxygen uptake ($\dot{V}O_{2\max}$ (L/min)) converted to sex-specific standard deviation scores at each age (Z-scores). Coefficients represent the difference in lung function associated with each standard deviation of $\dot{V}O_{2\max}$. Analyses are adjusted for height and weight, current asthma, and current smoking (age 15 onwards). Analyses exclude pregnant women. p(int) is the p value for the sex*lung function interaction.

Table S2b. Cross-sectional analyses by sex. Dunedin Study:

		Female				Male			
	Dependent	n	Coeff (95% CI)	p		n	Coeff (95% CI)	p	p(int)
Age 15	FEV ₁ (% predicted)	402	1.7 (0.0, 3.4)	0.047		431	4.9 (2.9, 6.8)	<0.001	<0.001
	FVC (% predicted)	402	2.6 (1.0, 4.3)	0.002		431	3.8 (2.1, 5.4)	<0.001	0.022
	FEV ₁ /FVC (%)	402	-0.8 (-1.7, 0.2)	0.102		431	0.8 (-0.3, 1.9)	0.151	0.001
Age 26	FEV ₁ (% predicted)	339	1.8 (0.5, 3.2)	0.009		429	2.6 (1.3, 3.9)	<0.001	0.476
	FVC (% predicted)	339	2.3 (1.0, 3.6)	0.001		429	3.2 (1.9, 4.4)	<0.001	0.482
	FEV ₁ /FVC (%)	339	-0.3 (-1.0, 0.4)	0.377		429	-0.3 (-1.0, 0.4)	0.416	0.561
Age 32	FEV ₁ (% predicted)	401	1.2 (-0.0, 2.3)	0.052		462	2.4 (1.3, 3.6)	<0.001	0.172
	FVC (% predicted)	401	0.7 (-0.5, 1.9)	0.253		462	2.6 (1.5, 3.6)	<0.001	0.055
	FEV ₁ /FVC (%)	401	0.4 (-0.2, 1.0)	0.161		462	0.0 (-0.6, 0.6)	0.977	0.482
Age 38	FEV ₁ (% predicted)	430	1.9 (0.7, 3.0)	0.002		460	1.6 (0.4, 2.8)	0.008	0.678
	FVC (% predicted)	430	1.9 (0.8, 3.0)	0.001		460	1.4 (0.3, 2.5)	0.016	0.492
	FEV ₁ /FVC (%)	430	0.1 (-0.5, 0.7)	0.773		460	0.1 (-0.5, 0.8)	0.641	0.900

The independent (predictor) variable is maximal oxygen uptake ($\dot{V}O_{2\max}$ (L/min)) converted to sex-specific standard deviation scores at each age (Z-scores). Coefficients represent the difference in lung function associated with each standard deviation of $\dot{V}O_{2\max}$. Analyses are adjusted for height and weight, current asthma, and current smoking (age 15 onwards). Analyses exclude pregnant women. p(int) is the p value for the sex*lung function interaction.

Table S3a. Longitudinal analyses by sex. Odense Study:

		Female				Male			
Age	Dependent	n	Coeff (95% CI)	p		n	Coeff (95% CI)	p	p(int)
9 to 15	FEV ₁ (% predicted)	334	0.7 (-0.2, 1.6)	0.128		384	2.9 (1.9, 4.0)	<0.001	<0.001
	FVC (% predicted)	334	1.0 (0.2, 1.9)	0.021		384	2.9 (1.9, 3.8)	<0.001	<0.001
	FEV ₁ /FVC (%)	334	-0.3 (-0.8, 0.3)	0.317		384	-0.1 (-0.6, 0.5)	0.819	0.892
15 to 21	FEV ₁ (% predicted)	249	1.1 (0.4, 1.9)	0.004		290	1.1 (0.3, 2.0)	0.009	0.987
	FVC (% predicted)	249	0.9 (0.1, 1.7)	0.020		290	1.5 (0.7, 2.4)	0.001	0.330
	FEV ₁ /FVC (%)	249	0.1 (-0.3, 0.6)	0.571		290	-0.2 (-0.8, 0.3)	0.389	0.357
21 to 29	FEV ₁ (% predicted)	265	0.5 (-0.3, 1.2)	0.207		297	0.6 (-0.1, 1.3)	0.098	0.690
	FVC (% predicted)	265	0.8 (0.0, 1.6)	0.065		297	0.5 (-0.2, 1.3)	0.146	0.749
	FEV ₁ /FVC (%)	265	-0.2 (-0.7, 0.2)	0.320		297	0.1 (-0.3, 0.6)	0.539	0.303

The independent (predictor) variable is the change in maximal oxygen uptake ($\dot{V}O_{2\max}$) between ages converted to sex-specific standard deviation scores. Coefficients represent the difference in lung function associated with each standard deviation change in $\dot{V}O_{2\max}$. Analyses are adjusted for lung function at the younger age, weight, height, asthma, and smoking at each age. Pregnant women are excluded. p(int) is the p value for the sex*lung function interaction

Table S3b. Longitudinal analyses by sex. Dunedin Study:

		Female				Male			
Age	Dependent	n	Coeff (95% CI)	p		n	Coeff (95% CI)	p	p(int)
15 to 26	FEV ₁ (% predicted)	284	0.4 (-0.6, 1.3)	0.442		366	1.4 (0.3, 2.5)	0.016	0.191
	FVC (% predicted)	284	0.8 (-0.1, 1.7)	0.090		366	2.0 (1.0, 3.0)	<0.001	0.122
	FEV ₁ /FVC (%)	284	-0.4 (-0.8, 0.1)	0.138		366	-0.3 (-0.8, 0.3)	0.328	0.609
26 to 32	FEV ₁ (% predicted)	298	-0.7 (-1.4, 0.1)	0.096		401	-0.3 (-1.1, 0.4)	0.343	0.600
	FVC (% predicted)	298	-0.6 (-1.4, 0.2)	0.115		401	-0.2 (-0.9, 0.5)	0.548	0.656
	FEV ₁ /FVC (%)	298	-0.1 (-0.4, 0.3)	0.738		401	-0.1 (-0.5, 0.3)	0.606	0.626
32 to 38	FEV ₁ (% predicted)	369	0.2 (-0.5, 0.9)	0.569		436	-0.3 (-0.9, 0.4)	0.406	0.412
	FVC (% predicted)	369	0.3 (-0.3, 1.0)	0.307		436	-0.2 (-0.8, 0.3)	0.435	0.306
	FEV ₁ /FVC (%)	369	-0.1 (-0.5, 0.3)	0.596		436	-0.1 (-0.4, 0.2)	0.656	0.973

The independent (predictor) variable is the change in maximal oxygen uptake ($\dot{V}O_{2\max}$) between ages converted to sex-specific standard deviation scores. Coefficients represent the difference in lung function associated with each standard deviation change in $\dot{V}O_{2\max}$. Analyses are adjusted for lung function at the younger age, weight, height, asthma, and smoking at each age. Pregnant women and participants taking beta-blockers at either assessment are excluded. p(int) is the p value for the sex*lung function interaction

Table S4a. Cross-sectional analyses at age 15 in the Odense study adjusted for pubertal status.

	Dependent	Coeff. (95% CI)	p
Girls (n=340)	FEV ₁ (% predicted)	2.8 (0.9, 4.6)	0.003
	FVC (% predicted)	3.7 (2.1, 5.4)	<0.001
	FEV ₁ /FVC (%)	-1.1 (-2.1, -0.1)	0.039
Boys (n=398)	FEV ₁ (% predicted)	2.9 (1.2, 4.6)	0.001
	FVC (% predicted)	3.4 (1.9, 4.9)	<0.001
	FEV ₁ /FVC (%)	-0.7 (-1.6, 0.3)	0.178
All (n=738)	FEV ₁ (% predicted)	2.9 (1.6, 4.0)	<0.001
	FVC (% predicted)	3.5 (2.4, 4.6)	<0.001
	FEV ₁ /FVC (%)	-0.8 (-1.5, 0.1)	0.019

The independent (predictor) variable is maximal oxygen uptake ($\dot{V}O_{2\max}$ (L/min)). Coefficients represent the difference in lung function associated with each unit of $\dot{V}O_{2\max}$. Analyses are adjusted for height, weight, current asthma, current smoking (age 15 onwards) and Tanner pubertal status. Beta values are standardised regression coefficients representing the standard deviation difference in lung function associated with each standard deviation difference in $\dot{V}O_{2\max}$.

Table S4b. Tanner pubertal stages among boys and girls at age 15 in the Odense study

Tanner stage	Girls n(%)	Boys n(%)
1	0	2 (0.5%)
2	1 (0.3%)	9 (2.3%)
3	14 (4.1%)	31 (7.8%)
4	233 (68.5%)	217 (54.5%)
5	92 (27.1%)	139 (35%)

Table S5a. Cross-sectional analyses at each age excluding participants with asthma: Does lung function predict fitness?

Odense Study:

	Dependent	Coeff (95% CI)	p
Age 9 (n=1244)	FEV ₁ (% predicted)	3.1 (2.2, 4.0)	<0.001
	FVC (% predicted)	2.5 (1.8, 3.13)	<0.001
	FEV ₁ /FVC (%)	0.3 (-0.1, 0.6)	0.117
Age 15 (n=676)	FEV ₁ (% predicted)	3.1 (1.9, 4.4)	<0.001
	FVC (% predicted)	3.8 (2.7, 5.0)	<0.001
	FEV ₁ /FVC (%)	-0.8 (-1.5, -0.1)	0.020
Age 21 (n=775)	FEV ₁ (% predicted)	3.2 (2.3, 3.9)	<0.001
	FVC (% predicted)	3.3 (2.5, 4.1)	<0.001
	FEV ₁ /FVC (%)	-0.2 (-0.7, 0.3)	0.400
Age 29 (n=685)	FEV ₁ (% predicted)	2.7 (1.7, 3.6)	<0.001
	FVC (% predicted)	1.9 (1.0, 2.7)	<0.001
	FEV ₁ /FVC (%)	0.6 (0.7, 1.1)	0.025

The independent (predictor) variable is maximal oxygen uptake ($\dot{V}O_{2\max}$ (L/min)). Coefficients represent the difference in lung function associated with each unit of $\dot{V}O_{2\max}$. Analyses are adjusted for height and weight and current smoking (age 15 onwards). Participants reporting asthma and pregnant women are excluded.

Table S5b. Cross-sectional analyses at each age excluding participants with asthma: Does lung function predict fitness?

Dunedin Study:

	Dependent	Coeff (95% CI)	p
Age 15 (n=712)	FEV ₁ (% predicted)	2.6 (1.3, 3.9)	<0.001
	FVC (% predicted)	2.7 (1.5, 3.9)	<0.001
	FEV ₁ /FVC (%)	0.2 (-0.9, 0.6)	0.666
Age 26 (n=630)	FEV ₁ (% predicted)	2.1 (1.1, 3.1)	<0.001
	FVC (% predicted)	2.8 (1.8, 3.7)	<0.001
	FEV ₁ /FVC (%)	-0.5 (-1.0, 0.0)	0.047
Age 32 (n=713)	FEV ₁ (% predicted)	1.7 (0.8, 2.5)	<0.001
	FVC (% predicted)	1.5 (0.7, 2.3)	<0.001
	FEV ₁ /FVC (%)	0.2 (-0.3, 0.6)	0.428
Age 38 (n=742)	FEV ₁ (% predicted)	1.7 (0.8, 2.5)	<0.001
	FVC (% predicted)	1.6 (0.7, 2.4)	<0.001
	FEV ₁ /FVC (%)	0.1 (-0.3, 0.5)	0.686

The independent (predictor) variable is maximal oxygen uptake ($\dot{V}O_{2\max}$ (L/min)). Coefficients represent the difference in lung function associated with each unit of $\dot{V}O_{2\max}$. Analyses are adjusted for height, weight, pack-years smoking. Pregnant women, participants reporting asthma, and those taking beta-blockers are excluded.

Table S6a. Longitudinal analyses excluding participants with asthma. Do changes in fitness predict lung function?

Odense Study

	Dependent	Coeff (95% CI)	p
Age 9-15 (n=676)	FEV ₁ (% predicted)	1.9 (1.2, 2.6)	<0.001
	FVC (% predicted)	2.1 (1.4, 2.7)	<0.001
	FEV ₁ /FVC (%)	-0.2 (-0.5, 0.2)	0.343
Age 15-21 (n=476)	FEV ₁ (% predicted)	1.1 (0.5, 1.7)	<0.001
	FVC (% predicted)	1.3 (0.7, 1.9)	<0.001
	FEV ₁ /FVC (%)	-0.1 (-0.5, 0.2)	0.457
Age 21-29 (n=485)	FEV ₁ (% predicted)	0.6 (0.0, 1.1)	0.038
	FVC (% predicted)	0.6 (0.0, 1.2)	0.037
	FEV ₁ /FVC (%)	0.0 (-0.3, 0.3)	0.977

The independent (predictor) variable is the change in maximal oxygen uptake ($\dot{V}O_{2\max}$ (L/min)) between ages. Coefficients represent the difference in lung function associated with the change in $\dot{V}O_{2\max}$. Analyses are adjusted for lung function at the younger age, weight, height, and smoking at each age. Pregnant women and participants reporting asthma at either assessment are excluded.

The independent (predictor) variable is the change in maximal oxygen uptake ($\dot{V}O_{2\max}$) between ages converted to sex-specific standard deviation scores. Coefficients represent the difference in lung function associated with each standard deviation change in $\dot{V}O_{2\max}$. Analyses are adjusted for lung function at the younger age, weight, height, asthma, and smoking at each age. Pregnant women and participants taking beta-blockers at either assessment are excluded. p(int) is the p value for the sex*lung function interaction

Table S6b. Longitudinal analyses excluding participants with asthma. Do changes in fitness predict lung function?

Dunedin Study

	Dependent	Coeff (95% CI)	p
Age 15-26 (n=505)	FEV ₁ (% predicted)	0.9 (0.1, 1.6)	0.032
	FVC (% predicted)	1.3 (0.5, 2.0)	0.001
	FEV ₁ /FVC (%)	-0.3 (-0.6, 0.1)	0.185
Age 26-32 (n=541)	FEV ₁ (% predicted)	-0.4 (-1.0, 0.1)	0.139
	FVC (% predicted)	-0.4 (-0.9, 0.1)	0.149
	FEV ₁ /FVC (%)	0.0 (-0.3, 0.2)	0.784
Age 32-38 (n=638)	FEV ₁ (% predicted)	-0.12 (-0.5, 0.4)	0.785
	FVC (% predicted)	0.0 (-0.4, 0.5)	0.837
	FEV ₁ /FVC (%)	-0.1 (-0.4, 0.1)	0.311

The independent (predictor) variable is the change in maximal oxygen uptake ($\dot{V}O_{2\max}$ (L/min)) between ages. Coefficients represent the difference in lung function associated with the change in $\dot{V}O_{2\max}$. Analyses are adjusted for lung function at the younger age, weight, height, and smoking at each age. Pregnant women, participants reporting asthma, and those taking beta-blockers at either assessment are excluded.