a decreased risk of diabetes upon moderate increase of PA by approximately 150 minutes per week, and the effect was greater if accompanied by weight loss.\textsuperscript{28} The reverse association, e.g. people with metabolic risk factors tend to exercise more, could also occur, but it seems less probable.

A recent review by Katzmarzyk and Lear demonstrated that physical activity had only a modest effect on chronic disease risk factors in obese individuals.\textsuperscript{29} Thus, after introducing exercise, six out of ten research groups reported a statistically significant reduction in diastolic blood pressure, eight out of ten in systolic blood pressure and only two out of nine found a reduction in fasting insulin. Most of the studies showed improvements in blood lipid levels (LDL-C, HDL-C, TGs).\textsuperscript{29}

The correlation of walking with the risk of metabolic comorbidities was less evident. More than 7 hours of walking per week were needed to establish a lower risk of HCE.

As far as sedentary behaviours are concerned, in our study, both frequent TV watching and office work increased the risk of HCE and HTN in men, while in women, TV watching increased only the risk of HTN. Healy et al.\textsuperscript{30} indicated a detrimental association of time spent in TV watching with waist circumference, systolic blood pressure and 2-h plasma glucose in both men and women, and with fasting plasma glucose, triglycerides and HDL-C only in women.\textsuperscript{30} Recently, Thorp et al. provided evidence that time spent on TV watching was detrimentally associated with all cardiometabolic risk biomarkers.\textsuperscript{31}