

1                   **Using sit-to-stand workstations in offices: is there a compensation effect?**

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10                  **Short title:** Sedentary behavior compensation

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22 **Abstract**

23 **Purpose:** Sit-to-stand workstations are becoming common in modern offices and are  
24 increasingly being implemented in sedentary behavior interventions. The purpose of this study  
25 was to examine whether the introduction of such a workstation among office workers leads to  
26 reductions in sitting during working hours, and whether office workers compensate for any  
27 reduction in sitting at work by increasing sedentary time and decreasing physical activity (PA)  
28 outside work.

29 **Methods:** Office workers (n=40; 55% female) were given a WorkFit-S, sit-to-stand workstation  
30 for 3 months. Participants completed assessments at baseline (prior to workstation installation),  
31 1-week and 6-weeks after the introduction of the workstation, and again at 3-months (post-  
32 intervention). Posture and PA were assessed using the activPAL inclinometer and ActiGraph  
33 GT3X+ accelerometer, which participants wore for 7-days during each measurement phase.

34 **Results:** Compared to baseline, the proportion of time spent sitting significantly decreased  
35 ( $75\pm 13\%$  versus  $52\pm 16 - 56\pm 13\%$ ), and time spent standing and in light activity significantly  
36 increased (standing:  $19\pm 12\%$  versus  $32\pm 12 - 37\pm 15\%$ , light PA:  $14\pm 4\%$  versus  $16\pm 5\%$ ) during  
37 working hours at all follow-up assessments. However, compared to baseline, the proportion of  
38 time spent sitting significantly increased ( $60\pm 11\%$  versus  $66\pm 12 - 68\pm 12\%$ ) and light activity  
39 significantly decreased ( $21\pm 5\%$  versus  $19\pm 5\%$ ) during non-working hours across the follow-up  
40 measurements. No differences were seen in moderate-to-vigorous activity during non-working  
41 hours throughout the study.

42 **Conclusion:** The findings suggest that introducing a sit-to-stand workstation can significantly  
43 reduce sedentary time and increase light activity levels during working hours. However, these  
44 changes were compensated for by reducing activity and increasing sitting outside of working

45 hours. An intervention of a sit-to-stand workstation should be accompanied by an intervention  
46 outside of working hours to limit behavior compensation.

47

48 **Key words:** Standing desk, Sedentary behavior, Sedentary compensation, office workers,  
49 Physical activity, Occupational health

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52

53 **Introduction**

54 Technological and social changes have significantly influenced the way we socialize, travel,  
55 work and spend our leisure time, and this has resulted in substantial proportions of the day spent  
56 in sedentary pursuits (i.e. sitting) (11). Sedentary behavior has recently been defined as “any  
57 waking behavior characterized by an energy expenditure of  $\leq 1.5$  METs while in a sitting or  
58 reclining posture” (p 540) (27). It refers to too much sitting rather than too little physical activity.

59  
60 A growing body of epidemiological evidence has linked sedentary behavior to health risks  
61 including an increased risk of type 2 diabetes (3, 31), metabolic syndrome (12), cancer (3, 21),  
62 obesity (7) and all-cause and CVD mortality (3, 31). These associations have been shown to be at  
63 least partially independent of moderate-to-vigorous physical activity (MVPA). Recent reviews  
64 have noted that there is an inverse association between some sedentary behaviors (mostly TV  
65 viewing or screen time) and leisure-time physical activity in adults (22, 26), providing evidence  
66 for time displacement (where opportunities for physical activity are replaced by sedentary  
67 pursuits). Furthermore, using isotemporal substitution modelling, replacing sitting with standing,  
68 walking and/or MVPA has been shown to reduce the risk of all-cause mortality (28). Conversely  
69 the amount of light-intensity activity accumulated, for example during non-exercise related  
70 standing activities, has been linked to improved metabolic health, independent of MVPA (17).

71  
72 Adults typically spend time sitting in three domains: the workplace, during leisure time (e.g. at  
73 home such as in front of a television) and for transport (8). Many adults in the UK are employed  
74 within sedentary occupations such as office work, and the majority of office workers’ time is  
75 spent in sitting activities (10, 19). A recent study has shown that office workers typically sit for

76 >10 hours/day, with over half of their total daily sitting time occurring in the workplace (10).

77 The workplace, therefore, represents a promising environment in which to undertake

78 interventions to reduce sitting time.

79

80 The incorporation of sit-to-stand workstations may be an effective strategy for reducing sitting at

81 work. Limited evidence has been published to date on the utility of sit-to-stand workstations

82 although studies are now emerging (1, 6, 18, 24, 29). According to the ActivityStat hypothesis,

83 when physical activity is increased or decreased in one domain, there will be a compensatory

84 change in another domain, in order to maintain an overall stable level of physical activity or

85 energy expenditure over time (15). However, studies examining compensation of sedentary

86 behavior or physical activity with the use of sit-to-stand workstations in office workers are rare

87 (1). The question remains therefore whether those using sit-to-stand workstations during working

88 hours compensate by sitting for longer or being less active outside of work. This study

89 investigated sedentary behavior and physical activity compensation outside working hours in a

90 sample of office workers exposed to sit-to-stand desks in the workplace.

91

## 92 **Methods**

### 93 *Participants*

94 A convenience sample of office workers from a range of administrative departments (including:

95 engineering, finance, facilities and health sciences) from a UK university who had primarily

96 desk-based jobs and the capacity to include a sit-to-stand workstation on their desk were

97 recruited. Participants with the following conditions were excluded from the study: physical

98 condition or illness which prevented full participation in the study, inability to communicate in

99 spoken English, pregnant at baseline, planning relocation to another worksite or planning a  
100 holiday during the study period. The study received ethical approval from the Loughborough  
101 University Ethical Advisory Committee and participants provided written informed consent.  
102

### 103 ***Familiarization visit and screening***

104 Potential participants were invited to the laboratory at least 2 weeks before the main trial for a  
105 familiarization visit. During this visit, participants were screened for inclusion/exclusion into the  
106 study using a standard health screening tool. Following successful screening, eligible participants  
107 were shown the sit-to-stand workstation, ActiGraph and activPAL assessment devices and  
108 provided with an opportunity to try the workstation, familiarize themselves with the  
109 measurement devices and ask questions about the study protocol. During this visit,  
110 anthropometric measures were taken which included height (measured using a portable  
111 stadiometer, Seca UK), waist circumference (measured mid-way between the lower rib margin  
112 and the iliac crest using anthropometry tape), and body weight and composition (measured using  
113 a Tanita Body Composition Analyzer, model: BC-418 MA, Tanita, UK). Participants were asked  
114 to wear the ActiGraph and activPAL for the following 14-days to assess habitual physical  
115 activity and sedentary behavior prior to desk installation.  
116

### 117 ***Objectively measured sitting time and physical activity***

118 Participants wore an activPAL3 inclinometer (PAL Technologies, Glasgow, Scotland), which  
119 provides a direct measure of postural allocation (sitting/lying, standing, sit-to-stand transitions)  
120 and walking. The activPAL3 is a single-unit monitor based on a uniaxial accelerometer which is  
121 worn on the anterior aspect of the thigh (2). The monitor produces a signal related to thigh

122 inclination and has been shown to be a valid and reliable measurement tool for determining  
123 posture during activities of daily living in a healthy population (16, 20). The activPAL was  
124 placed within a nitrile sleeve and attached to the leg using a waterproof hypoallergenic medical  
125 dressing (BSN Hypafix), enabling participants to wear the device continuously for 24 hour/day.  
126 Participants were asked to wear the activPAL continuously for two weeks following the  
127 familiarization and anthropometry screening visit at baseline, and for seven consecutive days on  
128 a further 3 separate occasions: one-week, 6-weeks and 3-months after receiving the sit-to-stand  
129 workstation. To be included in the analyses, participants were required to have provided at least  
130 four full days (>600 minutes of wear) of data (including at least 3 workdays and 1 non-workday)  
131 during each monitoring period.

132

133 Along with the activPAL, participants were also asked to wear an ActiGraph GT3X+  
134 accelerometer throughout waking hours (ActiGraph, Pensacola, FL, USA) to assess free-living  
135 physical activity. In addition to the assessment of physical activity, the accelerometer also  
136 provided an *estimate* of sedentary time through a lack of movement counts (2). The widely used  
137 <100 counts/minute (cpm) cut-point was employed to estimate sedentary time (2) whilst the  
138 Freedson cut-points were used to estimate time spent in light intensity activity (100 – 1951 cpm)  
139 and MVPA ( $\geq 1952$  cpm) (13). Accelerometer data were considered valid if there were more  
140 than 600 minutes of monitoring per day (excluding continuous strings of zero counts for 60  
141 minutes or longer) recorded on at least three workdays and one non-workday on each  
142 measurement time point (23).

143

144 A two week monitoring period was initially chosen at baseline to examine any reactivity  
145 occurring in response to the measurement protocol (9). As no significant differences in any  
146 behavior measured occurred between these two weeks (data not shown), the data were averaged  
147 across weeks, and seven-day monitoring periods were applied during the follow-up periods.  
148 Participants were asked to complete an activity monitor log book over each monitoring period  
149 for both the activPAL and ActiGraph in order to document start and finish work times on  
150 working days, occurrences of monitor removal and sleep patterns (i.e. time in bed). Participants  
151 sleeping times, monitor removal and invalid days were excluded.

152

### 153 *Experimental protocol*

154 Following the 14 day baseline assessment, participants received a WorkFit-S, sit-to-stand  
155 workstation (Ergotron, Inc, St. Paul, MN, USA) for 3 months alongside a 6-page booklet  
156 including information about the advantages of sit-to-stand working. The booklet also contained  
157 some guidelines about the desk height adjustment and also introduced an online planning tool for  
158 comfortable computing ([www.computingcomfort.org](http://www.computingcomfort.org)). Participants then undertook three, 7-day  
159 assessment phases: 1-week, 6-weeks, and 3-months after the desk had been installed. The 1-week  
160 follow-up took place 1–3 days after completion of the baseline assessment, with this assessment  
161 also corresponding with the first 7 days following workstation installation.

162

### 163 *Data processing and analysis*

164 As with any accelerometer worn on the hip, the ActiGraph is not capable of detecting sitting time  
165 due to its inability to directly measure posture (2). Therefore whilst the ActiGraph accelerometer  
166 provides an estimate of sedentary time, these data were included in the results for descriptive



167 purposes only. activPAL-determined sitting, standing and stepping time data were used primarily  
168 to address the research question of whether the use of sit-to-stand workstations led to changes in  
169 these behaviors during and outside working hours. The ActiGraph data were primarily used to  
170 determine whether time in different physical activity intensities (light activity and MVPA)  
171 differed during and outside working hours over the intervention period.

172

173 All activPAL data were downloaded using manufacturer proprietary software (activPAL  
174 Professional v.7.2.29) in 15-s epochs and processed using a customized Microsoft Excel macro.  
175 The number of minutes that participants spent sitting, standing and stepping during waking hours  
176 (based on participants log book entries) were obtained for each working day. To enable the  
177 examination of the influence of the sit-to-stand desks on behavior during working and non-  
178 working hours, sitting, standing and stepping time were extracted for working and non-working  
179 hours (based on provided diary logs) from the daily weekday data. To account for differences in  
180 activPAL wear times between each segment of the day (working/non-working hours) and  
181 between the baseline and follow-up assessments, the proportions of wear time spent sitting,  
182 standing and stepping were calculated for each participant during each measurement period.  
183 These data were used in the analyses as opposed to the absolute minute data.

184

185 All ActiGraph data were downloaded using manufacturer proprietary software (ActiLife  
186 v.6.11.8) in 15-s epochs and processed using a customized Microsoft Excel. The number of  
187 minutes that participants spent in sedentary behavior, and in light-intensity activity and MVPA  
188 during waking hours was obtained for each working day. As with the activPAL data (and using  
189 the same procedures), times spent sedentary, and in light intensity activity and MVPA were

190 calculated throughout waking hours, and during working and non-working hours on workdays.  
191 To control for differences in accelerometer wear time, the proportions of time spent in each type  
192 of behavior were used in the analyses. Absolute minute data derived from both the activPAL and  
193 ActiGraph are presented in the results for descriptive purposes. All participants complied to the  
194 monitoring protocol and provided at least 3 workdays and 1 non-workday of activPAL and  
195 ActiGraph data during each measurement period. Any days with missing data (due to monitor  
196 removal) were treated as missing data and the mean time, and proportion of time, spent in each  
197 behavior during and outside of working hours were calculated from the remaining data.

198

199 The Shapiro–Wilk test confirmed that all proportion and minute data from both devices were  
200 normally distributed. For the activPAL and ActiGraph data, the mean proportions of times spent  
201 in each behavior on workdays at baseline, 1-week, 6-weeks and 3-months follow-up were  
202 calculated for each domain (waking hours, working and non-working hours) and compared using  
203 repeated measures ANOVA's. In the event of a significant ANOVA result, Bonferroni-corrected  
204 post hoc comparisons were undertaken to determine where the significant differences occurred.  $P$   
205  $< 0.05$  was considered significant, unless otherwise stated, and all tests were 2-sided. All  
206 statistical analyses were performed using SPSS v.22 (SPSS Inc., Chicago, IL, USA). Data are  
207 displayed as mean ( $\pm$  SD) in the text and tables.

208

## 209 **Results**

210 Forty male and female office workers age 18 - 65 years completed the study, representing a  
211 100% retention and compliance rate. Participant characteristics are displayed in Table 1.

212

213 ***activPAL-determined sitting, standing and stepping time***

214 Total sitting time on workdays significantly decreased from 605±83 mins/day at baseline to  
215 517±70 mins/day at 1-week, 546±65 mins/day at 6-weeks and 561±65 mins/day at 3-months  
216 follow-up ( $p<0.001$ ). Total standing time increased significantly from 289±80 mins/day at  
217 baseline to 383±85 min/day at 1-week, 350±70 min/day at 6-weeks and 344±68 min/day at 3-  
218 months follow-up ( $p<0.001$ ). No differences were seen for total stepping time. At baseline  
219 participants spent 605±83 mins/day sitting on a workday, compared to 357±149 mins/day sitting  
220 on a non-workday ( $p<0.001$ ). On workdays 49.3 % of daily sitting time was derived from sitting  
221 at work.

222

223 During working hours, compared to baseline, the proportion of time spent sitting significantly  
224 decreased at 1-week, 6-weeks and 3-months follow-up ( $p<0.01$ ), while the proportion of time  
225 spent standing and stepping significantly increased at all follow-up periods ( $p<0.01$ ) (Table 2).

226 During non-working hours, compared to baseline, the proportion of time spent sitting  
227 significantly increased at 6-weeks and 3-months follow-up while the proportion of time spent  
228 stepping significantly decreased at 1-week, 6-weeks and 3-months follow-up ( $p<0.01$ ). No  
229 differences were seen in standing time during non-working hours (Table 2).

230

231 ***ActiGraph-determined physical activity and sedentary time***

232 At baseline participants spent 148±31 mins/day in light intensity activity, equating to 16.7% of  
233 waking hours. During week 1 of workstation use, daily time in light activity increased to 157±25  
234 mins/day (17.6% of waking hours). There were no significant changes in the overall proportions  
235 of times participants spent in light activity on workdays at 6-weeks and 3-months follow-up. At

236 baseline, participants spent  $47\pm 16$  mins/day in MVPA (5.4% of waking hours) on workdays.

237 There were no significant changes in the overall proportion of times spent in MVPA on

238 workdays at each follow-up period.

239

240 During working hours, compared to baseline, the proportion of time spent in light activity

241 significantly increased at 1-week, 6-weeks and 3-months follow-up ( $p<0.01$ ). The proportion of

242 time spent in MVPA during working hours also increased significantly at 1-week and 6-weeks.

243 During non-working hours, compared to baseline, the proportion of time in light activity

244 significantly decreased at 1-week and 6 weeks follow-up. No significant differences were seen in

245 MVPA during non-working hours. Small, but significant decreases in ActiGraph-determined

246 sedentary time were seen during working hours, relative to baseline, in weeks 1 and 6.

247 Correspondingly, small increases in ActiGraph-determined sedentary time were seen outside

248 working hours in weeks 1 and 6 (Table 3).

249

## 250 **Discussion**

251 This study provides novel evidence of the presence of sedentary behavior compensation outside

252 working hours in office workers utilizing sit-to-stand workstations. At baseline participants were

253 sedentary for ~10 hrs/day on a workday, with ~50% of this total daily sedentary time coming

254 from sitting at work. This is in line with previous research (10, 11) and confirms the importance

255 of the workplace as a site highly suitable for interventions to reduce sitting time (19). Results

256 from the current study showed that using sit-to-stand workstations is an effective way of

257 reducing sedentary time during working hours. This result is consistent with other studies (1, 6,

258 18, 24). However, for the first time, this study examined compensation of sedentary behavior

259 outside working hours and findings indicated that participants were more sedentary during non-  
260 working hours at 1-week, 6-weeks and 3-months after workstation installation, compared to  
261 baseline.

262  
263 Despite the compensation effect observed in the present study, overall sedentary time across the  
264 day was still reduced when participants were using sit-to-stand desks at work. Total daily  
265 sedentary times fell to approximately 8.5 hours/day during week 1 of desk use, and gradually  
266 rose to 9 hours/day at week 6 and to 9 hours 20 minutes/day at 3-months. Evidence has  
267 demonstrated an increased risk of coronary heart disease and mortality in individuals sitting for  
268 over 10 hours/day (25). The reductions in daily sitting times observed in the present study, if  
269 maintained, could therefore have meaningful health benefits. Our knowledge of a specific  
270 duration of sitting time that represents an increased risk of disease is incomplete however, with  
271 other research demonstrating that chronic disease risk is increased with sitting durations of over  
272 8 hours/day (14).

273  
274 The findings also demonstrate that using sit-to-stand workstations are an effective way of  
275 increasing standing and stepping time during working hours. These findings are consistent with  
276 other studies (1, 6, 18, 24). Thus as a result of the intervention, participants time in light intensity  
277 activity significantly increased during working hours. Slight increases in MVPA were also  
278 observed during working hours during the early weeks of the intervention. A recent study has  
279 shown that reallocating just 30 minutes of sedentary time per day to light movement is associated  
280 with a 2–4% improvement in cardio-metabolic biomarkers (5). Also there is evidence which  
281 suggests replacing sedentary time with light-intensity physical activity or MVPA is associated

282 with positive influences on insulin sensitivity (32) and plasma glucose (30). Such changes  
283 observed in light intensity activity during working hours could lead to important health benefits  
284 in previously sedentary office workers.

285

286 Results from the activPAL, in terms of stepping time, and findings from the ActiGraph, in terms  
287 of time in light intensity activity, both confirmed that the proportion of time in these behaviors  
288 reduced outside of working hours during sit-to-stand workstation use. These findings suggest  
289 that in order for originally sedentary workers to achieve optimum benefits from sit-to-stand  
290 working, interventions and public health messages should also target the promotion of light  
291 intensity activities outside of the workplace. Of interest, time in MVPA did not change outside of  
292 working hours in the present sample, suggesting that the use of sit-to-stand desks in the  
293 workplace may not have a detrimental effect on leisure time MVPA.

294

295 Findings of the current study lend partial support to the ActivityStat hypothesis which proposes  
296 that as physical activity is increased or decreased in one domain, there will be a compensatory  
297 change in another domain (15). Whilst we saw reductions in sedentary time and increases in light  
298 intensity activity during working hours and compensatory changes in these behaviors outside  
299 working hours, the magnitude of the compensatory changes were not as great as the changes in  
300 sitting and light activity seen during working hours, suggesting that participants did not fully  
301 compensate for the beneficial changes made during working hours.

302

303 Participants' standing time during working hours increased from 91 minutes (~1.5 hours) at  
304 baseline to 237 minutes (~4 hours, an increase of 146 minutes) in week 1, dropping to ~3.5 hours

305 during the subsequent follow-up measurement periods. Whilst direct comparisons with other sit-  
306 to-stand workstation interventions are difficult, due to differences in procedures adopted for data  
307 processing, the magnitude of the changes in standing time seen in the present study is similar to  
308 those observed in other interventions. For example, when normalizing their data to an 8-hour  
309 workday, Healy et al.(18) and Alkhajah et al.(1) reported increases in standing time of 121 and  
310 130 minutes/day, in their intervention groups, relative to baseline. According to a recent expert  
311 statement, office workers should set their goal to achieve 2 hours/day of standing and light  
312 activity (light walking) during working hours, eventually progressing to a total accumulation of 4  
313 hours/day (4). It is recommended in the statement that sit-to-stand desks could be a useful tool in  
314 which to support office workers in achieving these goals. The present study supports this  
315 statement. The findings indicate however that sit-to-stand desks may not be sufficient over the  
316 long term and therefore in order to keep participants motivated, interventions may need to go  
317 beyond simply installing sit-to-stand desks. For example, additional strategies such as  
318 educational material on the negative health effects of prolonged sitting, and/or office activities to  
319 encourage standing or stepping may need to be adopted in order for office workers to achieve  
320 and sustain the recommendations in this expert statement. It should be noted that these  
321 recommendations were not based on a comprehensive review of the literature, and further  
322 interventions are required to assess their feasibility, adherence and impact on health.

323

324 Whilst the activPAL provided the primary measure of sitting in the present study, ActiGraph-  
325 determined sedentary time (using the <100 cpm cut-point) was also presented for descriptive  
326 purposes. Discrepancies between these two common measures were observed. During working  
327 hours at baseline, participants spent 76% of their time sitting according to the activPAL, while

328 the proportion of time spent sedentary according to the ActiGraph was 82%. In week one of the  
329 intervention, according to the activPAL the proportion of time spent sitting at work decreased to  
330 52% (representing a reduction of 24%), while the proportion of time spent sedentary at work  
331 decreased to only 78% (a reduction of 4%) when assessed by the ActiGraph. These observations  
332 suggest that the ActiGraph cut-point approach is not sensitive enough to measure changes in  
333 sedentary behavior in interventions, supporting earlier observations (20).

334

335 This study provides novel information on how sedentary behavior and physical activity are  
336 compensated outside working hours in a sample of office workers from the UK exposed to sit-to-  
337 stand desks. The objective measurement of posture and physical activity using the activPAL  
338 ActiGraph are strengths of this study as such measures overcome the limitations of bias and  
339 recall, common with self-report measures. Limitations of this study include the small and  
340 relatively homogenous convenience sample and relatively short term follow-up (3 months). The  
341 100% compliance rates to all measurement phases and the relatively large changes seen in sitting  
342 and standing during working hours suggest the present sample may have been a highly motivated  
343 group. Similarly high compliance and follow-up rates have been observed however in other  
344 workplace sit-to-stand desk interventions, with reported follow-up rates ranging from 81-100%  
345 (1, 6, 18, 24). Further research should examine the impact of sit-to-stand workstations on  
346 sedentary time during and outside working hours in diverse groups to extend the generalizability  
347 of the present and existing studies. This study did not employ a process evaluation or any  
348 qualitative components. Further research would benefit from the inclusion of such components to  
349 help further our understanding of whether participants consciously or sub-consciously change  
350 their behaviors outside of the working environment.



351

352 In conclusion, the findings suggest that introducing sit-to-stand workstations can significantly  
353 reduce sedentary time and increase light activity levels during working hours. However, it  
354 appears that the changes in sedentary behavior and physical activity during working hours were  
355 compensated for by reducing activity and increasing sedentary behavior outside of working  
356 hours. Nonetheless, despite this compensation effect, overall sedentary time was still reduced  
357 when office workers used the sit-to-stand workstations relative to their traditional seated desk.  
358 Such overall reductions in sedentary time and increases in light activity could lead to substantial  
359 health benefits in traditionally sedentary workers. Further research is required to examine the  
360 long-term use of sit-to-stand desks on changes in sedentary time, and resultant effects on markers  
361 of health. Further studies investigating the notion of behavior compensation are also warranted.

362

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368 Health.

369

### 370 **Conflict of Interest**

371 The desks used in this study were supplied via an in-kind donation from Ergotron Inc, USA. The  
372 company played no role in the study design, analyses, or in the preparation of this manuscript.  
373 The results of the present study do not constitute endorsement by ACSM.

374 **References**

- 375 1. Alkhajah TA, Reeves MM, Eakin EG, Winkler EA, Owen N, Healy GN. Sit-stand  
376 workstations: a pilot intervention to reduce office sitting time. *Am J Prev Med.*  
377 2012;43(3):298-303.
- 378 2. Atkin AJ, Gorely T, Clemes SA, et al. Methods of measurement in epidemiology: Sedentary  
379 behaviour. *Int J Epidemiol.* 2012;41(5):1460–71.
- 380 3. iswas A, Oh PI, Faulkner GE et al. Sedentary time and its association with risk for disease  
381 incidence, mortality, and hospitalization in adults: a systematic review and meta-analysis.  
382 *Ann Intern Med.* 2015;162(2):123-32.
- 383 4. Buckley JP, Hedge A, Yates T et al. The sedentary office: an expert statement on the  
384 growing case for change towards better health and productivity. *Br J Sports Med.* 2015,  
385 Epub: pii: bjsports-2015-094618.
- 386 5. Buman MP, Winkler EA, Kurka JM et al. Reallocating time to sleep, sedentary behaviors, or  
387 active behaviors: associations with cardiovascular disease risk biomarkers, NHANES 2005-  
388 2006. *Am J Epidemiol.* 2014;179(3):323-34.
- 389 6. Chau JY, Daley M, Dunn S et al. The effectiveness of sit-stand workstations for changing  
390 office workers' sitting time: results from the Stand@Work randomized controlled trial pilot.  
391 *Int J Behav Nutr Phys Act.* 2014;11:127.
- 392 7. Chau JY, van der Ploeg HP, Merom D, Chey T, Bauman AE. Cross-sectional associations  
393 between occupational and leisure-time sitting, physical activity and obesity in working  
394 adults. *Prev Med.* 2012;54(3-4):195-200.
- 395 8. Clemes SA, David BM, Zhao Y, Han X, Brown W. Validity of two self-report measures of  
396 sitting time. *J Phys Act Health.* 2012;9(4):533-9.

- 397 9. Clemes SA, Deans NK. Presence and duration of reactivity to pedometers in adults. *Med Sci*  
398 *Sports Exerc.* 2012;44(6):1097-101.
- 399 10. Clemes SA, Houdmont J, Munir F, Wilson K, Kerr R, Addley K. Descriptive epidemiology  
400 of domain-specific sitting in working adults: the Stormont Study. *J Public Health (Oxf).*  
401 2015 Epub: 2015 pii: fdu114.
- 402 11. Clemes SA, O'Connell SE, Edwardson CL. Office workers' objectively measured sedentary  
403 behavior and physical activity during and outside working hours. *J Occup Environ Med.*  
404 2014;56(3):298-303.
- 405 12. Edwardson CL, Gorely T, Davies MJ et al. Association of sedentary behaviour with  
406 metabolic syndrome: a meta-analysis. *PloS one.* 2012;7(4):e34916.
- 407 13. Freedson PS, Melanson E, Sirard J. Calibration of the Computer Science and Applications,  
408 Inc. accelerometer. *Med Sci Sports Exerc.* 1998;30(5):777-81.
- 409 14. George ES, Rosenkranz RR, Kolt GS. Chronic disease and sitting time in middle-aged  
410 Australian males: findings from the 45 and Up Study. *Int J Behav Nutr Phys Act.*  
411 2013;10:20.
- 412 15. Gomersall SR, Rowlands AV, English C, Maher C, Olds TS. The ActivityStat hypothesis:  
413 the concept, the evidence and the methodologies. *Sports Med.* 2013;43(2):135-49.
- 414 16. Hart TL, McClain JJ, Tudor-Locke C. Controlled and free-living evaluation of objective  
415 measures of sedentary and active behaviors. *J Phys Act Health.* 2011;8(6):848-57.
- 416 17. Healy GN, Dunstan DW, Salmon J et al. Objectively measured light-intensity physical  
417 activity is independently associated with 2-h plasma glucose. *Diabetes Care.*  
418 2007;30(6):1384-9.

- 419 18. Healy GN, Eakin EG, Lamontagne AD et al. Reducing sitting time in office workers: Short-  
420 term efficacy of a multicomponent intervention. *Prev Med.* 2013;57(1):43-8.
- 421 19. Kazi A, Duncan M, Clemes S, Haslam C. A survey of sitting time among UK employees.  
422 *Occup Med.* 2014;64(7):497-502.
- 423 20. Kozey-Keadle S, Libertine A, Lyden K, Staudenmayer J, Freedson PS. Validation of  
424 wearable monitors for assessing sedentary behavior. *Med Sci Sports Exerc.*  
425 2011;43(8):1561-7.
- 426 21. Lynch BM. Sedentary behavior and cancer: a systematic review of the literature and  
427 proposed biological mechanisms. *Cancer Epidemiol Biomarkers Prev.* 2010;19(11):2691-  
428 709.
- 429 22. Mansoubi M, Pearson N, Biddle SJ, Clemes S. The relationship between sedentary  
430 behaviour and physical activity in adults: a systematic review. *Prev Med.* 2014;69:28-35.
- 431 23. Matthews CE, Ainsworth BE, Thompson RW, Bassett DR, Jr. Sources of variance in daily  
432 physical activity levels as measured by an accelerometer. *Med Sci Sports Exerc.*  
433 2002;34(8):1376-81.
- 434 24. Neuhaus M, Healy GN, Dunstan DW, Owen N, Eakin EG. Workplace sitting and height-  
435 adjustable workstations: a randomized controlled trial. *Am J Prev Med.* 2014;46(1):30-40.
- 436 25. Petersen CB, Nielsen AJ, Bauman A, Tolstrup JS. Joint association of physical activity in  
437 leisure and total sitting time with metabolic syndrome amongst 15,235 Danish adults: a  
438 cross-sectional study. *Prev Med.* 2014;69:5-7.
- 439 26. Rhodes RE, Mark RS, Temmel CP. Adult sedentary behavior: a systematic review. *Am J*  
440 *Prev Med.* 2012;42(3):e3-28.

- 441 27. Sedentary Behaviour Research Network. Standardized use of the terms “sedentary” and  
442 “sedentary behaviours”. *Appl Physiol Nutr Metab.* 2012;37:540–2.
- 443 28. Stamatakis E, Rogers K, Ding D et al. All-cause mortality effects of replacing sedentary  
444 time with physical activity and sleeping using an isothermal substitution model: a  
445 prospective study of 201,129 mid-aged and older adults. *Int J Behav Nutr Phys Act.*  
446 2015;12:121.
- 447 29. Straker L, Abbott RA, Heiden M, Mathiassen SE, Toomingas A. Sit-stand desks in call  
448 centres: associations of use and ergonomics awareness with sedentary behavior. *Appl Ergon.*  
449 2013;44(4):517-22.
- 450 30. Thorp AA, Kingwell BA, Sethi P, Hammond L, Owen N, Dunstan DW. Alternating bouts of  
451 sitting and standing attenuate postprandial glucose responses. *Med Sci Sports Exerc.*  
452 2014;46(11):2053-61.
- 453 31. Wilmot EG, Edwardson CL, Achana FA et al. Sedentary time in adults and the association  
454 with diabetes, cardiovascular disease and death: systematic review and meta-analysis.  
455 *Diabetologia.* 2012;55(11):2895-905.
- 456 32. Yates T, Henson J, Edwardson C et al. Objectively measured sedentary time and  
457 associations with insulin sensitivity: Importance of reallocating sedentary time to physical  
458 activity. *Prev Med.* 2015;76:79-83.

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461

462 **Table 1.** Demographic characteristics of the study sample (data are presented as the mean±SD)

|                          | Males     | Females   |
|--------------------------|-----------|-----------|
|                          | (n = 18)  | ( n = 22) |
| Age (years)              | 31.5±8.6  | 32.3±7.9  |
| Height (cm)              | 177.4±7.4 | 165.3±6.2 |
| Weight (kg)              | 81.5±12   | 66.6±15.1 |
| BMI (kg/m <sup>2</sup> ) | 25.9±3.5  | 24.3±4.9  |
| Percent body fat         | 25.9±3.5  | 29±10.2   |
| Waist                    |           |           |
| circumference            | 85.5±8.7  | 75.9±10.8 |
| (cm)                     |           |           |

463

464

465 **Table 2.** activPAL-determined time spent sitting, standing and stepping during and outside  
 466 working hours on workdays at baseline, 1-week, 6-weeks and 3-months follow-up following sit-  
 467 to-stand workstation use. Data are presented as the mean±SD. To control for wear time, the  
 468 proportion data were used in the primary analyses, however the absolute time data (in minutes) are  
 469 provided for descriptive purposes.

|                               | Working hours on workdays |         |         |          | Non-working hours on workdays |         |         |          |
|-------------------------------|---------------------------|---------|---------|----------|-------------------------------|---------|---------|----------|
|                               | Baseline                  | Week 1  | Week 6  | 3 Months | Baseline                      | Week 1  | Week 6  | 3 Months |
| % of wear time spent sitting  | 76±13                     | 52±16*  | 56±13*  | 56±13*   | 60±11                         | 64±11   | 66±12*  | 68±12*   |
| Time spent sitting (mins)     | 299±85                    | 254±81* | 259±63  | 266±66   | 307±82                        | 264±59* | 287±66  | 295±62   |
| % of wear time spent standing | 19±12                     | 37±15*  | 33±12*  | 32±12*   | 26±8                          | 24±8    | 24±9    | 23±9     |
| Time spent standing (mins)    | 92±50                     | 238±92* | 207±71* | 208±66*  | 198±69                        | 146±47* | 144±55* | 136±50*  |
| % of wear time spent stepping | 5±3                       | 11±5*   | 12±5*   | 12±4*    | 14±5                          | 12±5*   | 11±4*   | 9±4*     |
| Time spent stepping (mins)    | 19±8                      | 52±22*  | 54±24*  | 58±17*   | 71±31                         | 48±23*  | 45±20*  | 40±17*   |
| Wear time (mins)              | 409±69                    | 544±58  | 519±45  | 532±47   | 574±117                       | 457±58  | 475±73  | 471±67   |

470 \*Significantly different to baseline.

471

472 **Table 3.** ActiGraph-determined time spent sedentary, in light activity and MVPA during and  
 473 outside working hours on workdays at baseline, 1-week, 6-weeks and 3-months follow-up  
 474 following sit-to-stand workstation use. Data are presented as the mean±SD. To control for wear  
 475 time, the proportion data were used in the primary analyses, however the absolute time data (in minutes)  
 476 are provided for descriptive purposes.

|                                   | Working hours on workdays |         |         |          | Non-working hours on workdays |         |         |          |
|-----------------------------------|---------------------------|---------|---------|----------|-------------------------------|---------|---------|----------|
|                                   | Baseline                  | Week 1  | Week 6  | 3 Months | Baseline                      | Week 1  | Week 6  | 3 Months |
| % of wear time spent sedentary    | 82±5                      | 78±7*   | 79±6*   | 80±6     | 70±7                          | 73±8*   | 74±8*   | 72±7     |
| Time in sedentary behavior (mins) | 333±40                    | 374±43* | 366±41* | 366±47*  | 316±42                        | 299±40* | 253±49* | 321±56   |
| % of wear time in light activity  | 14±4                      | 16±6*   | 16±5*   | 16±5     | 21±5                          | 19±5*   | 19±5*   | 20±6     |
| Time in light activity (mins)     | 53±18                     | 79±27*  | 73±22*  | 72±24*   | 96±29                         | 79±23*  | 78±24*  | 72±23*   |
| % of wear time in MVPA            | 4±1                       | 6±3*    | 5±3*    | 5±2      | 9±5                           | 8±6     | 7±5     | 8±6      |
| Time in MVPA (mins)               | 16±8                      | 24±12*  | 21±10*  | 17±7     | 32±19                         | 26±21   | 24±16*  | 31±21    |
| Wear time (mins)                  | 440±44                    | 482±34  | 464±33  | 458±40   | 451±63                        | 410±36  | 412±57  | 445±67   |

477 \*Significantly different to baseline.