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CORRECTION

Correction: Psychological Distress and Physical-Activity Levels among People Consulting a Healthy Life Centre for Lifestyle Change

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Keywords: correction

Correction

In the study "Psychological Distress and Physical-Activity Levels among People Consulting a Healthy Life Centre for Lifestyle Change" by Sevild et al. (2020) levels of physical activity were compared with previous studies. After the article was published the authors themselves became aware that comparisons between our data and previous studies (**Table 3**) were not fully valid. This is due to that physical activity levels measured in epochs (sequences) of 1 second (used our study) is not directly comparable to activity measured in epochs of 60 seconds (used in the comparative studies). Data based on 1 second epochs is more precise than data based on 60 s epoch (which is used in older accelerometers). Data based on 1 second epochs therefore needs to be converted to 60 seconds epoch before comparison with activity recorded in 60 seconds epochs. The data used for comparisons has been reanalysed and following corrections are made.

Abstract, Results, first lines

The participants were predominantly obese (77%) and had symptoms of psychological distress (77%). They engaged 11% less in light physical activity and 33% less in moderate-vigorous physical activity compared to the representative samples. Moderate-vigorous physical activity was not adequately sustained in our sample, and significantly fewer participants fulfilled physical-activity level recommendations (16% versus 32%), but not in comparison to the national obese sample (12% versus 19%).

Methods, Physical activity, first lines in second section

The accelerometer was set to record at a sampling rate of 30 Hz in 1-s epochs and reintegrated to 60-s epochs when used to compare to representative samples.

Results, Physical activity data, first lines

When the HLC-group was compared to the general Norwegian population sample significant differences were found. The HLC-group spent 11% less time performing light PA per day and 33% less minutes in MVPA. The HCL-group was also predominantly overweight or obese (93%). Therefore, the HLC-group was compared to the representative sample of overweight and obese people (Hansen et al., 2013). This comparison yielded partly the same pattern of significant differences. The HLC-group spent 12% fewer minutes performing light PA, but no difference in MVPA were found (see **Table 3**; standard deviations for the BMI ≥ 25 population taken from previous studies were not specified).

Results, Physical activity data, table 3

Table 3: Physical-activity levels among Healthy Life Centre participants compared to a representative sample and an overweight/obese national sample.

Activity intensity	HLC[1]-sample (n = 117)	Representative sample[2] (N = 3020)		Sample with a BMI ≥ 25[3] (n = 1622)	
	Mean (SD)	Mean (SD)	t-score	Mean	t-score
Light physical activity, min/day	257 (76)	290 (55)**	–4.6	292**	–4.9
Moderate to vigorous physical activity, min/day	25.6 (20)	38 (30)**	–6.6	28.5	–1.5

Notes:
[1] HLC = Healthy Life Centre.
[2] The data are from a report by the Norwegian Directorate of Health (Hansen, 2015).
[3] The data are from Norwegian national mapping, an article describing PA patterns in the overweight and obese (Hansen et al. 2013).
* $p < 0.05$.
** $p < 0.001$.

Discussion, first lines in first section

The main findings from this investigation indicate that the HLC group had lower levels of light PA and MVPA in comparison to national, representative samples. Fewer HLC participants fulfilled PA recommendations, primarily due to short bouts of MVPA.

Discussion, third line in second section

A similar study conducted in a HLC setting found high levels of moderate activity, with 79% of subjects performing MVPA for 150 min per week (Samdal et al., 2018). Similarly, in our study, the percentage was 50%; although, it appeared that some participants were active but struggled to sustain their activity levels for 10 continuous minutes.

Discussion, last four lines in the last section

The level of PA reflected a complicated picture as the participants had a mean of 25 minutes of moderate activity per day, but not in continuous, 10-minute periods. This may be the results of participants increasing their PA prior to attending the centre, which could also reduce the correlation between the measurement of PA and psychological distress.

Conclusions, first lines

The present study showed that the HLC-group aiming to increase PA-levels were predominantly obese and struggled with psychological distress. In comparison to representative groups, participants from the present study had lower levels of light PA and MVPA. Fewer participants fulfilled PA recommendations due primarily to short bouts of MVPA.

Competing Interests

CHS was employed in the HLC until March 2015. There are no other competing interests.

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