# Regular and Consistent Exercise Increases High-Density Lipoprotein (HDL) Quantity and Quality in Middle-Aged Women with Improvements in Lipid and Apolipoprotein

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#### Abstract

HDL-C (high-density lipoprotein cholesterol) levels in the blood can generally be improved with regular aerobic exercise, in particular. Exercise enhances HDL functionality, antioxidants, and cholesterol e f ux in addition to raising HDL-C levels. However, middle-aged women must determine the ideal exercise intensity and frequency in order

frequency, and duration on HDL quantity and quality in middle-aged women; There were three groups of participants: a group that is sedentary (group 1), a group that is middle-intensity (group 2), and a group that is high-intensity (group 3). The only anthropometric parameters that did not difer between the groups were blood pressure, muscle mass, and handgrip strength. HDL-C and apolipoprotein (apo)A-I levels in the blood were noticeably elevated in group 3 to 17% and 12%, respectively, despite the lack of a diference in serum total cholesterol (TC). Depending on the intensity of the exercise, the exercise groups saw signifcant reductions in serum LDL-C, glucose, triglycerides, and the apo-B/ apoA-I ratio; Group 3 had lower levels of LDL-C, glucose, and triglycerides (TG) es (TG) **be and the groups and the groups and the group 1**, and the TG was 45 percent lower than that of group 1. HDL2 and HDL3 apoA-I expression, PON activity, and FRA were all elevated with increasing exercise intensity (p 0.001). Final outcomes show that middle-aged women who exercise regularly have higher levels of HDL-C and apoA-I in their blood, as well as higher levels of HDL quality and functionality, TC content, particle size, and antioxidant capacity. Regular, intensity-dependent exercise may enhance the anti-atherogenic properties of lipoproteins by reducing TG and oxidized products in LDL and HDL.

**Keywords:** High-Density Lipoproteins; Apolipoprotein A-I; Exercise; Paraoxonase; Low-Density lipoproteins

## Introduction

Sedentary lifestyles are a major risk factor for cardiovascular disease and metabolic syndrome. Insulin resistance, abdominal obesity, low HDL-C, and high triglyceride (TG) levels are frequently linked to sedentary living. Exercise is linked to a lower risk of cardiovascular disease and overall mortality, dose-dependently. Regular exercise boosts HDL-C by increasing antioxidant, anti-in ammatory, and activity were found to have a strong correlation with HDL function in prehypertension. Lifestyle and nonpharmacological interventions like exercise and nutrition can also improve HDL-C quantity and quality. Aerobic sports athletes like runners and wrestlers have the highest HDL-C, largest particle si e, HDL content of apoA-I, and paraoxonase (PON) activity among the national Olympic representatives. Regardless of the type of exercise, these ndings suggest that regular exercise may increase HDL-C quantity and HDL functionality [4-7].

In contrast, there are no studies that compare middle-aged, nonsmoking women's HDL quality and functionality in sedentary and exercise groups. As evidenced by decreases in LDL-C and TG and increases in HDL-CO, numerous studies have demonstrated that exercise transformed the pro-atherogenic lipid pro le into an anti-atherogenic pro le. Middle-aged, healthy, and normolipidemic women who had exercised regularly for at least a year prior to the study were compared to see how exercise intensity a ected HDL and LDL properties like particle shape and si e, oxidation and glycation extent, and lipid and apolipoprotein compositions [8].

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# Lipoproteins' Electromobility

e agarose electrophoresis migration of each lipoprotein (LDL, HDL2, and HDL3), was used to compare the electromobility of the participant samples. e three-dimensional structure of HDL and its