

## High-intensity interval training for undergraduate students: Study protocols for randomized controlled trials

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### Abstract:

This study aims to evaluate the benefit of the HIIT training program for college students, as a strategy to improve the physical fitness of undergraduate students, physical activity levels, and motivation to exercise. This study was a randomized controlled trial design with two groups of third and fifth semester undergraduate students (19-21 years). The trial will involve 150 students from the Physical Education and Health study program, FKIP, Sriwijaya University. The HIIT training sessions will be applied in the first 10-15 minutes of each sessions, twice a week for 16 weeks, ranging from 14-20 all-out bout intervals, adopting 2:1 work-to-rest ratio. A cut point of  $\geq 90\%$  of maximal heart rate will be the criterion for satisfactory compliance with high-intensity training. The control group will continue with the programmed lecture as usual. The results of this study show that there was an increase on maximal oxygen capacity (VO<sub>2</sub>Max) in each group before and after the training treatment using the HIIT method, but there was a significant difference between the experimental and control group.

**Key words:** HIIT, student athlete, physical fitness, physical activity

### Introduction

Sports achievement basically depends on 4 (four) main components, namely physical, technical, tactical and mental. Training is known to improve the energy status of the working muscles, which generate the ability to maintain muscle strength for longer periods of time. To increase the athlete's ability to achieve peak performance, high intensity and high volume training are important components of the training program. Sport scientists reveal how this combination of training can be utilized to optimize the development of the aerobic muscle phenotype and improve performance with intense training. McMillan, et. al. (2005) indicated that a high VO<sub>2</sub>Max value allows athletes to cover the total distance traveled. Furthermore, Durandt, et. al. (2006) revealed that maximal aerobic capacity in football affects the ability to repeat sprints and perform high intensity movement, both with and without the ball.

There are several methods used to increase endurance such as continuous training, interval training, fartlek, and cross country. This study uses the interval training method, because in basketball, futsal, football, volleyball, athletics, swimming, and others, there are movements at intervals, besides that both methods are the right method to increase VO<sub>2</sub>Max so that in competition athletes will not lack of VO<sub>2</sub> max. The coach must understand the match situation, field conditions, athlete needs and abilities, etc., in order to achieve the objectives of the planned training program. In addition, the motivation of athletes in carrying out training programs will greatly affect the achievement. Competitive athletes undertake rigorous training to produce the stimulus needed for physiological adaptation and increased performance (Grove et al., 2014).

Low intensity (high volume) and high intensity (short duration) training are important components of a training program for athletes who want to be able to maximize performance and compete at a high level on various sporting events. An intense training is considered as one that last between 1-8 minutes, during which there is mixture of adenosine triphosphate (ATP) energy from both anaerobic and aerobic energy systems (Laursen, 2010). Athletes need to slow the process of breaking down regardless of volume, intensity, or load, and maintain the ability to explode when necessary, and, not to lose form once fatigue sets in (Mackenzie and Cordoza, 2012).

Talanian, et.al. (2007), show the impact of high intensity interval training (HIIT) which increased VO<sub>2</sub>Max from 7% to 12%. Meanwhile Burgomaster, et.al. (2000), show that aerobic capacity or Vo<sub>2</sub>Max depends on the fitness level of the subject and the duration and with an increase ranging from 4% -46%. The results of the research were supported by Kuno (2012), who shows that high intensity training as well as continuous endurance training brought significant improvements in body composition, heart rate, and aerobic strength with less than 2 hours and 30 minutes of weekly training. Furthermore, high-intensity training has been

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shown to be more effective in increasing maximal oxygen capacity. Andrew, et.al., (2013), analyzed several research articles and stated that training intervals of 3-5 minutes were very effective in generating increased exercise capacity. In line with this study, nine other studies described the greatest increase in VO2Max (0.85/min). Martin, et.al. (2012) show evidence that HIIT can be utilized as an effective alternative to traditional resistance-based training, stimulating equal or even better physiological adaptations than conventional training in both healthy and diseased populations.

**Materials and methods**

This study was a randomized controlled trial design with two groups of third and fifth semester undergraduate students (19-21 years). The trial will involve 150 students from the Physical Education and Health study program, FKIP, Sriwijaya University. The HIIT sessions will be applied on the experimental group in the first 10-15 minutes of each sessions, twice a week, for 16 weeks, with the range from 14 to 20 all-out bout intervals, adopting 2:1 work-to-rest ratio. A cut-point of  $\geq 90\%$  of maximal heart rate will be the standard for satisfactory compliance with high-intensity training. The control group will follow the programmed lecture as usual. The results of this study will be measured before and after the implementation of HIIT program. The progressive Aerobic Cardiovascular Endurance Run (PACER) was administered following standardized procedures. 4 participants ran from one marker to another, which set 20m apart, while keeping pace with a pre-recorded cadence. The cadence was an audio signal for the participants which connected to a speaker and the cadence was getting shorter every minute. Participants were instructed to keep up with the cadence for as long as possible. The participants were terminated when they failed twice to reach the appropriate marker in the allotted time or could no longer maintain the pace. The number of laps that the participants completed was recorded. The PACER is the recommended assessment of aerobic fitness in the FitnessGram® battery as well as by the National Academy of Medicine (formerly the Institute of Medicine [IOM]) to be used in youth fitness surveillance (Institute of Medicine, 2012). The data will be analyzed using IBM SPSS 26.0 (SPSS Inc., Chicago, IL, USA). An exploratory analysis will be performed to determine the frequency, range, variability, and distribution type of each variable, to use the most appropriate statistical test when comparisons is necessary.

**Results**

A summary of descriptive statistics of the VO2Max test results displayed in table 3. From these results it can be seen that although both groups experienced an increase in VO2Max, it can be seen that the treatment group (HIIT method) experienced a greater increase compared to the control group (conventional training).

**Table 3. Statistical Descriptive Research Data**

| Group                              | Deskripsi          | Vo2max  |          |
|------------------------------------|--------------------|---------|----------|
|                                    |                    | Pretest | Posttest |
| Control<br>(conventional training) | Average            | 36.51   | 37.38    |
|                                    | Max                | 37.90   | 38.70    |
|                                    | Min                | 34.90   | 35.50    |
|                                    | Standard Deviation | 0.76    | 0.77     |
|                                    | %                  | 2.41%   |          |
| Experiment<br>(HIIT method)        | Average            | 36.32   | 39.32    |
|                                    | Max                | 38.70   | 42.40    |
|                                    | Min                | 33.40   | 36.40    |
|                                    | Standard Deviation | 1.26    | 1.37     |
|                                    | %                  | 8.26%   |          |

To find out the difference between the experimental and the control group, the independent sample t-test (test was used as the data analysis for similarity of variance using Levene's Test,  $p > 0.05$  in all cases). Overall, from the posttest results, there was a significant difference between the experimental and the control group [ $t = 5.396$ ;  $p = 0.000$  ( $< 0.05$ )]. While the pretest results did not show a significant difference between the experimental and the control group [ $t = -0.553$ ;  $p = 0.584$  ( $> 0.05$ )], which shows that the initial abilities between the two groups were at the same level.

**Table 4. Independent Sample t-test**

|                              | Experiment - Control Grup | T      | P-Value |
|------------------------------|---------------------------|--------|---------|
| Max Oxygen Capacity (VO2Max) | Pretest                   | -0.553 | 0.584   |
|                              | Posttest                  | 5.396  | 0.000   |

Statistical differences in the pretest and posttest for the experimental group in table 5 were analyzed using paired sample t-test for the total total maximal oxygen capacity score (VO2Max); the calculation results show that there is a significant difference in VO2Max before and after the training treatment using the HIIT method [ $t = 13.932$ ;  $p = 0.000$  ( $< 0.05$ )], with an increase of 8.26%.

**Table 5. Paired Sample t-test**

|   | Experiment - Control Group | <i>T</i> | <i>P-Value</i> |
|---|----------------------------|----------|----------------|
| Max Oxygen Capacity<br>( <i>VO<sub>2</sub>Max</i> ) | <i>Posttest</i>            | 13.932   | 0.000          |

### Discussion

HIIT is a training which characterized by repeated sessions of relatively short, intermittent training, often performed with all out effort or at an intensity which close to the elicits peak oxygen uptake (i.e.,  $\geq 90\%$  of *VO<sub>2</sub>Max*). In one of the previous studies, it was found that high-intensity training has been suggested to elicit greater aerobic and cardiovascular adaptation than low-and-moderate level training (Gibala, 2007). HIIT, especially interval running training, usually consist of reduced all out running, leads to the improvement of muscle oxidative enzymes, namely the maximal increase in citrate synthase activity and pyruvate dehydrogenase (PDH) activity, in a relatively short time (i.e., 1-2 weeks) (Gibala, 2006). Depending on the intensity of the training, single attempts may last from a few seconds to several minutes, with multiple attempts separated by specified mimum rest or low-intensity training. Unlike strength training, which is brief and usually performed intense effort against heavy resistance to increase skeletal muscle mass, HIIT usually associated with activities such as cycling or walking and does not cause any hypertrophy effect (Gibala, 2007).

HIIT has been proven to be effective to improve performance over relatively short training periods (Sperlich,2010). Ancient (2012), shows that high-intensity training as well as continuous endurance training leads to significant improvements in body composition, heart rate, and aerobic strength with less than 2 hours and 30 minutes of weekly training. In addition, high-intensity training has been shown to be more effective in increasing maximal oxygen capacity. The results of this study show that the athletes who participated in this study experienced an increase in *VO<sub>2</sub>Max*, but there was a significant difference between HIIT and conventional training effect. This shows that HIIT is more effective for increasing *VO<sub>2</sub>max* than the conventional training,

HIIT is a form of training that alternates between short repeated sessions of intense exercise and periods of active rest, improving several clinically relevant results. HIIT improves *VO<sub>2</sub>Max*, exercise performance, cardiovascular function, and markers of oxidative capacity in skeletal muscle in healthy and clinical populations. Recently HIIT has also been reported to reduce systemic inflammation in coronary intervention patients and individuals with metabolic syndrome. These physiological benefits can be achieved in a short period of time and with less total exercise energy expenditure (i.e., training volume) than endurance training. However, some evidences suggest that HIIT is more pleasurable than endurance training. HIIT usually closely related to maximal intensity or supramaximal intensity. This intensity represents a potential threat to the adoption of HIIT by the general public as a high-intensity exercis, which is usually associated with overweight individuals who are fearful and only engage in light or low-volume exercise activities. Safety protocols are required for training at higher intensity (i.e., supramaximal intervals) for the populations at risk of cardiovascular disease (Boy, et.al., 2013).

Sikiru & Okoye (2013), suggest that giving an interval training program should be carried out for 8 weeks, with an intensity ranging from 60-79% of maximum capacity (maximum heart rate) and a duration of 45-60 minutes exercise. Haskell, et.al. (2007), recommends aerobic training for individuals at ages of 18-65 years old. For moderate-intensity aerobic exercise, a minimum of 30 minutes of exercise with a frequency of 5 times a week, is required, while the intensity of aerobic physical exercise should be carried out with a minimum heavy intensity duration, for about 20 minutes with a frequency of 3 times a week. In contrast with the results of Gibala's (2007), six sessions of HIIT over two weeks, or a total of only about 15 minutes of intense exercise (cumulative energy expenditure of ~600 kJ or ~143 kcal), can increase oxidative capacity of skeletal muscle and also performance.

Shephard (1990), analyzed *VO<sub>2</sub>Max* with research on senior athletes comparing training time in 8-10 weeks, 12-18 weeks and 24-52 weeks. The analysis of the study shows that 12.9% increase in *VO<sub>2</sub>Max* could be realized within 8-10 weeks of aerobic exercise compared to an increase of 14.1% at 12-18 weeks and 16.9% at 24-52 weeks with an improvement in the aerobic system. Furthermore, training according to personal professional fitness can help preventing or even reversing age and functional independence decline with progressive aerobic conditioning in the senior population. Shephard (2008) showed that gradual aerobic training can increase the aerobic strength of the elderly by at least 10 ml/kg/min, potentially delaying the aging by 20 years. Shephard continues that higher intensity training for seniors leads to greater gains. A 25% increase in *VO<sub>2</sub>Max* (about 6 ml/kg/min) is equivalent to regaining about 12 years of vigor for one's lifestyle.

### Conclusions

HIIT has been proven to be an effective alternative to traditional resistance-based training, stimulating equal or even better physiological adaptations than conventional training in both in healthy and diseased population. The results of this study show that there was significant difference between the effect of HIIT and conventional training. While high-intensity training has been shown to be more effective in increasing maximal oxygen capacity, there are some requirements to train at higher intensity for populations at risk of cardiovascular disease.

**References**

- Andrew, P. Bacon, I., Rickey, E., Carter, EA. Ogle<sup>3</sup>, Michael J. Joyner<sup>1</sup>. 2013. VO<sub>2</sub>max Trainability and High Intensity Interval Training in Humans: A Meta-Analysis. *Plos One*. (8): e73182.
- Boyd J.C. Simpson C.A. Jung M.E. Gurd B.J. 2013. Reducing the Intensity and Volume of Interval Training Diminishes Cardiovascular Adaptation but Not Mitochondrial Biogenesis in Overweight/Obese Men. *Plos One*. 8 (7): 1-8.
- Burgomaster, K.A., Howarth, K.R. & Phillips, S.M. 2008. Similar metabolic adaptations during exercise after low volume sprint interval and traditional endurance training in humans. *Journal of Physiology*, 586 (1):, 151-160.
- Durandt J, Tee JC, Prim SK, & Lambert MI. 2006 *Physical fitness components associated with performance in a multiple-sprint test*. Int J Sports Physiol Perf, 1(2): 150-60.
- Gibala MJ, Little JP, van Essen M, Wilkin GP, Burgomaster KA, Safdar A, Raha S, Tarnopolsky MA. 2006. *Short-term sprint interval versus traditional endurance training: similar initial adaptations in human skeletal muscle and exercise performance*. *J Physiol* 575: 901–911.
- Gibala, Martin J., 2007. *High Intensity Interval Training: New Insights*. GSI
- Grove, J. R., Main, L. C., Partridge, K., Bishop, D. J., Russell, S., Shepherdson, A., & Ferguson, L. (2014). Training distress and performance readiness: Laboratory and field validation of a brief self-report measure. *Scandinavian Journal of Medicine and Science in Sports*. <https://doi.org/10.1111/sms.12214>
- Haskell, W.L., Lee, I.M., Pate, R.R., Powell, K.E., Blair, S.N. and Franklin, B.A. 2007. Physical activity and public health: updated recommendation for adults from the American College of Sports Medicine and the American Heart Association. *Medicine & Science in Sports & Exercise* 39, 1423-1434.
- Kuno, Hottenrott., Sebastian, Ludyga 2and Stephan ,Schulze. 2012. Effects of high intensity training and continuous endurance training on aerobic capacity and body composition in recreationally active runners. *Department of Sport Science and 2 Institute of Performance Diagnostics and Health Promotion, University Halle-Wittenberg, Germany*. ©*Journal of Sports Science and Medicine* (11): 483-488.
- Laursen, PB. 2010. Training for intense exercise performance: high-intensity or high-volume training?. *Scand J Med Sci Sports*
- Mackenzie, Brian., Cordoza, Glen. 2012. *Power Speed Endurance : A Skill-Based Approach to Endurance Training*. United States: Victory Belt Publishing.
- McMillan K, Helgerud J, MacDonald R, Hoff J. 2005. Physiological adaptations to soccer specific endurance training in professional youth soccer players. *British Journal Sports Med*, 39(5): 273-277.
- Shephard, R. J. 2008. Maximal oxygen intake and independence in old age. *British Journal of Sports Medicine*, published online April 10, 2008, Doi:10.1136/bjism.2007.044800.
- Sikiru, L., Okoye, G.C. 2013. Effect of interval training programme on pulse pressure in the management of hypertension: a randomized controlled trial. Department of Medical Rehabilitation. *Faculty of Health Science and Technology*, University of Nigeria, Enugu Campus, Enugu, Nigeria. Vol: 13(3), PP. 571 – 578
- Sperlich, Billy., Zinner, Christoph., Heilemann Ikla., Ludvik Kjendlie, per., Christer Holmberg, Hans., And Mester, Joachim., 2010. High-intensity interval training improves VO<sub>2</sub>peak, maximal lactate accumulation, time trial and competition performance in 9–11-year-old swimmers. *Eur J Appl Physiol* (110):1029–1036.
- Talanian, J.L., Galloway, S.D.R., Heigenhauser, G.J.F., Bonen, A. And Spriet, L.L. 2007. Two weeks of high-intensity aerobic interval training increases the capacity for fat oxidation during exercise in women. *Journal of Applied Physiology* 102, 1439-1447.