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Life satisfaction and psychopathology in institutionalized elderly people: The results of an adapted Mindfulness-Based Stress Reduction program

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Background

Elderly people tend to experience higher levels of depression, anxiety, subjective pain and experiential avoidance when compared with younger people. Recently, several studies have been giving empirical support to mindfulness practice as a way to improve well-being and life satisfaction. Objective: The present study aimed to test the benefits of a Mindfulness-Based Stress Reduction (MBSR) program in Portuguese institutionalized elderly people, as a way to improve life satisfaction and reduce psychopathology.

Methods

The present sample included 12 institutionalized elderly people, 9 females (75 %) and 3 males (25 %), with ages between 65 and 91 ($M = 82.58$ years; $SD = 7.87$), that filled several self-report questionnaires and were assessed with Mini Mental State Examination. Our exclusion criteria were the presence of cognitive or sensorial impairment, illiteracy, and age under 65 years. They attended to an adapted Mindfulness-Based Stress Reduction program, with 48 sessions (16 weeks) and they were evaluated before and after the intervention.

Results

The comparative analysis (Wilcoxon rank-sum test) revealed that depression, anxiety, experiential avoidance and subjective pain decreased significantly after the program. On the contrary, life satisfaction increased significantly.

Conclusions

The results suggest that the MBSR program is a useful intervention to reduce psychopathology and increase life satisfaction in institutionalized elderly people. The application of these interventions may be very useful in elderly care institutions. Future research should enlarge the sample, include a control group and assess follow-ups. ClinicalTrials.gov Identifier: NCT02774018.

Keywords

Institutionalized elderly, mindfulness, life satisfaction, depression, anxiety, subjective pain

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Outcome changes in COPD rehabilitation: exploring the relationship between physical activity and health-related outcomes

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Background

Reduced physical activity (PA) levels are associated with poor health-related outcomes in patients with Chronic Obstructive Pulmonary Disease (COPD). PA-focused interventions complementary to pulmonary rehabilitation (PR) have been developed to increase patients' PA. However, it is unknown whether PA changes are related to health-related outcomes improvement. This study explored the relationship between changes in PA and health-related outcomes in patients with COPD.

Methods

Thirteen patients with COPD (65.6 ± 10.6 yrs) participated in a 12-week PR programme plus a PA-focused intervention. Daily PA was measured using accelerometers on weeks (W) 1, 7 and 12 and feedback was given to participants in the following weeks regarding: daily steps; time spent in sedentary, light and moderate-to-vigorous (MVPA) intensity activities. Exercise capacity (6-minute walk test), functional balance (Timed Up-and-Go (TUG) test) and health-related quality of life (St George's Respiratory Questionnaire (SGRQ) – Symptoms, Activities, Impact) were assessed at W1/W12. Correlations between PA data and health-related outcomes were performed at W1 and using the change scores (W12-W1).

Results

At W1, time spent in MVPA was correlated with exercise capacity ($r = 0.817$, $p = 0.001$) and TUG ($r = -0.692$, $p = 0.009$). Changes in MVPA time were correlated with changes in TUG ($r = -0.653$, $p = 0.016$) and SGRQ Symptoms ($r = -0.588$, $p = 0.035$). The latter was also correlated with changes in sedentary time ($r = 0.760$, $p = 0.003$). No other significant correlations were found.

Conclusions

Patients with better exercise capacity and functional balance were also more physically active at W1. Nevertheless, findings suggest that intervention-related improvements in symptoms and functional balance may contribute to PA changes in a greater extent than exercise capacity. More research is needed.

Keywords

Active lifestyle, activity monitoring, chronic respiratory disease, COPD

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Assessing the effectiveness of a Complex Nursing Intervention

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Background

Nurses are engaged in patient education as an empowering patient-centred approach increases self-management and self-control, making this activity one of the most significant in nursing practice. Objective: To evaluate the effect of a nurses' lifestyle education programme on type 2 diabetic patients' metabolic control and self-care behaviours.

Methods

A controlled before and after experimental study was conducted to assess the effectiveness of the programme consisting of a sequence of individual, group and telephone educational interventions, applied over 24 weeks. 64 subjects completed the study in the experimental group (EG) and 58 in the comparison group (CG) (CES RLV process number 039/CES/INV/2014). As it aimed to change self-care behaviours and increase metabolic control, Glycosylated haemoglobin, Body Mass Index (BMI) and self-care activities (Summary of Diabetes Self-Care Activities Scale) were assessed before and after the intervention programme.

Results

Mean percentage change in glycosylated haemoglobin was more significant in EG (-0.79 %, $SD = 1.3$) than in CG (-0.05 %, $SD = .65$), while BMIs decreased in EG (-0.50 kg/m², $SD = 1.5$) and increased in CG ($+0.04$ kg/m², $SD = 1.2$). Self-care activities showed positive changes, more significant in the experimental group. Expected behaviours concerning food increased by a mean of 2 days/week and physical activity 1 day/week in EG while in CG changes were lower ($+0.6$ days/week and $+0.28$ days/week, respectively). Daily foot