

Physical exercise and Psychiatric illnesses

There has been significant change in pattern of physical activity of normal population. Normal everyday functioning has changed significantly in past few decades to reduce physical activity substantially. There are many more life style changes that affect physical health. It is a known fact that regular physical exercise keeps a person psychologically healthy, reduces stress and improves well being.

In patients with psychiatric illnesses there are many factors that make physical activity very important. In depressed patients there is lack of energy and decreased self esteem. This becomes even more significant if patient has been engaging in physical activity prior to becoming depressed. In adolescents where suicide is a leading cause of death their involvement in physical activities in school becomes an indicator of their mood state. In a report from US an inverse correlation was found between involvement in physical activity and suicidal ideas and depression.¹ Exercise can also alleviate secondary symptoms such as low self-esteem and social withdrawal. Although structured group programs can be effective for persons with serious mental illness, especially walking programs, lifestyle changes that focus on accumulation of moderate-intensity activity throughout the day may be most appropriate. Research suggests that exercise is well accepted by people with serious mental illness and is often considered one of the most valued components of treatment.² Adherence to physical activity interventions appears comparable to that in the general population. Mental health service providers should provide effective, evidence-based physical activity interventions for individuals with serious mental illness.

For geriatric population involvement in community activities and exercises improves sense of well being. Tai Chi is a Chinese martial art, in which series of simple movements are performed repeatedly over a short interval. Basics include such things as stretching, stances, meditation and special techniques. It is also reported to improve physical balance and health related quality of life.³ In anxious patients combined sessions of aerobic and resistance exercise was found to be associated with reductions in state anxiety, and that the order in which the exercise is completed does not influence this response.⁴

In patients who are on antipsychotic medications there are many reasons for weight gain and reduced physical activity. Weight gain could be due to side effect of medication. There is drowsiness that leads to decreased physical activity. Patient may be having negative symptoms and hence decreased physical activity. Patient

may become unconcerned about his/ her physical appearance. For major mental illnesses medication has to be taken for long periods of time. In such cases physical activity is important as increased weight gain makes the patient prone to develop medical disorders such as diabetes and cardiovascular illnesses.

The recognition that schizophrenia is associated with metabolic comorbidity and a subsequent greater risk of cardiovascular events compared to the general population has led to attempts to reduce this metabolic burden. Increased weight, and smoking rates combined with less exercise and poor dietary choices, have led to a variety of behavioural programmes and pharmacological agents being evaluated with the aim of improving lifestyle and managing weight.

There is strong reason for psychiatrists to take into account physical activity of patients and recommend if it is deficient.

Priti Arun

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