

Tai chi may improve quality of life in chronic heart failure patients

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Tai chi, the ancient Chinese meditative exercise, may improve quality of life, mood and exercise self-efficacy in chronic heart failure patients, according to research led by a team at Beth Israel Deaconess Medical Center.

A study reported in the April 25 edition of the [Archives of Internal Medicine](#) found that while [tai chi](#) offered no significant physical differences in patients who performed a 6-minute walk, those who engaged in the "mind/body" exercise exhibited significant improvements in standardized tests that track the mood of patients with chronic heart failure.

"Tai chi appears to be a safe alternative to low-to-moderate intensity conventional [exercise training](#) in patients with HF," says Gloria Yeh, MD, MPH, a physician in Division of General Medicine And Primary Care at BIDMC and an assistant professor of medicine in the Division of Research and Education in Complimentary and Integrative Medical Therapies at Harvard Medical School.

"Tai chi is safe and has a good rate of adherence and may provide value in improving daily exercise, quality of life, self-efficacy and mood in frail, deconditioned patients with systolic heart failure."

The Chinese exercise – which consists of flowing circular movements, balance and weight shifting, breathing techniques and focused internal awareness – has already been suggested to be helpful for a variety of

medical issues, including hypertension, balance and musculoskeletal disease, including fibromyalgia.

Chronic heart failure is a clinical syndrome characterized by the inability of the heart to supply sufficient blood flow to meet the body's needs. Symptoms can include shortness of breath, coughing, chronic venous congestion, ankle swelling, and exercise intolerance. Easy, practical exercise techniques may increase a patient's quality of life.

To study the effects of tai chi, physicians recruited 100 patients from ambulatory clinics at BIDMC, Brigham & Women's Hospital and Massachusetts General Hospital. The patients who used tai chi were contrasted with a control group that received only heart education training.

Although the changes in peak oxygen uptake and 6-minute walks were similar in the tai chi and education-only group, researchers found a significant increase in calories burned per week in moderate-intensity outside activities. They also observed significant improvements in the Minnesota Living with Heart Failure Questionnaire and Profile of Mood States tool used to assess emotional states that are expected to respond to clinical intervention.

"Tai chi offers a complement to standard medical care, despite the absence of differential improvement in some physical benchmarks," says Yeh. "Because [chronic heart failure](#) is a progressive and debilitating condition, the independent importance of beneficially affecting patient-perceived quality of life is increasingly appreciated. Improvement of mood in this population is highly relevant."

Researchers suggested additional study at the basic science end should include a look at mechanisms by which tai chi benefits patients with cardiovascular disease and to better understand how the multiple

components of tai chi – deep breathing, aerobic exercise, cognitive restructuring and social interactions – might affect outcome such as autonomic physiology, exercise capacity or mood.

"Further research will help us better understand how integrated therapies like tai chi can affect the body and mind, and how we can best offer these exercises to those that may benefit most," Yeh says.

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Provided by Beth Israel Deaconess Medical Center

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