

Review demonstrates exercise effective treatment for major mental health conditions should form a core part of treatment

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Based on compelling evidence from a [meta-review](#) of existing research, the European Psychiatric Association (EPA) has issued new guidelines to promote exercise as a key additional treatment for mental health conditions. A global team of scientists collaborated on the new EPA guidelines published in *European Psychiatry*, which suggest a regime of structured exercise should be added to standard medication and psychotherapy. The authors found that exercise can effectively reduce mental health symptoms, improve cognition, and strengthen cardiovascular fitness among patients with depression and schizophrenia.

Their analysis, issued as the EPA's position statement and guidelines, demonstrates that moderate intensity aerobic exercise, two to three times a week for at least 150 minutes, reduces symptoms of depression and schizophrenia and improves cognition and cardiorespiratory health in schizophrenia spectrum disorders. Evidence also supports combining aerobic with resistance exercise to improve outcomes for individuals with [schizophrenia spectrum disorders](#) and major depression.

The EPA guidance was also endorsed by the International Organization of Physical Therapists in Mental Health (IOPTMH). The multidisciplinary team of experts in physiotherapy, psychiatry, psychology, and sports medicine conducted a systematic review of top-tier research around exercise for mental health.

"Our comprehensive review provides clear evidence that [physical activity](#) has a central role in reducing the burden of mental health symptoms in people with depression and schizophrenia. Our guidelines provide direction for future clinical practice. Specifically, we provide convincing evidence that it is now time for professionally-delivered physical activity interventions to move from the fringes of healthcare and become a core component in the treatment of [mental health conditions](#)," explained lead investigator Brendon Stubbs, Ph.D., Institute of Psychiatry, Psychology & Neuroscience, King's College London, and South London and Maudsley NHS Foundation Trust, London, UK.

Long-term outcomes and full recovery among people with [mental illness](#) are often poor, even for those receiving appropriate medications. People with mental illness also experience very poor physical health and drastic physical health inequalities, which lead to this population dying up to twenty years prematurely.

"Signs and symptoms of premature cardiovascular diseases can be identified early in the disease course of mental disorders, when patients are in their thirties to forties," commented senior-author Kai G. Kahl, Ph.D., Department of Psychiatry, Social Psychiatry and Psychotherapy, Hannover Medical School, Germany. "Interventions that modify cardiometabolic risks are clearly needed, and should be recommended as early as possible, as an integral part of a multimodal treatment plan." Thus, new add-on treatments for mental illness that can support full recovery and address poor physical health are urgently needed. The guidance advocates the development of structural changes in hospitals and other institutions concerned with the treatment of mental disorders that establish exercise facilities and physiotherapists or exercise specialists to support the treatment of severe mental illness. It also points to the need to modify insurance reimbursement guidelines to include the recommended treatments.

This initiative began with Dr. Stubbs' discussions with co-investigators Prof. Hans-J?rgen Möller, MD, Ph.D., Department of Psychiatry and Psychotherapy, Ludwig Maximilian University, Munich, Germany, and Prof. Dr. Kahl, who were among the authors of the first EPA position statement on cardiovascular disease and diabetes in people with severe mental illnesses. Issued in 2009, the authors recommended screening and treating cardiovascular risk factors and diabetes in patients with mental illness. "The current EPA position statement on exercise in mental illness can be seen as sequel to this first EPA position statement," Prof. Dr. Kahl noted.

This study provides evidence that physical activity plays an important role in reducing cardiovascular symptoms and improving physical health and fitness. "Our systematic review of top-tier evidence has convincingly demonstrated that exercise training, delivered by physical activity professionals, does indeed provide an effective add-on treatment for improving both physical and mental health outcomes in people with mental illness," said Dr. Stubbs.

Additional research on the effect of exercise therapy on patients with bipolar disorder, on anthropometric measures (such as BMI), as well as its long-term impact and cost-effectiveness is recommended.

Understanding the neurobiological mechanism by which [exercise](#) affects mental health and the potential impact of sedentary behaviors on [mental health](#) are also important subjects for future study.

More information: Brendon Stubbs et al, EPA guidance on physical activity as a treatment for severe mental illness: a meta-review of the evidence and Position Statement from the European Psychiatric Association (EPA), supported by the International Organization of Physical Therapists in Mental Health (IOPTMH), *European Psychiatry* (2018). [DOI: 10.1016/j.eurpsy.2018.07.004](https://doi.org/10.1016/j.eurpsy.2018.07.004)

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