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P03.115 EFFECTS OF REGULAR EXERCISE IN THE
PSYCHIATRIC INPATIENT TREATMENT SETTING: A
NATURALISTIC STUDY

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Objective: The role of physical activity as a therapeutic tool for psychiatric illness is controversial. Some studies have suggested benefits [1,2]. Physical activity is associated with additional health benefits, including assisting in weight control, which is a pertinent issue in a psychiatric population. An optional

walking activity was introduced at a psychiatric inpatient unit in Geelong, Australia. The efficacy of the walking program at improving psychiatric outcomes is assessed in this study.

Methods: Inpatients at a private psychiatric unit were offered the opportunity to participate in a daily morning 40-minute walk led by an activity supervisor. The patients were equally encouraged to participate in all group program activities, which in addition to the walking group, also included art, relaxation, music and psycho-educational sessions. After discharge, outcomes for patients who had regularly participated in the walking group (N=35) and patients who had not participated (N=49) were compared for length of stay during their period of admission, Clinical Global Impression – Severity (CGI-S) and Depression Anxiety Stress Scales (DASS) scores as measured at admission and discharge. This was a naturalistic study and had no exclusion criteria or randomisation.

Results: There were no significant differences between the two cohorts on most primary outcome measures, including length of stay, DASS scores at admission and at discharge and CGI-S scores at admission. Patients who had not participated in the walking group had a significantly lower score on a single measure, the CGI-S, than patients who had participated ($p=0.001$).

Conclusions: This study does not support the hypothesis that participating in the walking program would result in improvement in the outcomes measured. However, interpretation of these results have to take into consideration a number of limitations in study design, such as the small sample size, selection bias relating to patient variables such as psychiatric diagnosis and physical comorbidities, lack of variable control and randomisation, and the use of broad outcome measures. The finding of a significantly higher CGI-S outcome for non-participants of the walking group is of interest. This may reflect an overriding therapeutic effect from other measures, such as psychological and pharmacological interventions, and the other non-exercise-based group activities, or there could be a recruitment bias where patients with more persistent symptoms are attracted to the walking group. This study nevertheless suggests that a physical activities program is well received by patients in the inpatient setting. Randomised, controlled trials of adequate power are required to determine whether offering a physical activity program in a psychiatric inpatient facility may be useful.

- (1) Dunn AL, Trivedi MH, Kampert JB, Clark CG, Chambliss HO: Exercise treatment for depression: efficacy and dose response. *Am J Prev Med* 2005; 28(1): 1–8.
- (2) Dimeo F, Bauer M, Varahram I, Proest G, Halter U: Benefits from aerobic exercise in patients with major depression: a pilot study. *Br J Sports Med* 2001; 35(2): 114–7.