



## Service Priorities and Programmes Electronic Presentations

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### **“Be Fit, Be Smart”– Pilot Structured Exercise Program for Patients with Schizophrenia**

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#### **Introduction**

Current mainstream management for Schizophrenia includes medication and psychotherapy, which worked well with the positive symptoms. However, the negative symptoms of Schizophrenia including lack of motivation, decreased spontaneous movements and social withdrawal challenge the patients' compliance to medication. Although the psychological benefits of exercise on improving general well-being and enhancing positive mood with decreased depression and anxiety are well established, yet few studies investigated the potential utility of exercise as therapeutic means for improving the negative symptoms of patients with Schizophrenia.

#### **Objectives**

The aim of the study was to investigate the effectiveness of implementing structured exercise program in promoting physical and mental well-being of patients with Schizophrenia and its related disorders.

#### **Methodology**

A program review design was adopted. Outpatients with diagnosis of Schizophrenia or Schizoaffective Disorder were recruited into the “Be Fit, Be Smart” physiotherapy training program under Early Intervention Team in Kwai Chung Hospital. It consisted 12 one-hour sessions, 2 sessions a week for 6 weeks. It focused on aerobic exercise, strength and flexibility training, exercise concept education and exercise habit coaching. Physical outcome indicators included body composition, muscle strength and body flexibility. Psychological outcome measures included Self-esteem Score (SES), General Happiness Scale (GHS) and General Self-Efficacy Scale (GSES).

#### **Result**

Thirty-two patients were recruited with ten dropped out due to different reasons. Sixteen female and six male patients, with mean age  $42.41 \pm 10.96$  completed the program. Patients demonstrated statistically significant increase in aspects of physical

fitness ( $p < 0.05$ ) except the body composition. Hand grip strength increased from  $20.60 \pm 7.54$  to  $23.09 \pm 7.86$ ; trunk and lower limb flexibility increased from  $10.32 \pm 11.92$  to  $15.09 \pm 12.20$ . Moreover, there were statistically significant increase in all aspects of psychological domains ( $p < 0.05$ ). SES improved from  $15.45 \pm 4.40$  to  $19.86 \pm 4.27$ ; GHS increased from  $4.14 \pm 1.23$  to  $4.97 \pm 0.84$ ; while GSES increased from  $19.50 \pm 5.02$  to  $26.59 \pm 6.77$ . Therefore, induction of exercise therapy at the early stages of Schizophrenia was suggested to be an effective mean in normalizing body and mind relationship that enhancing positive psychological changes. To conclude, the preliminary results suggested that structured exercise training program could be an effective and non-pharmacological intervention to improve physical fitness and mental wellness amongst patients with Schizophrenia.