

ABSTRACTS

Abstracts for Poster Session:

P1.

Managing Hypertension with Physical Activity Participation

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Purpose: The prevalence of hypertension has increased all over the world and it affects people in all age groups (from 9% in children to 46% in elderly). It is suggested that elevated systolic and diastolic blood pressure are associated with increased risk of coronary heart disease, heart failure and stroke. Literature supported that increase in physical activity participation level showed beneficial effects in managing hypertension. The purpose of this study is to identify how physical activity could manage the prevalence of hypertension.

Methods: A systematic search of published literature, from year 2006-2011, was conducted using the following databases: Medline, Cinahl and Embase.

Results: Clinical trials indicated that increasing physical activity was an important behavior in managing hypertension. Physical activity participation was found to be inversely associated with blood pressure and hypertension development. With young adults who were most physically active had a decreased risk of developing hypertension. As obesity is a risk factor for hypertension, regular physical activity could help with weight control, thus modified the risk of hypertension. Evidence also supported that people who perform regular physical activity had smaller blood pressure reaction to stress exposure whereas it increased among the sedentary ones.

Conclusion: To conclude, physical activity participation is of utmost importance in managing hypertension. It is recommended that regular physical activity should be performed in order to maintain a normal blood pressure.

P2.

Cardiac Rehabilitation – Patient Empowerment through Self-Help and Lay leader Led Health Qigong Program at United Christian Hospital

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Introduction: Cardiac disease is a chronic disease with potentially disabling and even fatal complications and may lead to frequent re-admission. Patient active participation, fostering self-help and establishing mutual support network is effective way for facilitating community reintegration, resuming patients' premorbid life role and encouraging active and healthy lifestyle engagement. A 12-week health qigong (Badunjin) program was proven effective from our previous study in improving the quality of life of patients with cardiac problems, their self-efficacy and lifestyle as well. To further enhance patient empowerment, a patient self-help and lay leader led health qigong program was therefore launched in 2006, which aimed at:

1. to facilitate cardiac patient community reintegration and resume their premorbid life role
2. to enhance self-efficacy in sustaining active and healthy lifestyle pattern of cardiac patients
3. to strengthen cardiac patient self-help and peer support network

Methodology: A patient self-help and lay leader led health qigong program was therefore launched in 2006. The program mainly focused on patient self-help and led by trained lay leader with supervision and support by Health Resource Center. Occupational therapist continued to act as consultant and advisor for the program. A health survey was adopted to assess the health status and effectiveness of the patient self-help and lay leader led health qigong program. The patient satisfactory survey consisted of 10 questions, which measured degree of patients' satisfaction towards the program contents and quality of the program.

Results: Thirty-one patients were recruited in the survey, including 23 males and 8 females. Their age ranged from 56 to 80 years (mean=66 years, SD 6.9). 74.2% patients perceived an enhanced feeling of self-efficacy in sustaining active and healthy lifestyle pattern when practiced health qigong more than 3 times per week with more than 30 minutes each time. 93.5% patients perceived that they were able to relax and to build up healthy, active life style after practiced HQG. Other advantages after practicing HQG were improved physique and breathing, less pain over lower limbs and improved cardio-pulmonary fitness. 96.8% patients were not admitted in the past 1 year (due to cardiac related problem) after practicing HQG. All patients commented that the patient self-help and lay leader led program, mutual experience sharing created a sense of empowerment, mutual encouragement, peer support and competence for them to resume their premorbid life role. Besides, all of them were satisfied with the program format and contents. They would recommend others to join the program.

Conclusion: Through the use of culturally relevant health qigong treatment modality, recruitment and training of lay leaders, peer support and multi-disciplinary collaboration, the cardiac patient self-help and lay leader led health qigong program can facilitate community reintegration, enhance self-efficacy in sustaining active and healthy lifestyle pattern, strengthen self-help and peer support network of cardiac patients.