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LETTER



Physiotherapy in the treatment of anxiety disorders

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It is known that physiotherapy has the potential to improve the quality of life of people with mental disorders (Richardson et al., 2005). This is achieved through two main ways: by optimizing the patient's physical health and by alleviating the patient's psychosocial disability (Pope, 2009).

There is evidence that improvements in body function (including balance and flexibility) are associated with a feeling of greater safety and increased self-esteem in patients. Also, an improvement in posture can benefit self-image and elevate mood, as well as decrease pain in different body sites (such as the back or neck). Finally, there is also strong evidence to suggest that an adequate exercise regimen effectively improves the wellbeing of people with depression and anxiety (Babyak et al., 2000; Craft & Perna, 2004; Hedlund & Gyllensten, 2010; Lichtman et al., 2008).

Taking into consideration that anxiety disorders are among the most prevalent psychiatric conditions worldwide and that their disabling nature is often underestimated, it is necessary that all psychiatrists, psychologists and other health professionals be able to offer therapeutic alternatives to this challenging group of patients. Currently, the treatment of anxiety disorders is based on psychotropic drugs, psychotherapy and, in addition, physiotherapy (Catalán-Matamoros, 2009; Kaur, Masaun, & Bhatia, 2013).

Physiotherapeutic approaches have beneficial effects in various emotional states, among which anxiety disorders are highlighted (Kaur et al., 2013). The most notable improvements are observed in patients undergoing rhythmic, aerobic, respiratory exercise programs and who use large muscle groups (swimming, jogging, walking and cycling, among others), from low to moderate intensity. These exercises should be performed progressively, with sessions lasting between 15 and 30 minutes at least three times a week. The results will be obvious after 10 weeks of treatment. In the case of anxiety disorders, the improvement observed is due to an increase in the release of endorphins, changes in body temperature and cerebral blood flow and a positive impact on the hypothalamic-pituitary-adrenal axis and on the physiological reactivity to stress (Guszkowska, 2004).

In addition, the gradual awareness of the body sensations generated by the physiotherapeutic treatment of anxiety constitutes an opportunity to find and manage the symptoms presented by the patient (irritability, hyperventilation, restlessness, among others). In addition, physiotherapy helps the patient to learn how to cope with anxiety rather than escape from it and to discern and understand the different body sensations, thus managing the symptoms and preventing them from overflowing (Danielsson, Hansson Scherman, & Rosberg, 2013).

We fully agree with the statement that the integration of the physiotherapist in mental health services can only be achieved with the correct training of professionals (Catalán-Matamoros, 2009). This has been achieved in part in several countries of the world. In Paraguay, for example, the Department of Psychology and Psychopathology is responsible for providing the focus of physiotherapy in mental health to students of the School of Kinesiology and Physiotherapy of the National University of Asunción. The current challenge is to enable psychiatrists, psychologists and physiotherapists to work and evaluate patients together, in order to design and deliver

therapeutic interventions that include not only psychotropic drugs and psychotherapy, but also physiotherapeutic approaches specially designed for this type of patients. Here, and in conclusion, the Latin phrase ‘*mens sana in corpore sano*’ acquires a special relevance, since it recognizes that the human being is duality of body and mind, and that the mind-body mutual interactions have a definite repercussion on the person’s physical and mental health.

Disclosure Statement

No potential conflict of interest was reported by the author(s).

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