# Best Evidence Summaries of Topics in Mental Healthcare

# BEST *in* MH *clinical question-answering service*

## Question

' In older adults with anxiety in a ward or community setting, how effective is physical activity (including exercise and physiotherapy), compared to any other intervention, in improving patient outcomes (reduction of anxiety symptoms, positive effect on mood, improved skills of daily living, improved Quality of Life measures, improved adherence to physical and/or social activity long-term, reduced risk and frequency of falls)?'

### Clarification of question using PICO structure (PICTRO for diagnostic questions)

*Patients:* older adults with anxiety in a ward or community setting
*Intervention:* Physical activity
*Comparator:* any other intervention
*Outcome:* improving patient outcomes

### Clinical and research implications

Limited available evidence suggests that physical activity, regardless of whether it is high or low intensity or home or group-based, can improve some physiological, psychological and quality of life outcomes in healthy sedentary older adults. However, the reliability of this limited evidence is uncertain. There is very limited evidence of questionable strength and reliability, which indicates that there are no effects of physical activity in adults with higher than average ratings for anxiety.

### What does the evidence say?

*Number of included studies/reviews (number of participants)*
We identified three randomised controlled trials (RCTs), with a total of 445 participants, relevant to the PICO criteria.

*Main Findings*
All three RCTs were carried out with healthy sedentary community-based participants and compared one or more physical intervention conditions with a non-exercise/no-change control condition, with study durations of 3 to 12 months.

Findings of the 12-week RCT (Tsutsumi et al. 1997) indicated that compared to a non-exercise control condition, both high and low intensity strength programmes were associated with marked

improvements in physiological and psychological functioning, but no significant treatment effects in neurocognitive functioning.

The 12-month RCT (King at al. 1993) found that compared to a no-change control condition, both high and low intensity home-based programmes led to significant improvements in perceived stress and anxiety; and a high intensity group programme also indicated marked improvement in anxiety. However there were no treatment effects for depressive symptoms as measured by Beck Depression Inventory. When comparisons were conducted on sub-samples of participants with initially higher than average ratings for depressive symptoms and anxiety there were no significant treatment differences at all.

The authors' of the six month RCT (Antunes et al. 2005) reported that the fitness endurance programme compared to a no-change control condition led to significant decreases in depressive and anxiety scores and an improvement in quality of life.

*Authors Conclusions*
Tsutsumi et al. (1997) concluded that participation in 12 weeks of high or low intensity strength training can improve overall physical fitness, mood, and physical self-efficacy in older adults, while cognitive functioning remains constant. King et al. (1993) concluded that neither a group format nor vigorous activity was essential in attaining psychological benefits from exercise training in healthy adults. Lastly, Antunes et al. (1995) concluded that an aerobic exercise program (at Ventilatory Threshold 1 intensity) suffices to promote favourable modifications in scores for depression and anxiety and improvement of quality of life in seniors.

*Reliability of conclusions/Strength of evidence*
One RCT was considered to have a low risk of bias (King et al. 1993) and the other two were rated to have an unclear risk of bias (i.e., many quality criteria were not reported). The results of one of the trials rated as unclear risk of bias (Antunes et al. 2005) were unclear as data reported within tables, figures and text did not match up. Furthermore, all of the RCTs specified inclusion criteria for participants to be healthy sedentary older adults, not older adults with anxiety as specified by the PICO criteria here. Although one trial (King et al. 1993) did conduct comparisons on a sub-sample with initially higher than average ratings for anxiety, this was a small number of participants relative to the total number in the study. The reliability of the evidence from these trials is therefore uncertain.

**What do guidelines say?**
No guidelines relating to this research question were identified.

**Date question received:** 11/05/2012
**Date searches conducted:** 21/05/2012
**Date answer completed:** 22/06/2012

## References

### *RCTs*

Antunes H K M, Stella S G, Santos R F, Bueno O F A, De Mello M T. Depression, anxiety and quality of life scores in seniors after an endurance exercise program. *Revista Brasileira de Psiquiatria*, December 2005, vol./is. 27/4(266-271), 1516-4446;1516-4446 (December 2005).

King A C, Taylor C B, Haskell W L. Effects of differing intensities and formats of 12 months of exercise training on psychological outcomes in older adults. *Health psychology*; 1993; 12(4) 292-300.

Tsutsumi T, Don B M, Zaichkowsky L D, Delizonna L L. Physical fitness and psychological benefits of strength training in community dwelling older adults. *Applied human science: journal of physiological anthropology*, November 1997, vol./is. 16/6(257-266), 1341-3473 (Nov 1997).

**Results**

**RCTs**

| Author (year) | Inclusion criteria | Number of participants | Summary of results | Risk of bias |
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| Antunes et al. (2005) | *Patients:* Participants were male volunteers aged 60-75 with at least 7 years of schooling and a level of physical fitness, which reflected a sedentary lifestyle.<br>*Intervention:* Endurance exercise program.<br>*Comparator:* Control group.<br>*Outcome:* Depression, anxiety and Quality of Life. | 46 | One way ANOVA for repeated measures was used to determine the effect of intervention periods, and a Wald post-hoc test was used when necessary**.**<br><br>**Depression measured by Geriatric Depression Scale (GDS)**<br>Mean ± standard deviation (M ± SD) scores in the intervention (2.21 ± 2.43) compared with comparator (7.04 ± 3.83) group were significantly lower at 6 months; Group x Time interaction [F(1,44)=12.62; p<0.01]. Factor group [F(1,44)=4.85; p=0.03]; Factor time [F(1,44)=20.55; p<0.01]<br><br>**Anxiety trait measured by Spielberger State – Trait Anxiety Inventory (STAI)**<br>M ± SD scores in the intervention (28.56 ± 5.50) compared with comparator (34.26 ± 4.55) group were significantly lower at 6 months; Group x Time interaction [F(1,44)=15.65; p<0.01]. Factor time [F(1,44)=40.77; p<0.01]; Factor group [F(1,44)=0.40; p=0.52].<br><br>**Anxiety state measured by STAI**<br>M ± SD scores in the intervention (29.52 ± 4.85) compared with the comparator (33.08 ± 5.53) group were significantly lower at 6 months Group x Time interaction [F(1,44)=9.18; p<0.01]. Factor time [F(1,44)=8.63; p<0.01]; Factor group [F(1,44)=0.34; p=0.56] | Unclear |

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| | | | **Quality of life measured by SF-36 Questionnaire**<br>M ± SD overall scores in the intervention (89.91 ± 4.36) compared with comparator (74.95 ± 10.59) group were significantly improved at 6 months; Group x Time interaction [F(1,44)=15.86; p<0.01]. Factor time [F(1,44)=14.89; p<0.01]; Factor group [F(1,44)=8.66; p<0.01]. | |
| King et al. (1993) | *Patients:* Participants aged between 50 and 65 years residing in Sunnyvale, California, expressing no intention to move from the community over a 2-year period; absence of cardiovascular disease, stroke or musculoskeletal problems; no participation in a regular program of physical conditioning two or more times per week for at least 20 min per session or in a participative sport at least twice per week during the preceding 6 months; not currently taking medication for the treatment of hypertension; for women, postmenopausal status and not currently taking postmenopausal hormone replacement therapy; and willingness to accept random assignment.<br>*Interventions:* (1) Higher intensity group-based exercise training; (2) | 357 | ANCOVA procedures were used to evaluate the 1-year effects of assignment to exercise training versus control and the effects of exercise format and intensity<br><br>**Stress as measured by Perceived Stress Scale (PSS)**<br>Participants assigned to an exercise group reported significantly lower scores compared with control participants at 12 months [F(1,345)=7.2, p<0.08]. When the effects of exercise format and intensity were evaluated, the higher and lower intensity home-based exercise training conditions reported significantly lower stress scores compared with the control condition at 12 months [F(3,272)=3.4, p<0.018].<br><br>**Anxiety as measured by Taylor Manifest Anxiety Scale (TMAS)**<br>Participants assigned to an exercise group reported significantly lower scores compared with control participants at 12 months [F(1,345)=4.2, p<0.04]. When the effects of exercise format and intensity were evaluated, all three exercise training conditions reported lower scores compared with the control condition at 12 months.<br><br>**Depressive symptoms as measured by Beck Depression Inventory (BDI)** | Low |

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| | Higher intensity home-based exercise training; (3) Lower intensity home-based exercise training<br>*Comparator:* Lower intensity home-based exercise training<br>*Outcome:* Physiological outcomes: functional capacity, body weight, smoking status. Psychological outcomes: Depressive symptoms, anxiety, stress, ratings of perceived change. Exercise adherence. | | There was no significant main effect of participants assigned to an exercise group compared with control participants. There were also no significant differences when the effects of exercise format and intensity were evaluated.<br><br>When 'initial expectations for change' were controlled for, the results reported for the three psychological variables were unchanged.<br><br>Comparisons were conducted on sub-samples of participants with initially higher than average ratings on the variables of depressive symptoms and anxiety.<br>Participants with baseline scores >12 on BDI (n=28): There were no significant differences by condition, nor when the three exercise conditions were pooled and compared with the control condition.<br>Participants with baseline scores >10 on TMAS (n=38): There were no significant differences between conditions.<br><br>**Ratings of perceived change**<br>Significant main effects for condition occurred for the following items: stress, tension/anxiety, depression, sleep quality, shape and appearance, confidence and wellbeing, energy, alertness, general mood, physical fitness. With the exception of alertness, participants in the three exercise conditions reported significant improvements on the 12 month period compared to control participants (p's<0.003). For the alertness item, only the mean improvement reported by those in the higher intensity home-based condition was significant (p=0.003). There were no statistically significant | |

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| | | | differences among the three exercise conditions for any of the items.<br><br>**Changes in physiological variables**<br>Details of physiological findings are presented elsewhere. There were greater improvements in maximal oxygen uptake and treadmill exercise test duration in men and women in all three exercise training conditions compared with controls at 6 and 12 months (p's<0.03).<br><br>**Adherence to exercise training**<br>Across the 12 month period, participants in the higher and lower intensity home-based exercise training conditions, who did not differ from one another, reported significantly higher adherence (M=approx 75%) that those in group-based exercise training condition (M=52.6%). | |
| Tsutsumi et al. (1997) | *Patients:* Participants were a minimum of 60 years, medically healthy and sedentary (defined as having no involvement in any regular exercise for the previous 6 months).<br>*Intervention/Comparator:* High intensity strength training, low intensity strength training, non-exercise control.<br>*Outcome:* Physiological measurements (arm and leg muscle strength, oxygen uptake, heart rate, blood pressure, body | 42 | Data were principally analysed using a repeated measures MANOVA. Follow-up univariate tests were used when the MANOVA was significant. ANOVA was used in cases where variables could not be clustered.<br><br>**Physiological measures**<br>Arm and leg strength, oxygen consumption, and % body fat were clustered. There were significant main effects for Time (Wilks' lambda=31.73, p<0.001) and Group x Time interaction (Wilks' lambda=8.58, p<0.0001)<br><br>Arm strength improved pre (19.7kg) to post (29.2kg) intervention in the high intensity condition, and low intensity condition (pre=19.8kg, post=27.0kg), whereas there was a 1% | Unclear |

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| | composition, weight), Psychological measurements (mood, anxiety, physical self efficacy neurocognitive functioning). | | reduction in the control condition [F(2,38)=14.1, p<0.0001]<br>Leg strength significant Group x Time interaction effect [F(2,38)=13.1, p<0.0001]<br><br>Body fat reduced in high (by 2.8%) and low (by 3.2%) intensity conditions, and increased non-significantly (by 0.1%) in the control condition [F(2,38)=6.56, p<0.01]<br><br>Oxygen consumption significant main effect for Time [F(1,29)=4.58, p<0.05]<br><br>Body weight and Resting heart rate: No significant changes across groups<br><br>Resting systolic (SBP) and diastolic blood pressure (DBP): significant Group x Time interaction effect (Wilks' lambda=2.75, p<0.05). SBP reduced in both high (by 6.1mmHg, 5.5%) and low (by 13.4mmHg, 10.8%) intensity conditions, whereas there was a non-significant increase in the control condition [F(2,38)=2.70, p<0.05]. DBP reduced in the low intensity condition (by 2.1mmHg, 3%). There were non-significant increases in the high intensity condition and no changes in the control condition [F(2,38)=5.62, p<0.01].<br><br>**Mood and anxiety**<br>There were significant main effects for Time (Wilks' lambda=16.30, p<0.001) and Group x Time interaction (Wilks' lambda=2.13, p<0.05).<br><br>There was a significant reduction in tension in both intensity | |

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| | | | conditions, whereas there was no significant change in the control condition [F(2,38)=4.25, p<0.05].<br><br>There was a significant improvement in vigour in both intensity conditions, whereas there was a deterioration in scores in the control condition [F(2,38)=7.25, p<0.001]<br><br>There was a marginally significant Group x Time interaction for Total mood disturbance [F(2,38)=2.67, p<0.10]<br><br>There was a significant reduction in trait anxiety scores pre to post intervention in both the high (41.8 to 39.5) and low (40.8 to 34.6) intensity conditions, whereas there was an increase in scores in the control condition (35.6 to 38.8) [F(2,38)=10.31, p<0.001].<br><br>**Physical self efficacy**<br>Scales for lifting, walking, climbing stairs, push-ups, Perceived physical ability (PPA), and physical self-presentation confidence (PSPC) were clustered. There were significant main effects for Time (Wilks' lambda=5.67, p<0.001) and Group x Time interaction (Wilks' lambda=3.11, p<0.01).<br><br>Lifting was significantly improved pre to post intervention in the high (15.1%) and low (10.5%) intensity conditions, whereas control condition scores were slightly reduced [F(2,38)=6.29, p<0.01].<br><br>Push-up efficacy was significantly improved pre to post intervention in the high (28.5%) and low (28.6%) intensity | |

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| | | | conditions, whereas control condition scores were slightly reduced [F(2,38)=3.29, p<0.05].<br><br>PPA was significantly increased for the high (25.3%) and low (20.9%) intensity conditions, but remained unchanged in the control group [F(2,38)=10.55, p<0.001].<br><br>PSPC was significantly increased for the high (12.2%) and low (12.4%) intensity conditions, but remained unchanged in the control group [F(2,38)=5.31, p<0.01].<br><br>**Cognitive functioning**<br>There was a significant main effect for Time (Wilks' lambda=7.86, p<0.001). No treatment effect were found in neurocognitive functioning. | |

**Risk of Bias: RCTs**

| Study | RISK OF BIAS | | | | | |
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| | **Random allocation** | **Allocation concealment** | **Blinding of participants and personnel** | **Blinding of outcome assessment** | **Incomplete outcome data** | **Selective Reporting** |
| Antunes et al. (2005) | ? | ? | NA | ? | ☺ | ☹ |
| King et al. (1993) | ☺ | ? | NA | ? | ☺ | ☺ |
| Tsutsumi et al. (1997) | ? | ? | NA | ? | ☺ | ☺ |

☺Low Risk ☹High Risk ? Unclear Risk

**Search Details**

| Source | Search Strategy | Number of hits | Relevant evidence identified |
|---|---|---|---|
| ***Primary Studies / Guidelines*** | | | |
| NICE | physical exercise* OR physical activit* OR physical therap* OR physiotherap* AND anxi* | 493 | 0 |
| DARE | 1 (physiotherap*) 706 Delete<br>2 (physic* adj4 therap*) 936 Delete<br>3 (exercise) 2361 Delete<br>4 (rehabilitat*) 2218 Delete<br>5 (physical adj4 activity) 622 Delete<br>6 MeSH DESCRIPTOR Exercise EXPLODE ALL TREES 520 Delete<br>7 MeSH DESCRIPTOR Motor Activity EXPLODE ALL TREES 210 Delete<br>8 MeSH DESCRIPTOR Physical Education and Training EXPLODE ALL TREES 22 Delete<br>9 MeSH DESCRIPTOR Physical Exertion EXPLODE ALL TREES 13 Delete<br>10 MeSH DESCRIPTOR Physical Fitness EXPLODE ALL TREES 119 Delete<br>11 MeSH DESCRIPTOR Physical Therapy (Specialty) EXPLODE ALL TREES 23 Delete<br>12 MeSH DESCRIPTOR Physical Therapy Department, Hospital EXPLODE ALL TREES 3 Delete<br>13 MeSH DESCRIPTOR Physical Therapy Modalities EXPLODE ALL TREES 1522 Delete<br>14 MeSH DESCRIPTOR Anxiety EXPLODE ALL TREES 158 Delete | 243 | 0 |

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| | 15 MeSH DESCRIPTOR Anxiety Disorders EXPLODE ALL TREES 302 Delete<br>16 (anxiety) 1289 Delete<br>17 (anxiety):TI 197 Delete<br>18 (anxious):TI 3 Delete<br>19 (agoraphobi*):TI 13 Delete<br>20 (phobic adj2 disorder):TI 0 Delete<br>21 (panic):TI 39 Delete<br>22 (neurosis):TI 1 Delete<br>23 (neuroses):TI 0 Delete<br>24 (neurotic):TI 0 Delete<br>25 #1 OR #2 OR #3 OR #4 OR #5 OR #6 OR #7 OR #8 OR #9 OR #10 OR #11 OR #12 OR #13 5325 Delete<br>26 #16 OR #17 OR #18 OR #19 OR #20 OR #21 OR #22 OR #23 OR #24 1306 Delete<br>27 #25 AND #26 243 Delete | | |
| ***Primary Studies*** | | | |
| CENTRAL | #1 MeSH descriptor Exercise explode all trees 11357 edit delete<br>#2 MeSH descriptor Physical Therapy Modalities explode all trees 12459 edit delete<br>#3 MeSH descriptor Motor Activity explode all trees 13047 edit delete<br>#4 MeSH descriptor Exercise Therapy explode all trees 5301 edit delete<br>#5 "physical activities" or "physical activity" 5622 edit delete<br>#6 "physical exercise" 1282 edit delete<br>#7 physiotherapy 4469 edit delete | 16 | |

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| | #8 (#1 OR #2 OR #3 OR #4 OR #5 OR #6 OR #7) 29078 edit delete<br>#9 MeSH descriptor Anxiety explode all trees 4421 edit delete<br>#10 MeSH descriptor Anxiety Disorders explode all trees 4234 edit delete<br>#11 (anxiety or "anxiety disorder") 18288 edit delete<br>#12 (#9 OR #10 OR #11) 19827 edit delete<br>#13 (#8 AND #12) 1230 edit delete<br>#14 "older adult" or "older adults" 2835 edit delete<br>#15 (#13 AND #14) 106 edit delete<br>#16 MeSH descriptor Aged explode all trees 479 edit delete<br>#17 MeSH descriptor Middle Aged, this term only 1 edit delete<br>#18 (#14 OR #16 OR #17) 3227 edit delete<br>#19 (#13 AND #18) 107 edit delete<br>Central only 16 | | |
| MEDLINE | 1. MEDLINE; exp EXERCISE/; 94024 results.<br>2. MEDLINE; EXERCISE THERAPY/; 22408 results.<br>3. MEDLINE; MOTOR ACTIVITY/; 67064 results.<br>4. MEDLINE; "physical activit*".ti,ab; 45244 results.<br>5. MEDLINE; PHYSICAL THERAPY MODALITIES/; 25754 results.<br>6. MEDLINE; physiotherapy.ti,ab; 9638 results.<br>7. MEDLINE; 1 OR 2 OR 3 OR 4 OR 5 OR 6; 226420 results. | 566 | |

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| | 8. MEDLINE; exp ANXIETY/; 48261 results.<br>9. MEDLINE; exp ANXIETY DISORDERS/; 59522 results.<br>10. MEDLINE; ("anxiety disorder*" OR anxiety).ti,ab; 91912 results.<br>11. MEDLINE; 8 OR 9 OR 10; 148013 results.<br>12. MEDLINE; 7 AND 11; 5081 results.<br>13. MEDLINE; "older adult*".ti,ab; 27097 results.<br>14. MEDLINE; AGED/ OR MIDDLE AGED/ OR AGING/ OR "AGED, 80 AND OVER"/; 3582824 results.<br>15. MEDLINE; 13 OR 14; 3586003 results.<br>16. MEDLINE; 12 AND 15; 1259 results.<br>17. MEDLINE; "randomized controlled trial".pt; 327431 results.<br>18. MEDLINE; "controlled clinical trial".pt; 84102 results.<br>19. MEDLINE; randomized.ab; 242889 results.<br>20. MEDLINE; placebo.ab; 136023 results.<br>21. MEDLINE; "drug therapy".fs; 1530686 results.<br>22. MEDLINE; randomly.ab; 178375 results.<br>23. MEDLINE; trial.ab; 251683 results.<br>24. MEDLINE; groups.ab; 1164707 results.<br>25. MEDLINE; 17 OR 18 OR 19 OR 20 OR 21 OR 22 OR 23 OR 24; 2932409 results.<br>26. MEDLINE; 16 AND 25; 566 results. | | |
| EMBASE | 1. EMBASE; exp EXERCISE/; 171518 results.<br>2. EMBASE; exercise.ti,ab; 184304 results.<br>3. EMBASE; exp PHYSICAL ACTIVITY/; 182539 results. | 158 | |

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| | 4. EMBASE; "physical activit*".ti,ab; 56165 results.<br>5. EMBASE; PHYSIOTHERAPY/; 44352 results.<br>6. EMBASE; physiotherapy.ti,ab; 14180 results.<br>7. EMBASE; 1 OR 2 OR 3 OR 4 OR 5 OR 6; 453398 results.<br>8. EMBASE; exp ANXIETY/; 93216 results.<br>9. EMBASE; exp ANXIETY DISORDER/; 122394 results.<br>10. EMBASE; GENERALIZED ANXIETY DISORDER/; 3839 results.<br>11. EMBASE; "anxiety disorder*".ti,ab; 19840 results.<br>12. EMBASE; anxiety.ti,ab; 119929 results.<br>13. EMBASE; 8 OR 9 OR 10 OR 11 OR 12; 230309 results.<br>14. EMBASE; 7 AND 13; 8786 results.<br>15. EMBASE; "older adult*".ti,ab; 32107 results.<br>16. EMBASE; AGING/; 167189 results.<br>17. EMBASE; MIDDLE AGED/; 1069891 results.<br>18. EMBASE; 15 OR 16 OR 17; 1243590 results.<br>19. EMBASE; 14 AND 18; 782 results.<br>20. EMBASE; random*.ti,ab; 723755 results.<br>21. EMBASE; factorial*.ti,ab; 18748 results.<br>22. EMBASE; (crossover* OR cross-over*).ti,ab; 60769 results.<br>23. EMBASE; placebo*.ti,ab; 173851 results.<br>24. EMBASE; (doubl* ADJ blind*).ti,ab; 127320 results.<br>25. EMBASE; (singl* ADJ blind*).ti,ab; 12115 results. | | |

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| | 26. EMBASE; assign*.ti,ab; 201961 results.<br>27. EMBASE; allocat*.ti,ab; 67684 results.<br>28. EMBASE; volunteer*.ti,ab; 155344 results.<br>29. EMBASE; CROSSOVER PROCEDURE/; 33809 results.<br>30. EMBASE; DOUBLE BLIND PROCEDURE/; 108767 results.<br>31. EMBASE; RANDOMIZED CONTROLLED TRIAL/; 321671 results.<br>32. EMBASE; SINGLE BLIND PROCEDURE/; 15866 results.<br>33. EMBASE; 20 OR 21 OR 22 OR 23 OR 24 OR 25 OR 26 OR 27 OR 28 OR 29 OR 30 OR 31 OR 32; 1195033 results.<br>34. EMBASE; 19 AND 33; 158 results. | | |
| PsychINFO | 1. PsycINFO; exp PHYSICAL ACTIVITY/; 18611 results.<br>2. PsycINFO; exp EXERCISE/; 14052 results.<br>3. PsycINFO; PHYSICAL THERAPY/; 1434 results.<br>4. PsycINFO; physiotherapy.ti,ab; 971 results.<br>5. PsycINFO; exercise.ti,ab; 27403 results.<br>6. PsycINFO; "physical activit*".ti,ab; 13744 results.<br>7. PsycINFO; 1 OR 2 OR 3 OR 4 OR 5 OR 6; 42383 results.<br>8. PsycINFO; exp ANXIETY/; 45103 results.<br>9. PsycINFO; exp ANXIETY DISORDERS/; 53751 results.<br>10. PsycINFO; ("anxiety disorder" OR anxiety).ti,ab; 116582 results. | 183 | |

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| | 11. PsycINFO; 8 OR 9 OR 10; 152895 results.<br>12. PsycINFO; 7 AND 11; 2204 results.<br>13. PsycINFO; "older adult*".ti,ab; 21993 results.<br>14. PsycINFO; 12 AND 13; 63 results.<br>15. PsycINFO; CLINICAL TRIALS/; 6037 results.<br>16. PsycINFO; random*.ti,ab; 108955 results.<br>17. PsycINFO; groups.ti,ab; 323922 results.<br>18. PsycINFO; (double adj3 blind).ti,ab; 15959 results.<br>19. PsycINFO; (single adj3 blind).ti,ab; 1186 results.<br>20. PsycINFO; EXPERIMENTAL DESIGN/; 8222 results.<br>21. PsycINFO; controlled.ti,ab; 68115 results.<br>22. PsycINFO; (clinical adj3 study).ti,ab; 6787 results.<br>23. PsycINFO; trial.ti,ab; 57352 results.<br>24. PsycINFO; "treatment outcome clinical trial".md; 21846 results.<br>25. PsycINFO; 15 OR 16 OR 17 OR 18 OR 19 OR 20 OR 21 OR 22 OR 23 OR 24; 497146 results.<br>26. PsycINFO; 14 AND 25; 29 results.<br>27. PsycINFO; AGING/; 26987 results.<br>28. PsycINFO; 13 OR 27; 41635 results.<br>29. PsycINFO; 12 AND 28; 95 results.<br>30. PsycINFO; 12 [Limit to: (Age Groups 360 Middle Age age 40 to 64 yrs or 380 Aged age 65 yrs and older or 390 Very Old age 85 yrs and older)]; 471 results.<br>31. PsycINFO; 29 or 30 [Limit to: (Age Groups 360 | | |

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| | Middle Age age 40 to 64 yrs or 380 Aged age 65 yrs and older or 390 Very Old age 85 yrs and older) and (Age Groups 360 Middle Age age 40 to 64 yrs or 380 Aged age 65 yrs and older or 390 Very Old age 85 yrs and older)]; 471 results.<br>32. PsycINFO; 25 AND 31 [Limit to: (Age Groups 360 Middle Age age 40 to 64 yrs or 380 Aged age 65 yrs and older or 390 Very Old age 85 yrs and older) and (Age Groups 360 Middle Age age 40 to 64 yrs or 380 Aged age 65 yrs and older or 390 Very Old age 85 yrs and older)]; 183 results. | | |
| CINAHL | 1. CINAHL; "physical activit*".ti,ab; 15420 results.<br>2. CINAHL; physiotherapy.ti,ab; 6280 results.<br>3. CINAHL; exercise.ti,ab; 36928 results.<br>4. CINAHL; PHYSICAL ACTIVITY/; 13771 results.<br>5. CINAHL; exp PHYSICAL THERAPY/; 58787 results.<br>6. CINAHL; exp EXERCISE/; 44191 results.<br>7. CINAHL; 1 OR 2 OR 3 OR 4 OR 5 OR 6; 121661 results.<br>8. CINAHL; exp ANXIETY/; 12991 results.<br>10. CINAHL; exp ANXIETY DISORDERS/; 13295 results.<br>11. CINAHL; ("anxiety disorder*" OR anxiety).ti,ab; 20062 results.<br>12. CINAHL; 8 OR 10 OR 11; 35185 results.<br>13. CINAHL; 7 AND 12; 1791 results.<br>14. CINAHL; "older adult*".ti,ab; 16114 results.<br>15. CINAHL; MIDDLE AGE/ OR exp AGED/; 427824 results. | 182 | |

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| | 16. CINAHL; 14 OR 15; 429693 results.<br>17. CINAHL; 13 AND 16; 727 results.<br>18. CINAHL; RANDOMIZED CONTROLLED TRIALS/ OR exp CLINICAL TRIALS/; 104795 results.<br>19. CINAHL; "Randomi*ed controlled trial".ti,ab; 12550 results.<br>20. CINAHL; 18 OR 19; 107234 results.<br>21. CINAHL; 17 AND 20; 182 results. | | |
| **Summary** | **NA** | **NA** | |