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A Systematic Review of the Features and Effectiveness of Co-Designed Mental Health Interventions in Primary Care for People Who are Homeless

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Introduction

Myostatin, also known as GDF-8, is essential for maintaining the homeostasis of skeletal muscles, and studies have shown that GDF-8 expression levels are inversely correlated with fat loss, insulin sensitivity, and glucose absorption. With a possible function in lipid metabolism, GDF-15 levels, also known as macrophage inhibitory cytokine (MIC-1) generated by adipocytes, positively correlate with obesity. Treatments to lessen obesity-related health issues are still difficult to find. The success of pharmacological and surgical treatments for obese patients varies and is coupled with negative effects. The management of obesity and its accompanying problems holds promise when energy intake is reduced, energy expenditure is increased, and muscle mass is increased. The forms of exercise, however, have an impact on the results of regular exercise training to manage obesity and linked disorders. In obese people, for instance, CrossFit training (a high-intensity mixed exercise model of concurrent strength and endurance performance) lowers lipid oxidation. This high-intensity functional training (HIFT) exercise modality entails exercise sets with or without rest periods in between sets, and it has been shown to increase IL-6 and IL-10 activity, as well as to increase aerobic capacity, improve muscular endurance, increase lean body mass, and decrease body fat. The usage of natural antioxidant supplements is a further means of reducing or preventing obesity. Haematoccus pluvialis algae is the source of astaxanthin (3, 3′-dihydroxy—carotene-4, 4′-dione), which has been shown to be effective in treating several malignancies, chronic inflammatory illnesses, diabetes, obesity, cardiovascular diseases, and neurological disorders. The effects of oxidative stress on lipid metabolism are lessened by astaxanthin [1-3].

Description

Participants with joint diseases or physical limitations as well as those taking supplements and drugs that can affect adipose and muscle tissue were also excluded from the study. All participants underwent a physical assessment by a doctor and a clinical exercise physiologist during the initial visit. Each participant filled out a Physical Activity Readiness Questionnaire (PAR-Q) and gave written informed permission papers. The initial visit included an explanation of the study's protocols, and all of them were approved by the Islamic Azad University's Research and Ethics Committee (Ethics code: IR-IAU1400-47). The Declaration of Helsinki's most recent revision was followed in all processes. The damage to pancreatic beta-cells caused by adipocyte hypertrophy includes an increase in macrophage accumulation and the generation of proinflammatory M1 phenotypes [4-6].

Conclusion

Our study's measurement of the VO2peak and other studies showing that CrossFit exercise increases muscle mass and improves insulin sensitivity support the idea that increased fat loss generated by this type of training reflects changes in aerobic capacity. Other studies showing that HIIT enhances insulin sensitivity are consistent with our findings. In obese animal models and people, adipokine levels are favourably correlated with adipose tissue levels. Our study's variations in both CTRPs could be attributed to alterations in lipid profiles and body weight. Our results show that HIFT and astaxanthin decreased body weight and lipid profiles while raising HDL-C levels; these improvements were more pronounced when astaxanthin was added to the exercise regimen .Another study that used two dosages of astaxanthin discovered a decrease in TG while an increase in HDL-C . Other 12-week trials of combined resistance and aerobic exercise decreased body weight and CTRP5 and CTRP3 levels in obese women confirm our findings.

Acknowledgement

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Conflict of Interest

None.

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