

Neurological and Psychiatric Disorders Involving Enteroendocrine Cells in the Gut

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Introduction

Meta-analyses of RCTs have been included in three recent systematic reviews that summarize the effects of exercise on fibromyalgia. Aerobic exercise interventions were found to decrease depression, fatigue, and pain, as well as to improve physical fitness and health-related quality of life (HRQOL). The magnitude of effect (effect size) for aerobic, strength, mixed, and aquatic exercise interventions is summarized. Strength training was linked to significant improvements in global well-being and physical function. Additionally, it was demonstrated that mixed exercise training; a combination of aerobic, strength, and flexibility exercises; produced significant improvements in pain and physical function. These studies show that aquatic exercise can have positive effects, suggested that land-based aerobic exercise might not be better than aerobic exercise done in water. Conducted a meta-analysis on the effects of aerobic, strength, or combined aerobic and strength exercise on global well-being in fibromyalgia patients and discovered a modest but statistically significant favorability for exercise. It is essential to take into account the potential negative effects of exercise, such as an increase in symptoms (such as pain, stiffness, and fatigue) and musculoskeletal issues (such as plantar fasciitis, impingement syndrome), when weighing the benefits of exercise for fibromyalgia sufferers. Although adverse events have not always been reported, they are common and may be linked to high rates of RCT dropout. A recent review reveals that, on average, participants in aerobic exercise groups drop out at a rate of 22%, which is higher than the 10% dropout rate in untreated control groups ($P < 0.05$) [1-6].

Description

Since over 60% of patients with lengthy COVID experience post-exertional malaise (PEM), which is identical to patients with myalgic encephalomyelitis, this topic is especially pertinent to those individuals. Exercise should be given in these situations with caution, and pacing or other cognitive approaches can be suggested (either in isolation or in combination with exercise therapy). Treatment of concomitant symptoms, particularly those with a nociplastic pain profile that might interact and perpetuate pain, such as sleep disturbances, tiredness, dyspnea, or autonomic disturbances, is also crucial for maximizing treatment outcomes. In actuality, successful outcomes are less likely if related factors are not managed in addition to correcting underlying pain mechanisms (i.e., reducing central sensitization in the nociplastic post-COVID pain phenotype).

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Conclusion

Patients who have recovered from moderate to severe ARDS-related COVID-19 damage have irreversible functional deficits. In the post-discharge pulmonary rehabilitation, exercise is essential. Despite being secure and the standard form of training, CONC exercises provide exercise-limiting cardiovascular stress, dyspnea, and fatigue. Therefore, lowered tolerance and training compliance can significantly reduce prospective advantages. ECC, on the other hand, is a cutting-edge form of training that is often employed by athletes but much less frequently in therapeutic settings. Recent studies show that COPD patients who exercise with ECC as opposed to CONC experience significantly greater gains in functional capacity and muscle mass as well as fewer complaints of fatigue and dyspnea. However, there are few outpatient data following COVID-19.

Acknowledgement

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Conflict of Interest

None.

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