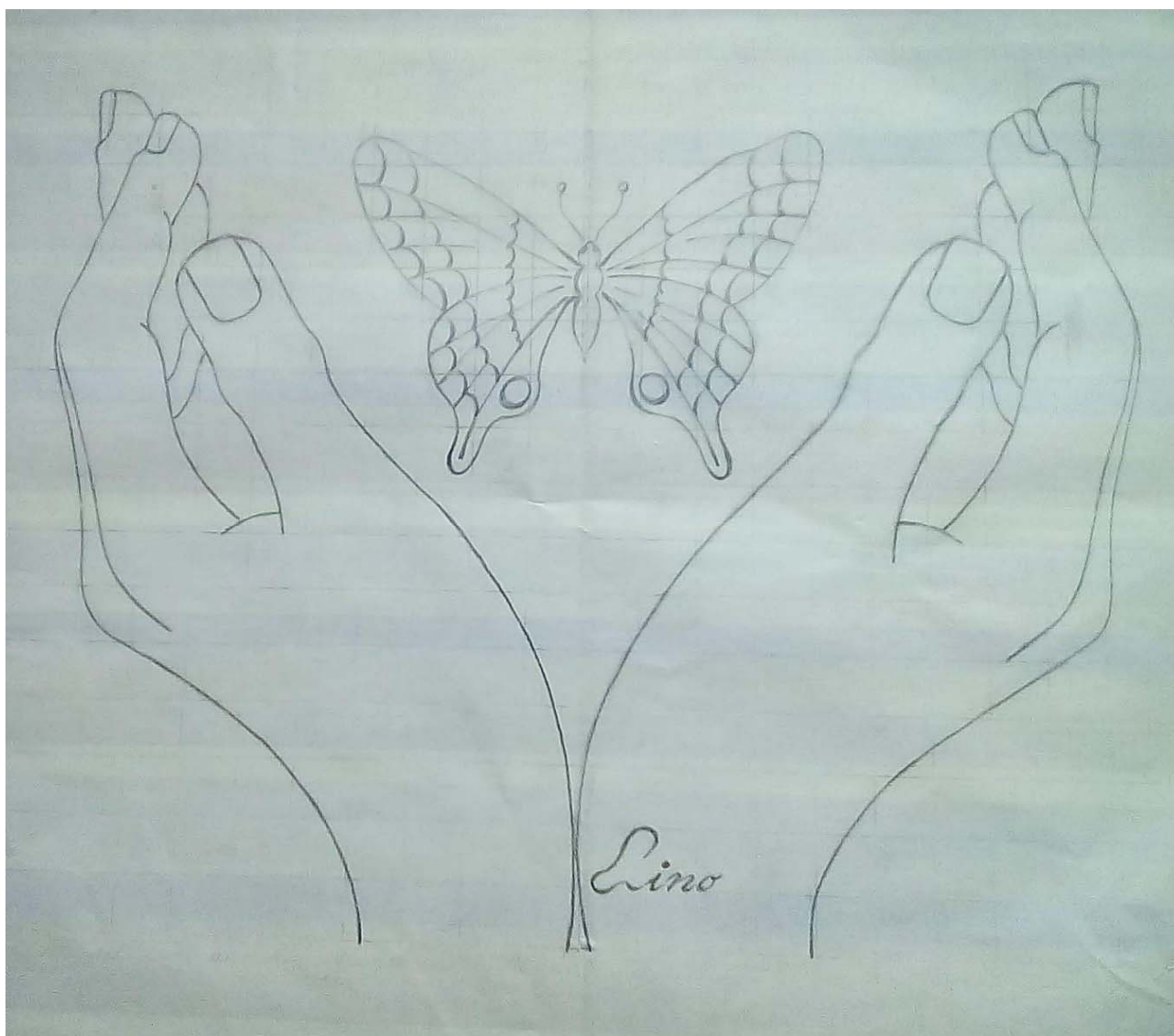


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Autogenic training: Assessment of Anxiety explored by HRV analysis.

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ABSTRACT

Background: The biofeedback is a technique used to learn to recognize, to modulate and to prevent the psychophysiological modifications. **Aim:** The aim of the study is to emphasize the effect of AUTOGENIC TRAINING on the control of ANXIETY SYNDROME. ANXIETY SYNDROME represents a clinical problem with significant relevance. ANXIETY SYNDROME can involve younger and older people with different clinical outcomes. The aim of our project is to evaluate the therapeutic effect of AUTOGENIC TRAINING on ANXIETY SYNDROME and the possible role on the Neuro-vegetative cardiovascular system modulation. **Materials and Methods:** We have enrolled 7 patients with mean age 30 years ($30,875 \pm 6,758$ years). All enrolled patients referred ANXIETY SYNDROME. All enrolled subjects underwent ANXIETY evaluation before treatment and after 15 days. All subjects underwent 5-minute EKG recording pre and post-treatment for HRV assessment. The degree of ANXIETY SYNDROME was measured using the MRDS Scale (with values from 0 to 80; with higher values representing a greater level of ANXIETY SYNDROME). The Neuro-vegetative cardiovascular modulation was evaluated by EKG analysis of the Heart Rate Variability (HRV) before and post-treatment. (AUTOGENIC TREATMENT is performed for 5 minutes, in two daily sessions, for 15 days). Data analysis software: Recorded data were analysed with CARDIOLAB XAI-MEDICA software for HRV linear analysis, and with KUBIOS-HRV software for the HRV non-linear analysis. Statistical analysis: Statistical analysis was performed with SigmaStat 3.5 software for Windows. Paired T-test for quantitative variables were used to compare the effect of the treatment. Statistical significance was fixed at $P < 0.05$. **Results:** Our data underline that AUTOGENIC TRAINING appears to be an effective method for the control of ANXIETY SYNDROME ($P < 0.001$). Treatment with AUTOGENIC TRAINING causes significant changes in the neuro-vegetative cardiovascular modulation. More interesting data are related to electrocardiographic analysis. We have noted a statistically significant improvement of the Orthosympathetic activity (Fig. 1a) and a statistically significant reduction of the Parasympathetic activity (Fig. 1b). **Discussion:** This pilot study demonstrates that autogenic training is both feasible and effective in reducing anxiety, stress, negative emotions, and physical activity limitations in people suffering from chronic anxiety Syndrome. The Anxiety level intensity has been measured with Anxiety Scale. This scale permits to elaborate statistically significant differences in distributions in small groups of subjects. This type of scale is considered to be more accurate and sensitive and subject to less distortion and bias compared with categorical scales. As it was increasingly acknowledged that HRV is a complex phenomenon arising from the interplay of a myriad of regulatory feedback loops, it also became clear that its complexity could not be fully captured by the traditional time- and frequency-domain measures. In fact, RR interval series with identical statistical properties (mean and SD) and power spectra can differ profoundly in terms of the “fine texture” of the rhythm. Novel measures were therefore drawn from the field of nonlinear dynamics and applied to HRV analysis. **Conclusions:** AUTOGENIC TRAINING is a valid technique for treating ANXIETY SYNDROME. Our preliminary results underline a statistically significant reduction in the degree of ANXIETY SCORE evaluated with MRDS scale (the MRDS is a

standardized scale for the assessment of the anxiety degree), a statistically significant improvement of the Orthosympatetic activity and a statistically significant reduction of the Pharasymphathetic activity. We have noted a statistically significant augmentation of the LF/HF index measured with spectral analysis in younge peoples. Our data can not be applied to a broad spectrum of patients for the relative low number of enrolled patients.

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