Background and Aims

The health promotion and illness prevention is a major issue in World Health Organization and the major policy in Taiwan. Early finding for people with high-risk mental status plays the important role in mental health promotion. In evidence data, before specific psychotic symptoms appear, individuals may experience a period of nonspecific prodromal symptoms and growing functional impairment. Early interventions may alter the natural course of mental diseases and improve treatment outcomes. This study aimed to understand the effects of the health promotion lifestyle program in reducing physical and psychological symptoms and improving general quality of life to preventing mental disability for young adults at high-risk status of mental illness.

Purpose

To describe the effect of the health promotion lifestyle program in reducing physical and psychological symptoms and improving quality of life to preventing mental disability for young adults at high-risk status of mental illness.

Results

A total of 1657 young adults were approached, including undergraduate students in two clinics. Among them, 126 young adults meet the screen criteria and agreed to participate this study and signed inform consent. We interviewed all 116 potential participants and evaluated their mental status. Finally, we recruited 60 study participants for this study. Therefore, 49 study subjects completed pre-test, including 19 males (31.2%). The results showed no significant differences among two groups in pre-test. After intervention, the results of paired test showed 4 study variables had been improved in experimental group, including hip circumstance (t=2.76, p<.05), state anxiety (t=4.38, p<.001), trait anxiety (t=2.36, p<.05), and quality of life (t=2.53, p<.05). There was no significant improvement found in study variables for subjects in control group. However, there were 2 subjects on set during this period. The results of post-test for two groups, 4 study variables were found significant differences, including trait anxiety (t=2.68, p<.05), health promotion lifestyles (t=2.18, p<.05), environmental section of quality of life (t=2.14 , p<.05), and total quality of life (t=3.10 , p<.01).

Table 1 Description of Variables for All Subjects (N=49) No. 1010000000000000000000000000000000000							Pretest for two groups						Post-test for two groups					
Variables BMI	Mean 22.35	SD 4.27	Min. 15.60	Max. 33.80	Skew .78	Kurtosis .44	Variable	Experimental Group		Control Group		– t-test	Variable	Experimental Group		Control Group		t-test
Systolic Blood Pressure	113.16	15.62	88.00	148.00	.32	65		Mean	SD	Mean	SD	t-test	_	Mean	SD	平均值	SD	-
Diastolic Blood Pressure	69.98	11.12	32.00	96.00	73	1.84	BMI	22.84	3.31	22.57	3.89	.90	BMI	22.57	3.89	22.38	7.34	08
Waist Circumference	74.97	12.28	58.00	108.00	.74	.03	Systolic Blood Pressure	109.95	16.25	111.30	19.18	63	Systolic Blood Pressure	111.30	19.18	111.50	18.63	.02
Hip Circumference	116.54	146.81	80.00	1111.00	6.90	47.69	v						Diastolic Blood Pressure	71.00	12.74	68.25	6.75	42
Body fat State Anviety	28.97	40.42	8.60	301.00	6.76	46.38	Diastolic Blood Pressure	69.00	12.23	71.00	12.74	-1.05	Waist Circumference	73.53	11.04	71.63	18.58	28
State Anxiety Trait Anxiety	46.73 55.06	7.82 6.92	28.00 36.00	62.00 68.00	.13 82	28	Waist Circumference	74.03	10.76	73.53	11.04	.39	Hip Circumference	93.63	7.55	93.75	12 71	20
Schizotypal	33.00 11.14	0.92 4.14	1.00	20.00	82 .04	.32 32	Hip Circumference	95.95	6.45	93.63	7.55	2.76*	Body fat	24.50	4.57	24.58	7.94	.03
Self-actualization	9.73	2.02	7.00	16.00	.89	.24	Body fat	24.85	4.02	24.50	4.57	.49	5	42.05	4. 37 8.73	46.00	12 02	.03 78
Health Responsibility	7.16	2.02	4.00	12.00	.26	43	Douy lat	27.03	7.02	24.30	7.37	.47	State Anxiety Trait Anyiety				12.03	./0
Exercise	8.02	2.15	4.00	14.00	.74	.47	State Anxiety	46.95 9.55	9.55	42.05	8.73	4.38***	Trait Anxiety	51.50	6.94	56.50	2.08	2.68
Nutrition	9.96	2.09	5.00	14.00	30	05			2100				Schizotypal	9.10	4.15	9.75	6.18	•21
Interpersonal support	10.33	2.59	4.00	16.00	07	13	Trait Anxiety	54.80	7.84	51.50	6.94	2.36*	Health Promoting Lifestyle	58.70	7.13	56.75	3.30	-5.3
Stress Management	9.90	2.06	5.00	15.00	.29	.14	Schizotypal	9.55	3.53	9.10	4.15	.69	Moderate exercise	106.52	113.28	78.75	85.28	16
Health Promoting Lifestyle	55.10	8.00	40.00	71.00	.02	80	Health Promoting Lifestyle		56.15 7.10	58.70	7.13	-1.50						40
Physical	13.08	1.81	10.29	17.14	.39	62		56.15					Quality of Life	59.38	7.65	57.73	8.27	39
Mental	11.37	1.70	8.67	16.00	.44	34							Physical	14.00	2.12	14.14	2.30	.12
Social	11.49	2.30	7.00	16.00	20	71	Quality of Life	55.35	7.52	59.38	7.65	-2.53*	Mental	11.90	2.06	11.67	2.07	21
Environmental	13.72	1.68	9.33	17.33	74	.96							Social	12.30	2.39	10.00	1.41	-1.8*
Quality of Life	55.55	6.42	40.29	73.02	.19	.44	Moderate exercise	164.69	322.30	106.52	113.28	.80	Environmental	14.33	2.43	15.67	1.75	1.04
Moderate exercise	218.43	384.68	.00	2180.00	3.55	15.05												

Implication for nursing

This study results can provide the short-term evidence outcomes of the early finding and early prevention process in improving health for young adults at high-risk status of mental illness. The outcomes can provide evidence knowledge of health promotion lifestyle program in improving general physical and psychological health for young adults with high-risk status of mental illness.

Health promotion lifestyle program in improving health for subjects with high-risk status of mental illness

Wei-Fen Ma, PhD, RN, School of Nursing, China Medical University, Taichung, Taiwan Linton Wang, PhD, Department of Philosophy, National Chung Cheng University, Chia-yi County, Taiwan

Methods

The clinical trial experimental design was used for this study. Participants will be randomly assigned into experimental and control groups. Four scales and objective physical assessments were used for evaluating study outcomes. Data of pre- and post-tests were analyzed by pair-t-test. The effects of program were evaluated by independent t-test on post-test for two groups.