



Volume 43, Issue 3
1 May 2017

Article Contents

Abstract
Introduction
Methods
Results
Discussion
Supplementary Material
Funding
Acknowledgments

Physical Activity Levels and Psychosis: A Mediation Analysis of Factors Influencing Physical Activity Target Achievement Among 204 186 People Across 46 Low- and Middle-Income Countries

Brendon Stubbs, Ai Koyanagi, Felipe Schuch, Joseph Firth, Simon Rosenbaum,
Fiona Gaughran, James Mugisha, Davy Vancampfort Author Notes

Schizophrenia Bulletin, Volume 43, Issue 3, 1 May 2017, Pages 536–545,
<https://doi.org/10.1093/schbul/sbw111>

Published: 24 August 2016

PDF Split View Cite Permissions Share ▼

Abstract

Physical activity (PA) can help reduce cardiovascular disease and premature mortality in people with psychosis. However, there is a paucity of representative data on PA in people with psychosis, especially from low- and middle-income countries (LMICs). Moreover, data on subclinical psychosis and PA is absent. This study explored whether complying with PA recommendations of 150 minutes of moderate-vigorous PA per week is related to: (1) psychotic symptoms without a psychosis diagnosis (subclinical psychosis); and (2) clinical psychosis (psychosis diagnosis). A total of 204 186 participants aged 18–64 years from 46 LMICs recruited via the World Health Survey were subdivided into those with (1) no psychosis diagnosis and no psychotic symptoms in the past 12 months (controls); (2) subclinical psychosis; and (3) psychosis diagnosis. People with a psychosis diagnosis had significantly higher odds for low PA in the overall sample (OR = 1.36; 95% CI = 1.04–1.78; $P = .024$) and among males (OR = 2.29; 95% CI = 1.57–3.34; $P < .0001$) but not females (OR = 0.93; 95% CI = 0.67–1.30; $P = .6712$). No difference was found among those with subclinical psychosis vs controls. Mediation analyses demonstrated that mobility difficulties explained the largest amount of low PA among males (18.5%) followed by self-care difficulties (16.3%), depression (16.1%), cognition (11.8%), pain and discomfort (11.4%), interpersonal activities (8.6%), sleep and energy (7.2%), and vision (3.0%). The results from the largest dataset on PA and psychosis and first in LMICs, found that psychosis diagnosis (especially among males) but not subclinical psychosis, is associated with physical inactivity. Population level interventions seeking to increase PA among people with psychosis may help improve health outcomes.

Keywords: exercise, physical activity, activity, psychosis, schizophrenia, psychotic like experiences, physical health



Advertisement



Email alerts

Article activity alert
Advance article alerts
New issue alert

Receive exclusive offers and updates
from Oxford Academic

More on this topic

The 5-Year Course of Obsessive-Compulsive Symptoms and Obsessive-Compulsive Disorder in First-Episode Schizophrenia and Related Disorders

Symptom Dimensions of the Psychotic Symptom Rating Scales in Psychosis: A Multisite Study

Basic Symptoms and Ultrahigh Risk Criteria: Symptom Development in the Initial Prodromal State

Attitudes of Patients Toward the First Psychotic Episode and the Start of Treatment