



Methode Van Dixhoorn
Centrum voor Adem en Ontspanningstherapie
Mededelingen 113c – April 2015

Literatuurservice

De lijst met nieuwe literatuur verwijzingen

Hoe die te verkrijgen?

Wanneer in de achterste kolom 'Bib' staat, is het te vinden in de Bibliotheek van onze website. Wanneer er 'Lit' staat, dan is het te verkrijgen door een e-mail naar ons adres te sturen, met de nummers in de tekst en 'literatuurservice' in het onderwerp van de mail. Wanneer er 'lit, free' in de achterste kolom staat, is het aan te vragen bij ons, maar is het bestand ook gratis beschikbaar, als je het opzoekt bijv. via Pubmed.

- 650 Jan van Dixhoorn, Hans Folgering, The Nijmegen Questionnaire and dysfunctional breathing 2015 ERJ Open Res 2015; 1: 00001–2015. Editorial, **Bib**
Hedendaagse visie van twee Nederlandse grondleggers van oorzaak en behandeling van hyperventilatie(klachten), die ze nu liever 'functionele ademklachten' noemen
- 649 Sonja van Zweden, Waarom duurt burn-out zo lang? Tijdschrift voor Psychotherapie 2015 (41) 5-21 **Lit**
In dit artikel wordt een biopsychologische theorie van *burn-out* gepresenteerd en kritisch vergeleken met de op dit moment dominante, niet door evidentie onderbouwde, psychologische visie. Enkele relevante ontwikkelingen in wet- en regelgeving worden besproken en de wetenschappelijke onderbouwing van de biopsychologische theorie wordt samengevat. Tot slot worden acht potentiële mechanismen toegelicht die zouden kunnen verklaren waarom burn-out zo lang duurt.
- 648 Behandeling met 'handgrepen' bij dementie, GGG-nieuws 10-1, 2015 **Lit**
Deze korte beschrijving geeft de meerwaarde aan van handgrepen van de methode Van Dixhoorn voor bedlegerige mensen met verstijving zoals toegepast in particuliere woon-zorg voorzieningen
- 647 Miranda Olff, Bonding after trauma: on the role of social support and the oxytocin system in traumatic stress. European Journal of Psychotraumatology 2012-3. **Lit, free**
This paper outlines the state of affairs in psychobiological research on psychotrauma and PTSD with a focus on the role of the oxytocin system in traumatic stress. With a high prevalence of trauma and PTSD in the Netherlands, new preventive and therapeutic interventions are needed. The focus is on the role of social support and bonding in coming to grips with psychological trauma, about the oxytocin system as a basis for reducing the stress response and creating a feeling of bonding, about binding words to painful emotions in psychotherapy, and about the bonds between researchers and clinicians.
- 646 Nicki Barker, Mark L. Everard. Getting to grips with 'dysfunctional breathing'. Paediatric Respiratory Reviews, 16, 53-61, 2015 **Lit**
Dysfunctional breathing (DB) is common, frequently unrecognised and responsible for a substantial burden of morbidity. Previously lack of clarity in the use of the term and the use of multiple terms to describe the same condition has hampered our understanding. DB can be defined as an alteration in the normal biomechanical patterns of breathing that result in intermittent or chronic symptoms. It can be subdivided into thoracic and extra thoracic forms. Thoracic DB

is characterised by breathing patterns involving relatively inefficient, excessive upper chest wall activity with or without accessory muscle activity. This is frequently associated with increased residual volume, frequent sighing and an irregular pattern of respiratory effort. It may be accompanied by true hyperventilation in the minority of subjects. Extra thoracic forms include paradoxical vocal cord dysfunction and the increasingly recognised supra-glottic 'laryngomalacia' commonly seen in young sportsmen and women. While the two forms would appear to be two discreet entities they often share common factors in aetiology and respond to similar interventions. Hence both forms are considered in this review which aims to generate a more coherent approach to understanding, diagnosing and treating these conditions.

- 645 M H Delui, M Yari, G Khouyinezhad, M Amini, M H Bayazi. Comparison of Cardiac Rehabilitation Programs Combined with Relaxation and Meditation Techniques on Reduction of Depression and Anxiety of Cardiovascular Patients. The Open Cardiovascular Medicine Journal, 2013, 7, 99-103 Lit, free

Cardiovascular disease (CVD) is a major cause of death in developed countries. Most cardiac rehabilitation programs include psychological interventions. The aim of this study was to determine the effectiveness of rehabilitation techniques in cardiac patients including psychological-physical interventions such as Meditation and Relaxation. We enrolled 45 patients with CVD and depression. The patients were allocated to 3 groups (Relaxation, Meditation and Control). There was a significant reduction on depression, systolic blood pressure and heart rate in the Meditation group compared with the control group. Our findings suggest that meditation techniques have better outcomes in cardiac patients for improving depression, reduction of systolic and diastolic blood pressure, and heart rate than relaxation techniques.

- 644 Martine Busch, Miek Jong, Erik Baars. Complementaire zorg in ziekenhuizen, verpleeghuizen en GGZ instellingen. Van Praag Instituut 2015 Lit, free

Uitkomsten van het Van Praag Instituut naar het gebruik van complementaire zorg in Nederlandse ziekenhuizen in 2014

- 643 Interventies in complementaire zorg in ziekenhuizen, verpleeghuizen en GGZ instellingen. Van Praag Instituut 2015 Lit, free

Plaatje van de frequentie van gebruik van complementaire behandelingen in 2014: relaxatie komt het meeste voor

- 642 A Jellesma, W Schats. Cursus Rust. Een mind-body benadering van somatisch onvoldoende verklaarde klachten bij kinderen. Tijdschrift voor Integrale Geneeskunde 28-4: 222-225, 2013 Lit

- 641 E. Borges-Santos, J Takasi Wada, C Marques da Silva, R Silva, F Stelnach, C Carvalho, A Lunardi. Anxiety and depression are related to dyspnea and clinical control but not with thoracoabdominal mechanics in patients with COPD. Respiratory Physiology & Neurobiology 210 (2015)1-6 Lit

Objective: To investigate the relationship between the presence of symptoms of anxiety or depression with breathing pattern and thoracoabdominal mechanics at rest and during exercise in COPD. **Methods:** Cross-sectional study enrolled 54 patients with COPD ranked according to Hospital Anxiety and Depression Scale (HAD) score and compared to dyspnea, clinical control, hypercapnia, breathing pattern and thoracoabdominal mechanics at rest and during exercise. **Results:** Seventeen patients with COPD had no symptoms, 12 had anxiety symptoms, 13 had depressive symptoms and 12 had both symptoms. COPD with depressive symptoms presented greater degree of dyspnea ($p < 0.01$). Poor clinical control was observed in COPD with anxious and/or depressive symptoms ($p < 0.05$). Breathing pattern and thoracoabdominal mechanics were similar among all groups at rest and during exercise. **Conclusions:** COPD with symptoms of depression report more dyspnea. Anxiety and depression are associated with poor clinical control without impact on breathing pattern and thoracoabdominal mechanics in COPD.

- 640 S de Boer, J Kolbe, ML Wilsher. The relationships among dyspnoea, health-related quality of life and psychological factors in sarcoidosis. Respirology, 19: 1019-1024, 2014 Lit, free

Background and objectives: Dyspnoea is a common symptom in sarcoidosis and is not predictably related to pulmonary function or radiology. A subjective symptom of dyspnoea is likely to be influenced by patient perception and

experience. The aim of this study was to determine the prevalence and nature of dyspnoea in sarcoidosis and describe the relationship of dyspnoea to psychological factors and health-related quality of life (HRQL). **Methods:** Fifty-six subjects (31 men, mean age 51 years) with sarcoidosis completed an HRQL measure, St George's Respiratory Questionnaire (SGRQ), Hospital Anxiety and Depression Scale (HADS) and Nijmegen questionnaire. The presence of symptoms of dyspnoea was noted and qualitative descriptors for dyspnoea were chosen at peak exercise. Resting pulmonary function was performed. **Results:** Sixty-four per cent of the subjects reported dyspnoea. Those with symptoms were older, had a longer duration of disease and with lower forced expiratory volume in 1 s (FEV1) and FEV1/forced vital capacity (FVC) (all $P < 0.05$). Symptoms of dyspnoea were associated with worse HRQL ($P < 0.005$) and higher scores on the Nijmegen questionnaire ($P < 0.05$). Anxiety was not associated with dyspnoea and only a trend to greater depression was observed ($P = 0.066$). In multivariate analysis, SGRQ and Nijmegen scores predicted dyspnoea independent of demographic factors and resting pulmonary function. **Conclusion:** Dyspnoea is common in sarcoidosis and is associated with worse HRQL irrespective of baseline pulmonary function. Hyperventilation appears to be a factor contributing to dyspnoea and the Nijmegen questionnaire may be helpful in assessing dyspnoea and hyperventilation in sarcoidosis patients.