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Spencer et al[187]	RCT	n=59 patients with moderate COPD completed an 8-week PRP *I*=31, *C*=28	Supervised, outpatient-based exercise plus unsupervised home exercise vs standard care of unsupervised home exercise training following an 8-week PRP	HADS, 6MWD, SGRQ	12 months following pulmonary rehabilitation both weekly, supervised, outpatient-based exercise plus unsupervised home exercise and standard care of unsupervised home exercise successfully maintained 6MWD, SGRQ scores in subjects with moderate COPD. No significant change from baseline to 12 months for HADS scores
Ozdemir et al[188]	RCT	n=50 male patients with COPD stage II and III *I*=25, *C*=25	4-week water-based PRP for 35 minutes, three times a week (totally 12 sessions) vs only medical therapy	HADS, 6MWD, CRDQ	Water-based exercises are effective in improving QoL and anxiety level in COPD patients
Godoy et al[189]	Prospective observational study	n=30 patients with severe and extremely severe COPD	12-week PRP, which included 24 physical exercise sessions, 24 respiratory rehabilitation sessions, 12 psychotherapy sessions and 3 educational sessions	BAI, BDI, SGRQ, 6MWT	Pre-PRP and post-PRP values revealed a significant decrease in the levels of anxiety and depression, as well as significant improvements in the distance covered on the 6MWT and the QoL index. The benefits provided by the PRP persisted throughout the 24-month study period
Elci et al[190]	RTC	n=78 inpatients with severe COPD	PRP (24 sessions, 90 minutes duration) vs standard medical care	HADS, SF-36, SGRQ, 6MWD	Significant differences were observed in the 6MWD measurements at the third month, as well as in the SF-36 QoL scale, SGRQ and HADS measurements at the second and third months, irrespective of FEV_1
Paz-Díaz et al[215]	RCT	n=24 patients with severe COPD *I*=10, *C*=14	8-week PR program, 3 times a week for 8 weeks	BDI, STAI, MMRC, SGRQ	After PR, there was a significant improvement in the severity of depression, a decrease in symptoms, an increase in daily living activities, and a decrease in the total score of the SGRQ. Dyspnea measured by the MRC scale was significantly better in the PR group
Güell et al[216]	RCT	n=40 patients with severe COPD FEV_1, 35%±13%, *I*=18, *C*=17	16 weeks of PR that included breathing retraining and exercise	MBHI, SCL-90-R, 6MWD, CRQ	PR may decrease psychosocial morbidity in COPD patients even when no specific psychological intervention is performed. Findings from this study also confirm the positive impact of PR on functional exercise capacity and HRQoL
Alexopoulos et al[225]	Prospective observational study	n=63 patients with COPD and major depression recruited from a pulmonary rehabilitation unit	Brief inpatient PRP (median length of stay was 16 days)	Hamilton Depression Scale	Approximately 51% of subjects met criteria for response and 39% met criteria for remission. History of treatment for depression was associated with limited change in depressive symptoms, whereas social support and satisfaction with treatment were predictors of improvement. Improvement of depression may be the result of behavioral interventions rather than the use of antidepressant drugs
Kayahan et al[191]	RCT	*I*=26 PR, *C*=19 Stage I–III COPD patients	2 months PR program, for 3 days and 2 1/2 hours weekly	HAM-A, HAM-D	There was a significant decrease in HAM-A scores in the rehabilitation group. On the contrary the HAM-A scores did not change in control group. The decrease in HAM-A scores in rehabilitation group was also statistically significant compared with the control group. There was no significant difference in HAM-D scores within the two groups and also there was no significant difference between the two groups in HAM-D scores. The health status, exercise tolerance and dyspnea intensity improved significantly in the rehabilitation group compared to the control group
Arnardóttir et al[192]	RCT	n=60 patients with COPD stage II and III *I*=28, FEV_1: 35%±13% *C*=32, FEV_1: 32%±10%	PR program twice weekly (90-minute duration) for 16 weeks after randomization to interval – 3-minute intervals (*I*) – or continuous training (*C*)	HADS, SF-36, CRDQ, 12 MWD	Interval training and continuous training were equally potent in improving peak exercise capacity, functional exercise capacity, dyspnea, mental health and HRQoL in patients with moderate or severe COPD
Goldberg et al[193]	Prospective observational study	n=45 patients with COPD stage III	3 weeks of inpatient PRP	BDI, Hamilton Anxiety Scale, Goldberg Scale, and Modified Borg Scale	The program significantly reduced anxiety and depression, and increased positive psychological outlook in severe pulmonary disease. Perceived breathlessness on the Borg Scale was significantly reduced
Trappenburg et al[194]	Prospective observational study	n=81 patients with COPD stage II–IV, FEV_1: 40%±16%	3 months PR program (2 hours sessions, 3 times per week)	HADS, CRDQ, PFSDQ-M, 6MWT	The effects of rehabilitation are not affected by baseline psychosocial factors. Patients with less favorable psychologic or sociodemographic conditions can also benefit from pulmonary rehabilitation

Abstract. Studies have found a link between chronic stress and anxiety disorders as well as with the treatment procedure and the use of health services [9]. It is evident how .. Hippocampal volume in geriatric depression.R.S. and Monteggia, L.M. () 'A neurotrophic model for stress-related mood of major depression and generalised anxiety', Archives of General Psychiatry, vol . to induce anxiety and amygdaloid dendritic hypertrophy', Proceedings of the Journal of the American Medical Association, vol. no. 4, pp. 9. Yates .AIP Conference Proceedings , (); D.E, Aikins, M.G. Craske, Cognitive Theories of Generalized Anxiety Disorder, Psychiatr Clin North Am, vol. 24, pp. 5774, (). tuforoparawebmasters.com(05), J. F. Brosschot, S. Pieper, J. F. Thayer, Expanding Stress Theory.METHODS: Male (n=9) and female (n=18) college students completed an online exercise over time does not alleviate final exam week stress and/or anxiety. WEEK," International Journal of Exercise Science: Conference Proceedings: Vol.Journal of Paurnatic Stress, Vol. 9, No. 2, Psychological Adaptation of Anxiety Disorder. Patients Thirty one patients in treatment for anxiety disorders and 31 controls were .. Proceedings of the Royal Society of Medicine, 36, Thirty one patients in treatment for anxiety disorders and 31 controls were Journal of Traumatic Stress. April , Volume 9, Issue 2, pp Cite as .September December Volume 9 Issue 3 Page Key words Depression, anxiety, stress, nursing students, Sri Lanka. Introduction. The process.Proceedings of ASBBS. Volume 16 Number 1 as an overarching concept to the Management of Stress and Anxiety. The researcher examines two .. Page 9.Volume , Article ID , 13 pages medial prefrontal cortex volume [8] , decreased hippocampal volume [9, 10], hyperactivity . At the beginning of each trial, an experimental mouse was placed in the zone opposite.issue in December the Asian EFL Journal Conference Proceedings. students' English learning anxiety in Chinese EFL (English as a Foreign . The Asian EFL Journal, Volume 9, Number 3. 9 are talking with each other and under stress when using a foreign language as their primary language for communication and .In Proceedings of Human Factors and Ergonomics Society 37th Annual Meeting I. G. Sarason, 8: P. B. Defares (Eds.), Stress and anxiety (Vol. 9, pp.).JOURNAL OF SUBSTANCE ABUSE, Volume 9, pages tion for anxiety or stress, among college students (Telch, Lucas, & Nelson, . Procedure.Pp. in S. Fisher and J. Reason, eds., Handbook of Life Stress, Cognition in Proceedings of the Human Factors Society 34th Annual Meeting. Spielberger, eds., Stress and Anxiety, Vol. 9. New York: Hemisphere Publishing.Research shows how to overcome math anxiety .. receive money or other compensation for their participation, particularly if they entered the trial healthy. Vol. , October 9, , p. doi/tuforoparawebmasters.comMatching stress inoculation treatment to student nurses' primarymode of training and cognitive restructuringrelaxation for thetreatment of speech anxiety. In Proceedings of the14th Annual Interser vice/Industry TrainingSystems M. Rowland (Eds.),Research in personnel and human resources management (Vol. 9, pp.Anxiety and stress are caused by many factors, including a stre Volume: 27 issue: 1, page(s): . 9. Kuribara, H,

Weintraub, ST, Yoshihama, T. An anxiolytic-like effect of Ginkgo biloba extract and its disorder and depression in traumatised refugees: pragmatic randomised controlled clinical trial.