

# Behaviour and treatments for happiness and health

## Interlocuti: Behaviours and treatments ...

that promote your health: Interprofessional, interdisciplinary, holistic, individualised and adapted to the current situation. Health-promoting behaviour makes therapy more successful. Behaviour should be optimised before operations and overmedication.

## Sleep disorders:

**Physical:** Obstructive and restrictive sleep-related breathing disorders.

**Neurophysiological:** As with mental illnesses, the somatic cause is neurophysiological.

## Influencing environmental factors:

**Bed and bedroom:** Promoting a sense of security, shutting out daytime demands at night. – **Closer environment:** Care of family and circle of friends. – **Political environment:** Promoting peace; restriction of power, of the industry of the arms and of the refugees.

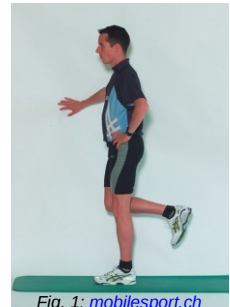


Fig. 1: mobilesport.ch

## Activation:

WHO recommendations:

**Children and adolescents (5-17 years):** At least 60 minutes of moderate to vigorous physical activity daily. – More than 60 minutes a day brings additional health benefits. – At least 3 training sessions per week for strengthening (Fig. 1).

**Adults (18-64 years):** At least 150 minutes per week of moderate-intensity physical activity or at least 75 minutes of vigorous-intensity physical activity, or an equivalent combination of both. – Up to 300 minutes per week of moderate-intensity physical activity or equivalent provides additional health benefits. – 2 or more strengthening exercise sessions per week.

**Older people (>64 years):** Same recommendations as for younger adults. – For people with reduced mobility: Increase physical activity, including to improve balance and prevent falls.

## Vegetative nervous system:

For balancing sympathetic and parasympathetic activity: also daily relaxation exercises (Fig. 2).

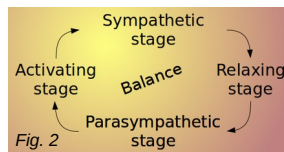


Fig. 2

## Psyche:

Thoughts and feelings that are generated by neurophysiological processes and influence these in turn. They interact with the emotional quality of life, physical well-being and somatic illnesses (Fig. 3), cognitive functions, work ability and performance, social interactions and social norms.

The severity of an illness is not given by the name of the diagnosis but is determined by questionnaires and objective tests.

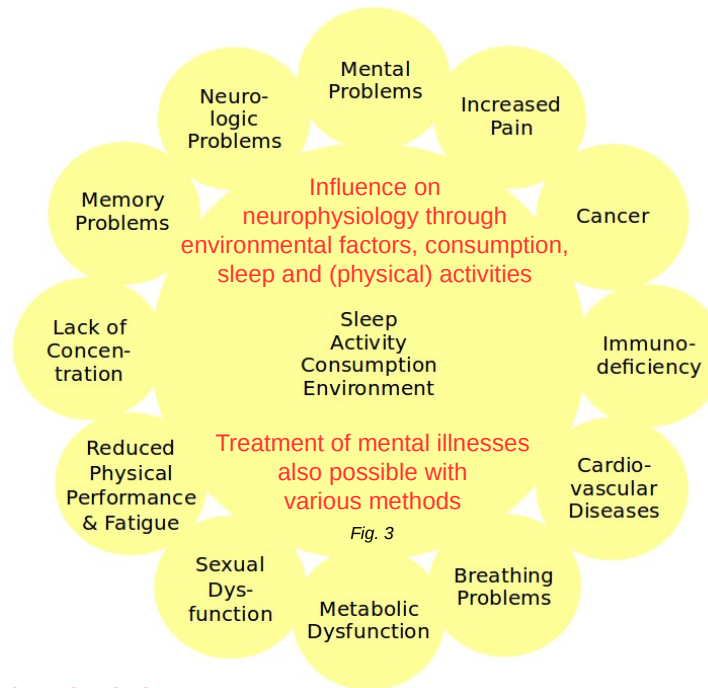


Fig. 3

## Thought circles:

Promotion of new (Fig. 4a) and strengthening (b: more transmitters, c: more receptors) of existing synaptic connections and weakening of interfering connections through targeted stimulation via at least 9 sensory organs (Fig. 5: visual, tactile, auditory, olfactory, gustatory, thermoceptive, proprioceptive, vestibular and nociceptive).

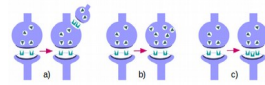


Fig. 4 (above): Synapses

Fig. 5 (right): Sensory modalities



## Contexts:

The release of cortisol, orexin, leptin, ghrelin, adenosine, stress and happiness hormones is influenced by the behaviour.

## Consumer behaviour:

WHO recommendations:

At least 400 g of fruit and vegetables per day. – Of total energy: Total fat <30% (saturated fats <10%, trans fats <1%); free sugars <10% (<5% recommended; Fig. 6 and 7). – Also to be noted: Salt daily <5 g. – Also avoid other addictive substances.



Fig. 6: Slim and full with plant-based food: forksoverknives.com

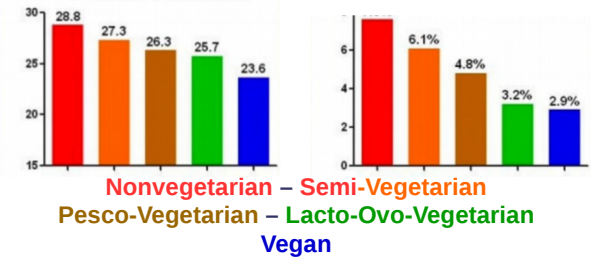


Fig. 7: Body Mass Index (kg/m²; left) and prevalence of diabetes type 2 (right) depending on diet (Tonstad et al. 2009)

## Sleep promotion:

In addition to physical exhaustion and relaxation: **Cognitive behavioural therapy** for insomnia or sleep disorders: 1. **Psychoeducation**, especially sleep hygiene: regular sleep-wake rhythm, dimmed light vs. bright light (blue light; 'Zeitgeber'), individually adapted time in bed to the required sleep duration, not knowing the time during sleep, bedroom use only for sleep, sleep rituals. 2. **Relaxation therapies**: Stretching, (forest) walks, breathing exercises (e.g. pursed lips breathing in the coachman's seat), massage, naps, mindfulness focussing, progressive muscle relaxation, autogenic training, performing a body scan, hypnosis, meditation, etc. 3. **Cognitive control**: Switching off thought circles. 4. **Sleep restriction**: Shortening the time spent in bed. 5. **Stimulus control**: Association of 'bed and sleep'.

**Positioning:** The back does not have to be straight, but should be moved in a relaxed manner (Fig. 8).

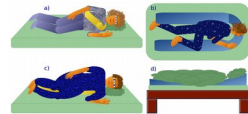


Fig. 8: Aids can provide relief.

## Treatments for obstructive sleep apnoea (OSA):

Alternatives to positive airway pressure PAP (unsuccessful in 1/3) and surgery: (a) positioning (supine position prevention, head section elevation; effective in 1/2 of patients); (b) Velumount palatal device; (c) Mandibular advancement device; (d) care of the nasal mucosa; (e) nasal dilator; (f) training especially of the oro-pharyngeal muscles; (g) weight reduction (endurance training, dietary changes); (h) consumer behaviour.