

RATIONALE

- Anxiety is a prevalent mental health concern with associated burden and its treatments are not intended for immediate relief.^{1,2,3,4}
- Evidence supports the use of resistance exercise (RE) training for anxiety, but the acute effects of a single bout of RE on state anxiety remain unclear.⁵

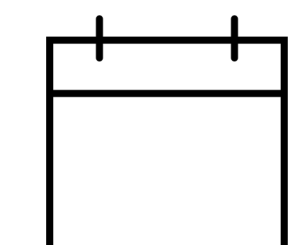
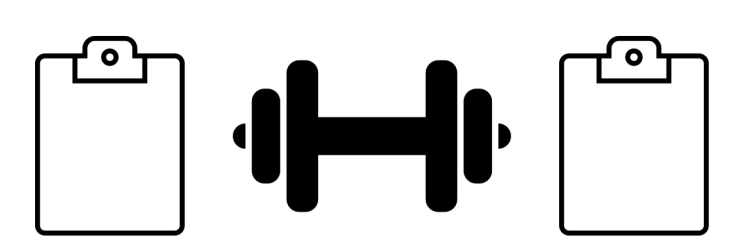
Purpose: To quantify the overall effect of acute RE on state anxiety in adults across a single session and to synthesize existing literature.

METHODS

PROCEDURES

- PsycInfo, PubMed, PubMed Central, Web of Science Core Collection, ScienceDirect, and CENTRAL were used to locate randomized controlled studies published between 2000 and 2023.

Inclusion Criteria:



Randomized controlled studies (RE vs control)
Measured state anxiety pre- and post-session with reliable & valid measure

Studies published 2000-2023

Participants in Studies:
18+ y/o
Any health status (e.g., healthy, ill)

Note: there were no exclusion criteria.

ANALYSIS

- Aim 1: A multi-level model was created to quantify the overall acute changes (pre-post condition) in state anxiety between RE and control conditions.
 - Time was included as a moderator as there were multiple post-condition assessments (e.g., immediately post, 5min-, 30min-, 60min-post, etc.).
- Aim 2: Multi-level models were created to quantify the acute changes (pre-post condition) in state anxiety within conditions with time as a moderator.
- Effect sizes were calculated as Standardized Mean Difference (SMD) and 95% confidence intervals (CI).
- Between-study residual heterogeneity was calculated using the QE statistic (QE).

KEY FINDINGS

- Resistance exercise** has non-significantly **stronger anxiolytic effects** than **control** (SMD favoring RE = -0.11).
- Resistance exercise** significantly **lowers state anxiety** for **up to three hours** post-RE (SMD = -0.34).
- Reductions in state anxiety were stronger for **RE** compared to **control**, particularly between 50 and 150m post-session.

CONCLUSIONS

- The first hour after RE appears to be an optimal window to experience reductions in state anxiety.
- The anxiolytic effects of **control** conditions were short-lived, while those of **RE** were sustained for ≥ 3 hours.
- Future research** should be conducted in samples **with elevated anxiety levels** to identify a clearer effect in those in need of symptom management tools.

RESULTS

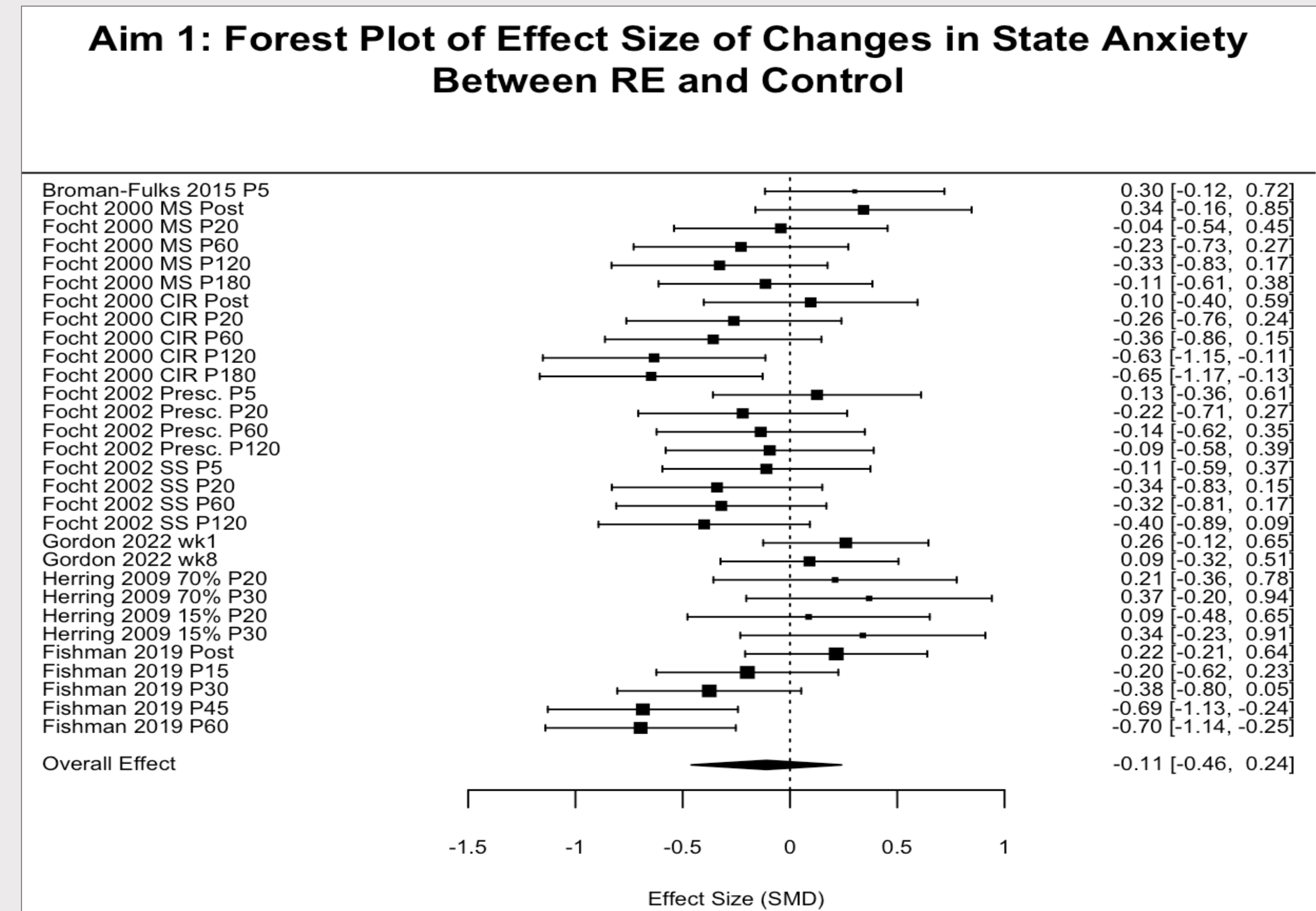


Figure 1: Changes in state anxiety were non-significantly greater for RE compared to control conditions (SMD = -0.11; 95% CI: -0.46, 0.24, $p=0.42$; QE(df=28) = 39.84, $p=0.07$) and significantly moderated by time ($F_{2,28}=15.42$, $p<0.001$). See Table 1 notes for abbreviations.

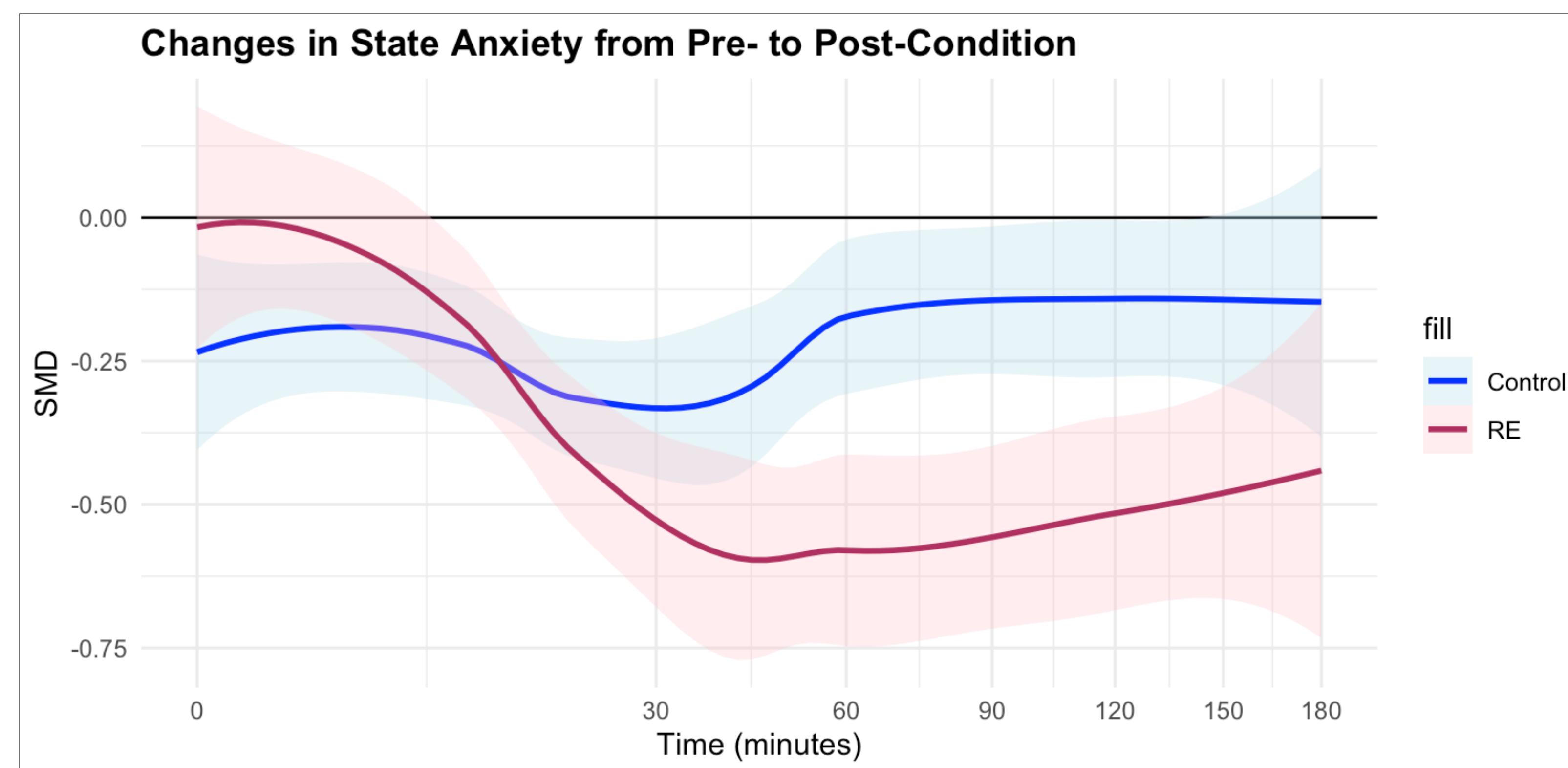


Figure 2: Changes in state anxiety across time, post-condition.

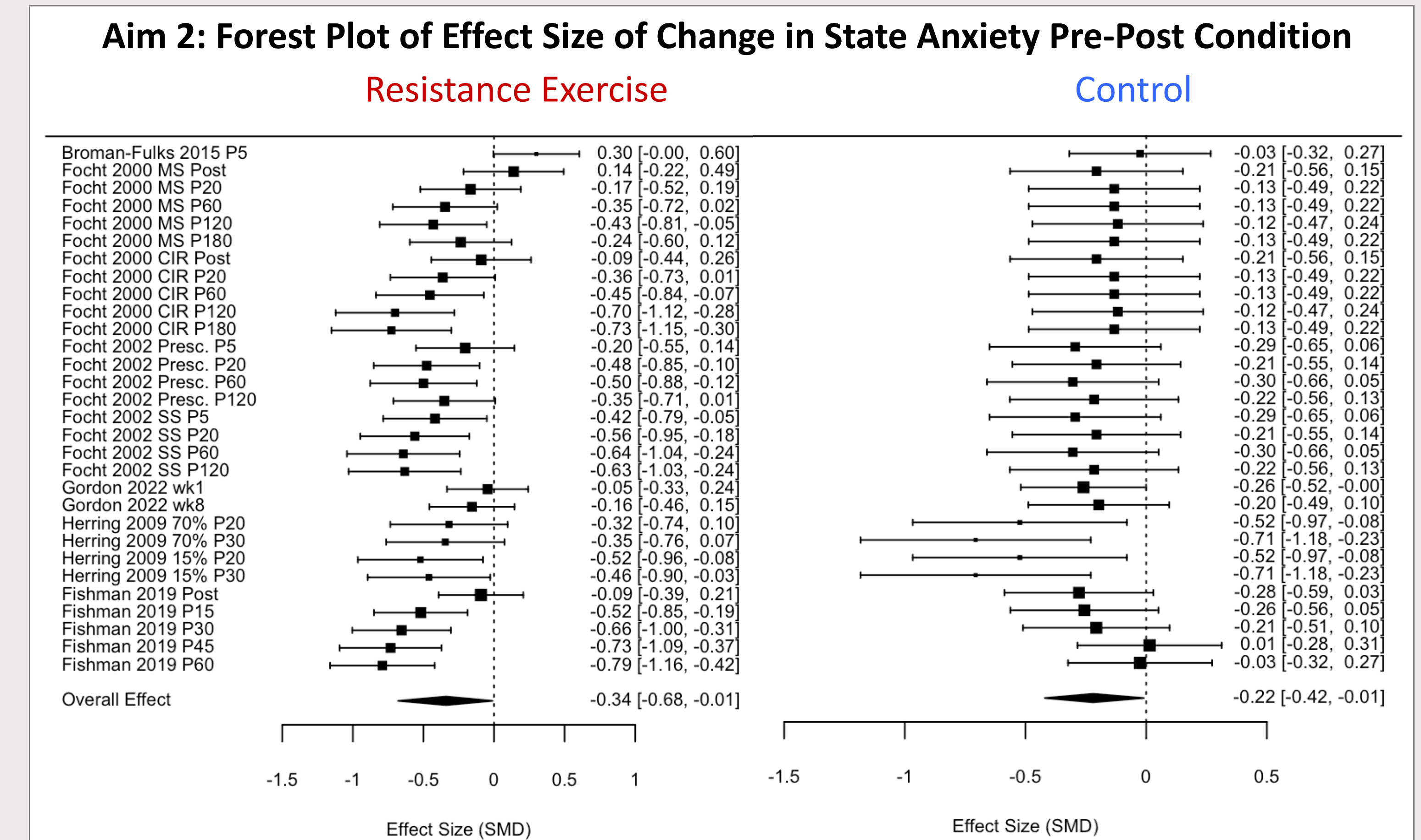


Figure 3: Within condition, state anxiety was significantly reduced for RE (SMD=-0.34; 95% CI: -0.68, -0.01, $p=0.045$) and control (SMD=-0.22; 95% CI: -0.43, 0.01, $p=0.04$). See Table 1 notes for abbreviations.

Table 1. Characteristics of Studies Included for Systematic Review

First Author, Year	Sample Size	Outcome Measure	Health Status	RE Familiarization	RE Setting	RE Description	Control Description
Broman-Fulks, 2015	77	STAI	Healthy	Instruction & Practice	Research lab	3 large-muscle ex to exhaustion	20m quiet rest
Focht, 2000	54	STAI	Healthy females	NR	NR	4 ex, 3x10 reps @75% 1RM (MS); or 12 ex, 1x10-20 reps @50% (CIR)	30m watching RE video
Focht, 2002	19	STAI	Healthy females	NR	Lab	4 ex, 3x10 reps @75% 1RM (Presc) and @ SS intensity	Quiet rest
Gordon, 2022	62	STAI	AGAD & Healthy	NR	NR	8 free weight ex, 2x8-12 reps	30m quiet rest in empty room
Herring, 2009	14	POMS-tension	Sed females w/ fatigue	Instruction & Practice	Exercise center	3 machine ex, 4 x10 reps @15% and 70% 1RM	Seated rest on ex machines
Fishman, 2019	25	STAI	Healthy females	Informal brief instruction	Campus gym	8 ex, 3x10 reps @70% 10RM	Hatha yoga
*Arent, 2005	31	STAI	Healthy	NR	NR	6 ex, 3x10 reps @70% 10RM	45m video of history of RE
*Bibeau, 2010	104	STAI	Healthy	NR	Common-use gym	4 machine ex, 1x10-11 reps @50-55% 1RM or 1x6-7 reps @80-85%	NR
*Hill, 2019	30	STAI	NR	NR	NR	6 ex, 3x10 reps	Quiet rest

Notes: Studies with an * were included in the systematic review only. STAI = State-Trait Anxiety Inventory; ex = exercises; in Focht 2000, MS = multiple sets and CIR = circuit; in Focht 2002, Presc = prescribed, SS = self-selected; AGAD = analogue generalized anxiety disorder; POMS = Profile of Mood States; Sed = sedentary.

Key References

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- American Psychiatric Association (Ed.). (2013). *Diagnostic and statistical manual of mental disorders: DSM-5* (5th ed). American Psychiatric Association.
- Baxter, A. J., Vos, T., Scott, K. M., Ferrari, A. J., & Whiteford, H. A. (2014). The global burden of anxiety disorders in 2010. *Psychological Medicine*, 44(11), 2363–2374. <https://doi.org/10.1017/S0033291713003243>
- Ormel, J., Petukhova, M., Chatterji, S., Aguilar-Gaxiola, S., Alonso, J., Angermeyer, M. C., Bromet, E. J., Burger, H., Demyttenaere, K., Girolamo, G. de, Haro, J. M., Hwang, I., Karam, E., Kawakami, N., Lépine, J. P., Medina-Mora, M. E., Posada-Villa, J., Sampson, N., Scott, K., ... Kessler, R. C. (2008). Disability and treatment of specific mental and physical disorders across the world. *The British Journal of Psychiatry*, 192(5), 368–375. <https://doi.org/10.1192/bjp.bp.107.039107>
- Gordon, B. R., McDowell, C. P., Lyons, M., & Herring, M. P. (2017). The Effects of Resistance Exercise Training on Anxiety: A Meta-Analysis and Meta-Regression Analysis of Randomized Controlled Trials. *Sports Medicine (Auckland, N.Z.)*, 47(12), 2521–2532. <https://doi.org/10.1007/s40279-017-0769-0>