

Low Self-Esteem

Low self-esteem is the opposite of ego. Supportive psychotherapy is often used to treat depression by improving self-esteem.

Low self-esteem always develops when one compares their skill or knowledge with somebody else. We often forget that for passing marks, we only need 50%. One who passes with 50% is a good student.

But the same person, when compares himself or herself with a student who has got 90%, he or she feels that his education was inferior as he was not as competent as others.

Remember that one is required to possess average degree of knowledge and skill and not the maximum degree of skill and knowledge. In the society, one

needs to possess only average degree of skill and knowledge.

For example, if a person has passed MBBS with 50% marks, he or she is allowed to practice medicine with full powers and respect. There may be chances when a person who is 90 percentile may be able to take some better decisions but the same does not make him a superior doctor.

The fundamental principle in self-esteem is to make a person proud of his personal knowledge and skills and also to bring out his or her uniqueness.

Passion and profession are two different things. We should judge an individual from his passion and not profession.



Benefits of Early Initiation of Exercise Training in Hospitalized COPD Patients

For patients who are hospitalized with a chronic obstructive pulmonary disease (COPD) exacerbation, early initiation of exercise training during hospitalization is safe, improves physical function and increases exercise capacity after hospital discharge. These findings from a systematic review and meta-analysis were published February 1, 2024 in the journal *Respiratory Medicine*.¹

A systematic review and meta-analysis set out to investigate if starting exercise training early during hospitalization, as opposed to not starting it at all, would affect the outcomes measured at discharge for adults admitted with a COPD exacerbation.

Ten studies were identified for analysis after search of PubMed, the Cochrane Library, PEDro and EMBASE databases. The selected participants had a mean forced expiratory volume in 1 second (FEV1) ranging from 26% to 50% predicted. The 423 participants were divided into two groups: one which was assigned to exercise training within 48 hours of hospital admission (experimental) along with standard care and the second group that received standard treatment without exercise prescription (control). The study outcomes were exercise capacity, physical function, adverse events and participation in outpatient pulmonary rehabilitation programs.

At discharge, the experimental group outperformed the control group in terms of physical function (standardized mean difference [SMD] -0.54; four studies, moderate effect, low certainty evidence) and exercise capacity (SMD 0.58, five studies, moderate effect, low certainty evidence). No severe adverse effects were reported to occur. After discharge, no study documented the use of pulmonary rehabilitation.

This study demonstrates that exercise training administered within 48 hours of hospitalization was safe, enhanced physical function and increased exercise capacity in patients admitted to a hospital with a COPD exacerbation.

Reference

1. Lai Y, et al. Exercise training initiated early during hospitalisation in individuals with chronic obstructive pulmonary disease is safe and improves exercise capacity and physical function at hospital discharge: a systematic review and meta-analysis. *Respir Med*. 2024;223:107554.