https://doi.org/10.5272/jimab.2026324.7207

Journal of IMAB
ISSN: 1312-773X
https://www.journal-imab-bg.org

Journal of IMAB. 2026 Oct-Dec;32(4)

OPEN ACCESS

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Original article

PHYSIOTHERAPY IN PSYCHOGERIATRIC PATIENTS: POSSIBILITIES AND APPLICATION

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ABSTRACT:

Introduction: multimorbid patients with psychiatric disorders are exposed to a number of risks, such as hypostatic pneumonia, decubitus and lethal outcome, which raises the question of the application of physiotherapy during their hospital stay.

Purpose: to research the possibilities for physiotherapy application in psychogeriatric patients in a hospital environment.

Material and methods: *Material:* 74 patients from the Third psychiatric clinic for the treatment of psychoses /mental disorders/ in the elderly, UMHAT "St. Marina" - Varna for the time period July 2024 - July 2025. An individual physiotherapeutic programme was applied, consistent with the somatic comorbidities and the rehabilitation potential. *Methods:* analytical, statistical.

Results and discussion: Almost one fourth of the respondents suffer from recurrent depressive disorder, 18% from dementia, and 11% from schizophrenia and organic delusional schizophrenic-like disorder. The remaining 36% from the researched population suffer from diverse psychopathology: bipolar affective disorder (8%), mental behavioural disorders (9%), depressive episodes (5%), etc. More than half (59.45%) are multimorbid with three or more somatic comorbidities - neurological, cardiological, urological, gastrointestinal, etc., burdened with psychiatric disorders with symptoms of dementia, conditions after vascular accidents, organic disorders with psychotic symptoms, affective disorders (most often depressive), etc. The predominant physiotherapeutic methods and means were therapeutic gymnastics (93%), soft tissue mobilizations (4%) and passive exercises (3%). Therapeutic gymnastics were applied independently in more than half of the respondents (58%) and in combination with other methods and means in 35%.

Conclusion: The research reveals the unlimited possibilities of application of active and/or passive physiotherapy in multimorbid psychogeriatric patients.

Keywords: psychogeriatrics, physiotherapy, multimorbidity,

INTRODUCTION

The process of aging of the population doesn2 t have an analogue in the history of humanity. The increased span of life and the quality of diagnostic and treatment processes, as well as the prevention, allow the period of active life to be extended. The diverse changes on a micro- and macromorphological level in aging lead to a diversity in functional disorders and a multitude of chronic diseases (multimorbidity), determining the necessity of different types of medical and social help. The elderly usually suffer from three or more diseases with clinical manifestations [1]. In this age group, symptom presentation complicates diagnosis. The structure of morbidity significantly changes at the expense of a reduction in acute diseases and an increase in the diseases connected to the progression of chronic processes. Researchers suggest that the following features should be taken into account: multitude of pathological conditions, nonspecific manifestation of the disease, rapid deterioration of the condition if timely treatment is not provided, high incidence of complications, necessity of continuous rehabilitation.

The clinical benefits of physiotherapy application are best expressed in the field of integrated care for patients who are in need of comprehensive health care [2]. The necessity of a physiotherapist in the team, who provides comprehensive therapy to the psychiatric patients, predetermines his or her professional competences, as it also suggests some independence during the collaboration with the members of the multidisciplinary team [3, 4].

Elderly patients have chronic somatic diseases, connected with numerous physical and psychological problems, including the development of symptoms of psychiatric disorders, deliriums, affective disorders, confusion, agitation, apathy, passivity, depressive episodes, chronic pain syndromes, etc. [5]. These manifestations slow the recovery process and significantly decrease the effectiveness of the treatment of the primary disease. The main goals of physiotherapy in these patients are autonomy recovery, recovery and maintenance of the

health status, prevention of diseases and complications, an increase in the physical capabilities and improvement of the quality of life [6, 7]. The difficulty of the physiotherapeutic work is related to the low tolerance of the patients to physical exertion, due to the variety of multimorbid processes, fatigue and delayed response to the applied actions.

The purpose of the study is to research the possibilities for physiotherapy application in psychogeriatric patients in a hospital environment.

MATERIAL AND METHODS

Material: 74 patients, from the Third psychiatric clinic for the treatment of psychoses /mental disorders/ in the elderly, UMHAT "St. Marina" - Varna for the time period July 2024 - July 2025. An individualised physiotherapeutic programme was implemented, consistent with each patient's comorbidities, and continued for two weeks.

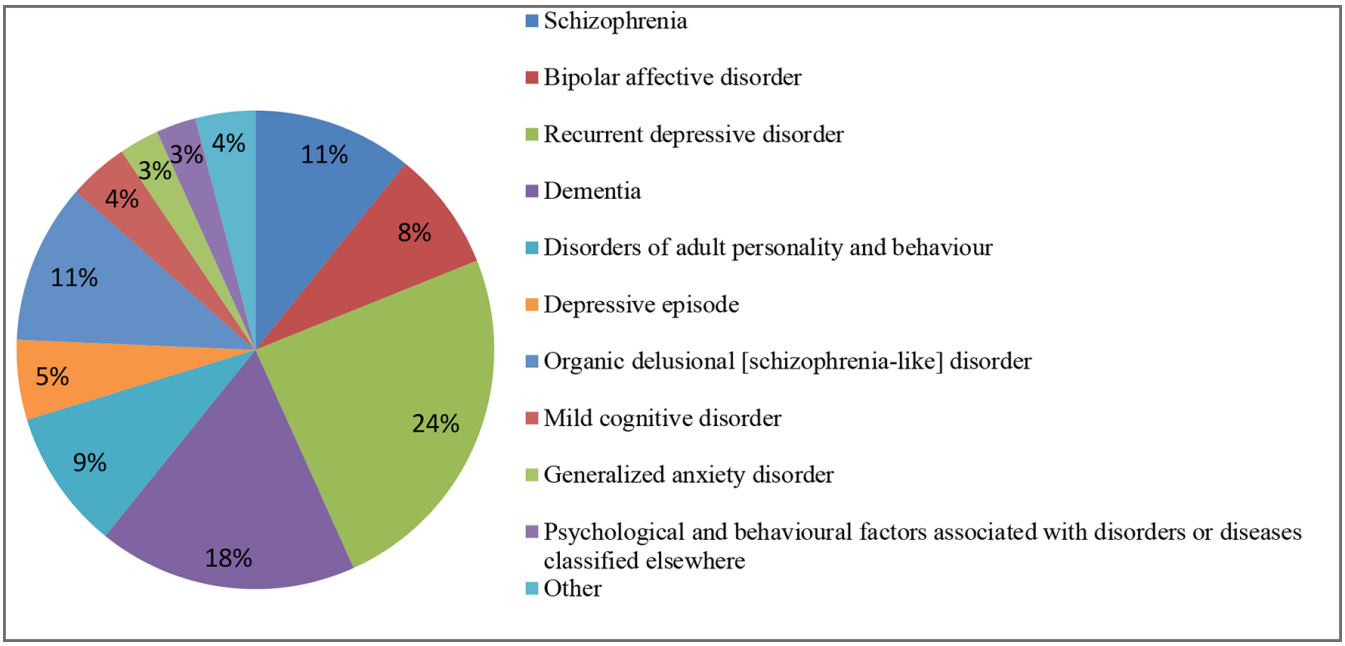
Methods: analytical, statistical.

RESULTS AND DISCUSSION

The possibilities for application of physiotherapeutic methods and means were studied for the time period of one year (from 2024 to 2025) among seventy four hospitalized psychogeriatric patients from the Third psychiatric clinic for the treatment of psychoses /mental disorders/ in the elderly, UMHAT "St. Marina" - Varna. The analysis of the socio-demographic indicators of the respondents displays that the mean age is 69.4 years, with the predominant sex being female (74,32%), male - 25,68%. The distribution by primary diagnosis, by which they were hospitalized in the psychogeriatric clinic, is the following:

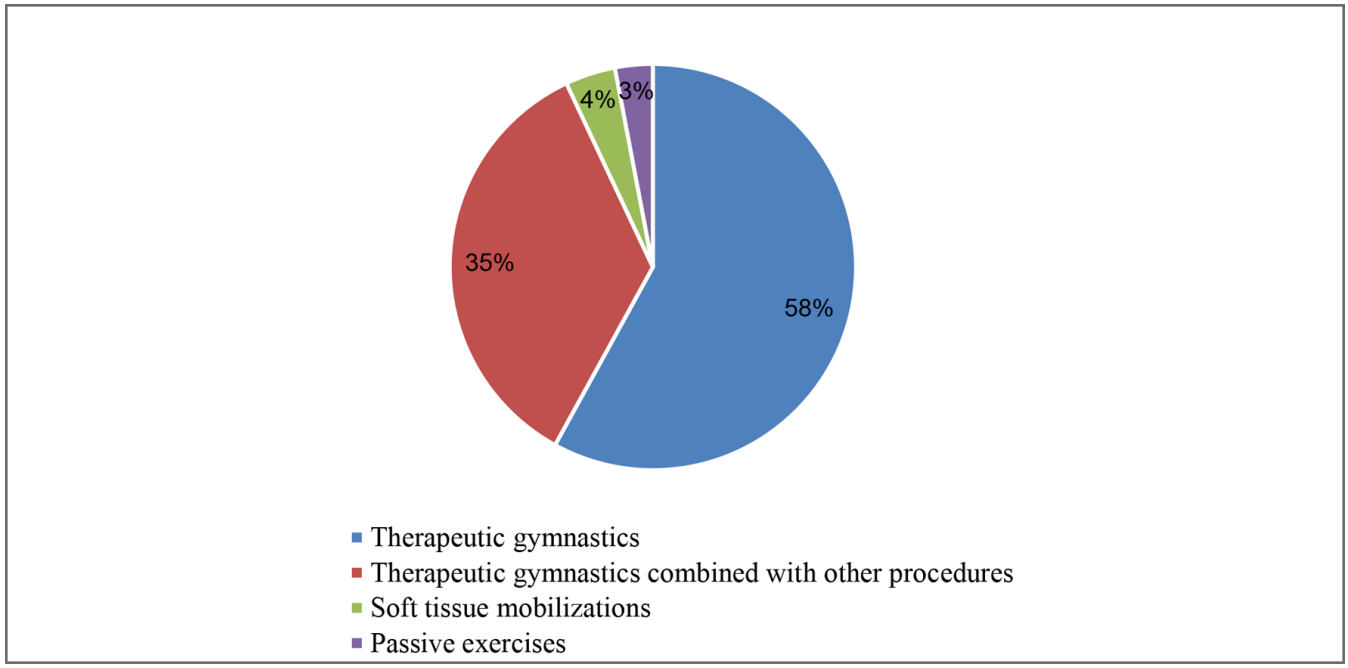
Almost one fourth of the respondents suffer from recurrent depressive disorders, 18% from dementia, and 11% from schizophrenia and organic delusional schizophrenic-like disorder. The remaining 36% from the researched population suffer from diverse psychopathology: bipolar affective disorder (8%), mental behavioral disorders (9%), depressive episodes (5%), etc. (Fig. 1.). More than half (59.45%) are multimorbid with three or more somatic comorbidities - neurological, cardiological, urological, gastrointestinal, etc., burdened with psychiatric disorders with symptoms of dementia, conditions after vascular accidents, organic disorders with psychotic symptoms, affective disorders (most often depressive), etc. This requires the determination of the individual rehabilitation potential before the selection of physiotherapeutic methods and means in order to determine the load dosage, which will be applied to the patient.

Fig. 1. Distribution by psychiatric disorders.



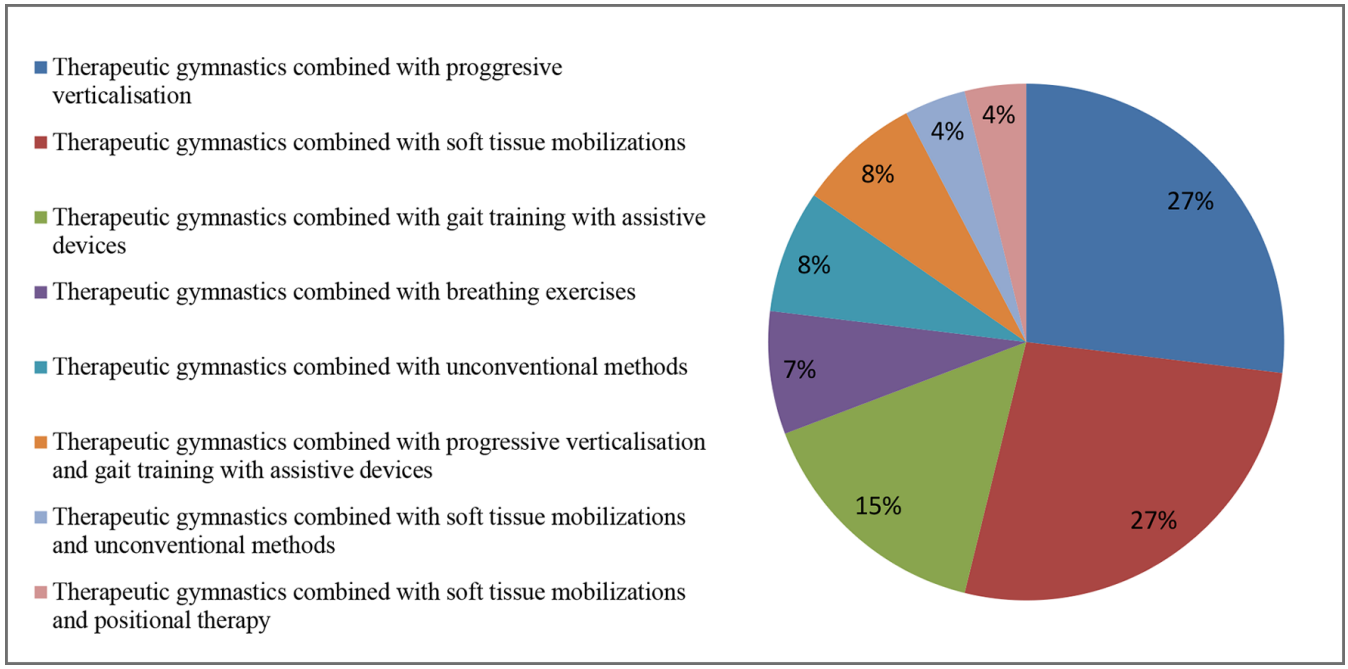
The rehabilitation potential of each patient was established, and the physiotherapeutic methods and means were selected based on the results, thus forming the individual physiotherapeutic programme. In Figure 2, the applied physiotherapy methods and means are presented, among which therapeutic gymnastics (93%), soft tissue mobilizations (4%), and passive exercises (3%) prevail. Therapeutic gymnastics were applied independently in more than half the respondents (58%) and in combination with other methods and means in 35%.

Fig. 2. Methods and means of physiotherapy.



On fig. 3 combined application of therapeutic gymnastics with other methods and means of physiotherapy, the combinations of therapeutic gymnastics with the rest of the physiotherapeutic methods and means are presented. The predominant methods are therapeutic gymnastics combined with progressive verticalization and therapeutic gymnastics combined with soft tissue mobilizations (9%), followed by therapeutic gymnastics combined with gait training with assistive devices (5%), etc.

Fig. 3. Combined application of therapeutic gymnastics with other methods and means of physiotherapy.



The research reveals the unlimited possibilities for the application of the diverse methods and means of physiotherapy in multimorbid psychogeriatric patients. Given the severe condition of psychogeriatric patients upon admission to the clinic and the risk of bed immobility, hypostatic pneumonia, decubitus and lethal outcome, it is necessary for a physiotherapist to intervene. The physiotherapist2 s participation in the comprehensive therapy leads

the multidisciplinary team when delivering physiotherapeutic care. The complex influence of therapeutic gymnastics and the other methods and means of physiotherapy, including aromatherapy, affects the perfusion of vital organs, from which the brain and the heart are most affected and helps the elderly patients to overcome affective depressive conditions, slows down cognitive decline in dementia conditions and contributes to the preservation of cognition as a whole. The research establishes the specific connection between psychogeriatrics and physiotherapy, as well as the necessity of forming a team of specialists for resolving the problems of combined physical and psychological problems.

CONCLUSION

The research reveals the unlimited possibilities for the application of active and/or passive physiotherapy in multimorbid psychogeriatric patients. The available resources of the relation between psychogeriatrics and physiotherapy for improvement of physical and mental health, shortening of the hospital stay and earlier social adaptation remain unused.

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Please cite this article as: Dzhordzhanova A, Naydenov A. Physiotherapy in Psychogeriatric Patients: Possibilities and Application. *J of IMAB.* 2026 Oct-Dec;32(4):7207-7210. [Crossref - https://doi.org/10.5272/jimab.2026324.7207]

Received: 04/06/2026; Published online: 19/11/2026

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