

Ergebnisse der Datenbankrecherche in Medline, Embase & PsycInfo

zum Schlagwort

BEWEGUNG

Gesamtanzahl zu diesem Schlagwort gefundener Artikel: 25¹

Gesamtanzahl nach Neuordnung der Thematiken der Artikel: 18²

¹ Davon 3 aus Medline/ 18 aus Embase/ 4 aus PsycInfo

² siehe Ergebnisse zu Stress/Ernährung

Search stage		Papers retained	
	Medline	Embase	Psycinfo
1. "Frauen " OR "Männer" OR "Gender*" OR "Doing Gender" OR "Geschlecht*" OR "Feminisierung" OR "Postfeminismus" OR "Sozialisation"	152219	222951	125979
2. "Gesundheit*" OR "Gesundheitsförderung" OR "Prophylaxe" OR "Prävention*" OR "Verhaltensprävention" OR "Vorsorge" OR "körperliches Wohlbefinden" OR "psychisches Wohlbefinden" OR "Lebensstil" OR "Resilienz*" OR "Resilienzfaktoren"	9755	13629	467
3a. "*Kurs" OR "Training" OR "*Programm" OR "Bewegungsprogramm" OR "Bewegung*" OR "Sport*" OR "Intervention"	605167	811595	344696
3b. "Stress*" OR "psychische Belastung" OR "Belastung" OR "innere Unruhe" OR "Unruhe" OR "innere Anspannung" OR "Anspannung" OR "Stressbewältigung" OR "Stressmanagement" OR "Achtsamkeit" OR "achtsamkeitsbasierte Stressreduktion" OR "Stressreduktion" OR "Stressintervention"	492244	627462	170794
3c. "Burnout" OR "Burnout-Syndrom" OR "Abgeschlagenheit" OR "Erschöpfung" OR "chronisches Erschöpfungssyndrom" OR "Burnout-Prävention" OR "Burnout-Intervention"	7097	8370	6632
3d. "Coping*" OR "Coping-Strategien" OR "Bewältigung*" OR "Bewältigungsstrategien" OR "Anpassung" OR "Abwehrmechanismus" OR "Vermeidungsverhalten" OR "Ressourcenerhaltung" OR "Ressourcenorientierung"	27280	46220	57340
3e. "Ernährung*" OR "Ernährungsverhalten" OR "Gewichtsreduktion" OR "Adipositas" OR "Übergewicht" OR "Essen"	1680	2675	174
3f. "Entspannung" OR "Lockerung" OR "Meditation" OR "Entspannungsverfahren" OR "Erholung"	2283	3912	4267
4. Combination of 1 and 2	158	230	47
5a. Combination of 1 and 2 and 3a	10	34	10
5b. Combination of 1 and 2 and 3b	12	20	6
5c. Combination of 1 and 2 and 3c	2	2	1
5d. Combination of 1 and 2 and 3d	2	5	6
5e. Combination of 1 and 2 and 3e	1	3	0
5f. Combination of 1 and 2 and 3f	0	0	0
Total number of included papers (since 2000; German-speaking countries)	4	28	6

Journal Article

[Health promotion effectiveness: testing the German statutory health insurance agencies evaluation system in health promotion, and preliminary findings from 212 health training courses].

<Gesundheitswirkungen von Prävention: Erprobung des Evaluationssystems der Krankenkassen im Individualansatz und erste Befunde aus 212 Gesundheitskursen.>

Kliche T., Schreiner-Kurten K., Wanek V., Koch U.

Gesundheitswesen (Bundesverband der Ärzte des Öffentlichen Gesundheitsdienstes (Germany). 73 (4) (pp 258–263), 2011. Date of Publication: Apr 2011. [Journal: Article]

The purpose of this study was to develop a measurement system for the evaluation of health promotion training courses offered by German statutory health insurance companies. In a field test, N=1 671 participants from 212 youth and adult courses for the promotion of either physical activity, coping with stress or nutritional improvement were included. 80% were female. Participants were questioned in a pre-post-design with a three month follow-up. The questionnaires covered health behaviour and health status. Participants' compliance and psychometric quality of the measurement instruments were good. On average, the health insurance companies assigned participants to different interventions adequately according to the participant's individual health problems. The health promotion courses triggered improvements of high effect sizes for health behaviour patterns, of moderate effect sizes for physical complaints, subjective health ratings, and health-related quality of life. Effects decreased after the end of the intervention but remained significantly above the initial values. BMI values continued their improvement after the end of the training courses. Thus, health promotion training courses generated stable health improvements of practically relevant effect sizes. The interventions provided good support and health improvements for all subgroups of participants, regardless of age, gender and educational background. Thus, the health promotion curricula of the health insurance companies offer a ubiquitous and easily accessible but effective intervention for health promotion in Germany, although men are clearly underrepresented among the participants. The trainings may be recommended and used by other health-care suppliers. The evaluation toolkit provides practical and valid instruments for a routine evaluation of health promotion trainings. It should be applied within random sampling designs. Georg Thieme Verlag KG Stuttgart New York.

[Health promotion effectiveness: developing and testing a system for routine evaluation in health education, workplace health promotion and setting approach supplied by the German statutory health insurance agencies].

<Gesundheitswirkungen der Prävention: Entwicklung und Erprobung eines Routine Evaluationssystems für Primärprävention und Gesundheitsförderung der Krankenkassen in Settings, Betrieben und Gesundheitskursen.> Kliche T., Riemann K., Bockermann C., Niederbuhl K., Wanek V., Koch U. Gesundheitswesen (Bundesverband der Ärzte des Öffentlichen Gesundheitsdienstes (Germany)). 73 (4) (pp 247–257), 2011. Date of Publication: Apr 2011. [Journal: Article]

The aim of the study was to develop and test a routine evaluation system for all health promotion and education activities funded by the German statutory health insurance companies. The system aims at measuring both individual health effects and the complex organisational effects of setting projects. Measurement instruments were developed synoptically and tested in three field tests (2003–2008). In order to assess the impact of individual health training, 212 courses of the health insurance companies were evaluated. To assess the setting approach, 56 schools participating in a health-promotion project were included, and for workplace health-promotion 6 projects of different health insurance companies were included. The research design was an observational study. Instead of control groups, individual data were compared to reference values for gender- and age-matched groups from national health surveys. The studies consisted of baseline and final assessment (T1/T2), complemented by a follow-up (T3), all adapted to the time of intervention (i. e., 3–24 months for T1/T2 and 3–18 months for T2/T3). The evaluation system provides multilevel-measurement based upon validated questionnaires for health-related structures and processes in institutions, and for the participating individual's subjective health, health problems, health-related quality of life, workplace and institutional satisfaction. Controlling for central confounders is also possible (input and dosage, age, gender, educational background). Thus, short but valid measurement instruments of high usability are available to evaluate the effectiveness of prevention, health promotion and education. Georg Thieme Verlag KG Stuttgart New York.

<http://ovidsp.ovid.com/ovidweb.cgi?T=JS&CSC=Y&NEWS=N&PAGE=fulltext&D=emed10&AN=20486081>

A case-control study of the effects of short physical exercise programs on cardiovascular risk.

<Beeinflussung des kardiovaskulären Risikos durch kurze, zielgruppenspezifische Gesundheitsprogramme mit Fokus auf körperlichem Ausdauertraining.>

Mittag O., Wessinghage T., Grunhagen M., Raspe H.

Prävention und Rehabilitation. 21 (2) (pp 37–44), 2009. Date of Publication: 2009.

[Journal: Article] Publisher Dustri-Verlag Dr. Karl Feistle (P.O. Box 1351, Deisenhofen/München D-82032, Germany)

In the context of a case-control study the effects of health programs conducted at a rehabilitation clinic were analyzed. These programs were firstly aimed at people prone to cardiovascular disease (health insurance programs). In addition to that, they addressed persons wishing to improve their state of health by a systematic physical exercise program (self-pay patients). Main end-point of the study was the global cardiovascular risk (Framingham-Score). 149 participants were compared to 248 matched controls. Overall, the health programs turned out to be effective; in the intervention group the global risk decreased, whereas it increased in the control group ($p = 0.014$). Younger men benefited from both program types, women however

only showed positive effects in the self-pay programs. Limitations of the study (e.g. bias because of a high drop-out rate in the intervention group) are discussed, and the need for further research is outlined. 2009 Dustri-Verlag Dr. Karl Feistle.

<http://ovidsp.ovid.com/ovidweb.cgi?T=JS&CSC=Y&NEWS=N&PAGE=fulltext&D=emed9&AN=2009339049>

Health and acculturation by means of physical activity? Results of a cross-sectional study on physical activity among immigrants.

[German]. [References].

Sieberer, Marcel; Ziegenbein, Marc; Clark, Daniel; Ersoz, Burcu; Calliess, Iris T.

Zeitschrift für Medizinische Psychologie. Vol.18(3-4), 2009, pp. 170-179.

[Journal; Peer Reviewed Journal]

Year of Publication 2009

Objectives: Previous studies have indicated a possible correlation of acculturation and physical inactivity with increased health risks among immigrants. This study on multiethnic employed individuals investigates whether immigration background, indicators of acculturation and the degree of physical activity are correlated. Methods: For this cross-sectional study, all employees of a university hospital received a questionnaire concerning social-demographic variables, immigration background, evidence of acculturation and daily physical activity (International Physical Activity Questionnaire) as well as participation in organised sport. Statistical evaluation was carried out on age-adjusted data by means of chi superscript 2-test and logistic regression. Results: The overall answer rate was 41.7%. Complete data were available for 2796 subjects. 14.9% (n = 418) reported an immigration background--being immigrants of the first (n = 275) or of the second (n = 143) generation. No difference in the degree of physical activity was found between immigrants of the first or second generation and non-immigrants. There was, however, a significant correlation between language skills and physical activity (chi superscript 2 = 23.35; df = 6; p = 0.001). Female immigrants participated less often in sports clubs than female non-immigrants did (chi superscript 2 = 32.18; df = 2; p < 0.001). Furthermore, among female immigrants, the criterion "close attachment to the native culture" correlated with fewer activities in a sports club (chi superscript 2 = 4.52; df = 1; p = 0.027). Conclusion: These results suggest a possible connection between acculturation and physical activity, partly related to gender specific differences. These acculturation and gender aspects should be taken into consideration among measures pertaining to immigrants' health prevention and social integration. (PsycINFO Database Record (c) 2010 APA, all rights reserved) (journal abstract)

<http://ovidsp.ovid.com/ovidweb.cgi?T=JS&CSC=Y&NEWS=N&PAGE=fulltext&D=psyc6&AN=2009-11997-008>

"Living an active life" – Sports, exercise and health in middle-aged and older adults – An empirical database on physical activity, health behavior and lifestyle in the 50- to 70-year-old residential population of baden-wuerttemberg.

<"Ein aktives leben leben" – Sport, bewegung und gesundheit im mittleren und hoheren

erwachsenenalter – Konzeption, datenerhebung und erste ergebnisse eines repräsentativen basis-survey für die 50- bis 70-jährige baden-württembergische wohnbevölkerung.> Becker S., Huy C., Brinkhoff K.-P., Gomolinsky U., Klein T., Thiel A., Zimmermann-Stenzel M. Gesundheitswesen. 69 (7) (pp 401–407), 2007. Date of Publication: Jul 2007. [Journal: Article]

In a society with an aging population, the preventive healthcare importance of physical activity in middle-aged and older adults is growing. The purpose of the study "Living an Active Life – Age and Aging in Baden-Wuerttemberg" is to acquire generalisable data of practical relevance for the 50- to 70-year-old population of Baden-Wuerttemberg. The main themes of this study are sports, exercise, and health-related and lifestyle aspects – from both a current and a biographical perspective. Following conceptualization and a test run, the survey was conducted by means of a computer-assisted telephone interview (CATI) in the period from May to October 2006. 982 men and 1,020 women responded. The percentage of respondents with a high level of education was disproportionately high, as is frequently the case for telephone surveys. Due to the resultant bias, the data was weighted by age, gender and education on the basis of the German Microcensus 2004. In addition to serving as a health report on the middle-aged and older adult population, this basic survey generated representative data on physical/sporting activity among older people in Baden-Wuerttemberg, and can be used as a reliable basis for designing future preventive measures. First analyses show that people with higher educational levels and good health, and non-smokers, people with balanced diet and normal weight are more likely to do sporting activities. Georg Thieme Verlag KG Stuttgart New York.

<http://ovidsp.ovid.com/ovidweb.cgi?T=JS&CSC=Y&NEWS=N&PAGE=fulltext&D=emed8&AN=2007431474>

Health Behaviour in School-aged Children – An international study.

<Gesundheitsverhalten im jugendalter: Ergebnisse der internationalen "Health Behaviour in School-aged Children"-studie.> Langness A., Richter M., Hurrelmann K. Gesundheitswesen. 67 (6) (pp 422–431), 2005. Date of Publication: Jun 2005. [Journal: Article]

Introduction: Childhood and adolescence are critical periods in the development and stabilisation of health behaviour and risk behaviour. Typically, individual health behaviour developed during this phase of life is carried into adulthood. The goal of this data analysis was to conduct an international comparison of adverse health behaviour among adolescents, to interpret differences between countries, and to make recommendations for future health promotion and prevention programmes. Methods: The international comparative study "Health Behaviour in School-aged Children" (HBSC) serves as the basis for this data analysis. HBSC is conducted by the WHO (World Health Organization) every four years. The four health behaviour indicators selected from the HBSC study for this analysis include tobacco consumption, alcohol consumption, physical activity, and eating behaviour. Results and discussion: Large differences in adolescent health behaviour were identified among the countries of the EU and the USA. German youth

when compared with youth in other countries, have higher rates for most selected indicators. To enhance success, prevention and health promotion programmes in Germany should adopt effective strategies from other countries, and include gender-specific and comprehensive programming aspects. Based on this comparison, it is recommended that health interventions should be tailored to the cultural, social, economic and political conditions of a particular country. Georg Thieme Verlag KG Stuttgart.

<http://ovidsp.ovid.com/ovidweb.cgi?T=JS&CSC=Y&NEWS=N&PAGE=fulltext&D=emed7&AN=2005337174>

A health promotion project for women at "Deutsche Telekom" – Telekom GeNet.

<Gesundheitsförderung für Frauen bei der Deutschen Telekom AG – Telekom GeNet.>

Danz A., Ehret K., Klauss B., Langness A., Breull W.-R. Zeitschrift für

Gesundheitswissenschaften. 11 (3) (pp 208–220), 2003. Date of Publication: 2003. [Journal: Article]

The integration of job and family or home commitments in women's lives makes demands, which have an effect on their health. The present paper presents a pilot project in the field of health promotion at the workplace (Telekom GeNet) carried out at Deutsche Telekom AG in cooperation with the University of Cologne. The object of this study was to improve subjective health and self-efficacy of female employees who took part in the intervention study for one year. The following seminars were part of the intervention program: forum network, nutrition, relaxation (Yoga, Qi Gong). The results show an improvement of subjective health and self-efficacy at the end of the study in the intervention group both in comparison to the beginning of the study and in comparison to the control group. The results of the study and our experience with Telekom GeNet leads us to suggest that the workplace is a good setting for the promotion of bio-psycho-social health of women. This should be taken into account in the field of personnel and organisational development and also as measure to promote women's career prospects.

<http://ovidsp.ovid.com/ovidweb.cgi?T=JS&CSC=Y&NEWS=N&PAGE=fulltext&D=emed6&AN=2003347239>

Sports and physical activity in the elderly: social structural context and relation to health.

<Sport und körperliche Aktivität im Alter: sozialstruktureller Kontext und die Beziehung zur Gesundheit.> Luschen G., Abu-Omar K., von dem Knesebeck O. Sozial- und Präventivmedizin. 46 (1) (pp 41–48), 2001. Date of Publication: 2001. [Journal: Article]

OBJECTIVES: The following contribution analyses the socio-structural context of sport as well as the relationship between sport/physical activity and health among older people (> or = 60 years). **METHODS:** The data are part of a telephone-survey by random sample with 436 realised cases in the independent cities of the Western Ruhr-District and thus represent a situation in highly urbanised areas. **RESULTS:** In the cardinal question concerning the meaning of sport and physical activity for health a positive relationship was found, in particular between sport intensity and health measured by Advanced Activities of Daily Living (AADL) as well as for sport as hobby, which showed a highly significant relationship with subjective health. With regard to

socio-demographic variables results show that sport and physical activity vary with gender and age. Apart from that attitudes like low external control for one's health as well as the value of appearance show strong relationships with sport participation. Stratification variables with the exception of income only show weak effects. **CONCLUSIONS:** The results, which are partly not congruent, indicate that further research is needed in the field of sport and health among the aged.

<http://ovidsp.ovid.com/ovidweb.cgi?T=JS&CSC=Y&NEWS=N&PAGE=fulltext&D=emed5&AN=11320912>

Gender sensitive health promotion and prevention.

<Geschlechtergerechte Gesundheitsförderung und Prävention.> Kolip P. Bundesgesundheitsblatt – Gesundheitsforschung – Gesundheitsschutz. 51 (1) (pp 28–35), 2008. Date of Publication: January 2008.

[Journal: Article] Publisher Springer Verlag

Numerous gender differences in health-related behaviour are relevant in the planning of health promotion and prevention. More men than women consume amounts of alcohol that are a risk to their health. Tobacco consumption has fallen slightly among men but has risen among women. Women eat more healthy food. Men behave risky in leisure time and traffic, thus their mortality rates due to accidents are much higher, especially in young age groups. The epidemiological data lead to the conclusion that gender sensitive health promotion and prevention is necessary. Gender mainstreaming is declared as the main strategy to enhance gender equity in health. The paper focuses on the public health action cycle and demonstrates that at each step gender mainstreaming improves the quality of intervention. To implement gender mainstreaming in health promotion and prevention, a process of sensitization has to be initialized. An instrument is presented that supports this process at the foundation "Health Promotion Switzerland". A short description of some examples of gender adequate interventions is given at the end of the paper. 2008 Springer Medizin Verlag.

<http://ovidsp.ovid.com/ovidweb.cgi?T=JS&CSC=Y&NEWS=N&PAGE=fulltext&D=emed8&AN=18185966>

Geriatric health promotion and prevention for independently living senior citizens: Programmes and target groups.

<Geriatrische Gesundheitsförderung und Prävention für selbstständig lebende Senioren: Angebote und Zielgruppen.> Dapp U., Anders J., Meier-Baumgartner H.P., Von Renteln-Kruse W. Zeitschrift für Gerontologie und Geriatrie. 40 (4) (pp 226–240), 2007. Date of Publication: August 2007. [Journal: Article] Publisher Dr. Dietrich Steinkopff Verlag GmbH and Co. KG

Background: Nearly all diseases in old age that are epidemiologically important can be reduced or prevented successfully through consequent changes in individual lifestyle, a systematic provision of measures in primary prevention (i.e. vaccination programmes) and the creation of health promoting settings. However, at the moment the amount of potential for preventative

interventions is neither systematically nor sufficiently utilised in Germany. Methods: Two different preventative approaches: a) multidimensional advice session in small groups through an interdisciplinary team at a geriatric centre (seniors come to seek advice offered at a centre) or b) multidimensional advice at the seniors home through one member of the interdisciplinary team from the geriatric centre (expert takes advice to seniors home) were tested simultaneously with a well-described study sample of 804 independent community-dwelling senior citizens aged 60 years or over, without need of care and cognitive impairments recruited from general practices. Information about target group specific approaches in health promotion and prevention for senior citizens were retrieved from analyses of sociodemographic, medical, psychological and spacial characteristics of this study sample. Results: The majority of the study sample (580 out of 804 or 72.1%) decided to participate: a) 86.7% (503 out of 580) attended at the geriatric centre and sought advice in group sessions and b) 13.3% (77 out of 580) decided to receive advice in a preventive home visit. A total of 224 seniors (224 out of 804 or 27.9%) refused to participate at all. These three target groups were characterised on the basis of their age, gender, education, social background, health status, health behaviour, use of preventive care, self perceived health, functional disabilities, social net and social participation and distance or accessibility of preventative approaches. The 503 senior citizens who participated in small group sessions at the geriatric centre were characterised as "investors into their health resources". They were mobile and participated actively in their environment. They were open for health promoting advice and capable of understanding and incorporating it into their daily routines (health literacy). Those 224 seniors who refused any participation were characterised as "consumers of their health resources". They did not differ in age and gender from the health investors, but showed less self-efficacy and less self-responsibility and typical behaviour that endangers health in an active way, i.e. smokers or in a passive way, i.e. low physical activity. The 77 seniors who received a preventive home visit were characterised as "people with exhausted health resources". Their mobility was clearly restricted and autonomy was confined to their home environment. This group represented frail elderly people with many risk factors in different domains. Conclusion: The strongest reason to refuse participation in health promoting programmes was the personal attitude related to one's own personal health. Taking account of needs and wants of the seniors who refused to participate more people expressed the reason "no interest" in the preventive home visit than in the small group session at the geriatric centre. To strengthen the integration of the GP as a trustworthy person would seem to be more successful to motivate senior citizens to participate in health promoting and preventative programmes in the future. This could succeed in a cooperation with geriatric centres to establish community centres for generally healthy senior citizens. 2007 Steinkopff-Verlag.

<http://ovidsp.ovid.com/ovidweb.cgi?T=JS&CSC=Y&NEWS=N&PAGE=fulltext&D=emed8&AN=17701114>

Socioeconomic gradients in health and overweight.

<Sozioökonomische einflüsse auf gesundheit und ubergewicht.>

Muller M.J., Danielzik S., Pust S., Landsberg B.

Ernährungs Umschau. 53 (6) (pp 212–217), 2006. Date of Publication: Jun 2006. [Journal: Article]

In Germany overweight and obesity in children, adolescents and adults are endemic. In our society, overweight is not equally distributed. There is an inverse socioeconomic gradient in childhood overweight: children of low socioeconomic status have the highest prevalence of overweight. These differences are only partly explained by socially determined behaviours. Social factors also serve as a barrier to interventions of health promotion at school and treatment of overweight. Since overweight is a social, familial and gender problem it is not solved by intervention addressing the individual behaviour only. Effective intervention strategies should comprise multiple settings.

<http://ovidsp.ovid.com/ovidweb.cgi?T=JS&CSC=Y&NEWS=N&PAGE=fulltext&D=emed7&AN=2006375483>

Accidents – Places, Circumstances, Sequels. Results of a German Federal Health Survey 1998.
<Unfälle – Orte, Umstände und Folgen. Ergebnisse des Bundes-Gesundheitssurveys 1998.>
Langen U. Gesundheitswesen. 66 (1) (pp 21–28), 2004. Date of Publication: Jan 2004.
[Journal: Article]

Accident data of a representative sample of the German population aged 18 to 79 years are presented. Database was the 1998 Federal German Health Survey. Men suffer more often from accidents than women (15.1 versus 9.4%); this figure is mainly based on the accident frequency of young men. Main emphases of the injury events lay on domestic accidents, work accidents and sports/leisure accidents. Regarding the domestic accidents more far-reaching preventive measures should be predominantly undertaken since these accidents must be regarded as largely avoidable. The frequency of work accidents is very different, depending on the occupational group. The accident frequency of trainees calls especially for prevention measures. The risk of a work accident increases with the combination of physical activity and responsibility. There are also early defined incidences of strain enhancing the risk of work accidents. Again, the incidence of leisure accidents is especially great for the male population. Since regular sports is part of health system recommendations, the steep rise in the rate of sports accidents should not be tolerated. More than 70 % of all working persons are not fit for work after an accident. If a physically exhausting profession is practised, then accidents result by more than 80% in inability to work. The frequency peak of the duration of the work inability is 1 to 2 weeks. The duration of a work inability after an accident increases with increasing age. Bone fractures as a consequence of injuries play an increasingly great role with increasing age; in women earlier than in men. In persons over 70 years of age, far more than half of the injury consequences result in bone fractures.

<http://ovidsp.ovid.com/ovidweb.cgi?T=JS&CSC=Y&NEWS=N&PAGE=fulltext&D=emed6&AN=2004107192>

Health Promotion in Adolescence: Attractiveness of Stress Management Trainings.
<Gesundheitsförderung im Jugendalter: Attraktivität von Stressbewältigungstrainings.>
Klein-Hessling J., Lohaus A., Beyer A. Zeitschrift für Gesundheitswissenschaften. 11 (4) (pp 365–380), 2003. Date of Publication: 2003. [Journal: Article]

Fostering stress management skills is a core target of health promotion. The aim of the present

study is to identify the attractiveness of stress management trainings for adolescents. 1.699 Fifth- to Tenth-graders filled in a questionnaire asking for (a) their interest in attending a stress management training, (b) chronic diseases, distress, stress-symptoms, and (c) concrete expectations and preferred conditions with regard to the training. As a main result, gender, grade, chronic diseases, distress and stress symptoms emerged as the most important predictors of the interest in the training. The analyses of concrete expectations and conditions revealed gender- and grade-effects and differences between the school-types included.

<http://ovidsp.ovid.com/ovidweb.cgi?T=JS&CSC=Y&NEWS=N&PAGE=fulltext&D=emed6&AN=2003494324>

Gender-sensitive public health publications in Germany? Results of a review of literature.

[<Geschlechtsangemessene publikationspraxis in den gesundheitswissenschaften im deutschsprachigen raum? – Ergebnisse einer literaturreview.> Fuchs J., Maschewsky-Schneider U. Gesundheitswesen. 64 \(5\) \(pp 284-291\), 2002. Date of Publication: 2002. \[Journal: Article\]](#)

Background: The project 'Gender Bias – Gender Research' investigates how far gender issues are considered in German-language Public Health journals. Target is the analysis of the publication practice in Public Health in order to point out status, deficits and perspectives of gender-specific research. Methods: We developed a standardised evaluation instrument, which covers the semantic, methodical, technical and contentual area regarding gender issues and evaluated all original contributions of the years 1990, 1995 and 1999 in the journals 'Das Gesundheitswesen', 'Sozial- und Präventivmedizin' and 'Zeitschrift für Gesundheitswissenschaften'. 268 (of 517) contributions applied to persons (in contrast to i.e. programmes, institutions) and were completely analysed. Results: The main part of the contributions take women and men into account, but do not consider them continuously in all parts of the research process and in this way do not fulfil all requirements for gender-sensitive research. Gender finds most consideration on the semantic level. Less than half of the authors consider the different situation of women and men in the formulation in hypotheses, sampling, or data analysis, and only 35% of them make reference to this in their conclusions. We found differences between the examined journals and years. Conclusions: The concerns of women and men should be considered at all levels of research. Attention should be paid to this when writing, reviewing and publishing contributions.

<http://ovidsp.ovid.com/ovidweb.cgi?T=JS&CSC=Y&NEWS=N&PAGE=fulltext&D=emed5&AN=2002182558>

[Health status and health behaviour of apprentices in the first year of apprenticeship – first results of a survey in vocational training schools in Bielefeld].

[German] Kaminski A. Nauerth A. Pfefferle P I. Gesundheitswesen. 70(1):38-46, 2008 Jan. [English Abstract. Journal Article] UI: 18273762 Authors Full Name Kaminski, A. Nauerth, A. Pfefferle, P I.

BACKGROUND: Apprentices form the major subgroup in adolescents aged between 16 and 25 years in Germany. Prospectively today's apprentices will display an important role within the

society by being the backbone of the future middle class, a socio-economic group of high significance. However, there is little knowledge about the health of apprentices, a major determinant of economic and social capacity. A number of surveys has focussed on the health of adolescents, but these studies failed to provide specific data regarding the subgroup of apprentices. **AIMS OF THE STUDY:** The aims of this study were to survey the health status and the health behaviour of apprentices in a large range of qualified jobs and to point out possible differences between the occupational fields and gender-specific items. These differences could serve as a starting point for the development of specially-tailored prevention and health promoting strategies in the dual vocational education system. **METHODS:** 528 vocational first-year scholars aged between 16 to 25 years were enrolled in the study. A standardised questionnaire concerning life-style attitudes, (physical activity, smoking, alcohol consumption, drug-abuse, the amount of sleep and dietary habits) was provided in different vocational school settings. The survey was conducted as a pilot-study in vocational schools of Bielefeld in spring 2005. **RESULTS:** The response rate was 100%. Health risk behaviours were common in apprentices. The percentage of smokers was higher than 50%, exceeding the average rate found in contemporary students. Physiological activity and sleeping quantity was significantly reduced compared to the period of regular scholarship, while drug-abuse slightly decreased. Gender, graduation and the vocational choice had an influence on the health behaviour of the apprentices. **CONCLUSIONS:** Depending on gender and the vocational choice, apprentices differed in their health risk behaviour and therefore require specially-tailored prevention activities. Health promotion and physical activity programs as an integrated unit in the daily life in schools and at the working places are necessary to increase the awareness for health-related life-style factors and to counterbalance the effects of occupational exposure. Based on the results both partners of the dual vocational training are challenged to implement effective and coordinated programmes to maintain health in this population.

<http://ovidsp.ovid.com/ovidweb.cgi?T=JS&CSC=Y&NEWS=N&PAGE=fulltext&D=medl&AN=18273762>

[Mental co-morbidity, health care utilization and illness behaviour in overweight and obese subjects—results from a representative German community survey].

[German] Wiltink J. Weber MM. Beutel ME. Psychotherapie, Psychosomatik, Medizinische Psychologie. 57(11):428-34, 2007 Nov. [English Abstract. Journal Article]

UI: 17948206 Authors Full Name Wiltink, Jorg. Weber, Matthias M. Beutel, Manfred E.

Obesity is associated with an increased somatic morbidity and mortality. This paper focuses on the controversial issue of mental co-morbidity in various populations of overweight and obese persons and the relationship to the utilization of medical care and health behaviour. Therefore, this paper focuses on health care utilization and health behaviour in overweight/obese with mental co-morbidity. In a representative German community sample with n=1281 we administered valid self-rating scales on depression and anxiety. Using established cut-off scores we identified 61 subjects with both overweight/obesity and at least one mental disorder. Compared to the overweight/obese without mental co-morbidity, those subjects showed a more extensive health care utilization of psychiatric and psychotherapeutic services and reported more smoking. Beside the number of somatic problems, age, BMI, female gender and residence in

Eastern-Germany a lower subjective health in overweight/obese subjects could be predicted by the occurrence of at least one mental disorder. Our results implicate the need to focus on psychotherapy in weight reduction programmes for participants with mental co-morbidity.
<http://ovidsp.ovid.com/ovidweb.cgi?T=JS&CSC=Y&NEWS=N&PAGE=fulltext&D=med4&AN=17948206>

Perceived health maintenance outcomes of multiple health behaviors.

[German]. [References].

Wiesmann, Ulrich; Klein, Amelie; Hannich, Hans-Joachim.

Zeitschrift fur Gesundheitspsychologie. Vol.19(3), 2011, pp. 134-145.

[Journal; Peer Reviewed Journal]

Year of Publication 2011

The objective of this online study was the appraisal of perceived health maintenance outcomes of multiple health behaviors in a heterogeneous sample of health experts (physicians, psychologists, and other health professionals) and laymen (students and non-health professionals). Five hundred and eight participants (53% women), with a mean age of 34.4 years, estimated the extent to which 39 behaviors were conducive or prejudicial to an individual's health maintenance in general. These specific outcome expectancies differed widely, so that very effective and less effective behaviors could be identified. A principal component analysis with oblique rotation yielded a solution with five independent components, which accounted for 44.3% of the variance and which were entered as dependent variables in an age-adjusted 5 x 2 MANCOVA (expertise x sex). The significant multivariate expertise main effect was due to health care behavior and safety-enhancing behavior, with physicians estimating the strongest health contingencies. The significant multivariate sex main effect was due to psychosocial regulative behavior, substance-related abstinence, health-care behavior and self-care behavior, with women perceiving stronger contingencies than men, as expected. Health maintenance outcome expectancies are the result of occupational and gender socialization and are basically alterable. As a precondition for the development of self-efficacy expectancies, outcome expectancies should attract more attention in intervention programs. (PsycINFO Database Record (c) 2011 APA, all rights reserved) (journal abstract)

<http://ovidsp.ovid.com/ovidweb.cgi?T=JS&CSC=Y&NEWS=N&PAGE=fulltext&D=psyc7&AN=2011-15381-003>

Prevention through support for coping gender-specific developmental tasks: Development, implementation and evaluation of a school-based program for gender-adapted health promotion.

[German]. [References]. Hinz, Arnold. Zeitschrift fur Padagogische Psychologie/ German Journal of Educational Psychology. Vol.21(2), Jun 2007, pp. 145-155. [Journal; Peer Reviewed Journal] Year of Publication 2007

An essential function of youthful risk taking is to show oneself as a grown-up man or woman. A program for gender-adapted health promotion has been developed that offers functional equivalents for youthful risk taking, for example a flirtation training. Aims of the program were smoking prevention, a general diminution of thrill and adventure seeking, increase of self esteem, social resistance skills and willingness to seek for help. An additional aim for girls was the increase of body satisfaction and for boys the turning away from traditional (unhealthy) masculinity. A quasi-experimental design has been realized with 12 intervention and 14 control classes with pre-, post- and follow-up measurements. As a result of the intervention there was a

significant increase of self esteem for boys and girls. For boys a significant decrease in tobacco smoking and a turning away from traditional masculinity could be reached, whereas for girls there were no significant changes in tobacco smoking and body image. (PsycINFO Database Record (c) 2010 APA, all rights reserved) (journal abstract)

<http://ovidsp.ovid.com/ovidweb.cgi?T=JS&CSC=Y&NEWS=N&PAGE=fulltext&D=psyc5&AN=2007-13527-005>

Health behavior of primary school students: Gender differences and the meaning of defensive emotion regulation.

[German]. [References]. Mohiyeddini, Changiz; Kohlmann, Carl-Walter. Zeitschrift fur Gesundheitspsychologie. Vol.10(2), 2002, pp. 69-78. [Journal; Peer Reviewed Journal]
Year of Publication 2002

Examined whether gender differences in health behavior can be explained by gender differences in avoidant emotion regulation. For 248 primary school students avoidant emotion regulation, health behavior, and Body Mass Index were assessed. Children's self report data were validated with their mother's ratings. Additionally, the number of days the children missed school because of illness was assessed (mother's perspective). The results indicate that girls take better care of their oral hygiene, act more carefully in traffic situations, eat healthier food, and are less interested in sports as well as in watching TV and in playing computer games. Furthermore, they sleep longer and avoid dangerous games. While gender differences in physical exercise and in playing dangerous games are due to boys' higher scores in avoidant regulation, boys who score low in avoidant regulation play computer games more frequently. These non defensive boys were highest in relative body weight but missed school less often. Considering the results, the costs and benefits of avoidant emotion regulation for health behavior are discussed. (PsycINFO Database Record (c) 2010 APA, all rights reserved)

<http://ovidsp.ovid.com/ovidweb.cgi?T=JS&CSC=Y&NEWS=N&PAGE=fulltext&D=psyc4&AN=2002-06102-002>

Ergebnisse der Datenbankrecherche in Medline, Embase & PsycInfo

zum Schlagwort

STRESS

Gesamtanzahl zu diesem Schlagwort gefundener Artikel: 8³

Gesamtanzahl nach Neuordnung der Artikel: 9

³ Davon 1 aus Medline/ 6 aus Embase/ 1 aus PsycInfo

Search stage		Papers retained	
	Medline	Embase	Psycinfo
1. "Frauen " OR "Männer" OR "Gender*" OR "Doing Gender" OR "Geschlecht*" OR "Feminisierung" OR "Postfeminismus" OR "Sozialisation"	152219	222951	125979
2. "Gesundheit*" OR "Gesundheitsförderung" OR "Prophylaxe" OR "Prävention*" OR "Verhaltensprävention" OR "Vorsorge" OR "körperliches Wohlbefinden" OR "psychisches Wohlbefinden" OR "Lebensstil" OR "Resilienz*" OR "Resilienzfaktoren"	9755	13629	467
3a. "*Kurs" OR "Training" OR "*Programm" OR "Bewegungsprogramm" OR "Bewegung*" OR "Sport*" OR "Intervention"	605167	811595	344696
3b. "Stress*" OR "psychische Belastung" OR "Belastung" OR "innere Unruhe" OR "Unruhe" OR "innere Anspannung" OR "Anspannung" OR "Stressbewältigung" OR "Stressmanagement" OR "Achtsamkeit" OR "achtsamkeitsbasierte Stressreduktion" OR "Stressreduktion" OR "Stressintervention"	492244	627462	170794
3c. "Burnout" OR "Burnout-Syndrom" OR "Abgeschlagenheit" OR "Erschöpfung" OR "chronisches Erschöpfungssyndrom" OR "Burnout-Prävention" OR "Burnout-Intervention"	7097	8370	6632
3d. "Coping*" OR "Coping-Strategien" OR "Bewältigung*" OR "Bewältigungsstrategien" OR "Anpassung" OR "Abwehrmechanismus" OR "Vermeidungsverhalten" OR "Ressourcenerhaltung" OR "Ressourcenorientierung"	27280	46220	57340
3e. "Ernährung*" OR "Ernährungsverhalten" OR "Gewichtsreduktion" OR "Adipositas" OR "Übergewicht" OR "Essen"	1680	2675	174
3f. "Entspannung" OR "Lockerung" OR "Meditation" OR "Entspannungsverfahren" OR "Erholung"	2283	3912	4267
4. Combination of 1 and 2	158	230	47
5a. Combination of 1 and 2 and 3a	10	34	10
5b. Combination of 1 and 2 and 3b	12	20	6
5c. Combination of 1 and 2 and 3c	2	2	1
5d. Combination of 1 and 2 and 3d	2	5	6
5e. Combination of 1 and 2 and 3e	1	3	0
5f. Combination of 1 and 2 and 3f	0	0	0
Total number of included papers (since 2000; German-speaking countries)	4	28	6

Journal Article

Domestic Violence Against Women: Negative Health Consequences and Need for Care—Results of an Inquiry among First-Aid-Patients.

<Hausliche Gewalt gegen Frauen: Gesundheitsfolgen und Versorgungsbedarf – Ergebnisse einer Befragung von Erste-Hilfe-Patientinnen im Rahmen der S.I.G.N.A.L.-Begleitforschung.>

Brzank P., Hellbernd H., Maschewsky-Schneider U. Gesundheitswesen. 66 (3) (pp 164–169), 2004. Date of Publication: Mar 2004. [Journal: Conference Paper]

To determine the prevalence of domestic violence (DV), sequelae, and the expectancies of support/intervention among female patients receiving medical care within an emergency department (ED), a pertinent inquiry was effected. Method: Cross-sectional survey, using trained female interviewers to confidentially administer standardised questionnaires to female patients of the ED of a university hospital in Berlin, Germany. There were 1557 female patients, 18 to 60 years of age, receiving medical care in a hospital ED during 7 weeks in the Spring/Summer of 2002. Of that initial population, 411 women were excluded, 340 refused participation, with N = 806 (70%) participating in the study. The survey instrument included questions on different kinds of abuse, sequelae (physical and mental), demographic characteristics and the patients' expectations of support by health professionals. Results: 57% of the victims of at least one episode of DV in their lifetime after the age of 16 claimed health consequences. According to the percentage of nominations the sequelae were: mental (54%), physical (35%), 32% both, head injuries (60%), haematomas/bruises (44%), and fractures (17%), injuries from stabbings, gunshots, or burns (10%), gastrointestinal disorders (23%), headache/migraine (18%), and heart disease (15%). The most frequently reported psychological symptoms were anxiety (32%), depression (13%) and suicide/self-mutilation attempts (5%). 52% of the victimised women, who reported health consequences, had received medical care in lifetime including: 33% surgery, 24% emergency department, and 10% received clinical treatment. In response to a hypothetical question about a future incidence of DV victimisation posed to all respondents, 67% claimed that they would discuss it with their physicians, and only 8% of respondents indicated that they had ever been asked about DV occurrence during any past consultations with a health care professional. Approximately 80% of all respondents favour a routine inquiry for DV to be included as part of the medical history protocol of the ED. Conclusion: The sequelae resulting from DV victimisations of women receiving medical services, suggests the need for intervention(s) within the health care setting. Health professionals must first acknowledge DV as a possible cause of injuries and other health disorders in female patients. Domestic violence screening of female patients within the health care setting can enhance the quality of care for victims. Women's expectations show the acceptability of such interventions.

<http://ovidsp.ovid.com/ovidweb.cgi?T=JS&CSC=Y&NEWS=N&PAGE=fulltext&D=emed6&AN=2004203738>

(Aus Bewegung)

[Work stress, health and satisfaction of life in young doctors. Results of a longitudinal study in

Switzerland].

[German] Buddeberg-Fischer B. Stamm M. Buddeberg C. Bauer G. Hammig O. Klaghofer R. Deutsche Medizinische Wochenschrift. 133(47):2441-7, 2008 Nov. [English Abstract. Journal Article] UI: 19006042 Authors Full Name Buddeberg-Fischer, B. Stamm, M. Buddeberg, C. Bauer, G. Hammig, O. Klaghofer, R.

BACKGROUND AND OBJECTIVES: Based on the Effort-Reward-Imbalance Model by Siegrist a study was undertaken to find out (a) in what way young doctors assess effort and reward during their specialist training; (b) whether there are certain job stress patterns over time; and (c) what the correlations are, if any, between perceived job stress, health and satisfaction with life.

METHODS: Within the framework of a prospective study (2001 – 2007) 370 doctors who had just qualified and were residents in the German-speaking part of Switzerland were assessed four times by means of anonymized questionnaires. Job stress, measured by the Effort-Reward-Imbalance scale, as well as health and satisfaction with life were assessed in these doctors' 2nd (T2), 4th (T3), and 6th (T4) year of specialist training ("residents"). Stress patterns of the participants were evaluated, based on the effort and reward scale values at T2, T3, and T4, by two-step cluster analysis. Gender differences between the clusters were calculated by the 2 test and differences in the continuous variables by analysis of variance with repeated measurements.

RESULTS: During residency the percentage of doctors who experienced an Effort-Reward-Imbalance (ratio between effort and reward $ERI > 1$) increased from 18% at T2 to 20 % at T3 to 25 % at T4. The cluster analysis revealed two clusters: Type 1 (67%) with effort values below average and reward values above average (ER balance) across the three measurement points, and type 2 (33 %) with effort values above average and reward values below average (ER imbalance). Subjects in cluster 2 showed unfavorable values, when compared with those in cluster 1, in overcommitment, in workload and in the health variables (anxiety, depression, physical and psychological well-being), as well as in their assessed satisfaction with life at all three measurement points. **CONCLUSIONS:** One third of the doctors experienced stress at work, caused by an effort-reward imbalance. This had a negative impact on their health and satisfaction with life. Regular supervision and goal-oriented career counselling provided by senior physicians could contribute to young doctors not feeling so much stressed at work, feeling well and being more content with their work.

<http://ovidsp.ovid.com/ovidweb.cgi?T=JS&CSC=Y&NEWS=N&PAGE=fulltext&D=medl&AN=19006042>

(aus Bewegung)

Bullying, psychosocial health and risk behaviour in adolescence.

<Bullying, psychosoziale gesundheit und risikoverhalten im jugendalter.> Richter M., Bowles D., Melzer W., Hurrelmann K.

Gesundheitswesen. 69 (8-9) (pp 475-482), 2007. Date of Publication: Aug 2007. [Journal: Article]

Background: Bullying as a subform of aggressive behaviour has not received much attention as a specific risk behaviour in adolescence. Especially the adverse health effects in relation to bullying have been barely discussed in Germany. The objective of this study is to present age- and gender-specific prevalences in bullying and to analyse the association between the different bullying roles and subjective health as well as risk behaviour. Methods: Data were obtained from the German part of the international WHO collaborative study "Health Behaviour in School-

aged Children (HBSC)" in 2002. Overall, 5,650 school children aged 11–15 years were interviewed with a standardised questionnaire. Multivariate logistic regression models were used to analyse the association between bullying, psychosocial health and risk behaviour separately for girls and boys. Results: About 17% of the boys and 10% of the girls aged 11–15 years were classified as repeated bullying perpetrators. About 10% of the school children are victims of being bullied several times a month. Another 3–5% of the adolescents belonged to the group of simultaneous victims and perpetrators (bully–victims). Perpetrators as well as victims showed strong associations with psychosocial health and risk behaviour. Independently of gender, victims were significantly more likely to report repeated psychosomatic complaints, adverse mental health and negative self-reported health (boys only), than uninvolved students. Especially for male perpetrators, strong associations with regular tobacco and alcohol use and repeated drunkenness were found, while these behaviour types were significantly less prevalent among victims. The bully–victim group is characterised by high rates of psychosomatic complaints and mental health problems (boys only). Conclusions: Bullying also seems to be widespread in schools in Germany and is strongly associated with subjective health and substance-related risk behaviour. The results suggest that bullying is a critical issue that requires increasing attention in health research. The unique health problems of victims and perpetrators suggest different intervention strategies for both groups. Georg Thieme Verlag KG Stuttgart.
<http://ovidsp.ovid.com/ovidweb.cgi?T=JS&CSC=Y&NEWS=N&PAGE=fulltext&D=emed8&AN=2007521311>

Information needs of women with endometriosis within the scope of healthcare provision.

<Informationsbedürfnisse von Frauen mit endometriose im rahmen der gesundheitsversorgung.>
Zimmermann A., Brandes I., Babitsch B. Geburtshilfe und Frauenheilkunde. 70 (7) (pp 568–573), 2010. Date of Publication: 2010. [Journal: Article] Publisher Georg Thieme Verlag (Rudigerstrasse 14, Stuttgart D-70469, Germany)

Purpose: In women with recurrent endometriosis the many and varied associated stresses can lead to a substantial reduction in their quality of life. This article discusses the identified information needs and knowledge gaps of women suffering from endometriosis. Material and Methods: In a retrospective study, 200 anonymous e-mails were obtained for the period January to October 2008 from the Endometriosis Association of Germany. Seventeen e-mails from family members and 5 e-mails from women who lived abroad at the time of contact were excluded. The remaining e-mails (n=178) included histologically diagnosed patients (n=111), women with no diagnosis (n=26) or with suspected endometriosis (n=32) and 14 women without any diagnostic findings. The e-mails were retrospectively evaluated using quantitative content analysis. The main evaluation instrument was a self-developed categorization system for the systematic collection of e-mail content. Results: The results confirmed that the e-mail writers demonstrated a high need for information. The focus was on particular aspects of the disease. Information on specific topics of self-help such as coping, the physician–patient relationship and reimbursement issues only made up 43.5% of the content. Conclusion: The results indicate the lack of basic information on the part of the women. Possible reasons for this may be an insufficient transfer of information and problems in communication between physician and patient. Existing resources, e.g. the internet, were not found or not used by the women or failed to meet the women's

specific requirements. It will be necessary to obtain a broader understanding on how women with endometriosis gather information and based on this, to establish, in collaboration with physicians and affected women, a concept for the adequate provision of information. 2010 Georg Thieme Verlag KG Stuttgart, New York.

<http://ovidsp.ovid.com/ovidweb.cgi?T=JS&CSC=Y&NEWS=N&PAGE=fulltext&D=emed9&AN=2010404773>

Stress at work and well-being in junior residents.

<Arbeitsstress und gesundheitliches Wohlbefinden junger Ärztinnen und Ärzte.>

Buddeberg-Fischer B., Klaghofer R., Buddeberg C.

Zeitschrift für Psychosomatische Medizin und Psychotherapie. 51 (2) (pp 163–178), 2005. Date of Publication: 2005. [Journal: Article]

Objectives: The present study investigated the workplace experiences of junior physicians in their first year of residency, and the impact of these experiences on their physical and psychological well-being. Methods: In a prospective longitudinal study 518 junior physicians (54.4% women, 45.6 % men) were investigated twice within two years with regard to individual and institutional determinants of career development. Gender-relevant workplace experiences, i. e. effort-reward imbalance, and their relation to physical and psychological well-being, i. e. anxiety and depression, as well as life satisfaction were evaluated. Results: The workplace experiences revealed three significant gender-specific results: Women residents received less mentoring, had more positive social relationships at work, and showed a higher over-commitment than their male colleagues. Both men and women residents reported significantly worse physical and psychological well-being as well as life satisfaction after their first year of residency (T2) compared to the time directly before their graduation from medical school (T1). The junior physicians' life satisfaction scores are significantly lower than those of the normal population. 7–10 % of the respondents showed anxiety scores above cut-off, and 1–4% depression scores above cut-off. Personality traits such as a high sense of coherence and low expressiveness are protective factors for well-being and life satisfaction. Insufficient leadership of senior residents and unclear hierarchical structures as well as stress at work and over-commitment are risk factors for the development of symptoms of anxiety and/or depression. Conclusion: The reported results are consistent with the psychosocial stress model by Karasek and Theorell as well as with the model of effort-reward imbalance of Siegrist. Vandenhoeck & Ruprecht 2005.

<http://ovidsp.ovid.com/ovidweb.cgi?T=JS&CSC=Y&NEWS=N&PAGE=fulltext&D=emed7&AN=2005256996>

Psychosocial workload, sick leave, and health-related well being: An empirical study from the perspective of gender research.

<Psychosoziale Arbeitsbelastungen, Arbeitsunfähigkeit und gesundheitsbezogenes Wohlbefinden: Eine empirische Studie aus der Perspektive der Geschlechterforschung.>

Siegrist K., Rodel A., Hessel A., Brahler E. bGesundheitswesen. 68 (8–9) (pp 526–534), 2006. Date of Publication: Aug 2006. [Journal: Article]

Purpose: The aim of this study was to test hypotheses on the consequences of gender role expectations with regard to the extent of work stress, selected health-related measures and

their associations. Method: Data on psychosocial workload (questionnaire of effort–reward imbalance), sick leave (self-reports of the duration of medically certified sick leave during the past two years) and health-related well being were collected in a representative sample of German full-time employees (n = 666). Hypotheses were tested using analyses of variance (ANOVA) and covariance (ANCOVA) and moderated linear regression analyses. Results: Women reported lower health-related well-being as compared to men while effort–reward imbalance and sick leave did not differ between the sexes. Parents reported slightly longer durations of sick leave during the past two years than childless participants (not significant). The results of stratified linear regression analyses show stronger associations between effort–reward imbalance and both health-related measures for women with children than for men with children, while single men and women do not differ in this regard. Conclusions: Evidence of this kind can be useful for the purposeful planning and implementation of health promotion measures at work. Women with children would be a group deserving special attention. The findings also point to continuing differences in gender role expectations in the family context. Georg Thieme Verlag KG Stuttgart.

<http://ovidsp.ovid.com/ovidweb.cgi?T=JS&CSC=Y&NEWS=N&PAGE=fulltext&D=emed7&AN=2006538537>

A Theory-Based Study on Psychosocial Workload as an Instrument of Health Promotion in a Hospital.

<Theoriegeleitete Mitarbeiterbefragung im Krankenhaus als Instrument betrieblicher Gesundheitsförderung.> Siegrist K., Rodel A., Siegrist J. Gesundheitswesen. 65 (11) (pp 612–619), 2003. Date of Publication: Nov 2003. [Journal: Article]

Starting with theory-based assessment of workload as experienced by employees of a hospital we aim at facilitating measures of health promotion. Using the effort–reward–imbalance model of psychosocial stress we look for differences in stress experience as related to objective work stressors and for associations of stress experience and subjective health. Two assessments (in 2000 and in 2002) showed pronounced differences in stress experience between professional groups and between points in time, which were both related to differences in objective workload. The expected associations between psychosocial stress and subjective health (assessed only in 2002) could be demonstrated consistently. As was shown by logistic regression analysis the risk for reduced subjective health was roughly 4 times higher for those in the upper tertile of the effort–reward–imbalance index as compared to all others when controlling for age, sex and professional group. Sources of psychosocial workload could be identified which are modifiable by measures of health promotion.

<http://ovidsp.ovid.com/ovidweb.cgi?T=JS&CSC=Y&NEWS=N&PAGE=fulltext&D=emed6&AN=2003504119>

[Healthy lifestyles and help-seeking in males--no improvement in sight].

[German] Rutz W. Klotz T. Psychiatrische Praxis. 34(8):367–9, 2007 Nov. [Journal Article] UI: 17966090 Authors Full Name Rutz, Wolfgang. Klotz, Theodor. (kein Abstract)

<http://ovidsp.ovid.com/ovidweb.cgi?T=JS&CSC=Y&NEWS=N&PAGE=fulltext&D=med4&AN=17966090>

Are there differences between female and male patients with cardiac arrhythmias regarding quality of life?

[German]. [References]. Einsle, Franziska; Weidner, Kerstin; Nitschke, Michael; Stobel-Richter, Yve; Bley, Stephanie; Neumann, Katrin; Kollner, Volker. Zeitschrift für Medizinische Psychologie. Vol.16(4), 2007, pp. 161-170. [Journal; Peer Reviewed Journal] Year of Publication 2007

Objective: The aim of this study was to analyse gender specific differences in regard to intensity and factors influencing health-related quality of life in patients with cardiac arrhythmia.

Furthermore, the correlations between self- and external-rating of quality of life are investigated. Method: A total of 687 patients with cardiac arrhythmia (quota of women: 29%) was examined with regard to gender-specific differences in their quality of life (SF12). 497 partners were asked to give an external-rating of quality of life (SF12-external). Additionally-besides socio-demographic factors-general anxiety and depression (HADS), heart-related fears (CAQ) as well as symptoms of a post-traumatic stress disorder (IES-R) were assessed as predictors.

Results: Female as well as male patients showed an impaired quality of life in comparison with the normal population. Here, women were significantly more impaired than men, in self-evaluation as well as in evaluation by others, even if the age effect was controlled for. Men were less able to evaluate the quality of life of their partner suffering from cardiac arrhythmia than women respectively. With regard to the factors influencing quality of life, there were gender specific differences which suggest that men and women differ in their coping with the cardiac disease.

Conclusion: Female patients with cardiac arrhythmia have a more impaired quality of life than men. The factors influencing their quality of life differ from those in men. The differences in self- and external-rating of quality of life may be explained by dyadic coping. These gender-specific differences have to be paid more attention to in treatment of patients, e.g. in gender-specific rehabilitation measures. (PsycINFO Database Record (c) 2010 APA, all rights reserved) (journal abstract)

<http://ovidsp.ovid.com/ovidweb.cgi?T=JS&CSC=Y&NEWS=N&PAGE=fulltext&D=psyc5&AN=2007-17363-002>

Ergebnisse der Datenbankrecherche in Medline, Embase & PsycInfo

zum Schlagwort

BURNOUT

Gesamtanzahl zu diesem Schlagwort gefundener Artikel: 1⁴

⁴ Davon 0 aus Medline/ 1 Embase/ 0 aus PsycInfo

Search stage		Papers retained	
	Medline	Embase	Psycinfo
1. "Frauen " OR "Männer" OR "Gender*" OR "Doing Gender" OR "Geschlecht*" OR "Feminisierung" OR "Postfeminismus" OR "Sozialisation"	152219	222951	125979
2. "Gesundheit*" OR "Gesundheitsförderung" OR "Prophylaxe" OR "Prävention*" OR "Verhaltensprävention" OR "Vorsorge" OR "körperliches Wohlbefinden" OR "psychisches Wohlbefinden" OR "Lebensstil" OR "Resilienz*" OR "Resilienzfaktoren"	9755	13629	467
3a. "*Kurs" OR "Training" OR "*Programm" OR "Bewegungsprogramm" OR "Bewegung*" OR "Sport*" OR "Intervention"	605167	811595	344696
3b. "Stress*" OR "psychische Belastung" OR "Belastung" OR "innere Unruhe" OR "Unruhe" OR "innere Anspannung" OR "Anspannung" OR "Stressbewältigung" OR "Stressmanagement" OR "Achtsamkeit" OR "achtsamkeitsbasierte Stressreduktion" OR "Stressreduktion" OR "Stressintervention"	492244	627462	170794
3c. "Burnout" OR "Burnout-Syndrom" OR "Abgeschlagenheit" OR "Erschöpfung" OR "chronisches Erschöpfungssyndrom" OR "Burnout-Prävention" OR "Burnout-Intervention"	7097	8370	6632
3d. "Coping*" OR "Coping-Strategien" OR "Bewältigung*" OR "Bewältigungsstrategien" OR "Anpassung" OR "Abwehrmechanismus" OR "Vermeidungsverhalten" OR "Ressourcenerhaltung" OR "Ressourcenorientierung"	27280	46220	57340
3e. "Ernährung*" OR "Ernährungsverhalten" OR "Gewichtsreduktion" OR "Adipositas" OR "Übergewicht" OR "Essen"	1680	2675	174
3f. "Entspannung" OR "Lockerung" OR "Meditation" OR "Entspannungsverfahren" OR "Erholung"	2283	3912	4267
4. Combination of 1 and 2	158	230	47
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5c. Combination of 1 and 2 and 3c	2	2	1
5d. Combination of 1 and 2 and 3d	2	5	6
5e. Combination of 1 and 2 and 3e	1	3	0
5f. Combination of 1 and 2 and 3f	0	0	0
Total number of included papers (since 2000; German-speaking countries)	4	28	6

Journal Article

"Only one who burns can burn out". Caregivers and burnout syndrome in health care careers.

◁ "Nur wer brennt kann ausbrennen" Helfer- und Burn-out-Syndrom in den Gesundheitsfachberufen. ▷

Weber-Pillar M. Kinderkrankenschwester : Organ der Sektion Kinderkrankenpflege / Deutsche Gesellschaft für Sozialpadiatrie und Deutsche Gesellschaft für Kinderheilkunde. 28 (6) (pp 234-239), 2009. Date of Publication: Jun 2009. [Journal: Article]

(kein Abstract)

<http://ovidsp.ovid.com/ovidweb.cgi?T=JS&CSC=Y&NEWS=N&PAGE=fulltext&D=emed9&AN=19579495>

Ergebnisse der Datenbankrecherche in Medline, Embase & PsycInfo

zum Schlagwort

COPING

Gesamtanzahl zu diesem Schlagwort gefundener Artikel: 3⁵

⁵ Davon 0 aus Medline/ 2 aus Embase/ 1 aus PsycInfo

Search stage		Papers retained	
	Medline	Embase	Psycinfo
1. "Frauen " OR "Männer" OR "Gender*" OR "Doing Gender" OR "Geschlecht*" OR "Feminisierung" OR "Postfeminismus" OR "Sozialisation"	152219	222951	125979
2. "Gesundheit*" OR "Gesundheitsförderung" OR "Prophylaxe" OR "Prävention*" OR "Verhaltensprävention" OR "Vorsorge" OR "körperliches Wohlbefinden" OR "psychisches Wohlbefinden" OR "Lebensstil" OR "Resilienz*" OR "Resilienzfaktoren"	9755	13629	467
3a. "*Kurs" OR "Training" OR "*Programm" OR "Bewegungsprogramm" OR "Bewegung*" OR "Sport*" OR "Intervention"	605167	811595	344696
3b. "Stress*" OR "psychische Belastung" OR "Belastung" OR "innere Unruhe" OR "Unruhe" OR "innere Anspannung" OR "Anspannung" OR "Stressbewältigung" OR "Stressmanagement" OR "Achtsamkeit" OR "achtsamkeitsbasierte Stressreduktion" OR "Stressreduktion" OR "Stressintervention"	492244	627462	170794
3c. "Burnout" OR "Burnout-Syndrom" OR "Abgeschlagenheit" OR "Erschöpfung" OR "chronisches Erschöpfungssyndrom" OR "Burnout-Prävention" OR "Burnout-Intervention"	7097	8370	6632
3d. "Coping*" OR "Coping-Strategien" OR "Bewältigung*" OR "Bewältigungsstrategien" OR "Anpassung" OR "Abwehrmechanismus" OR "Vermeidungsverhalten" OR "Ressourcenerhaltung" OR "Ressourcenorientierung"	27280	46220	57340
3e. "Ernährung*" OR "Ernährungsverhalten" OR "Gewichtsreduktion" OR "Adipositas" OR "Übergewicht" OR "Essen"	1680	2675	174
3f. "Entspannung" OR "Lockerung" OR "Meditation" OR "Entspannungsverfahren" OR "Erholung"	2283	3912	4267
4. Combination of 1 and 2	158	230	47
5a. Combination of 1 and 2 and 3a	10	34	10
5b. Combination of 1 and 2 and 3b	12	20	6
5c. Combination of 1 and 2 and 3c	2	2	1
5d. Combination of 1 and 2 and 3d	2	5	6
5e. Combination of 1 and 2 and 3e	1	3	0
5f. Combination of 1 and 2 and 3f	0	0	0
Total number of included papers (since 2000; German-speaking countries)	4	28	6

Physical Quality of Life and Social Support in Patients on the Waiting List and after a Lung Transplantation.

<Gesundheitsbezogene Lebensqualität und soziale Unterstützung bei Patienten auf der Warteliste und nach einer Lungentransplantation.>

Archonti C., D'Amelio R., Klein T., Schafers H.-J., Sybrecht G.W., Wilkens H.

PPmP Psychotherapie Psychosomatik Medizinische Psychologie. 54 (1) (pp 17–22), 2004. Date of Publication: Jan 2004. [Journal: Article]

Background: The present study was carried out to assess quality of life, level of depression and perceived social support of patients on the waiting list and after a lung transplantation. Methods: 19 patients on the waiting list for lung transplantation and 20 patients 5–47 months after transplantation were enrolled in the study. Quality of life was measured by the SF-36 Health Survey, the level of depression with Beck Depression Inventory (BDI) and the perceived social support with the questionnaire for social support (F-SOZU). Results: Significant differences were observed in indicators regarding physical functioning, role-physical, vitality, health perception and social functioning. Both groups showed equal levels of depression and their number of perceived support persons. The perceived support correlates negatively with the level of depression. Transplanted women reported significant more burdensome relationships when compared to transplanted men. Conclusion: The effects of lung transplantation are shown best in all indexes of SF-36 associated with physical functioning. In both groups social support is positively correlated with the quality of life and negatively correlated with the level of depression. Perceived positive relationships reduces the risk of psychological disturbance. However, the results may also point to a different coping pattern for patients with a low level of depression.

<http://ovidsp.ovid.com/ovidweb.cgi?T=JS&CSC=Y&NEWS=N&PAGE=fulltext&D=emed6&AN=2004066015>

Current employment status and health of women.

<Aktueller Erwerbsstatus und die Gesundheit von Frauen.>

Babitsch B., Bammann K., Jahn I., Maschewsky-Schneider U. Zeitschrift für

Gesundheitswissenschaften. 8 (4) (pp 357–367), 2000. Date of Publication: 2000. [Journal: Article]

The aim of the study was to investigate the impact of current employment status on women's health in Germany. The analyses were conducted using the Bremen data of the project 'Life conditions, Risks and Health of women in Germany'. A subsample (N=481) was conformed and stratified by age (30–44 years, 45–59 years) and employment status. Clear differences could be shown between the women from the different employment status groups regarding their social position, particularly between the full time employed women on the one hand, and the part time employed women as well as the housewives on the other hand. We also found discrepancies in the health status: the employed women in both age groups seemed to be healthier than housewives. Particularly, in the older age group women from the employment status groups differed regarding self reported health and diseases. The study results refer to differences, which

are stronger for the social situation than for the health status. The differences in health indicators between the employment status groups could reflect distinct health concepts or coping strategies of women. In addition, differences in resources and strains depending on a quite different social and family situation have to be taken into account.

<http://ovidsp.ovid.com/ovidweb.cgi?T=JS&CSC=Y&NEWS=N&PAGE=fulltext&D=emed5&AN=2000442068>

Do factors of resilience help to cope with violence? Influence of sense of coherence and self-concept in women with experience of violence.

[German]. [References]. Kahlmeier, Julia; Amann, Gabriele. Verhaltenstherapie & Verhaltensmedizin. Vol.27(2), 2006, pp. 143-156. [Journal; Peer Reviewed Journal] Year of Publication 2006

Sense of coherence and self-concept are often discussed as factors of resilience. The present study examines the influence of sense of coherence and self-concept on coping of domestic violence. The experience of violence, sense of coherence, self-concept and mental health were assessed in 64 female students, recruited at the University of Salzburg. Women who reported physical violence showed more impeding of mental health than women without experience of violence. Analysis of covariance techniques revealed significant effects for self-concept and sense of coherence on mental health. Positive self-concept and sense of coherence reduced and often eliminated negative effects of violence on mental health. Furthermore regression analysis showed that self-concept and sense of coherence were significant predictors for mental health. The results are suggesting an influence of sense of coherence and self-concept on coping with domestic violence and a more important impact of these variables on mental health than the experience of violence itself. (PsycINFO Database Record (c) 2011 APA, all rights reserved) (journal abstract)

<http://ovidsp.ovid.com/ovidweb.cgi?T=JS&CSC=Y&NEWS=N&PAGE=fulltext&D=psyc5&AN=2006-13074-002>

Ergebnisse der Datenbankrecherche in Medline, Embase & PsycInfo

zum Schlagwort

ERNÄHRUNG

Gesamtanzahl zu diesem Schlagwort gefundener Artikel: 1⁶

Gesamtanzahl nach Neuzuordnung der Artikel: 4

⁶ Davon 0 aus Medline/ 1 aus Embase/ 0 aus PsycInfo

Search stage		Papers retained	
	Medline	Embase	Psycinfo
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3c. "Burnout" OR "Burnout-Syndrom" OR "Abgeschlagenheit" OR "Erschöpfung" OR "chronisches Erschöpfungssyndrom" OR "Burnout-Prävention" OR "Burnout-Intervention"	7097	8370	6632
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3e. "Ernährung*" OR "Ernährungsverhalten" OR "Gewichtsreduktion" OR "Adipositas" OR "Übergewicht" OR "Essen"	1680	2675	174
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5d. Combination of 1 and 2 and 3d	2	5	6
5e. Combination of 1 and 2 and 3e	1	3	0
5f. Combination of 1 and 2 and 3f	0	0	0
Total number of included papers (since 2000; German-speaking countries)	4	28	6

(aus Bewegung)

Healthy nutrition: Correct diet for optimising health and zest for life.

<Gesunde Ernährung: Richtiges Essen zur Optimierung von Gesundheit und Lebensfreude.>

Saller R., Romer-Luthi C., Brignoli R., Meier R.

Schweizerische Zeitschrift für GanzheitsMedizin. 18 (3) (pp 145–152), 2006. Date of Publication: Apr 2006. [Journal: Review]

Background: There is no simple answer to the question of which nutrition is "correct" or healthy. Aside from gender, age, income, and profession, nutritional habits are determined by climate, nationality, culture and religion. Objective: To draw up a position paper for healthy nutrition. Methods: Systematic analysis and rating of human studies (prospective double-blind studies, epidemiologic and retrospective studies, short period biochemical/hematological studies ("surrogate markers")) of the last 10 years from main data-bases and of published monographs. Results and conclusions: In the Western world nutritional status is more a question of enjoying a longer and better life rather than naked survival. Overweight or obesity are now regarded as diseases by doctors. Only a Body Mass Index (BMI) between 19 and 24.9 is seen as normal. Since the 1990s, nutritional guidelines have developed in the form of nutritional pyramids. Currently accepted nutritional pyramids are largely based on the guidelines for the Mediterranean diet. The Mediterranean diet is associated with a reduction in cardiovascular risk and the effect on carcinoma is also said to be favourable, depending on the type of cancer. Only a minority of the Swiss population adheres to these nutritional guidelines. Supplements can be helpful for older people who need fewer calories, people under intense physical stress or in specific situations (such as pregnancy). Eating disorders, such as anorexia nervosa, bulimia and obesity, resemble addictions and are becoming more frequent in industrial countries. Trained personnel can provide additional help in nutritional matters, including the optimisation of individual nutritional habits. Uncontrolled use of special diets is not advisable. Verlag für GanzheitsMedizin, Basel.

<http://ovidsp.ovid.com/ovidweb.cgi?T=JS&CSC=Y&NEWS=N&PAGE=fulltext&D=emed7&AN=2006183138>

(aus Bewegung)

Interventions to prevent health risks due to tobacco smoke in pregnant women, women postpartum and their infants.

<Interventionen zur praventio[n] gesundheitlicher risiken durch tabakrauch für schwangere, frauen post partum und deren kinder.> Hannover W., Thyrian J.R., Roske K., Kelbsch J., John U., Hapke U. Gesundheitswesen. 66 (10) (pp 688–696), 2004. Date of Publication: Oct 2004. [Journal: Article]

The aim of this study was to develop recommendations for interventions aiming at reducing health risks due to tobacco smoking in pregnant women, women postpartum and their infants.

Meta-Analyses and selected studies are summed up. Epidemiological findings and health risks due to smoking are summed up. Subsequently findings from intervention studies are cross-referenced and integrated as recommendations. Interventions may be divided into three categories: 1. interventions to obtain abstinence in pregnancy, 2. interventions for relapse prevention after abstinence has been attained in pregnancy, 3. interventions aimed at reducing exposure to environmental tobacco smoke in homes with children. Empirical evidence is cross-referenced to the following points: 1. Self-help materials, 2. brief counselling, 3. more time-consuming counselling, 4. interventions to reduce exposure to environmental tobacco smoke and 5. interventions by midwives. Results from meta-analyses as well as results from selected studies suggest the following recommendations: 1. use of a trusting relationship in counselling, 2. repeated counselling, 3. complementary use of self-help materials; self-help material alone is not effective enough, 4. use of state-of-the-art counselling approaches and, 5. theoretical foundation and appropriate individualized counselling.

<http://ovidsp.ovid.com/ovidweb.cgi?T=JS&CSC=Y&NEWS=N&PAGE=fulltext&D=emed6&AN=2004492360>

Health risk drinking and problematic consumption of alcohol in Pomerania: Comparative analysis of the study of health in Pomerania (SHIP) compared with the Federal German Health and Examination Survey in 1998.

<Riskanter alkoholkonsum und alkoholbezogene storungen in Vorpommern: Die studie "leben und gesundheit in Vorpommern" (SHIP) und der Bundesgesundheitssurvey 1998 im vergleich.> Baumeister S.E., Alte D., Meyer C., John U. Gesundheitswesen. 67 (1) (pp 39-47), 2005. Date of Publication: Jan 2005. [Journal: Review]

Purpose: Epidemiological studies show a "North-South" gradient in drinking patterns in Germany, with the South-Eastern regions consuming more alcohol. Hence, patterns of alcohol consumption as well as at-risk drinking were evaluated in West Pomerania using a representative sample. In addition, the average daily quantities and the proportions of at-risk drinking were compared with representative data for Germany (Federal German Health and Examination Survey 1998 [FGHES]). Methods: A representative random sample of the Pomeranian population (4,310 persons) was analysed. The response rate was 68.8%. The amount and frequency of alcohol consumption was surveyed with a standardized questionnaire. Prevalence rates for at-risk drinking (≥ 30 g ethanol per day for men, > 20 g ethanol per day for woman), indications of abuse / dependence, and episodes of heavy drinking (number of days with 5 and more drinks consumed per day) are presented. To identify socio-economic correlates of high-risk drinking multiple logistic regression modelling was used. Alcohol consumption was evaluated via a frequency-quantity-measure and by using the "Luebeck Alcohol Dependence and Abuse Screening Test" (LAST). Results: Average daily consumption of pure alcohol was about 11.8 g per day, 18.5 g per day for men and 5.8 g per day for women. The consumed quantities exceeded the levels calculated with the FGHES about 1.5 g, 1.8 g for men and 1.2 g for women. Prevalence of risk drinking and harmful alcohol use in Pomerania is higher than the FGHES as well. At-risk drinking was especially associated with age. In women, belonging to a higher social class at-risk drinking was higher, whereas in men of the lower social class consumption rates were higher. The highest alcohol consumption was observed among middle-aged men and women. Conclusions: The results suggest that alcohol consumption on a high level as well as high-risk drinking is a common phenomenon in the north-eastern part of Germany. Public health measures are indicated for this region. Such intervention projects should focus on population groups with higher alcohol intake.

<http://ovidsp.ovid.com/ovidweb.cgi?T=JS&CSC=Y&NEWS=N&PAGE=fulltext&D=emed7&AN=2005083522>

Readiness for organ donation: analysis of a survey for health themes.

<Organspendebereitschaft: Auswertung einer Umfrage zu Gesundheitsthemen.>

Heuer M., Hertel S., Remmer N., Wirges U., Philipp T., Gerken G., Paul A., Kaiser G.M.

Deutsche medizinische Wochenschrift (1946). 134 (18) (pp 923–926), 2009. Date of

Publication: Apr 2009. [Journal: Article]

BACKGROUND: Currently, organ transplantation is the treatment of choice for patients with chronic or acute organ failure. However, due to a lack of donor organs, every day three patients die on the waiting list for transplantation. At the same time there is a high potential of organ donors that is not utilized. Statements concerning the number of potential donors are possible only to a limited extent at present. Objective of this study was to collect the rate of holders of organ donor cards among the employees of the city of Essen before a targeted awareness raising campaign had been carried out. **PATIENTS AND METHODS:** A questionnaire was sent out to the employees of the city of Essen in 2007. Gender, age and the "indicator for readiness for organ donation" were stratified and analyzed according to the holding of organ donor cards. The indicator reflects the evaluation of health awareness in the respondents. **RESULTS:** Altogether, 1 814 questionnaires were evaluated. 20 % of the respondents were holding an organ donor card at the time of the survey. No association between gender (p-value 0.17) respectively age (p-value 0.79) and the possession of an organ donor card could be detected. 23 % of the respondents who regularly worked out or donated blood were identified as organ donor card holders. This is significantly more (p-value < 0.0001) than in respondents where this criterion did not apply. **CONCLUSION:** In order to optimize the potential of organ donors in the long term, it is necessary to reconsider and advance attitude towards the readiness for organ donation. Further spreading of information and education as well as transparency in the transplantation medicine are essential for this project.

<http://ovidsp.ovid.com/ovidweb.cgi?T=JS&CSC=Y&NEWS=N&PAGE=fulltext&D=emed9&AN=19384810>

Ergebnisse der Datenbankrecherche in Medline, Embase & PsycInfo

zum Schlagwort

Entspannung

Gesamtanzahl zu diesem Schlagwort gefundener Artikel: 0⁷

⁷ Davon 0 aus Medline/ 0 aus Embase/ 0 aus PsycInfo

Search stage		Papers retained	
	Medline	Embase	Psycinfo
1. "Frauen " OR "Männer" OR "Gender*" OR "Doing Gender" OR "Geschlecht*" OR "Feminisierung" OR "Postfeminismus" OR "Sozialisation"	152219	222951	125979
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3a. "*Kurs" OR "Training" OR "*Programm" OR "Bewegungsprogramm" OR "Bewegung*" OR "Sport*" OR "Intervention"	605167	811595	344696
3b. "Stress*" OR "psychische Belastung" OR "Belastung" OR "innere Unruhe" OR "Unruhe" OR "innere Anspannung" OR "Anspannung" OR "Stressbewältigung" OR "Stressmanagement" OR "Achtsamkeit" OR "achtsamkeitsbasierte Stressreduktion" OR "Stressreduktion" OR "Stressintervention"	492244	627462	170794
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5e. Combination of 1 and 2 and 3e			
5f. Combination of 1 and 2 and 3f	0	0	0
Total number of included papers (since 2000; German-speaking countries)	4	28	6

Journal Review

(aus Stress)

Female migrants in the health care system. Health care utilisation, access barriers and health promotion strategies.

〈Migrantinnen im gesundheitssystem : Inanspruchnahme, zugangsbarrieren und strategien zur gesundheitsforderung.〉 Wimmer-Puchinger B., Wolf H., Engleder A.

Bundesgesundheitsblatt – Gesundheitsforschung – Gesundheitsschutz. 49 (9) (pp 884–892),

2006. Date of Publication: September 2006. [Journal: Review] Publisher Springer Verlag

(Tiergartenstrasse 17, Heidelberg D-69121, Germany)/ (kein Abstract)

<http://ovidsp.ovid.com/ovidweb.cgi?T=JS&CSC=Y&NEWS=N&PAGE=fulltext&D=emed10&AN=16927035>

Historische Gesundheitsstudie

Cribra orbitalia, dentin hypoplasia and life expectancy of 20-year-old persons as social and sex specific stress indicators in correlation with the health status of an early medieval population.

<Cribra orbitalia, Schmelzhypoplasie und Lebenserwartung der 20 jährigen als sozial- und geschlechtsspezifische Stressindikatoren bezüglich der Gesundheitssituation einer fruhmittelalterlichen Bevölkerung.>

Hotz G. Anthropologischer Anzeiger; Bericht uber die biologisch-anthropologische Literatur. 62 (3) (pp 291–299), 2004. Date of Publication: Sep 2004. [Journal: Article]

The aim of this study is based on the analysis of diachronically social and sexual specific considerations on the life situation of the early medieval population of Schleithem, Kanton Schaffhausen, Switzerland. Cribra orbitalia and the linear enamel hypoplasia of the teeth are considered as stressors. This study is based on the life expectancy of the 20 years old, as the life expectancy gives information on the health condition of a social group or an entire population. The considered indicators show the same tendencies in three of the four social groups (women social group A and group B/C, men of the social group A). The female and male population of the social group A show a steady decrease in the indicator from the 5th century to come to its lowest level in the 7th century. The same parameters indicate a continuous increase in stress for the female population of the group B/C. Only one of the three indicators, the Cribra orbitalia, shows a positive tendency in the male population of the social group B/C from the 6th century to the following period, while hypoplasia and the life expectancy on the other hand indicate a negative tendency. The results show equal tendencies in the three independent indicators concerning three of the four social groups. This proves the high reliability of the indicators. These results are astonishing in two ways. First of all, the tendencies show that the originally better life situation of women of the higher ranking social group decreases in the following periods, whereas the women of the lower social group show an inverse development. This female population of low life situation in the 5th century shows an increase in life qualities in the following periods. Remarkable, too, is the fact, that the female population of both social groups shows a lower level of stress than the corresponding male population. This fact is astonishing, as we would expect inverse results in a patriarchal society. This may point to a well known fact: Women show a higher vitality than the male population.

<http://ovidsp.ovid.com/ovidweb.cgi?T=JS&CSC=Y&NEWS=N&PAGE=fulltext&D=emed6&AN=15509088>