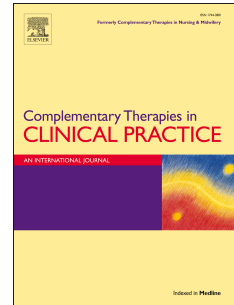


Accepted Manuscript

The effect of Tai Chi on quality of life in male older people: A randomized controlled clinical trial

Alireza Tajik, Nahid Rejeh, Majideh Heravi-Karimooi, Parvaneh Samady Kia, Seyed Davood Tadrissi, Tessa E. Watts, Pauline Griffiths, Mojtaba Vaismoradi



PII: S1744-3881(18)30287-1

DOI: <https://doi.org/10.1016/j.ctcp.2018.10.009>

Reference: CTCP 921

To appear in: *Complementary Therapies in Clinical Practice*

Received Date: 8 May 2018

Revised Date: 5 October 2018

Accepted Date: 16 October 2018

Please cite this article as: Tajik A, Rejeh N, Heravi-Karimooi M, Kia PS, Tadrissi SD, Watts TE, Griffiths P, Vaismoradi M, The effect of Tai Chi on quality of life in male older people: A randomized controlled clinical trial, *Complementary Therapies in Clinical Practice* (2018), doi: <https://doi.org/10.1016/j.ctcp.2018.10.009>.

This is a PDF file of an unedited manuscript that has been accepted for publication. As a service to our customers we are providing this early version of the manuscript. The manuscript will undergo copyediting, typesetting, and review of the resulting proof before it is published in its final form. Please note that during the production process errors may be discovered which could affect the content, and all legal disclaimers that apply to the journal pertain.

© 2018. This manuscript version is made available under the CC-BY-NC-ND 4.0 license <https://creativecommons.org/licenses/by-nc-nd/4.0/>

Title: The effect of Tai Chi on quality of life in male older people: A randomized controlled clinical trial**Running Title:** Tai Chi and older people**Authors:** Alireza Tajik, Nahid Rejeh*, Majideh Heravi-Karimooi, Parvaneh Samady Kia, Seyed Davood Tadrissi, Tessa E. Watts, Pauline Griffiths, Mojtaba Vaismoradi***Correspondence:** Nahid Rejeh, Associate Professor, Elderly Care Research Center, Department of Nursing, Faculty of Nursing and Midwifery, Shahed University (opposite Holy Shrine of Imam Khomeini-Khalij Fars Expressway, Postal/zip code: 3319118651), Tehran. Iran. Tel: +98 02166418590 Email: reje@shahed.ac.ir**The addresses of the institutions at which the work was carried out:** Elderly Care Research Center, Department of Nursing, Faculty of Nursing and Midwifery, Shahed University (opposite Holy Shrine of Imam Khomeini-Khalij Fars Expressway, Postal/zip code: 3319118651), Tehran. Iran. Tel: +98 02166418590**Authors' details**

Alireza Tajik (MScN), Student, Department of Nursing, Faculty of Nursing and Midwifery, Shahed University, Tehran. Iran. Email: alirezatajik6913@yahoo.com

Nahid Rejeh (PhD) Associate Professor, Elderly Care Research Center, Department of Nursing, Faculty of Nursing and Midwifery, Shahed University, Tehran. Iran. Email: nrejah@yahoo.com, reje@shahed.ac.ir

Majideh Heravi-Karimooi (PhD) Associate Professor, Elderly Care Research Center-Shahed University, Department of Nursing, Faculty of Nursing and Midwifery, Tehran. Iran. Email: herae@shahed.ac.ir

Parvaneh Samady Kia (MScN), Lecturer, Department of Nursing, Faculty of Nursing and Midwifery, Iran University of Medical Sciences, Tehran. Iran. Email: parvanekia@yahoo.com

Seyed Davood Tadrissi (MScN), Lecturer, Faculty of Nursing, Baqiyatallah University of Medical Sciences, Tehran, Iran. Email: sdt1344@gmail.com

Tessa E. Watts (PhD, MSc, BA (Hons), PGCE(A), RN, SFHEA), Associate Professor, Department of Nursing, College of Human and Health Sciences, Swansea University, Wales, UK. Email: t.watts@swansea.ac.uk

Pauline Griffiths (PhD, RN, PGCE (FE)), Associate Professor, Department of Nursing, College of Human and Health Sciences, Swansea University, Wales, UK. Email: paulinemonica@hotmail.co.uk

Mojtaba Vaismoradi (PhD, MScN, BScN), Full Professor, Faculty of Nursing and Health Sciences, Nord University, Bodø, Norway. Email: mojtaba.vaismoradi@nord.no

Conflicts of Interest

No conflicts of interest are declared by the authors.

Funding

This research was supported financially by a grant from Shahed University, Tehran, Iran.

Contributions

Study design: AT, NR;

Data collection: AT, NR;

Data analysis: SDT;

Manuscript preparation and critical revision of the content: AT, NR, PSK, TEW, PG, MV;

Final approval of the version to be submitted: AT, NR, MHK, PSK, SDT, TEW, PG, MV.

Acknowledgments

We are grateful to officials at the Pakdasht Retirement Center in Tehran for their sincere collaboration throughout the study process.

The effect of Tai Chi on quality of life in male older people: A randomized controlled clinical trial

Abstract

Background and purpose: Physical activity can improve the mental and physical functioning of older people. This study investigated the impact of Tai Chi exercise on the quality of life of older men.

Materials and methods: This randomized controlled clinical trial was conducted on 132 older men in an urban area of Iran. The subjects were randomly assigned into two groups: a Tai Chi intervention group and a control group ($n = 66$ per group). Quality of life was evaluated using the Leiden-Padua quality of life questionnaire before and after the intervention. Data analysis was performed using analytical statistics via the SPSS software.

Results: After eight weeks of Tai Chi exercise, the mean scores of quality of life in different areas demonstrated a statistically significant difference between the two groups ($p < 0.05$).

Conclusion: This study illustrated that the 8-week Tai Chi intervention had a positive effect on the quality of life in older men.

Key words: Older people, quality of life, Tai Chi exercise, randomized controlled trial

1. Introduction

In recent decades, improvements in living conditions and accessibility to better healthcare has led to the improvement of life expectancy and the subsequent ageing of populations across the globe. The rise in population longevity is often referred to as the 'graying population' or 'mandatory aging' [1-2]. Older people are often influenced by chronic diseases, social isolation and loneliness, which can have negative impacts on their quality of life [3]. Accordingly, the ageing phenomenon requires strategies for the improvement of health, rehabilitation, social welfare and quality of life amongst older people [4].

Quality of life is a complex, multidimensional concept, that includes the broad domains of physical, psychological, social and spiritual functioning and well-being [5]. The World Health Organization (WHO) has defined the quality of life as 'the individual's perception of their position in life in the context of the culture and value systems in which they live and in relation to their goals, expectations, standards and concerns' [6]. Quality of life is a subjective concept, an individual's feeling of well-being and self-worth. In older people the quality of life also includes satisfaction in all areas of life such as health status, family relationships, mobility, independence, housing and education [7-9].

Promoting, ensuring and investigating the quality of life in older people is of utmost importance due to the physical, psychological and socioeconomic consequences of ageing for individuals, families and societies. Research investigating the impact of therapeutic measures for older people should incorporate the assessment of quality of life [10]. Quality of life and health status are so important that experts believe that improvements in older people's quality of life are the main focus of healthcare in the current century [11].

The ageing process is frequently associated with physiological and psychological sequelae such as chronic pain, fear of falling, continence problems, insomnia, anxiety and depression. It can lead to physical inactivity and reduced ability to engage in daily activities, which may have a negative impact on the quality of life. Certainly, it is widely recognized that individuals who engage in limited physical activities may experience fewer opportunities for wellness enhancement [14].

The World Health Organization (WHO) contends that physical activity is one solution for improving older people's health and reducing healthcare costs [15]. As the intensity and duration of exercise is important, regular and moderate exercises are often recommended. It has been shown that light, programmed lifestyle activity, which can sustain balance,

flexibility, endurance and muscular strength, can also produce appropriate health-related results for older people. Furthermore, this may even lead to the engagement of individuals in more intensive activities [16]. The positive effects of physical activity on older people's physical and mental health have been described. For example, Lok et al. (2017) reported that physical activities undertaken over a 10-week period improved the quality of life and reduced the symptoms of depression in older people [17]. Chen et al. (2012) reported how a traditional 12-week physical activity programme (Baduanjin) used with an older adult group resulted in improvements in sleep quality [18].

Tai Chi as an ancient Chinese exercise is based on the development of harmony between mind and body. According to the Chinese Yin-Yang theory, everything in nature is interrelated to two energy forces called 'Yin and Yang' as two halves that together promote wholeness. Tai Chi is a complementary and alternative medicine approach, which does not require special equipment. It is appropriate for older people, including those who may use a wheelchair or experience movement limitations [21]. It is a low intensity exercise, is equal to mild athletic exercise or walking at the speed of 6 km/h [19-20] and can be controlled depending on the older person's age and abilities. Tai Chi exercise can improve cardio-pulmonary functioning and increase flexibility and muscle strength. Tai Chi uses cyclic and rhythmic movements, where each position is slowly converted to the next. It involves a series of continuous, slow movements of various parts of the body, deep breathing and the correct physical state associated with consciousness and concentration. Chan et al. (2017) reported improvements in mental health, reduction of the feelings of loneliness and increase of the overall satisfaction with life in a study of older people who were engaged in Tai Chi. Chang et al. (2017) described the improvement of the quality of life and enhanced physical functioning of older people with end stage renal disease (ESRD) after engaging in Tai Chi exercise [22]. Lee et al. (2009) reported the positive effect of Tai Chi on the quality of life in older people living in nursing homes [23]. There is however a paucity of studies that have investigated the effect of Tai Chi exercise on the quality of life among community-dwelling older people. Therefore, this study aimed to investigate the impact of Tai Chi exercise on the quality of life in older men.

2. Materials and methods

2.1. Research design.

This was a randomized controlled trial (RCT) with the allocation of older men to either the Tai Chi intervention or the usual activity group. It was conducted with an intervention (n = 65) and a control arm (n = 65) from the 1st April 2014 to the 31st December 2014.

2.2. Setting and subjects.

Older men (n=132) residing in a retirement centre in an urban area of Iran and met the study inclusion criteria were recruited. The retirement centre was an organization focused on the welfare, social and cultural needs of the community's members. This centre made efforts to improve the living and health conditions of members and defended their social rights. The inclusion criteria were subjects over 60 years of age, willing to participate in the study and ability to speak and understand Farsi. To be eligible to participate, they were to have no sensory or motor disabilities, no joint problems and not to have experienced an accident or illness, resulting in physical and/or mental harm in the previous month. In addition, they were required to have no history of depression, anxiety and substance misuse, to be cognitively able (i.e. to be able to participate in the Abbreviated Mental Test Score (AMTS) and gain a score of more than 7/10 [24]), have no history of participating in Tai Chi exercise previously, not participating currently in any sport activity, and being able to undertake a 6 -minutes' walk test (6MWT). The 6MWT evaluated the global and integrated responses of the cardiopulmonary and musculoskeletal systems of the individual undertaking the exercise. The distance of walking was nine meters and the subjects were requested to walk the maximum distance within the determined time frame. The exclusion criteria were unwilling or inability to participate in the study, dissatisfaction with collaboration in the study, death, absence for more than two exercise sessions, or a physician's diagnosis of severe physical or psychological problems.

2.3. Sample size

According to the results of similar studies [22], 95% confidence interval ($\alpha = 5\%$) and 80% power ($\beta = 10\%$) and 20% possibility of dropouts, the sample size was calculated using a sampling formula. Therefore, 132 male older people were recruited in the intervention and control groups (n= 66 in each group).

2.4. Randomization

Simple randomization was used to assign the subjects into either the intervention or control group. Individuals' names were placed in opaque envelopes and a researcher who was

unaware of the assignment process selected the envelopes until that the patients were fully divided between the two groups.

2.5. Blinding

It was impossible to control the subjects' awareness of the group assignment due to the nature of the intervention. However, the data analyst was unaware of the group assignment. In addition, the randomization code was available only to the research fellow who was not connected to this study.

2.6. Interventions

The intervention group participated in six primary exercises of Tai Chi over an eight-week period, with three sessions per week. Each session was facilitated by the researcher who was appropriately trained and held a valid Tai Chi practice certificate. The sessions lasted between 30 and 40 minutes. At the beginning of each session, 7-10 minutes were used for warming up and the last 7-10 minutes were spent for cooling down. Ten movements extracted from the 24 simple forms of Tai Chi Chuan (Yang style) were selected as the main motions for the intervention protocol. In the first week, the exercise programme emphasized the initial learning of movements. In subsequent sessions, the focus was on increasing motor performance and improving balance with increased attention on the individual's performance gestures. Light music was played during the exercise. The subjects were allowed to sit on a chair for short rest periods and, if needed, could use a walker or cane. The control group was asked to engage in usual daily activities and report any new activity. The Leiden-Padua quality of life questionnaire (LEIPAD) [25] was filled out by the subjects or a researcher who was unaware of the random allocation of the older people. Also, the statistical analyst was not aware of the random allocation of the subjects to the groups.

2.7. Data collection

2.7.1. Demographic information

Information about age, education level, marital and employment status, physical and mental illness, drug use, smoking, and history of group exercise was recorded by the researcher at baseline.

2.7.2 Abbreviated Mental Test Score (AMTS)

The Abbreviated Mental Test Score (AMTS) was used to assess cognitive impairments. It has been derived from the longer Mental Test Score developed by Hodkinson. The AMTS is

consisted of a ten-question test. A score of 7-8 or less suggests a cognitive impairment. However, further and more formal tests would be necessary to confirm a diagnosis of dementia, delirium or other causes of cognitive impairments. The AMTS takes less than two minutes to be completed. The psychometric properties of the AMTS have been evaluated in Iran using the calculation of the Cronbach's α coefficient and has been reported as 0.90 by Foroughan et al. (2017) [26].

2.7.3 LEIPAD quality of life questionnaire

At baseline and at the end of eight weeks the LEIPAD quality of life questionnaire was completed by the subjects. Those subjects who were not literate were aided to complete the questionnaire by the researcher via interviewing.

Developed by De Leo et al. (1998), the LEIPAD quality of life questionnaire was specifically designed for use with older people. It comprises 31 questions to assess the older people's quality of life in seven dimensions: a) physical function (five questions); b) self-care (six questions); c) depression and anxiety (four questions); d) mental function (five questions); e) social function (three questions); f) sexual function (one question) and g) life satisfaction (six questions) [25]. This questionnaire has been recommended as an international instrument with no cultural burden in all older groups and for use in various communities [27]. In Iran, this instrument has been shown to be valid and reliable [28, 29]. Its validity was assessed using the content validity method. For reliability, the Cronbach's alpha coefficient was calculated and reported as 0.83 by Ghasemi et al. (2011) [30].

2.8. Data analysis

Data analysis was conducted using the SPSS version 22 software. To analyze the data at the descriptive level, central indices such as mean and standard deviation were used. At the inferential level, independent t-test, paired t-test, Fisher exact test and Chi-square test were used for data analysis. The significant level was set as $p < 0.05$.

2.9. Ethical considerations

Ethical approval was sought and obtained from the Medical Ethics Committee affiliated with Shahed University (decree code: IR.Shahed.REC.1395.17). The trial was registered in the Iranian registry website of clinical trials (No. IRCT201703267529N12). The written informed consent form was sought from the subjects. They were assured that their

information would be kept confidential and that they could leave the study at any time without prejudice.

3. Results

3.1. Homogeneity of the groups

According to Table 1, there were no statistically significant differences between the two groups in terms of age, the education level, marital status, housing, occupation, smoking, lifestyle, drug use, disease and history of exercise ($p>0.05$). The mean age of the subjects in both groups was 67 years. The majority of the subjects in both groups were married, either retired or unemployed, did not use tobacco and resided in their own home. In addition, they mostly took prescribed medications.

3.2. Effect of the intervention

The groups before the intervention were homogeneous in terms of the different dimensions of quality of life assessed by the LEIPAD ($p>0.05$). After eight weeks of Tai Chi exercise, there was a statistically significant difference in the mean scores of different areas of quality of life between the two groups. This indicated the beneficial effect of Tai Chi on the quality of life of the older men ($p<0.05$) (See Table 2).

4. Discussion

It was found that the Tai Chi intervention had a beneficial effect on the perception of the quality of life in the subjects. Significant changes in the older men's quality of life in the intervention group after eight weeks indicated the effectiveness of Tai Chi exercise. This finding was consistent with that reported by Chang et al. (2017), that observed improvements in the quality of life and physical functioning in patients with ESRD following a weekly short-form Yang Style Tai Chi session for 12 weeks [21]. Khazaei et al. (2015) likewise reported that physical activity had a positive and significant effect on older people's happiness, and increased their quality of life [31]. Lok et al. (2017) demonstrated that a physical activity programme consisting of warm-up, rhythmic, cool-down and free walking activities for ten weeks improved the quality of life and decreased the symptoms of depression in older people [17]. The findings of this study also were consistent with those reported by Chan et al. (2017), that examined the effects of a Tai Chi Qigong programme on older people's mental health, and reported improvements in mental health, reduction of loneliness and increased overall satisfaction with social support [22]. Lee et al. (2010) showed an increase in the quality of life as reported by older people living in nursing homes

following a Tai Chi Qigong intervention [32]. None of these studies reported negative effects or complications due to Tai Chi exercise indicating that this was a safe and non-risky sport.

However, the findings of the Taggart et al. (2003) [33] showed that changes in social functioning was not statistically significant, which is not consistent with the results of the current study. The difference in findings can be attributed to variations in methods, length of the intervention, subjects' characteristics and sample size.

Tai Chi exercise is a method to promote the smooth and balanced flow of energy through the body, and can help individuals achieve a more appropriate control of their bodily movements during exercise and in real life situations. Tai Chi is similar to a slow-moving dance and involves two pathways influencing mind concentration and breathing. Focusing on these two major tenets of Tai Chi makes that subjects experience an integration of meditation and body movements. Therefore, physical and psychological relaxation and finally an enhancement of balance and coordination are developed. Nevertheless, the positive effects of Tai Chi as a result of its relaxation and meditation nature are unclear, because participation in a desired group and satisfactory activities can reduce anxiety and promote comfort.

The older men in this study had no previous history of exercise activities. Also, they had no information of the identity of the research project in the retirement center before recruitment. The implementation of the group intervention was the beginning of coordination and communication with others, which increased individuals' self-esteem and feelings of empowerment. Furthermore, social participation contributed to a reduction in the feelings of loneliness in the older men.

This study used a RCT design, but it could still have some limitations, which should be considered during the interpretation of findings. For instance, this study was conducted only on older men and had a short follow-up assessment period. Also, the subjects could not be blinded to the intervention. Since the timeframe for the evaluation of outcome variables was limited, no subsequent follow-up assessments of the quality of life was performed. Additionally, the self-report method of measurement in this study could be influenced by poor reporting, recall bias, or social desirability. While the older men could not be blinded to the intervention, they were instructed not to discuss Tai Chi exercise with others. However, it was impossible to control all subjects' communications and some of them might have discussed it with those in the control group.

5. Conclusion

The results of this study suggested that Tai Chi exercise had a statistically significant effect on the improvement of self-rated quality of life in older men. Therefore, it can be a beneficial

approach along with other interventions for improving the overall quality of life of older people. Tai Chi exercise as a complementary and alternative medicine approach can be implemented easily in any community setting as it is a safe, self-paced, simple, noncompetitive and cost-effective sport. It is also appropriate for those older persons who are unable to get involved in extreme sports' activities due to their physical conditions.

Future studies need to replicate this study with a sample of female older people living in different types of community settings such as nursing homes or long term care facilities. Future studies can examine the effect of Tai Chi exercise on different aspects of older people's quality of life in long terms intervals. More studies are required to improve our understandings of biological mechanisms by which Tai Chi exercise influences the quality of life. An assessment of outcome variables by an instructor, through video checking, or interviewing by staff or family members can yield more accurate data. It is suggested to compare Tai Chi exercise with other complementary and alternative medicine methods and physical training in terms of their effects on the quality of life of older people. Other studies are required to examine the effect of Tai Chi on factors influencing various aspects of older people's physical and mental health including balance or cognitive functioning.

Supplementary Materials

Supplementary data associated with this article can be found in attachments. This data includes the Consort 2010 Checklist. (*Supplementary Materials*)

Required permissions were obtained from the Ethics Committee affiliated with Shahed University. The aim and nature of the study were explained to older people and written informed consent form was signed by them.

References

- [1] S. Tourani, M. Behzadifar, M. Martini, A. Aryankhesal, M. Taheri Mirghaed, M. Salemi, et al., Health-related quality of life among healthy elderly Iranians: a systematic review and meta-analysis of the literature, *Health and Quality of Life Outcomes*. 16(18)(2018)1-9.
- [2] Addae-Dapaah, K., Juan, Q, Life satisfaction among elderly households in public rental housing in Singapore. *Health*. (6) (2014) 1057-1076.
- [3] S.J. Czaja, W.R. Boot, N. Charness, W.A. Rogers, J. Sharit, Improving social support for adults through technology: findings from the PRISM randomised controlled trial, *The Gerontologist* (2017) 1-11.
- [4] M.N. Mieno, N. Tanaka, T. Arai, T. Kawahara, A. Kuchiba, S. Ishikawa, et al. Accuracy of Death Certificates and Assessment of Factors for Misclassification of Underlying Cause of Death. *Journal of Epidemiology*. 26(4)(2016) 191-198.

- [5] P. Allart-Vorelli, B. Porro, F. Baguet, A. Michel, F. Cousson-Gélie. Haematological cancer and quality of life: a systematic literature review. *Blood Cancer Journal*. 5(4) (2015) e305.
- [6] M.J. Forjaz, C. Rodriguez-Blazquez, A. Ayala, V. Rodriguez-Rodriguez, J. de Pedro-Cuesta, S. Garcia-Gutierrez, et al. Chronic conditions, disability, and quality of life in older adults with multimorbidity in Spain, *Eur. J. Intern. Med*. 26 (3) (2015) 176-181.
- [7] S. Plate, L. Emilsson, M. Söderberg, Y. Brandberg, F. Wärnberg. High experienced continuity in breast cancer care is associated with high health related quality of life. *BMC Health Services Research*. 18 (2018) 127.
- [8] N. Hamid, M. Vatankhah, M. Mehrabizadeh-Honarmad, The efficacy of quality of life group training on happiness and vitality of aged men, *Urmia. Med. J*. 24(10) (2013) 800-811.
- [9] A. Ratigan, D. Kritz-Silverstein, E. Barrett-Connor, Sex Differences in the Association of Physical Function and Cognitive Function with Life Satisfaction in Older Age: The Rancho Bernardo Study. *Maturitas*, 89(2016)29-35.
- [10] R. Naseri , H. Khazaie, M. Rezaie, F. Shokr, Relationship between subjective sleep and quality of life in people with type 2 diabetes *J Kermanshah Univ Med Sci*. 2017; 21(2)
- [11] R.A. Sloan, S.S. Sawada, C.K. Martin, B. Haaland, Combined association of fitness and central adiposity with health-related quality of life in healthy men: a cross-sectional study, *Health. Qual. Life. Outcomes*. 24(13) (2015) 188.
- [12] A. Panah, A Comparison between the level of happiness among the elderly living at home and that of senior home residents, *Iran. J. Ageing*, 6 (3) (2011) 49-55.
- [13] A. BehPajoooh, S. Soleymani. The Relationship Between Sleep Quality and Depression in Older People Living in 3 Districts of Tehran, Iran. *J. Ageing*. 11(1) (2016) 72-79.
- [14] N. E. Newall, J. G. Chipperfield, D. S. Bailis, T. L. Stewart, Consequences of loneliness on physical activity and mortality in older adults and the power of positive emotions, *Health. Psychol*. 32(8) (2013) 921-924.
- [15] F. Sun, I. J. Norman, A. E. While, Physical Activity in Older People: A Systematic Review, *BMC Public Health*.6(13) (2013) 449.
- [16] P.B. Sparling, B.J. Howard, D.W. Dunstan, Recommendations for physical activity in older adults, *BMJ*. 350(2015) 350:h100.
- [17] N. Lok, S. Lok, M. Canbaz, The effect of physical activity on depressive symptoms and quality of life among elderly nursing home residents: Randomized controlled trial, *Arch. Gerontol. Geriatr*. 70 (2017) 92-98.
- [18] M.C. Chen, H.E. Liu, H.Y. Huang, A.F. Chiou , The effect of a simple traditional exercise programme (Baduanjin exercise) on sleep quality of older adults: a randomized controlled trial, *Int. J. Nurs. Stud*. 49 (3) (2012)265-273.

- [19] L.Yu, W. Ching, Simplified Tai Chi Chuan, China: Ymaa Publication Center, (2014) 69.
- [20] W. Kit. Kiew, The Complete Book of Tai Chi Chuan, Malaysia. Kedah: Cosmos Internet Sdn. Bhd, Publisher, (2016) 189.
- [21] J.H. Chang, M. Koo, S.W. Wu, C.Y. Chen, Effects of a 12-week program of Tai Chi exercise on the kidney disease quality of life and physical functioning of patients with end-stage renal disease on hemodialysis, *Complement. Ther. Med.* 30 (2017)79-83.
- [22] A.W.Chan, D.S. Yu, K.C. Choi, Effects of Tai Chi Qigong on Psychosocial Well-Being among Hidden Elderly, Using Elderly Neighborhood Volunteer Approach: A Pilot Randomized Controlled Trial, *Clin. Interv. Aging.* 5(12) (2017) 85–96.
- [23] M.H. Nguyen, A. Kruse, The effects of Tai Chi training on physical fitness, perceived health, and blood pressure in elderly Vietnamese. *Open Access Journal of Sports Medicine.* 3 (2012) 7-16.
- [24] S.T. Pendlebury, S.P. Klaus, M. Mather, M. de Brito, R.M. Wharton. Routine cognitive screening in older patients admitted to acute medicine: Abbreviated Mental Test Score (AMTS) and subjective memory complaint versus Montreal Cognitive Assessment and IQCODE. *Age and Ageing.* 44(6) (2015) 1000-1005.
- [25] P. Cheraghi, Z. Cheraghi, A. Doosti-Irani, S. Nedjat, S. Nedjat. Quality of Life in Elderly Iranian Population Using Leiden-Padua Questionnaire: A Systematic Review and Meta-Analysis. *International Journal of Preventive Medicine.* 8(2017) 55.
- [26] M. Foroughan , L.O. Wahlund , Z. Jafari , M. Rahgozar , I.G. Farahani , V. Rashedi . Validity and reliability of Abbreviated Mental Test Score (AMTS) among older Iranian. *Psychogeriatrics.* 17(6) (2017) 460-465.
- [27] C. Bailey, Designing a life of wellness: evaluation of the demonstration program of the wilder Humboldt campus, Wilder Research Center, 2003.
- [28] M. Dehi, P. Aghajari, M. Shahshahani, L. Takfallah, L. Jahangiri, The Effect of Stationary Walking on the Quality of Life of the Elderly Women: A Randomized Controlled Trial, *Journal of Caring Sciences.* 3(2)(2014)103-111.
- [29] Bahramnezhad F, Chalik R, Bastani F, Taherpour M, Navab E. The social network among the elderly and its relationship with quality of life. *Electronic Physician.* 2017;9(5):4306-4311. doi:10.19082/4306.
- [30] H. Ghasemi, M. Harirchi, A. Masnavi, M. Rahgozar, M. Akbarian. Comparing Quality of Life Between Seniors Living in Families and Institutionalized in Nursing Homes. *Social Welfare Quarterly.* 10(39) (2011)177-200.
- [31] M. Khazaei-Pool, R. Sadeghi, F. Majlessi, A. Rahimi Foroushani, Effects of physical exercise programme on happiness among older people, *J. Psychiatr. Ment. Health. Nurs.*

122(1) (2015) 47-57.

[32] A.W. Chan, D.S. Yu, K. Choi, Effects of Tai Chi qigong on psychosocial well-being among hidden elderly, using elderly neighborhood volunteer approach: a pilot randomized controlled trial, *Clin. Interv. Aging.* 12(2017) 85-96.

[33] H.M. Taggart, CH.L. Arslanian, S. Bae, K. Singh. Effects of Tai Chi exercise on fibromyalgia symptoms and health-related quality of life. *J Orthop Nurs.* 2003; 22:353-9.

Table 1. Demographic characteristics of the subjects in the groups

| Characteristics | Total (n = 132) | Intervention group (n = 66) | Control group (n = 66) | Statistical test and p-value* |
|--|--------------------|-----------------------------------|------------------------------|---|
| Age(year) Mean ± SD | 67.46 ± 0.35 | 67.91 ± 4.42 | 67.02 ± 3.61 | t=-1.270 df=130 p =0. 200 |
| Education level, n (%) | | | | Fisher's exact test df=1 |
| Primary school | 88(66.67%) | 45(68.2%) | 43(65.2%) | |
| Secondary school | 44(33.33%) | 21(31.8%) | 23(34.8%) | p =0. 850 |
| Marital status, n (%) | | | | Fisher's exact test df=1 |
| Married | 121(91.7%) | 60(90. 9%) | 61(%92.4) | |
| Widow | 11(8.3%) | 6(9.1%) | 5(%7.6) | p =0.990 |
| Experience of sport activities, n (%) | | | | Fisher's exact test df=1 |
| Yes | 51(38.6%) | 27(40.9%) | 24(36.4%) | |
| No | 81(61.4%) | 39(59.1%) | 42(63.6%) | p =0. 720 |
| Smoking, n (%) | | | | Fisher's exact test df=1 |
| Yes | 12(9.1%) | 7(58.3%) | 5(41.7%) | |
| No | 120(90.9%) | 59(49.2%) | 61(50.8%) | p =0. 760 |
| Number of children Mean ± SD | 3.19 ± 1.17 | 3.33 ± 1.26 | 3.06 ± 1.06 | Mann-Whitney U =1946.50 p =0. 270 |

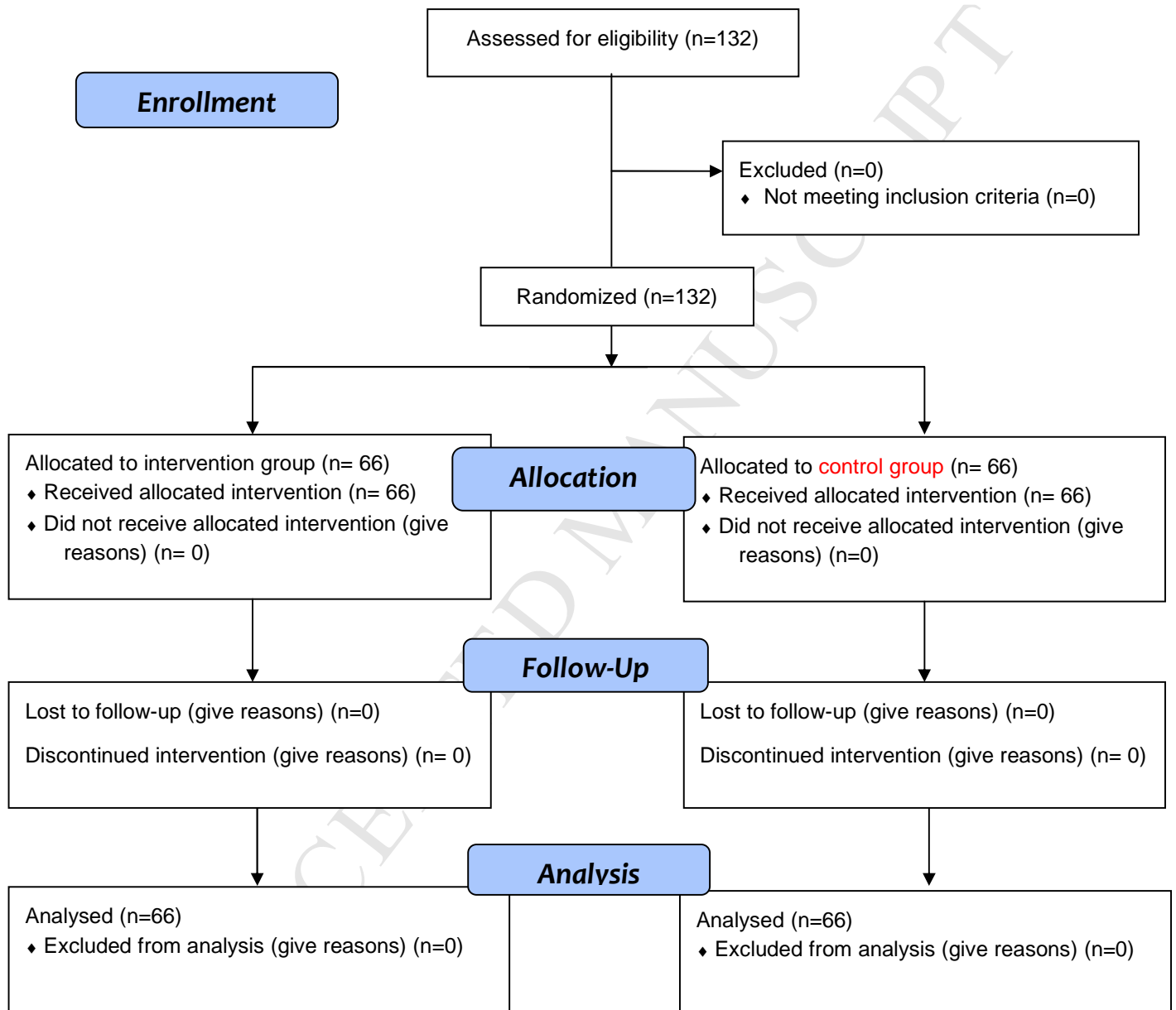
Note. The significance level was set as $p < 0.5$

Table 2. Comparison of the quality of life before and after the intervention in the groups

| Parameters | Time | Group (n = 132) | Mean \pm SD | t-test | P-value* |
|------------------------|---------------------|-------------------------|---------------------------------------|--------|----------|
| Physical function | Before intervention | Intervention Control | 10.84 \pm 1.98 10.78 \pm 2.04 | 0.17 | 0.86 |
| | After intervention | Intervention Control | 12.53 \pm 1.50 10.85 \pm 2.01 | 5.43 | 0.001 |
| Self-care | Before intervention | Intervention Control | 16.62 \pm 1.49 16.45 \pm 1.72 | 0.59 | 0.55 |
| | After intervention | Intervention Control | 17.53 \pm 0.91 16.85 \pm 1.54 | 3.09 | 0.002 |
| Depression and anxiety | Before intervention | Intervention Control | 8.60 \pm 1.97 8.40 \pm 2.14 | 0.54 | 0.58 |
| | After intervention | Intervention Control | 10.45 \pm 1.11 8.50 \pm 2.12 | 6.63 | 0.001 |
| Mental function | Before intervention | Intervention Control | 11.42 \pm 2.12 11.48 \pm 2.10 | -0.16 | 0.87 |
| | After intervention | Intervention Control | 12.95 \pm 1.51 11.45 \pm 2.00 | 4.84 | 0.001 |
| Social function | Before intervention | Intervention Control | 5.90 \pm 1.76 6.06 \pm 1.46 | -0.53 | 0.59 |
| | After intervention | Intervention Control | 7.41 \pm 1.05 6.08 \pm 1.40 | 6.16 | 0.001 |
| Sexual function | Before intervention | Intervention Control | 2.98 \pm 1.31 3.09 \pm 1.28 | -0.46 | 0.64 |
| | After intervention | Intervention Control | 3.92 \pm 0.99 3.14 \pm 0.15 | 6.16 | 0.001 |
| Life satisfaction | Before intervention | Intervention Control | 10.66 \pm 2.46 10.46 \pm 2.34 | 0.47 | 0.63 |
| | After intervention | Intervention Control | 13.92 \pm 1.73 10.48 \pm 2.34 | 3.97 | 0.001 |
| Quality of life | Before intervention | Intervention Control | 66.24 \pm 9.76 65.52 \pm 10.63 | 0.40 | 0.68 |
| | After intervention | Intervention Control | 78.27 \pm 5.74 65.73 \pm 11.09 | 9.57 | 0.001 |

Note. The significance level was set as $p < 0.5$

CONSORT flow diagram. The process of the study according to the Consort flow diagram (2010)



Highlights

- Tai Chi intervention can improve the quality of life of male older people.
- Tai Chi intervention is a mild exercise, does not have negative side effects on older people's health and can be performed using limited exercise facilities.
- Healthcare professionals are recommended to investigate the use of this safe and non-pharmacologic method, along with other interventions, to improve the quality of life in older people.