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Review Article

Effectiveness Mind-Body Therapies on Dyspnea in Patients with Heart Failure: A Systematic Review

Dea Devya Rifai*, Tuti Herawati, Amelia Kimin

* Department of Medical-Surgical Nursing, Faculty of Nursing, Universitas Indonesia, Indonesia

Abstract

Background: Dyspnea remains a prevalent and distressing symptom among patients with heart failure, despite advancements in standard medical therapy. Mind-body therapy interventions have been implemented as complementary approaches to alleviate dyspnea; however, the evidence regarding their effectiveness is inconsistent.

Objective: This systematic review synthesizes scientific evidence on the effectiveness of mind-body therapies for dyspnea in patients with heart failure.

Methods: The review employed a systematic review design in accordance with PRISMA 2020 guidelines. The literature was searched across six databases: PubMed, Scopus, ScienceDirect, ProQuest, Sage Journals, and ClinicalKey Nursing. Inclusion criteria were patients with heart failure experiencing dyspnea, mind-body therapy–based interventions, randomized controlled trial (RCT) designs, and publications from the past 10 years (2016–2026).

Result: Seven studies met these criteria, encompassing a total of 391 patients with heart failure. Interventions included diaphragmatic breathing, yoga breathing exercises, progressive muscle relaxation, mindful breathing, pursed-lip breathing, and biofeedback-assisted relaxation. All reviewed articles reported a reduction in dyspnea following mind-body-based complementary interventions, with five of the seven studies demonstrating statistically significant results.

Conclusion: These findings suggest that mind-body therapy–based interventions may serve as supportive therapies in the management of dyspnea among patients with heart failure.

* Correspondence:
Dea Devya Rifai
Faculty of Nursing, Universitas Indonesia, Depok, 16424

Email: dearifai486@gmail.com

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Keywords
Heart Failure; Dyspnea; Complemenatary Therapy.

Background

Heart failure results from damage to the heart muscle (myocardium). This condition reduces the heart's ability to pump blood, making blood flow to tissues less optimal, impairing gas exchange, destabilizing body fluid balance, and decreasing patients' functional capacity (1). Heart failure is one of the cardiovascular diseases with a continuously increasing global prevalence and is a major cause of hospitalization and mortality (2).

Research indicates that dyspnea is the most frequently reported symptom among patients with heart failure, both at initial presentation in the emergency department and during hospitalization. Approximately 67.7% of hospitalized heart failure patients experience dyspnea (3). This observation aligns with findings from another study, which identified dyspnea as the predominant clinical manifestation among patients admitted to medical wards and intensive care units, with a prevalence of 98.7% (4).

Patients with congestive heart failure (CHF) exhibit higher levels of dyspnea compared to those with other chronic diseases. Among 500 patients studied, approximately 34% of individuals with CHF reported dyspnea of intensity ≥4 out of 10 at initial hospital admission, increasing to 40% during hospitalization. These rates exceed those observed in patients with chronic obstructive pulmonary disease (29% at admission, 30% during hospitalization), diabetes mellitus (18% at admission, 21% during hospitalization), and kidney failure (29% at admission, 26% during hospitalization) (5). he management of dyspnea in patients with heart failure involves pharmacological interventions to reduce pulmonary congestion and improve hemodynamic status. One of the main therapies is the administration of diuretics, which help manage fluid overload by increasing sodium and water excretion, thereby reducing edema, pulmonary venous pressure, and cardiac preload.[1] In conditions of fluid overload, diuretic use is strongly recommended, particularly loop diuretics such as furosemide, bumetanide, and torsemide, which have a rapid onset and high effectiveness in reducing symptoms of congestion. Thus, diuretic therapy contributes significantly to reducing dyspnea associated with fluid retention in patients with heart failure (6, 7).

Nursing practice in dyspnea management includes various actions aimed at improving ventilation, reducing the work of breathing, and controlling patients' emotional responses. Along with the development of nursing science, complementary approaches based on mind-body therapies have received increasing attention as part of dyspnea management strategies. Mind-body therapies combine physical exercises with controlled, focused breathing techniques and deep relaxation, which can improve physical function as well as emotional and mental awareness; therefore, they may provide broader benefits, including benefits for dyspnea management. Mind-body therapies include biofeedback therapy, breathing exercises, hypnosis, imagery, laughter therapy, meditation, mental healing, psychodrama, relaxation therapy, tai chi, and yoga. Several studies have reported that certain complementary interventions based on mind-body therapies may be effective in reducing dyspnea (8-12). However, not all of these interventions are specifically directed toward dyspnea management in patients with heart failure. Therefore, a systematic review is needed to synthesize the available scientific evidence and develop a structured and comprehensive understanding of the effectiveness of mind-body therapies for dyspnea in patients with heart failure.

Methods

This systematic review evaluated the effectiveness of relaxation therapy for dyspnea in patients with heart failure, following the 2020 PRISMA guidelines (13).

Inclusion Criteria

Studies were included if they involved patients with heart failure experiencing dyspnea, evaluated mind-body therapies for dyspnea, were published between 2016 and 2026, were written in English or Indonesian, and used a randomized controlled trial design.

Search Strategy and Data Extraction

A systematic search was conducted in ProQuest, PubMed, ScienceDirect, ClinicalKey Nursing, Scopus, and Sage Journals. Article selection followed the PICO framework. The search used relevant keywords for mind-body therapies, dyspnea, and heart failure. Data from selected articles were extracted into a standardized form, and study characteristics were summarized in Table 1.

Quality Assessment

The methodological quality of included articles was assessed using the Revised Cochrane Risk of Bias Tool for Randomized Trials (RoB 2.0). Studies were evaluated across five domains and classified as having low risk, some concerns, or high risk of bias (14).

Result and Discussion

Selection of Studies

Figure 1 presents the PRISMA flow diagram for the reviewed articles. Of the 11,140 articles initially identified, only seven met the inclusion criteria following analysis. Most articles were excluded because the interventions were not conducted in patients with heart failure, were not classified as mind-body therapies, or the study designs did not meet the specified criteria.

Participants and Study Characteristics

This review included 391 patients with heart failure. Seven studies used a range of therapeutic approaches. Mind-body therapies in these studies included diaphragmatic breathing, yoga breathing exercises, progressive muscle relaxation, mindful breathing, pursed-lip breathing, and biofeedback-assisted relaxation therapy (Table 1). The researchers also described the study design, outcomes, and main conclusions.

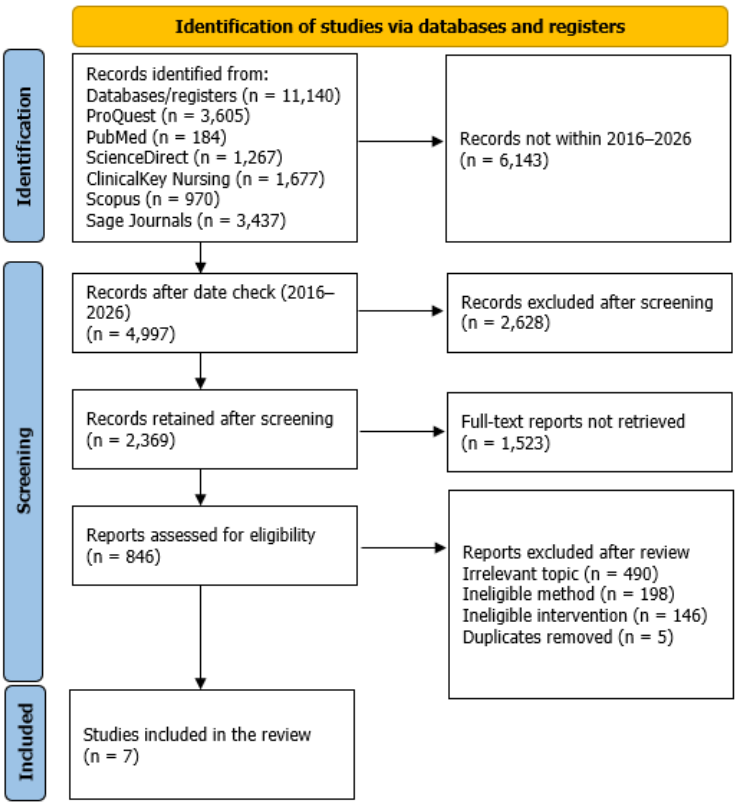


Figure 1. PRISMA 2020 Flow Diagram

Quality Assessment

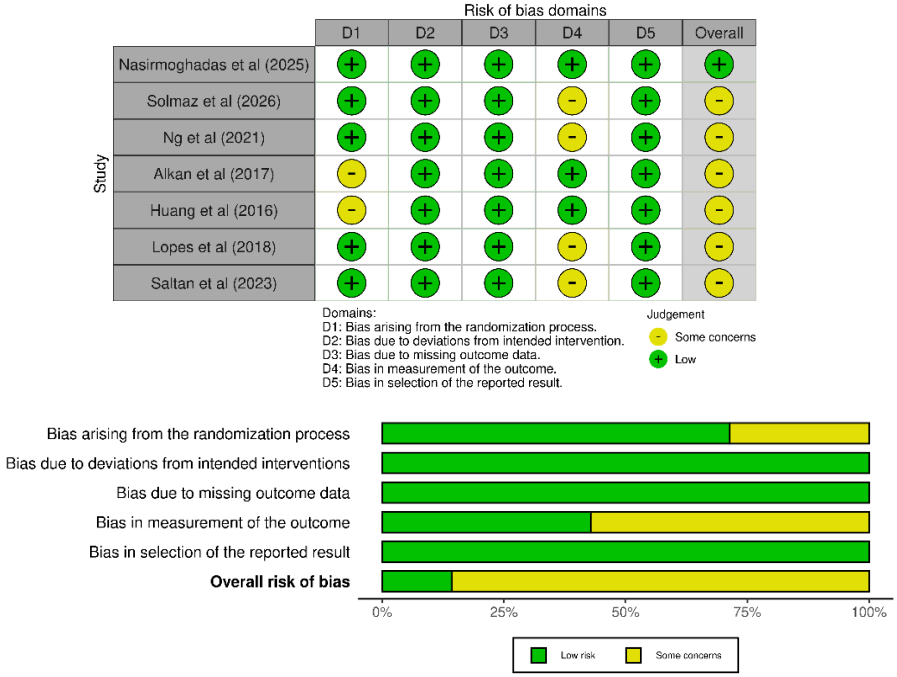


Figure 2. Risk-of-Bias Assessment: (a) Risk-of-Bias Summary; (b) Risk-of-Bias Graph

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Table 1. Study Characteristics

Author	Design	Sample and setting	Intervention	Outcomes	Conclusions
Nasirmoghadas et al. (2025)	RCT	90 patients with HF, DG: 30 SG: 30 CG: 30 Setting: CCU ward	DG: Diaphragmatic breathing (DB) group. SG: Incentive spirometry (IS) group. CG: Control group receiving only standard care and medical procedures.	Dyspnea, fatigue, functional status	Breathing relaxation, using either the diaphragmatic method or incentive spirometry, effectively reduced shortness of breath and fatigue and improved NYHA functional classification in patients with heart failure.
Solmaz et al. (2026)	RCT	66 patients with HF, YBEG: 22 PMREG: 22 CG: 22 Setting: Hospital	YBEG: Yoga breathing exercise (YBE) group. PMREG: Progressive muscle relaxation exercise (PMRE) group. CG: Control group receiving only standard pharmacological treatment.	Dyspnea, fatigue, self-care, oxygen saturation, pulse rate, and respiratory rate	Yoga breathing relaxation effectively relieved shortness of breath and fatigue and improved self-care. In addition, yoga breathing relaxation and progressive muscle relaxation exercises were beneficial in regulating oxygen saturation, heart rate, and respiratory rate in patients with heart failure.
Ng et al. (2021)	RCT	30 patients with HF, IG: 15 CG: 15 Setting: Cardiology unit	IG: Mindful breathing group. CG: Control group receiving standard care only, including pharmacological therapy and nonpharmacological therapy in the form of patient education for self-care.	Dyspnea, respiratory rate, oxygen saturation, pulse rate, and blood pressure	A single 20-minute mindful breathing session was effective in reducing dyspnea. However, no significant differences were found in other parameters, such as respiratory rate, oxygen saturation, pulse rate, or blood pressure.
Alkan et al. (2017)	RCT	56 patients with HF, IG: 29 CG: 27 Setting: Cardiology unit	IG: Combined diaphragmatic breathing (DB) and pursed-lip breathing (PLB) group. CG: Control group receiving standard pharmacological therapy only.	Dyspnea and sleep quality	Diaphragmatic breathing relaxation and pursed-lip breathing exercises were effective in reducing dyspnea levels and improving sleep quality.
Huang et al. (2016)	RCT	52 patients with HF, IG: 23 CG: 29 Setting: Medical center in Taiwan	IG: Biofeedback-assisted relaxation (BFAR) therapy group. CG: Control group receiving standard clinical care only.	Dyspnea, fatigue, depression, anxiety, perceived control, social support, and quality of life	BFAR therapy showed potential for reducing dyspnea, as indicated by lower dyspnea levels in the intervention group than in the control group, although the difference was not statistically significant.
Lopes et al. (2018)	RCT	32 patients with HF YG: 11 BTG: 11 CG: 10 Setting: Specialized heart failure clinic	YG: Yoga group combining yoga postures (āsanas) with active breathing techniques (ujjayi). BTG: Breathing technique group using a passive protocol (seated position) without body movement, with alternate-nostril breathing (viloma prānāyāma). CG: Control group receiving pharmacological therapy only.	Dyspnea, RR, HR, SpO_2, inspiratory muscle strength, echocardiography, and quality of life	Outcomes related to physical symptoms and echocardiography did not show significant differences across groups; however, the results showed a greater reduction in scores in the yoga group, followed by the breathing technique group and then the control group.
Saltan et al. (2023)	RCT	65 patients with HF IG: 32 CG: 33 Setting: Yalova Hospital	IG: Breathing exercise and progressive relaxation exercise group. CG: Control group receiving pharmacological therapy only.	Dyspnea, fatigue, self-care	Breathing exercises and progressive relaxation exercises significantly reduced dyspnea and fatigue levels and improved self-care among patients with heart failure.

The critical appraisal found that most articles had a low risk of bias across most domains, particularly regarding missing outcome data, suggesting that outcome reporting was generally complete. Some concerns remained, mainly in outcome measurement, likely due to limited blinding among participants, intervention providers, and outcome assessors, as the complementary interventions were open-label and easily identifiable. All articles were included in the review because their study designs were relevant to the review objective and the direction of intervention effects on dyspnea in heart failure patients was consistent.

DISCUSSION

Analysis of the seven reviewed articles suggests that mind-body therapies can reduce dyspnea in patients with heart failure. Most studies reported reductions in dyspnea following intervention, although the degree of effectiveness varied. This variability may be explained by differences in intervention types, implementation duration, patient characteristics, and measurement instruments. Some studies utilized subjective scales, such as the Borg Dyspnea Scale or the Visual Analog Scale, while others combined these with physiological parameters. Furthermore, the relatively small sample sizes in several studies should be considered when interpreting these findings.

Breathing Exercises

Breathing exercise–based interventions, including diaphragmatic breathing, yoga breathing exercises, mindful breathing, and pursed-lip breathing, are designed to improve respiratory muscle function, regulate breathing rhythm, and enhance ventilatory efficiency, thereby reducing the work of breathing. These exercises were conducted under direct supervision using demonstration techniques, and patients received written instructions for home practice. Interventions were administered for approximately 10 to 35 minutes per session, one to three times daily, over periods ranging from 10 days to 12 weeks. Duration and frequency were adjusted according to patients' clinical needs and conditions (15-18).

Five studies examining breathing exercises indicate that these techniques are effective in reducing dyspnea among patients with heart failure. In addition to reductions in dyspnea, three studies reported significant improvements in respiratory rate, oxygen saturation, pulse rate, and blood pressure (15, 17, 19). These interventions reduce respiratory effort, relax respiratory muscles, regulate the nervous system, and increase awareness and control of breathing; all of these mechanisms contribute to reduced dyspnea in patients with heart failure (20, 19, 21). Diaphragmatic breathing specifically improves respiratory muscle function, particularly the diaphragm, which is essential for effective breathing.

Diaphragmatic dysfunction is common in heart failure and contributes to dyspnea; strengthening the diaphragm can improve efficiency, reduce breathlessness, and increase functional capacity (22, 23). Pursed-lip breathing corrects ineffective breathing patterns and improves gas-exchange efficiency. Slow inhalation through the nose and exhalation

through pursed lips allows for better control of ventilation, a slower respiratory rate, improved ventilation, and reduced breathlessness (24, 2). Yoga breathing exercises combine slow, deep breathing with mindfulness, thereby reducing sympathetic nervous system activation and promoting relaxation, resulting in improved breathing efficiency and reduced ventilatory demand.[19]Mindful breathing integrates awareness of present-moment respiratory sensations and operates through cognitive-emotional mechanisms by shifting attention from ruminative thoughts to direct bodily awareness. This approach has been shown to reduce sympathetic nervous system activation, decrease anxiety, and modulate the subjective perception of dyspnea (25, 16).

Relaxation Therapy

Progressive muscle relaxation (PMR) exercises demonstrated comparable effectiveness in reducing dyspnea symptoms among patients with heart failure. In the two studies analyzed, PMR was delivered through direct instruction under supervision. Sessions lasted approximately 10 to 20 minutes and were performed twice daily for two weeks. The exercises involved systematically tensing specific muscle groups, followed by rapid release to achieve relaxation. The sequence began with small muscles and progressed to larger muscle groups, starting with the upper extremities, then the trunk, and finally the lower extremities, emphasizing the stages of contraction and relaxation (19, 26).

The two studies reported differing outcomes. Saltan et al. found that PMR reduced dyspnea and improved fatigue and self-care in patients with heart failure.26 In contrast, Solmaz et al. reported that while PMR did not significantly reduce dyspnea, it was beneficial in regulating oxygen saturation, heart rate, and respiratory rate (19).

These positive effects are attributed to complex neurophysiological and psychological mechanisms. Activation of the parasympathetic nervous system through muscle contraction and relaxation may reduce physiological tension. Balancing activity between the posterior and anterior hypothalamus as part of the relaxation response contributes to reduced secretion of stress hormones. Additionally, the contraction-relaxation process stimulates endorphin release, which enhances patient comfort and may indirectly improve respiratory function and reduce breathlessness (27, 29).

Biofeedback-Assisted Relaxation (BFAR)

Biofeedback-assisted relaxation (BFAR) therapy also demonstrated positive effects in reducing dyspnea among patients with heart failure. In the analyzed study, this therapy was administered by a trained nurse specialist with expertise in heart failure care and psychiatric counseling. The intervention was delivered once weekly for six consecutive weeks. Each session was conducted individually and included teaching, demonstration, practice, and reinforcement of relaxation techniques. During each session, temperature sensors were attached to the patient's skin, and the temperature data were displayed on a monitor visible to the participant. In addition to the visual display, patients listened to auditory signals whose pitch changed automatically as their skin temperature increased or

decreased. In the first session, patients received specific instructions to increase skin temperature and performed 20 minutes of guided practice. In subsequent sessions, each began with a review of the practice diary and a discussion of barriers encountered. Patients were then asked to increase skin temperature without direct coaching.FAR works by inducing the relaxation response and modulating the autonomic nervous system. It aims to reduce sympathetic nervous system (SNS) activation, which is usually excessive in patients with heart failure, while simultaneously increasing parasympathetic activity. This reduction in SNS activity is crucial because chronic neurohumoral activation can worsen heart failure. By reducing sympathetic tone, BFAR induces vasodilation. With the assistance of skin-temperature sensors, patients learn to consciously control their vascular tone. An increase in skin temperature detected by the biofeedback device is a physical indicator that peripheral blood flow has increased and cardiac workload has decreased (29, 30-32).

The study findings indicated that this intervention did not produce significant differences in physical symptoms such as dyspnea and fatigue, or in psychosocial variables such as anxiety, depression, and quality of life. Several factors may explain these results. Typhoon Morakot occurred in southern Taiwan during data collection and may have exceeded patients' coping capacity, obscuring short-term therapeutic benefits. Additionally, the relatively long interval between intervention sessions (once weekly) may have limited patients' mastery of the technique. BFAR therapy requires time and consistent practice for patients to become familiar with the technique and achieve measurable physical effects. Patients with heart failure often require more time and practice than healthy individuals to achieve autonomic nervous system balance that can relieve physical symptoms such as dyspnea (32).

Conclusion

This systematic review showed that relaxation-based complementary interventions may reduce dyspnea in patients with heart failure. Dyspnea in patients with heart failure is a complex symptom influenced by interactions among various mechanisms, including changes in cardiopulmonary function and perceptual processes related to respiratory sensations. In this context, relaxation interventions help optimize breathing patterns and modulate the subjective perception of dyspnea, thereby improving respiratory comfort among patients. Clinically, the findings of this review have important implications for nursing practice, particularly in managing dyspnea in patients with heart failure. Relaxation-based complementary interventions are relatively easy to perform, noninvasive, and associated with minimal risk; therefore, they can be integrated into holistic care. Nurses play a strategic role in teaching relaxation techniques to patients to improve self-control over their symptoms.

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Author Contributions
SR: Conceptualization, methodology, investigation, data collection, formal analysis, writing-original draft preparation. IH: Conceptualization, methodology, formal analysis, writing-review and editing, supervision. Z: Methodology, writing-review and editing, supervision. All authors have read and agreed to the published version of the manuscript.

Data Availability Statement
The dataset generated and analysed during the current study is available from the corresponding author upon reasonable request.

Declaration of the Use of AI in Scientific Writing
The authors declare that artificial intelligence (AI) tools were used solely to assist in language refinement and improving the clarity of the manuscript. The AI did not contribute to the study design, data analysis, or interpretation of results.

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