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NEWS FLASH

 Volume - 11

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From the Editor's Desk

Dear Readers,

It gives me immense pleasure to present this edition of our bulletin. This publication reflects the dedication, creativity, and collective efforts of our team and contributors. Through this platform, we aim to share knowledge, achievements, innovations, and activities that inspire growth and professional excellence.

I sincerely thank everyone who contributed their valuable time and efforts in making this bulletin meaningful and informative.

We hope this bulletin serves as a source of learning, inspiration, and connection for all readers.



Warm regards,

Dr. Kevin Harry
Chief Editor, Lecturer, AIMS

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Dr. Shagun Parmar
Lecturer, AIMS



Ms. Diya Prajapati
Lecturer, AINS

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 - Third Ranker - 3,000/- Rs. (BPT) & 1500/- Rs. (Nursing).
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13. Campus Interview - Placement.
14. Sanitary Pad Vending & Disposal Machine for Female Students.
15. Foreign Country Guidance.

Barriers and Facilitators for Physical Activity in Older Adults

Background:

Physical activity (PA) has many benefits in preventing diseases and is essential for maintaining physical and mental well-being. Even so, only a few older people regularly participate in PA. Both facilitators and barriers affect physical exercise in older people.

Aim:

This study aims to find barriers and facilitators of PA in older adults.

Materials and Methods:

This observational study used face-to-face interviews to gather data from older people (age >60 years) of a community of Ahmedabad. A set of questions was prepared to identify facilitators and barriers to PA in older adults. Data were collected from 150 older people through the convenience sampling method. Descriptive statistics was used.

Results:

One hundred and fifty participants with a mean age of (67.92 ± 5.95) years participated in the study, including 71 (47.3%) females and 79 (52.7%) males. The results show that the common barriers to PA in older adults are health problems (31.7%), lack of time (30.2%), lack of motivation (46%), and weather (38%). Facilitators are beliefs that PA may prevent health problems (81%), improve health conditions (81%), enjoyment of activity (63.5%), family and friends' involvement (47.6%), having the opportunity for PA-related support and social interaction with the participants (61.9%), living in a walkable area (60.3%), convenient/nearby PA locations (50.8%), and even walking surfaces (63.5%).

Conclusion:

Barriers to PA in older people were health problems, a lack of time, a lack of motivation/laziness, a lack of guidance from a professional, weather and environment such as traffic and lack of green areas. Facilitators believed that PA may prevent health problems; having the opportunity for PA-related support and social interaction/participation, living in a walkable area, even walking surfaces, and enjoyment of PA were also facilitators for PA among older adults

Dr. Jahanvi Patel
Lecturer, AIMS

Polycystic Ovarian Disease (PCOD)

Polycystic Ovarian Disease (PCOD) is a common hormonal disorder, affecting 9–22% of women in India. Polycystic Ovarian Disease (PCOD) is a female reproductive hormonal disorder where ovaries release immature/partially mature eggs.

1. Definition: -

"Polycystic Ovarian Disease (PCOD) is a medical condition where the ovaries produce numerous immature or partially mature eggs, which eventually turn into small cysts, then become fluid filled sacs(cysts). "

2. Causes

PCOD (Polycystic Ovarian Disease) occurs primarily due to a combination of hormonal imbalances, genetics, and lifestyle factors that cause ovaries to produce excessive immature eggs and male hormones (androgens).

A. Hormonal Imbalance (High Androgens): Elevated levels of male hormones (androgens) interfere with the development of follicles, preventing regular ovulation. Instead of releasing an egg, the follicles turn into small cysts.

B. Insulin Resistance: Many women with PCOD have cells that resist insulin, causing the pancreas to produce excess insulin.

C. Lifestyle Factors: High-stress levels, sedentary lifestyles, poor diet, and resulting obesity are major drivers of PCOD.

3. Symptoms

Irregular Periods: Infrequent, absent, or unpredictable menstrual cycles, often with heavy bleeding.

Hirsutism & Acne: Excessive hair growth on the face, chest, abdomen, or back, alongside oily skin and severe acne.

Infertility: Difficulty in conceiving due to infrequent or absent ovulation.

Other Symptoms: Sleep disturbances, snoring, depression, and anxiety.

4. Diagnostic Tests

Pelvic Ultrasound: Evaluates ovarian volume and identifies the presence of multiple small follicles (cysts).

Hormone Blood Panel (Day 2-3): Measures key hormone levels, including:

Check FSH and LH value.

Metabolic & Thyroid tests:

Insulin/Blood Sugar : Checks for insulin resistance.

5. Treatment

While PCOD is no permanent cure.

Medical Treatments (Consult a Doctor):-

1. Insulin-Sensitizers: Medications like Metformin are often prescribed to manage insulin resistance.

2. Fertility Drugs: Letrozole or clomiphene can help induce ovulation for women trying to conceive.

6. Prevention

Preventing Polycystic Ovarian Disease (PCOD) involves managing insulin levels and maintaining a healthy weight through a balanced diet, regular exercise, and stress management.

1. Low-Glycemic Index (GI) Foods: Consume foods that cause a slow rise in blood sugar, such as whole-wheat roti, brown rice, barley.

2. High-Fiber Foods: Increase intake of vegetables (spinach, kale), legumes (lentils, chickpeas), and fruits to improve digestion.

3. Avoid Trigger Foods: Limit consumption of processed meals, sugary snacks, refined grains, and saturated/trans.

Lifestyle and Physical Activity

1. Weight Management: Maintaining a healthy body weight helps reduce the risk of developing hormonal imbalances.

2. Stress Management: Practice yoga, meditation, or consistent sleep schedules.

RESEARCH ABSTRACT (AIMS)

Correlation Between Chronic Ankle Instability, Functional Performance, And Core Endurance In Young Adults.

*SHREYA TELI*¹ / *Dr. KEVIN HARRY*²

(1) Postgraduate Student, Ahmedabad Institute of Medical Sciences.

(2) Lecturer, Ahmedabad Institute of Medical Sciences.

Background: Among young adults, chronic ankle instability (CAI) is a common condition characterized by recurrent ankle sprains, impaired balance, and limitations in functional activities. Significance of proximal stability, particularly the endurance of core musculature, has gained attention for its role in supporting lower limb stability and functional movement.

Aim and objective: To determine the correlation between ankle stability and functional performance with core endurance in young adults.

Methods: A cross-sectional correlational study was conducted among 70 young adults aged 18–40 years. Ankle stability was assessed using the Cumberland Ankle Instability Tool (CAIT), Functional performance was evaluated by Foot and Ankle Ability Measure (FAAM). Core endurance was assessed using the McGill Core Endurance Tests. Descriptive statistics were used; Pearson's correlation coefficient was used to analyze the relationship between core endurance and ankle stability and functional performance.

Results: A total of 70 young adults participated in the study. The mean CAIT score was 22.5 ± 4.1 with 21% showing ankle instability, FAAM ADL was 87.3 ± 7.2 , FA+AM Sports was 78.6 ± 9.5 , and mean core endurance was 125.4 ± 28.7 seconds. Pearson correlation analysis demonstrated a statistically significant positive correlation between core endurance and ankle stability ($r = 0.62$, $p < 0.05$). Similarly, moderate positive correlations were observed between core endurance and FAAM ADL ($r = 0.58$) and FAAM Sports ($r = 0.66$).

Conclusion: The study suggests that core endurance is positively correlated with ankle stability and functional performance in young adults.

Keywords: Chronic ankle instability, core endurance test, young adults.

RESEARCH ABSTRACT (AINS)

A study to assess the effectiveness of guided imagery on stress among senior citizens residing at selected old age home of Mehsana city.

INTRODUCTION: Stress is highly prevalent among senior citizens, particularly those in old age homes, due to isolation, illness, and dependency. Persistent stress affects both mental and physical health. Guided imagery is a simple, safe, and cost-effective relaxation technique that reduces stress by calming the sympathetic nervous system.

This study was conducted to evaluate its effectiveness among senior citizens in a selected old age home at Mehsana.

OBJECTIVES: 1. To assess the level of stress among senior citizens residing at selected old age home of Mehsana. 2. To evaluate the effectiveness of guided imagery on stress among senior citizens residing at selected old age home of Mehsana. 3. To find out the association between pretest level of stress among senior citizens with their selected demographic variables.

PARTICIPANTS: 60 senior citizens residing at selected old age home of Mehsana city were selected using non probability purposive sampling technique.

INTERVENTION: Guided imagery is a brief, structured relaxation technique using verbal cues to evoke soothing mental images. Sessions (10-20 minutes) support stress reduction and emotional regulation.

Content is culturally tailored for geriatric and psychiatric populations to ensure clarity and therapeutic impact.

TOOLS: Data were collected using a structured demographic proforma to obtain background information of the participants, and the Perceived Stress Scale (PSS), a standardized tool widely used to measure the level of stress.

RESULT:

Guided imagery significantly reduced stress among elderly participants, with mean scores declining from 23.13 (pre-test) to 16.07 (post-test; $t = 15.34, p < 0.05$). High stress prevalence dropped from 36.67% to 5%, indicating marked emotional improvement. Moderate stress levels increased, reflecting a shift toward healthier coping. Significant associations were observed with age, marital status, and duration of stay, underscoring contextual influences on intervention outcomes

KEY WORDS: Guided imagery, Stress, Senior citizens, old age home, Perceived Stress Scale, Nursing Intervention.

By: **Mrs. Dharti Prajapati**
Lecturer, AINS

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--	---	--

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Yashasw Raval
1st Prize Junior Poster Presentation in
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 Damor Pooja Surmalbhai (1st Rank-80%)

 Saloni (2 nd Rank (78.2%))	 Malaviya Pinak Pravinbhai (3 rd Rank-76.4%)
---	--

[For Securing 1st, 2nd & 3rd Rank in Third Year B.Sc. Nursing Gujarat University (Sem-VI) Examination (January 2026)]

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--

 Mital Bhagyanbhai Makwana (2 nd Rank-74.4%)	 Meshwa Rakeshkumar Patel (3 rd Rank-73.8%)
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[For Securing 1st, 2nd & 3rd Rank in Fourth Year B.Sc. Nursing Gujarat University Examination (February 2026)]

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