

# Heart rate variability biofeedback using different breathing rates: a randomized study

<b>Submission date</b>	<b>Recruitment status</b>	<input type="checkbox"/> Prospectively registered
31/12/2025	No longer recruiting	<input type="checkbox"/> Protocol
<b>Registration date</b>	<b>Overall study status</b>	<input type="checkbox"/> Statistical analysis plan
20/01/2026	Completed	<input type="checkbox"/> Results
<b>Last Edited</b>	<b>Condition category</b>	<input type="checkbox"/> Individual participant data
20/01/2026	Mental and Behavioural Disorders	<input checked="" type="checkbox"/> Record updated in last year

## Plain English summary of protocol

Not provided at time of registration

## Contact information

### Type(s)

Public, Scientific, Principal investigator

### Contact name

Ms Sylwia Sumińska

### ORCID ID

<https://orcid.org/0000-0003-1335-3385>

### Contact details

Central Institute for Labour Protection - National Research Institute

Czerniakowska 16

Warsaw

Poland

00-701

+48 (0)22 623 32 06

sysum@ciop.pl

## Additional identifiers

## Study information

### Scientific Title

Effects of heart rate variability biofeedback using individualized resonance frequency versus fixed-rate breathing on psychological outcomes, resting heart rate variability, and physiological stress responses in adults with elevated stress: a randomized controlled trial

## **Study objectives**

1. To evaluate whether heart rate variability biofeedback (HRV-B) training with individually determined resonance frequency (RF) leads to greater improvements in self-reported psychological outcomes (perceived stress, anxiety, and depressive symptoms) and resting heart rate variability compared with HRV-B performed at a fixed breathing rate of 0.1 Hz.
2. To examine the effects of HRV-B training on affective and autonomic responses to an experimentally induced mental stressor, including stress reactivity and post-stress recovery, in comparison with a waitlist control group.
3. To assess whether repeated HRV-B training and daily home practice influence the subjective affective experience of slow-paced breathing at 0.1 Hz, making the task more relaxing over time.

## **Ethics approval required**

Ethics approval required

## **Ethics approval(s)**

approved 15/11/2021, Ethics Committee for Research with Human Participations of Warsaw University of Life Sciences in Poland (Instytut Nauk o Żywieniu Człowieka Szkoła Główna Gospodarstwa Wiejskiego w Warszawie Nowoursynowska 159c, Warsaw, 02-776, Poland; +48 (0) 22 59 37 010; inzc@sggw.edu.pl), ref: 48/2021

## **Primary study design**

Interventional

## **Allocation**

Randomized controlled trial

## **Masking**

Open (masking not used)

## **Control**

Uncontrolled

## **Assignment**

Parallel

## **Purpose**

Basic science

## **Study type(s)**

### **Health condition(s) or problem(s) studied**

Prevention of psychological difficulties in healthy individuals with elevated stress levels

## **Interventions**

Participants were randomly assigned to one of three study groups:

1. HRV biofeedback with individually determined resonance frequency (RF Group),
2. HRV biofeedback at a fixed breathing rate of 0.1 Hz (0.1 Hz Group),
3. A waitlist control group (Control Group).

Randomization was performed using a computer-generated simple randomization sequence with a 1:1:1 allocation ratio. Group assignment was concealed from participants until completion of baseline assessments.

Participants in both intervention groups received heart rate variability biofeedback (HRV-B) training over a 4-week period. The intervention consisted of weekly individual laboratory sessions and daily home practice. Laboratory sessions were conducted once per week, lasted approximately 40 minutes, and were delivered individually.

During the sessions, participants were instructed in slow-paced breathing techniques, including diaphragmatic breathing, relaxation breathing, and prolonged exhalation, with explicit guidance to avoid hyperventilation. Participants practiced slow-paced breathing while receiving real-time visual feedback of heart rate (cardiotachogram) and respiration.

HRV-B training was delivered using Biograph Infiniti software and standard training protocols provided by the biofeedback equipment manufacturer (Thought Technology Ltd., Montreal, Canada).

Participants were instructed to practice slow-paced breathing at home for 20 minutes using a provided visual breathing pacer.

The two HRV-B groups differed only in the breathing frequency applied:

1. RF Group: The breathing rate was individually determined based on each participant's resonance frequency, assessed during a standardized RF evaluation procedure. This breathing rate was used during both laboratory sessions and home practice.
2. 0.1 Hz Group: The breathing rate was fixed at 0.1 Hz (6 breaths per minute) for both laboratory sessions and home practice, regardless of the individual RF assessment.

For both intervention groups, the inhalation-to-exhalation ratio was set at 4:6 during laboratory sessions and home practice.

Participants assigned to the Control Group received no intervention during the 4-week study period (waitlist control). They completed the same pre- and post-intervention assessments as the intervention groups. After completion of the final assessment, participants in the Control Group were offered the opportunity to take part in the HRV-B training.

No follow-up assessments were conducted after the post-intervention measurement.

### **Intervention Type**

Behavioural

### **Primary outcome(s)**

1. Stress, symptoms of anxiety and depression measured using Depression Anxiety and Stress Scale (DASS-21) at immediately after completion of the intervention
2. Resing heart rate variability measured using electrocardiography (ECG) at immediately after completion of the intervention
3. Affect measured using the Swedish Core Affect Scale (SCAS) at during intervention and immediately after completion of the intervention
4. Physiological reaction to laboratory-induced mental stress measured using electrocardiography (ECG), surface electromyography (sEMG), electrodermal activity (EDA), blood volume pulse (BVP), respiratory rate, and skin temperature of the hand at immediately after completion of the intervention

## Key secondary outcome(s)

### Completion date

30/11/2022

## Eligibility

### Key inclusion criteria

1. Age between 25 and 40 years
2. All sexes
3. High self-reported stress levels

### Healthy volunteers allowed

Yes

### Age group

Adult

### Lower age limit

25 years

### Upper age limit

40 years

### Sex

All

### Total final enrolment

88

### Key exclusion criteria

1. Chronic diseases (e.g., diabetes)
2. Psychiatric disorders (e.g., depressive disorders, anxiety disorders)
3. Neurological disorders (e.g., epilepsy)
4. Cardiovascular diseases (e.g., hypertension, heart failure, myocardial infarction, arrhythmias)
5. Respiratory diseases (e.g., asthma)
6. Substance use disorders or addiction to psychoactive substances (e.g., alcohol, nicotine)
7. Use of medications affecting the central nervous system or cardiovascular system (e.g., hypnotics, antidepressants, anxiolytic medications, cardiovascular medications)
8. Current participation in psychotherapy
9. Regular practice of breathing-based techniques (e.g., yoga, meditation, breathing exercises)
10. Pregnancy

### Date of first enrolment

01/02/2022

### Date of final enrolment

31/10/2022

# Locations

## Countries of recruitment

Poland

# Sponsor information

## Organisation

Central Institute for Labour Protection

## ROR

<https://ror.org/03x0yya69>

## Organisation

Ministry of Science and Higher Education

## ROR

<https://ror.org/05dwvd537>

# Funder(s)

## Funder type

## Funder Name

Centralny Instytut Ochrony Pracy - Państwowy Instytut Badawczy

## Alternative Name(s)

Central Institute for Labour Protection - National Research Institute, CIOP-PIB

## Funding Body Type

Private sector organisation

## Funding Body Subtype

Research institutes and centers

## Location

Poland

# Results and Publications

## Individual participant data (IPD) sharing plan

The datasets generated during and/or analysed during the current study will be stored in a publicly available repository (the Zenodo repository, doi: 10.5281/zenodo.17733890). All shared data will be fully anonymized to protect participant confidentiality. Data will include de-identified questionnaire responses, resting HRV measurements, and physiological parameters recorded during laboratory procedures. The datasets will be accessible upon publication of the study results and will remain available indefinitely. Access to the data will be unrestricted for researchers, who may use it for secondary analyses or meta-analyses. There are no additional ethical or legal restrictions beyond the protection of participant privacy.

**IPD sharing plan summary**

Stored in publicly available repository