

MBCT courses for people living with long-term physical health conditions: learning and reflections

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We hope that the workshop will provide participants with the opportunity to:

- Reflect on the rationale for MBCT with participants with long term physical conditions, in an NHS setting
- Hear about our experience of running courses, including challenges and discoveries, and also hear about the experience of the participants
- Discuss preliminary evidence
- Discuss and share their own experiences of working with this population

The Application of Mindfulness Based
Approaches
in
Chronic Physical Ill health

The Scope of the Problem

Depression is 2-3 times more common in people with a chronic physical problem than in those in good health and occurs in about 20% of those who have chronic poor health (NICE 2009)

The Scope of the Problem

Co-morbid physical and mental health problems have been identified as an area of national and international concern requiring innovative approaches (Department of Health 2013)

The Scope of the Problem

Co-morbidity is associated with negative prognosis in terms of:

- Increased morbidity and mortality
- Increased health care costs
- Poor quality of life
- Reduced adherence to medication
- Reduced ability to manage physical symptoms

What can be difficult?

- Lack of certainty
- Constant change
- Loss of role/function
- Change in relationship with others
- Physical problems themselves, e.g. lack of sleep. Pain, inability to carry out day to day tasks etc.....

Which can elicit sadness, fear, anger, shame.....

Leading to rumination, avoidance, self blame and a sense that this is all inevitable.....

What can be learnt through MBAs?

- Relating differently to physical symptoms
- Emotion regulation
- Increased tolerance of uncertainty
- Turning towards difficulty rather than rumination and avoidance
- Increased self compassion
- Increased engagement with life

What can be learnt through MBAs?

- And how to face adversity in the future and navigate through difficult times – relapse prevention



What do we know so far?

- Carlson, L (2012) ISRN Psychiatry
Comprehensive review of studies :

Most promising evidence so far is in the field of cancer:

‘literature on cancer and MBI’s is substantial and continues to grow’

Cancer (43 studies reviewed)

- *MBSR and MBCT effective in improving anxiety, depression, stress, QOL, general well being – medium effect sizes (around $d= 0.5$)*
- Several RCTs, adaptations and qualitative studies reviewed
- Different types of cancer studied e.g. breast and prostate (showing change in diet)
- Changes in biological markers e.g. hypertension
- BUT few studies using *active* control interventions.

Chronic Pain *(18 studies reviewed)*

- **Early studies** by Jon Kabat –Zinn showed patients improved in terms of mood, pain symptoms, general distress and increased quality of life compared with non-randomised TAU
- **‘Breathworks’** – improvements in acceptance, depression, outlook, catastrophising, and pain self efficacy
- **MBSR and MBCT** show benefits in pain intensity, coping, and measures of mood.
- **ACT** – improvements in pain, depression, anxiety, medical visits, disability and work status and physical performance.

Chronic Pain

Overall

There is substantial evidence that Mindfulness Based Approaches relieve both physical and psychological aspects of chronic pain

Few good studies which show MBI's effectiveness in relation to other approaches

A lot of promising qualitative work

e.g. in the area of low back pain – MBSR - increased level of mindfulness, hope for the future and altered relationship to pain: Hsu et al (2010).

Rheumatoid Arthritis *(3 studies)*

- MBSR superior to Wait list on measures of psychological distress and well being at 6 months(Pradhan et al., 2007)
- Mindfulness meditation and emotional regulation therapy v. CBT v. Education. MM better than education or CBT in relieving depression but not in relieving pain or inflammatory cytokines (CBT) or coping (CBT and MM) (Zautra et al.,2008)
- Qualitative study of MBSR participants – Changing relationship to pain so that it was no longer dominating or restrictive.

Other Physical Health problems:

- **Good evidence** for reduction in blood pressure in **cardiovascular problems (CHD and hypertension)** 13+ RCT's; also meta-analysis (Abbott et al 2014) showed that small but significant effects of MBCT/SR on mood in a range of vascular diseases.
- **Promising evidence** that MBI's can reduce anxiety and depression and improve Glycaemic control in **type 1 and type 2 diabetes**.
- **Series** of on-line studies showing that a 5 step programme including mindfulness exercises reduced primary symptoms by 42% , improved depression and anxiety and increased QOL in **IBS** (*Ljotsson et al 2011*)

Other Physical Health problems:

- **CFS** – MBCT for people still experiencing fatigue after CBT
Rimes et al. (2011): reduced fatigue, improved mood, better coping, fewer unhelpful beliefs about emotions and increased self compassion
- **Parkinsons Disease** (Fitzpatrick et al, 2007) – qualitative study of MBCT showed changes in coping patterns (e.g. courage, decreased avoidance); changes in neurological patterns.

ALL PROMISING!

headaches

asthma

hepatitis

COPD

MS

tinnitus

hot flushes

psoriasis

urinary incontinence

MS

obesity

insomnia

The local NHS context

The local NHS context

- Collaboration between Oxford Health NHS Foundation Trust (IAPT and Psychological Therapies Service) and the Oxford Mindfulness Centre
- TalkingSpace/TalkingHealth (Oxfordshire IAPT): Local recognition of the need to develop innovative services

The Orientation Session

Format (see handouts)

- Approximately one hour long
- One to One interview
- Could be done as a group

Why have an Orientation Session?

- Dispels Myths
- Personal formulation
- Brings mindfulness to life
- Importance of commitment
- Establish suitability /timing issues
- Practicalities
- A chance to meet the teacher

Our Experiences of running the course

Adaptations, Discoveries, Challenges

Adaptations

- Environment
- Physical restrictions
- Sensory impairments
- Handouts/DVD

Discoveries

- Applicability of MBCT approach to LTC
- Different levels of capabilities
- Good range of ages
- Comparisons regarding level of disabilities
- Move from feeling totally on own to feeling understood
- Freedom regarding 'no right way' – leading to increased acceptance
- Diabetes control

Challenges

- Time
- Body scan bringing difficulties to fore straight away
- Addressing anxiety
- Hard to attend to specific issues in group/need for support between sessions
- Specificity of process – experience of the practice
- ‘Walking down the street’ example

Hopes for the course and
themes that emerged

Hopes for the course

Group participants were asked in Orientation session to look at what they hoped to get out attending the group, and score from 1-10 how they felt they were currently managing this at present

Examples of hopes: managing pain more effectively, dealing with thoughts in a more helpful way, accepting more what has happened to me.

In individual follow-up session these hopes were re-visited and re-scored

Themes

- In week 8, participants were asked to give written feedback on the Mindfulness course and to rate its importance on a scale of 1(not very important) to 10 (very important)
- From the written feedback, the following themes emerged:

Themes

- Group experience
- Learning of new skills
- Coping with the future
- Potential barriers

Group experience

Meeting others in a similar position/Sharing experiences /Support gained Decrease in feelings of isolation

'I feel less isolated. Being with others where it is acceptable to make more than a passing reference to one's health condition has been really helpful'

'People have been accepting of one another'

'We have really supported one another in this group and it's been great'

'The strength I've gained from being part of a group and sharing experiences'

'The course made me realise I am not alone with the daily struggles and grind of life'

Learning of new skills

- Noticing

- *'Keeps me in the here and now rather than thinking about the future (Walking the dog)'*
- Increased awareness of patterns of thinking, reactions to bodily sensations, aversions
- *'I'm more able to achieve perspective in my thinking'*
- *'I'm able to see thoughts as almost memories of thoughts when normally they can be quite upsetting' 'I'm trying not to over-evaluate my thoughts and get lost in them'*
- *'I spent a lot of time avoiding the practices, and I now realise this was avoiding spending time with myself and my thoughts because I thought they would bring up too much'*

Learning of new skills/ways of being

- ‘ The course has helped me to look at myself in different ways, and see that I am, like my life, a complex combinations of emotional and physical experiences, with everything happening at once. With these new skills I am beginning to be able to stand ‘outside’ these emotions/thoughts/experiences and look inwards, taking smaller chunks and working through them steadily, rather than trying to cope with everything all at once’

Coping in future

Hope and Confidence

- *I now have confidence I can face challenges that I know I will face over the coming years as my health deteriorates*

Recognition leading to increased ability in dealing with pain, mood, anxiety

- *'I can cope a lot better with my moods and reactions to situations'*
- *..invaluable in helping me deal with both physical health and stress.*
- *I feel much more able to deal with my pain now.*

Coping in future:

Compassion

- *I'm trying not to get frustrated with myself for not doing things, and do just what I can*
- *There's always tomorrow if I can't do it today. I don't need to beat myself up'.*
- *Acceptance and kindness are so key to how I want to move forward now'*

Focus on well being

- *I've learned a lot more about focussing on my well-being and improving my health rather than thinking about all the things that have gone wrong in my life.*

Potential barriers

Change in health

- *I had problems with my diabetes during the course and so haven't been able to fit all the practices in.*
- *My health fluctuated during the course so I didn't manage the practices at times and couldn't attend all the sessions*

External circumstances

- *I will need to be disciplined to keep doing the home practices now I am not attending the group*
- *I found it hard to do the practices alongside the demands of work and family and hope I'll be able to continue now I don't have the group each week*
- *Work and my relationship got in the way of the course a lot, and I hope I can continue the practice more when things are more settled for me*

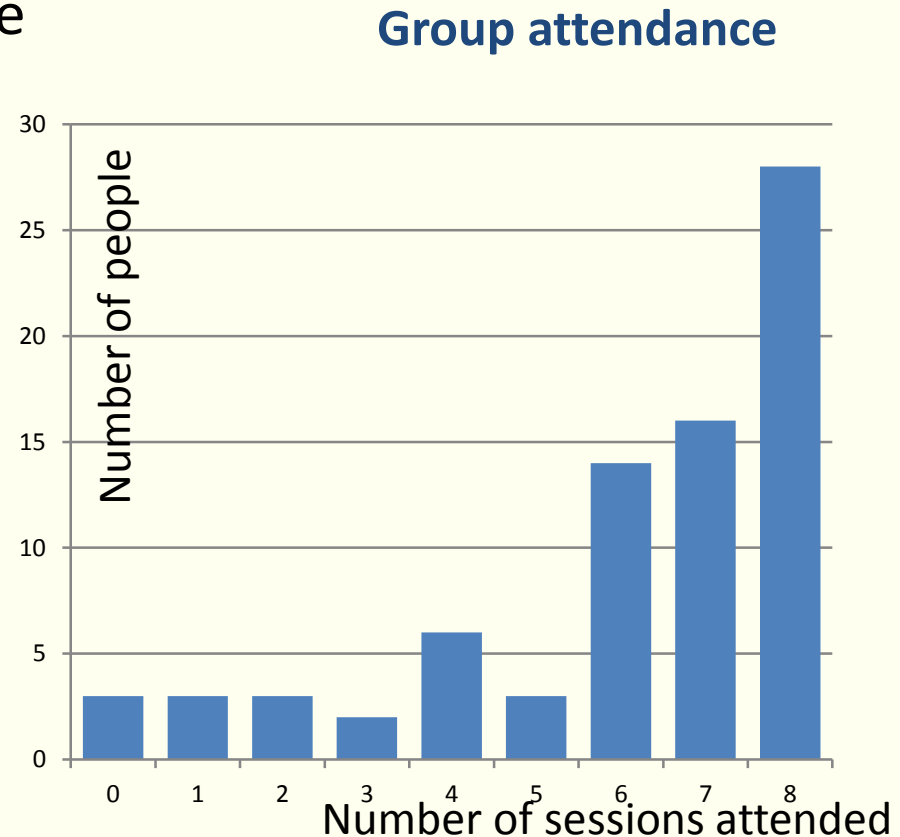
Small group work:

- What adaptations have you made/will you make, when offering a Mindfulness Based intervention to people with a with long-term health condition?
- What challenges may you have/have you encountered, while teaching this group of people? How have you responded to these both as a teacher and personally?

Preliminary data

TalkingHealth MBCT groups for people living with long-term Physical Health Conditions

- 78 people offered a place
- Average number of sessions attended: 6
- Analysis based on participants who attended 4 or more sessions (N=66, 83%)



Group participants (N=66)

The groups

- 7 groups to date
 - 1 Banbury (Health Centre)
 - 6 Oxford city (OMC)
- Average 9 people per group

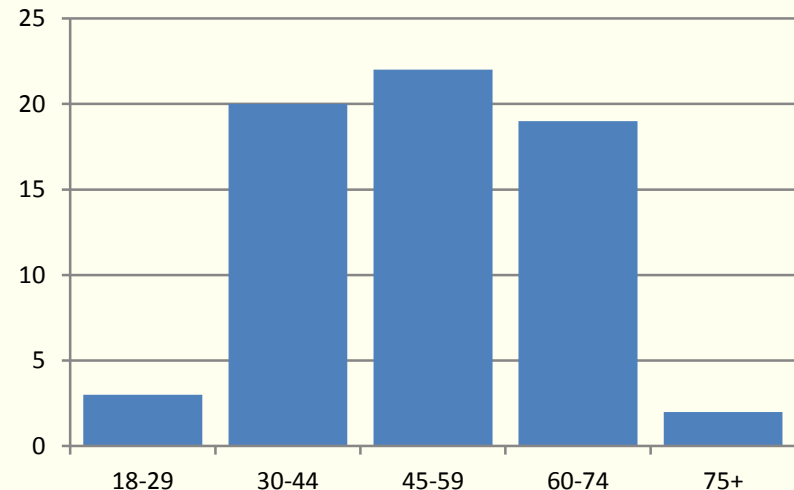
Demographics

- 68% female, 32% male
- Ethnicity: Majority 'White British'

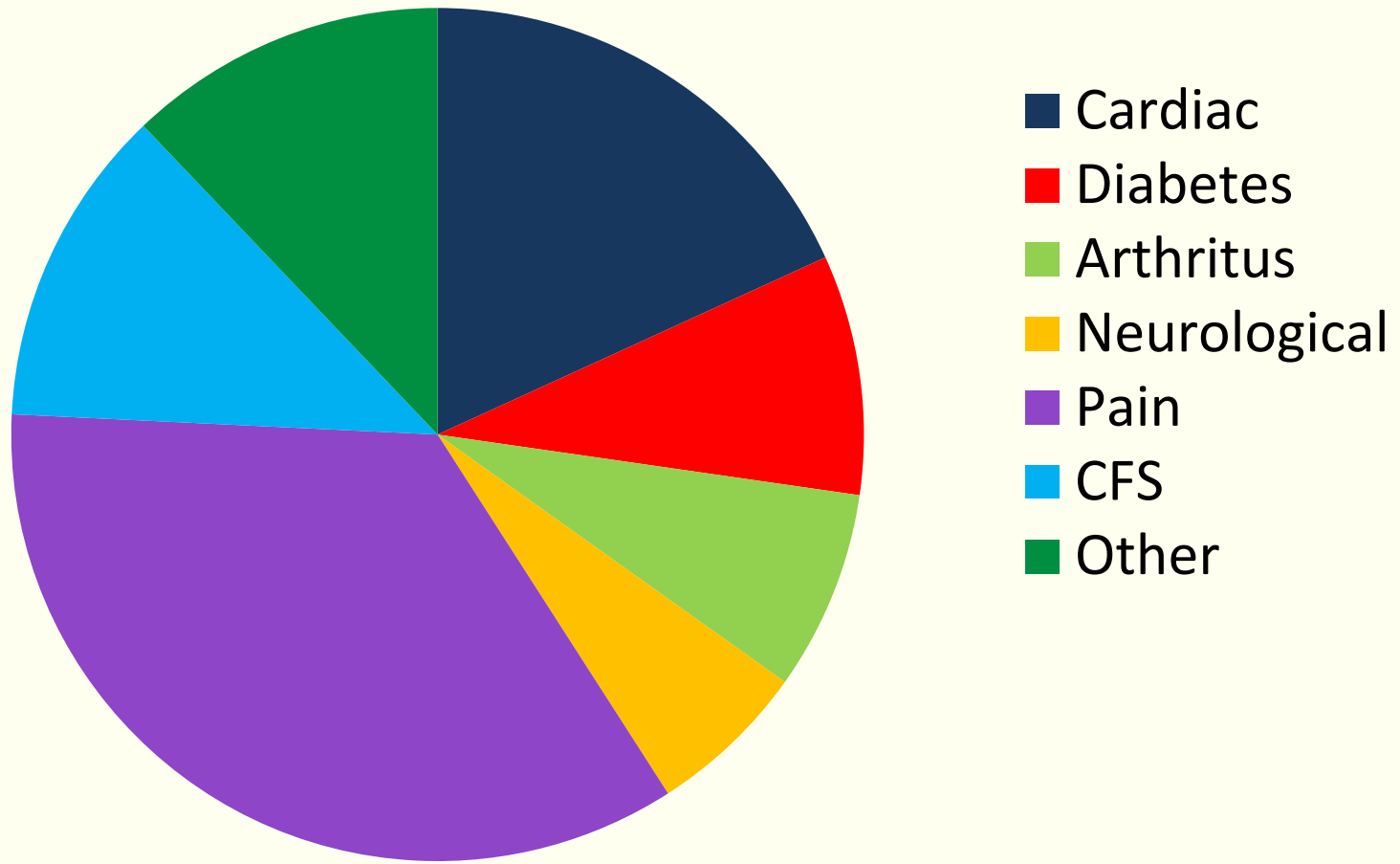
Age

- Average age 50 years (24-84)

Number of people in each age bracket



Health conditions



Psychological support before attending the group

Sessions with the service prior to attending the group:

Average: 7.1 Mode: 3

47% (N=31) had another intervention (4 or more sessions with the service) before attending the group

- 12% (N=8) Low intensity intervention (group/individual, guided self-help, computerised CBT)
- 35% (N=23) High intensity intervention (individual or group CBT)

IAPT Outcome measures

- **Depression PHQ-9** (score out of 24, >9 clinical cut-off)
- **Anxiety GAD-7** (score out of 21, >7 clinical cut-off)
- **Work and Social adjustment scale (WSAS)** impact on functioning in different areas of life

‘Caseness’: scores above clinical cut-off on PHQ-9 *or* GAD-7

‘Recovery’: scores on *both* PHQ-9 and GAD-7 below clinical cut-off

‘Clinically significant improvement’: reduction of 5 or more points on PHQ-9 or GAD-7

Average questionnaire scores for all participants

	1st contact with the service	Start of the group	End of the group	Follow-up
Depression (PHQ-9)	11.9	9.2	7.5	7.6
Anxiety (GAD-7)	9.9	8.1	6.7	5.8
Impact on life functioning (WSAS)	19.1	16.1	13.1	13.8

Outcome following attendance at MBCT group

Group	Questionnaire scores	Number of people
Maintained	Started in recovery and remained in recovery	23
Improved	Started in caseness and either: <ul style="list-style-type: none">- moved into recovery or- improved significantly	20
No benefit	Scores started in caseness, remained in caseness, and did not improve significantly	14
Other	<ul style="list-style-type: none">• Improved but not sustained• Moved out of recovery• No data	N=4 N=4 N=1

Comparison of those who found the group helpful and those who did not

	Whole group (N=66)	Improved (N=20)	Maintained (N=23)	No benefit (N=14)
Gender	68% female 32% male	65% female 35% male	74% female 26% male	64% female 36% male
Average age (range)	50 years (24-84 years)	56 years (29-81 years)	53 years (31-84 years)	42 years (24-65 years)
Average no. of sessions attended	7	7	7	7

Recovery rate by condition

	Improved	Maintained	Did not benefit
Cardiac (N=10)	20%	60%	20%
Diabetes (N=3)	33%	33%	33%
Arthritis (N=5)	60%	40%	0%
Neurological (N=4)	75%	25%	0%
Pain (N=16)	19%	63%	19%
CFS (N=6)	17%	50%	33%
Other (N=7)	29%	14%	57%
Overall (N=53)	28%	45%	23%

Key findings

- Beneficial for a range of physical health conditions
- Maintaining well-being and reducing symptoms of depression and anxiety
- High level of attendance for all
- Younger age group do less well?
- Consider offering guided self-help/CBT before for those with symptoms of depression or anxiety

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