



“Mindfulness for patients with inflammatory and stress-related somatic disorders”

Day: Wednesday 11th July 2018 Time: 10.45 am – 12.00 pm Track: Clinical applications

Living with a chronic illness can create uncertainties and daily challenges which can cause distress, on top of the experienced somatic symptoms. This symposium will explore mindfulness and compassion in relation to inflammatory and stress-related somatic disorders. The first presenter will discuss the results of a randomized controlled trial investigating the effects of an MBSR intervention for people with fibromyalgia on syndrome impact, pain catastrophizing, and perceived stress. The second presenter will address the results of a prospective study in which associations of self-compassion with adaptive coping and psychological health are explored for young people with inflammatory bowel disease. The third presenter will explore the results of a randomized controlled trial of a 6-week MBCT course for patients with inflammatory bowel disease for reducing symptoms and increasing quality of life. The last presenter will discuss the development and structure of this new 6-week MBCT course for patients with inflammatory bowel disease.

Symposium overview

Presenter 1 **Adrián Pérez-Aranda** - MBSR versus the multicomponent intervention FibroQoL in the treatment of fibromyalgia: A randomized controlled trial

Presenter 2 **Rebecca Yeates** - Self-compassion, coping and psychological distress in young people with Inflammatory Bowel Disease

Presenter 3 **Julia Henrich** - Mindfulness Based Cognitive Therapy (MBCT) for Patients with Irritable Bowel Syndrome

Presenter 4 **Christina Surawy** - MBCT for Irritable Bowel Syndrome (IBS). Discussion of the structure and intentions of a new 6-week programme

Chair: **Christina Surawy**



MBSR versus the multicomponent intervention FibroQoL in the treatment of fibromyalgia: A randomized controlled trial

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Background and objectives: Fibromyalgia (FM) is a prevalent, highly disabling, and costly chronic syndrome. Mindfulness-based interventions have shown promising results for FM patients, but most of them come from studies with methodological shortcomings; thus, sound studies are needed to prove the relevance of these effects. The EUDAIMON project compares the effectiveness of adding a mindfulness-based stress reduction (MBSR) treatment to treatment as usual (TAU) for patients with FM versus TAU + the multicomponent intervention “FibroQoL”, and versus TAU alone. FibroQoL combines psychoeducation and self-hypnosis training, and has proved its cost-effectiveness when compared to TAU in a previous RCT.

Methods: The total sample comprises 225 patients (75 per branch) who were diagnosed of FM by the Department of Rheumatology at Parc Sanitari Sant Joan de Déu (Barcelona, Spain). The patients were assessed before and after the interventions with a battery of instruments (measuring socio-demographic data, psychiatric comorbidities, functional status, anxiety and depression, pain catastrophizing, and perceived stress, among others variables). For this study, only patients who were assigned to the active interventions (MBSR and FibroQoL) and completed the post-intervention assessment are considered (n=55 for MBSR and n=56 for FibroQoL). Both interventions consisted of eight 2-hour long weekly sessions over a 2-month period. MBSR offered an additional half-day-long mindfulness retreat.

Results: The assistance to the sessions was 57.6% for the MBSR group and 66.7% for the FibroQoL. Both groups presented no significant basal differences for any socio-demographic or clinical variable. The statistical analyses showed that, although both interventions reduced the fibromyalgia impact (measured with the FIQR) and the perceived stress (measured with the PSS), MBSR produced a significantly higher effect, and also a greater reduction of pain catastrophizing (measured with the PCS). On the other hand, anxiety and depression (measured with the HADS) improved equally for both groups with no significant differences.

Discussion and Conclusion: These results will be supplemented with cost-effectiveness analyses in the following stages of the project. However, early-stage data provides preliminary positive results regarding MBSR as it has been able to produce significantly greater reductions than an active control in syndrome impact, pain catastrophizing, and perceived stress.



Self-compassion, coping and psychological distress in young people with Inflammatory Bowel Disease

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Background and objectives: Living with a chronic illness can create uncertainties and daily challenges which can be difficult to cope with and cause distress. A growing number of cross-sectional studies suggest that in adults diagnosed with chronic health conditions, self-compassion is associated with greater use of adaptive coping responses (such as problem-solving, as opposed to avoidance or denial) and improved psychological health. The present prospective study tested whether self-compassion may have similar associations for young people (aged 16-24) diagnosed with inflammatory bowel disease (IBD).

Methods: A model of self-compassion to psychological distress through coping responses was studied. A sample of young people (N = 198; mean age = 21.09; 78% female), recruited from IBD third-sector organisations, completed an online or paper survey that included measures of dispositional self-compassion, coping, IBD severity, and psychological distress at baseline, and 105 participants completed the self-compassion and psychological distress measures at the six to eight weeks follow-up (47% attrition).

Results: Analyses revealed that higher self-compassion was significantly associated with lower distress at both time points, and less use of avoidant coping strategies. Self-compassion and avoidant coping responses were significant predictors of baseline psychological distress over and above the variance explained by IBD severity. The indirect effect of self-compassion on baseline psychological distress through lower avoidant coping responses was significant. However, the indirect effects of self-compassion on distress at the follow-up was not significant after controlling for baseline distress.

Discussion and conclusion: The current findings replicate those found with adult samples and provide preliminary evidence to suggest that self-compassion may be an important quality for facilitating psychological health in young people diagnosed with IBD. Intervention-based research that examines whether cultivating self-compassion reduces the use of avoidant coping and distress in young people diagnosed with IBD would be useful to test this proposition. Further research is warranted to understand the relationship between self-compassion and psychological distress in this population.



Mindfulness Based Cognitive Therapy (MBCT) for Patients with Irritable Bowel Syndrome

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Background and Objectives: Irritable Bowel Syndrome (IBS) is a chronic illness with a complex interplay of biological, psychological, and social factors that contribute to the symptoms. A 6-week Mindfulness Based Cognitive Therapy (MBCT) course for patients with IBS was designed to reduce symptoms and increase quality of life. This study aims to evaluate the effectiveness of this treatment. With an embedded study on mechanisms, we aim to investigate if maladaptive illness related cognitions and discrepancy-based processing (implicit and explicit) are mediators of symptom improvement.

Methods: Sixty-seven female patients with IBS were randomly allocated to an immediate treatment condition or a waiting-list control condition. Patients completed self-report measures of IBS symptom severity (GSRS-IBS), IBS quality of life (IBSQOL), catastrophizing (PCS, GI-C), visceral anxiety sensitivity (VSI), and non-judgemental awareness (FFMQ) at baseline (t.1), after two treatment sessions (t.2), post-treatment (t.3), and at six-weeks follow-up (t.4). Implicit self-health discrepancy was measured with the reaction-time based implicit association test (IAT) at t.1, t.2, and t.3. Treatment-expectations were measured prior to course commencement.

Results: Intention to treat analysis of variance (ANOVA) showed that patients in the immediate treatment group had significant reductions in IBS symptom severity and improvements in quality of life at post-treatment and at follow-up. Expectations of therapeutic gains were significantly correlated with changes in IBS symptoms and IBS quality of life. Per-protocol mediation analysis, with 44 patients, showed that changes in visceral anxiety sensitivity, pain-catastrophizing, IBS-catastrophizing, and non-judgemental awareness at post treatment mediated reductions in IBS symptom severity at follow-up. Reductions in self-health discrepancy after two weeks of MBCT predicted changes in non-judgemental awareness at post-treatment.

Discussion and Conclusion: MBCT for IBS may be an effective treatment to reduce IBS symptom severity and to increase quality of life. Setting realistic yet positive expectations in clinical treatment settings can increase therapeutic effects. MBCT may exert its effect on IBS symptoms via several explicit and implicit cognitive mediators. These mediators relate to maladaptive illness cognitions and self-referent implicit and explicit discrepancy-based processing. Larger studies, with an active control group and longer-term follow-up, are needed to replicate these findings.



MBCT for Irritable Bowel Syndrome (IBS). Discussion of the structure and intentions of a new 6-week programme

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Irritable bowel syndrome (IBS) is a chronic physical condition which is characterised by symptoms of abdominal pain and bowel dysfunction, together with a range of psychological processes which contribute to and maintain the symptoms and include hypervigilance of the body, catastrophizing symptoms as well as patterns of avoidance and withdrawal. Feelings of shame, hopelessness and frustration together with self-criticism and thoughts about being a burden to others are a part of the picture. Mindfulness training offers the possibility of developing greater sensitivity to the patterns of reactivity habitually engaged in moment by moment and the possibility of greater choice and freedom to respond. We developed a 6-week MBCT programme which was adapted to a population of IBS sufferers and the results of which have been described in the study outlined by Julia Henrich. The intentions of the adaptations made will be described in terms of how they relate to the processes which maintain IBS. We will also consider limitations of the programme, and suggest future directions.