Mindfulness and mild cognitive impairment: feasibility, acceptability and proposed MBSR adaptations
Rastislav Šumec¹,², Rafał Marciniak², Andrej Jeleník², Dusana Dorjee³, Martin Bareš¹,⁴, Kateřina Sheardová¹,²
¹First Department of Neurology, Faculty of Medicine, Masaryk University and St. Anne's University Hospital, Brno, Czech Republic
²International Clinical Research Center (ICRC), St. Anne's University Hospital, Brno, Czech Republic
³School of Psychology, Bangor University, Bangor, United Kingdom
⁴Department of Neurology, Medical School, University of Minnesota, Minneapolis, United States

Background and objectives: There has been increasing interest in the possible effects of Mindfulness-based stress reduction (MBSR) on cognition in patients with mild cognitive impairment (MCI). However, it is not clear how to effectively deliver this intervention with respect to particular characteristics of this population. This study aimed to assess the feasibility and acceptability of MBSR in MCI, including evaluation of the changes in their emotional valence and practice adherence throughout the intervention with the result of proposing adaptations of the course for MCI.

Methods: 14 MCI patients participated in the MBSR program. The severity of their cognitive decline, symptoms of anxiety and depression were assessed. Adherence to home practice and patients' changes in emotional valence of experience during the intervention have been assessed by daily activity logs and feasibility questionnaires.

Results: Subgroup of participants with higher baseline level of anxiety and depression tended to have more negative experience throughout the MBSR. All participants showed trends of decline in negative and an increase of positive experience throughout the intervention. Subgroup with more severe cognitive decline showed worse adherence to home practice. Feasibility questionnaires suggested positive attitude towards the intervention.

Discussion and conclusion: MBSR is feasible and well-accepted by MCI patients. Positively oriented emotional dynamics during the intervention may support building a stable emotional foundation for the practice by the end of the course. Cognitive decline might be negatively related to adherence to home practice and might require adjustments of the course. Model of suggested adaptations for specific needs of this population are discussed.