

37th Annual National Wellness Conference

Breakout Presentation: New Applications of Mindfulness-Based Stress Reduction

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PRESENTATION SUMMARY:

For young and elderly individuals alike, the diagnosis of a serious illness or injury is a highly stressful experience that alters their path to wellness. Although increasingly efficacious for improving survival, many current treatments can be debilitating in many ways and may produce negative short-term and long-term psychologic and physiologic effects including reduced quality of life, decreased cardiorespiratory capacity, pain, fatigue and suppressed immune function.

In the example of cancer, once treatment ends, survivors continue to report high levels of psychologic stress, anxiety, depression, fear of recurrence, sleep dysfunction, impaired quality of life, and residual physical symptoms of pain and fatigue. Many of these symptoms occur in individuals having other illness as well.

Due to these significant problems, from diagnosis through the balance of life, many survivors seek information about food choices, physical activity, dietary supplement use and integrative therapies for improving their response to treatment, quality of life and survival. Wellness professionals and the Centers for Disease Control and Prevention (CDCP) emphasizes the importance of improving the quality of life of survivors; emotional wellness and exercise are among the leading CDCP recommendations. Many are surprised to find they are not happy when treatment ends, but instead ask “what’s next?”

There are now more individuals who survive serious illnesses and injuries than ever before--spurring major research into strategies for enhancing wellness and quality of life. For many survivors, completing treatment can be almost as difficult as going through it. The support of regular clinical visits, the assistance of family and friends, and the reassurance of actively treating the illness or injury—all fade away. These individuals need to regain a sense of trust in the world and in their body, and to find their new “normal.” Many health professionals include the diagnosis and path to recovery from any serious illness or injury as post-traumatic stress that resembles other forms of post-traumatic stress disorder (PTSD).

In some recent work, we evaluated, using valid and reliable measures, the effects of a unique, interactive, 8 week cancer recovery and wellness program based on Mindfulness-Based Stress Reduction (MBSR). The program also included spacious listening, writing, yoga, mindful walking and eating, use of a symbolic object to facilitate sharing of personal experiences, and nonjudgmental awareness and acceptance of everyday living.

OUTLINE:

- Introduction
- Study results
- Power of multimodal approaches
- Physical effects
- Psychological effects
- Adapting to major life changes
- Mindfulness experiences
- Q&A

STUDY ABSTRACT:

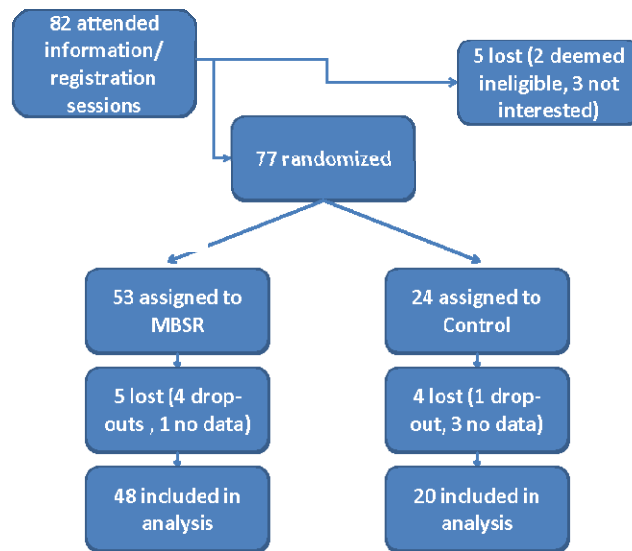
Improving Symptoms and Quality of Life of Female Cancer Survivors: a Randomized Controlled Study. Ruth Lerman MD, Robert Jarski PhD, Heather Rea BGS, Ronald Gellish MS, Frank Vicini MD. *Annals of Surgical Oncology*: volume 19, issue 2 (February 2012), pages 373-378.

Background Surgeons, along with the Centers for Disease Control and Prevention, emphasize the importance of managing symptoms and improving the quality of life of cancer survivors. A 2008 meta-analysis of mindfulness-based stress reduction (MBSR) concluded that this technique might improve patients' adjustment to their disease. However, randomized controlled trials using standardized measures for evaluating MBSR are limited. The primary objective of this study was to evaluate, using valid and reliable measures, the effects of a unique, interactive, 8-week cancer recovery and wellness program on symptoms and quality of life of female cancer survivors.

Methods Sixty-eight female cancer patients were randomized into either an intervention or waitlisted control group. Patients were evaluated using the Symptoms Checklist (SCL-90-R), the European Organization for Research and Treatment of Cancer Quality of Life Questionnaire (EORTC QLQ-30), and the Symptoms of Stress Inventory (SOSI).

Results Of the participants, 70.6% were breast cancer survivors. Mean age was 57.5 years (treatment group) and 56.4 years (control group). Between-group demographic differences were not significant ($P > 0.6$). The treatment group improved significantly on the EORTC QLQ-30 ($P = 0.005$), on six of the eight SOSI subscales ($P \leq 0.049$), and on both SCL-90-R subscales ($P \leq 0.023$), while the control group did not improve on any of these measures ($P > 0.2$).

Conclusion The MBSR-based cancer recovery and wellness intervention improved the symptoms and quality of life of this largely breast cancer survivor population across a variety of cancer symptoms and quality-of-life measures.



Participant flowchart

REFERENCES:

1. National Cancer Institute (2008). Surveillance Epidemiology and End Results – Survival and Stage. Available: <http://www.seer.cancer.gov/statfacts/html/breast.html#survival> (accessed March 20, 2011)
2. National Cancer Institute (2008). Estimated US Cancer Prevalence Counts: Who Are Our Cancer Survivors in the U.S.? Available: <http://www.cancercontrol.cancer.gov/ocs/prevalence/> (accessed March 20, 2011)
3. American Cancer Society (2010). Breast Cancer Facts & Figures 2009-2010. Available: <http://www.cancer.org/acs/groups/content/@nho/documents/document/f861009final90809pdf.pdf> (accessed January 15, 2011)
4. Stewart DE, Cheung AM, Duff S, et al. Attributions of Cause and Recurrence in Long-term Breast Cancer Survivors. *Psycho-oncology* 10(2001):179-183.
5. Courneya KS, Freidenreich CM. Framework PEACE: An Organizational Model for Examining Physical Exercise Across the Cancer Experience. *Annals of Behavioral Medicine*. 23(2001):263-272
6. Holzner, B, Kemmler G, Kopp M, et al. Quality of Life in Breast Cancer Patients – Not Enough Attention for Long-Term Survivors? *Psychosomatics* 42(2001):117-123.
7. Brown JK, Byers T, Doyle C, et al. Nutrition and Physical Activity During and After Cancer Treatment: An American Cancer Society Guide for Informed Choices. *CA A Cancer Journal for Clinicians* 2003;53:268-291. *Information current as of August 2, 2010.
8. Shen J, Andersen R, Albert PS, Wenger N, Glaspy J, Cole M, Shekelle P. Use of Complementary/Alternative Therapies by Women with Advance-Stage Breast Cancer. *BMC Complementary Alternative Med*. 2(2002):1-7.
9. Cancer survivorship. <http://www.cdc.gov/cancer/survivorship/> (accessed January 14, 2009).
10. Kabat-Zinn J, Lipworth L, Burney R. The Clinical Use of Mindfulness Meditation for the Self-Regulation of Chronic Pain. *Journal of Behavioral Medicine* 8(1985):163-190.

11. National Comprehensive Cancer Network (2011). 10 Tips for Breast Cancer Screening and Early Detection. Available: <http://www.nccn.com/cancer-by-type/330-tips-for-breast-cancer-screening.html> (accessed November 11, 2010)
12. American Cancer Society (2010). Breast Cancer: Early Detection. Available: <http://www.cancer.org/Cancer/BreastCancer/MoreInformation/BreastCancerEarlyDetection/breast-cancer-early-detection-acs-recs-bse> (accessed April 17, 2011)
13. National Cancer Institute (2008). Breast Cancer Screening Modalities. Available: <http://www.cancer.gov/cancertopics/pdq/screening/breast/healthprofessional/page4> (accessed April 17, 2011)
14. Ledesma, D, Kumano H. Mindfulness-Based Stress Reduction and Cancer: A Meta-analysis. *Psycho-Oncology*. 18(2009):571-579.
15. Aaronson NK, Ahmedzai S, Bergman B, et al. The European Organization for Research and Treatment of Cancer QLQ-C30: A Quality of Life Instrument for Use in International Clinical Trials in Oncology. *J Natl Cancer Inst* 1993;85:365-76.
16. Leckie MS, Thompson E. Symptoms of Stress Inventory. University of Washington, 1979.
17. Carlson, LE, Speca M, Patel KD, Goodey E. Mindfulness-Based Stress Reduction in Relation to Quality of Life, Mood, Symptoms of Stress, and Immune Parameters in Breast and Prostate Cancer Outpatients. *Psychosomatic Medicine* 65(2003):571-581.
18. Derogatis, LR. The Brief Symptom Inventory (BSI). Administration, Scoring and Procedures Manual. 3rd edition. New York: National Computer Systems, 1993.
19. Kabat-Zinn J. Full Catastrophe Living: Using the Wisdom of Your Body and Mind to Face Stress, Pain, and Illness. New York: Delta; 1990.
20. Goldberg N. Writing Down the Bones. Boston, Ma: Shambhala, 2005.
21. Remen R. Kitchen Table Wisdom. New York, NY: Riverhead books, 2006.
22. Witek-Janusek L, Albuquerque K, Chroniak KR, Chroniak C, Durazo-Arvizu R, Mathews HL. Effect of Mindfulness Based Stress Reduction on Immune Function, Quality of Life and Coping in Women Newly Diagnosed with Early Stage Breast Cancer. *Brain, Behavior, and Immunity* 22(2008): 969-981.
23. Esplen MJ, Hunter J, Leszcz M, et al. A Multicenter Study of Supportive-Expressive Group Therapy for Women with BRCA1/BRCA2 Mutations. *Cancer*. 101(2004):2326-2340.
24. Proulx K. Integrating Mindfulness-Based Stress Reduction. *Holist Nurs Pract*. 17(2003):201-208.
25. Cohen J. Statistical Power Analysis for the Behavioral Sciences. New York: Academic Press, 1988.