The impact of Mindfulness-Based Stress Reduction (MBSR) on depression, anxiety and stress in people with Parkinson’s disease


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Background

- Anxiety and depression affect 40-45% of people with Parkinson’s disease. Existing research has identified that more effective diagnosis and treatment is needed.
- The 8 week MBSR course involves a variety of mindfulness practices including meditation, mindful movement and slow gentle stretching exercises based on yoga.
- Dreeben et al (2011) found a relationship between mindfulness and reduced anxiety and depression for patients with Parkinson’s and their partners.
- Sephton et al (2011) reported MBSR may help to reduce disease-related distress of people with Parkinson’s.
- Fitzpatrick et al (2010) found that mindfulness-based cognitive therapy (MBCT) is an acceptable group intervention and could be of benefit to people with Parkinson’s.
- In a study looking at coping processes and quality of life people with Parkinson’s, Bucks et al (2011) recommended that mindfulness-based interventions could be beneficial.
- The aim of this study was to evaluate the impact of MBSR for people with PD.

Findings

- 13 participants recruited, 6 completed the full MBSR course.
- Withdrawal reasons include: ill health and scheduling conflicts (e.g. work).
- Statistically significant improvements in self-reported depression, anxiety and stress at week 8 and week 16 (DASS-21).
- PDQ39 changes varied across dimensions: improvements from baseline to week 16 seen only in mobility, stigma and social support dimensions. Results not statistically significant.
- Levels of mindfulness (MAAS) showed little change across timepoints. Mean score at baseline = 3.83; week 16 = 3.90. MAAS score range: 1 – 6, higher scores = increased mindfulness. High scores at baseline could indicate a misunderstanding of some of the concepts of mindfulness, which is plausible when considered with results of the qualitative questionnaires.
- Qualitative follow-up questionnaires: 4 participants reported ‘some positive change’ since attending the MBSR course. Participants reported some confusion regarding mindfulness concepts, aims of the practices, and terminology used.
- When asked if there was anything they would like to tell other Parkinson’s sufferers considering attending an MBSR course, all participants reported they would recommend the course.

Method

- Participants were recruited from a local hospital.
- Mixed methods design with questionnaires at baseline, week 8 (upon completion of the MBSR course) and week 16:
  - Depression Anxiety and Stress Scale, short version (DASS-21)
  - Parkinson’s Disease Questionnaire 39 (PDQ39)
  - Mindful Attention Awareness Scale (MAAS)
  - Bespoke qualitative follow-up questionnaire (weeks 8 and 16)
- Minor adaptations made to MBSR to meet the specific needs of people with PD, e.g.: body scan done while sitting, not lying on the floor;
- Some practices shortened to take account of fatigue and problems concentrating for long periods.
- Some participants had difficulty identifying physical sensations in the body so external stimuli such as heat pads were used.

Participants would tell other people with Parkinson’s:

- “Go with an open mind, enjoy the course.”
- “To go ahead and try it.”
- “I would tell them not to be put off too soon, as its relevance takes some time to become obvious.”
- “Yes get involved because it’s made me think about things and realise I’m not on my own.”
- “Do it.”
- “Prepare to be stimulated in an unusual way.”

Conclusions & future research

- This study supports previous findings that mindfulness-based interventions could be of benefit to people with Parkinson’s disease experiencing non-motor symptoms.
- In spite of a high drop-out rate this study indicates MBSR is acceptable to patients.
- Interpretation of the results is limited by the small sample size and lack of control group. Further research using larger sample sizes is required.
- Future research could also involve carers. Further adaptations could be made to tailor the intervention more specifically to people with Parkinson’s.