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Review

Effectiveness of mindfulness-based stress reduction and mindfulness-based cognitive therapies on people living with HIV: A systematic review and meta-analysis



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ABSTRACT

Objective: To assess the effects of mindfulness-based therapies (MBTs) on the outcomes of people living with HIV.

Methods: During 2014, we searched the PubMed/MEDLINE, Embase, Web of Science, Cochrane Library, and CBM databases to identify randomized and non-randomized controlled studies which compared participants receiving mindfulness-based therapies (MBTs), including mindfulness-based stress reduction (MBSR) and mindfulness-based cognitive therapy (MBCT), with participants in control groups. The psychological, biochemical, clinical, and behavioral outcomes of the study participants were analyzed. Two separate reviewers independently performed the study selection, data extraction, and quality assessment tasks, and a meta-analysis of selected studies was performed using RevMan software.

Results: Seven articles describing results obtained with a total of 620 HIV-infected individuals enrolled in six randomized trials and one quasi-experimental trial were included in the final meta-analysis. The overall methodological quality of the studies was moderate, as most study criteria were unclear and subject to a high risk of bias. Patients receiving MBT experienced significantly decreased feelings of stress after 8 weeks ($p = 0.03$) of MBT, and decreased feelings of depression after both 8 weeks ($p = 0.04$) and 6 months ($p = 0.02$). Additionally, some patients receiving MBSR training or MBCT showed improved CD4⁺ counts at 8 weeks and 6 months, respectively.

Conclusion: While MBT produced psychological benefits in HIV infected patients, any improvements in CD4⁺ counts were not robust. Additional studies with longer term follow-up periods and larger sample sizes are required to ascertain the effectiveness of such interventions.

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1. Introduction

The development of combined antiretroviral therapy has enabled HIV-infected individuals to live for longer periods of time [1]. The WHO and UNAIDS estimated that 35 million people world-wide were living with HIV at the end of 2013 [2]. The HIV virus infects activated CD4⁺ T lymphocytes, causing their progressive depletion and subsequent defects in the immune system that lead to various diseases and cancers [3]. In addition to producing physiological effects, the psychological impact of having HIV/AIDS can affect disease progression as well as a patient's clinical outcome [4]. A recent study [5] reported a higher prevalence of psychological problems, such as feelings of stress, depression, and anxiety, among people living with HIV when compared to people in the general population. This may be due not only to the illness, but

also to various social factors. The various mental disorders (stress, anxiety, and depression) found among people living with HIV have recently received greater attention by researchers. These psychological problems might further suppress the immune system and accelerate disease progression, causing an HIV-infected individual to develop AIDs more quickly [6]. Furthermore, such psychological problems can impair a patient's ability to understand and follow prescribed treatment regimens, leading to poor cART adherence and treatment results [7]. The WHO has stated that enhancing and preserving patient quality of life should be a primary outcome goal of contemporary HIV therapy, and that new treatment strategies should produce marked improvements in patient health [8]. Therefore, equipping HIV infected patients with the skills and coping strategies needed manage their physiological and psychological problems has become an integral part of providing comprehensive care to HIV/AIDS patients.

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