

Mindfulness: An Effective Prescription for Depression and Anxiety

Lindsay Maxwell, MN, NP, and Elsie Duff, PhD(c), NP

ABSTRACT

Depression and anxiety are common mental illnesses that are associated with substantial economic burdens. Mindfulness practices focus on being present in the moment and can thereby alleviate the suffering that often accompanies depression and anxiety. The benefits of mindfulness practices, including meditation, body recognition, and yoga, have been demonstrated in evidence-based research. In addition, research suggests that an understanding of Buddhist philosophy, and how it complements Western psychology, can help maximize the role of mindfulness in the treatment of mental illness. Nurse practitioners are in an ideal position to identify patients who may benefit from mindfulness-based interventions.

Keywords: anxiety, body recognition, Buddhist philosophy, depression, meditation, mindfulness, yoga

© 2016 Elsevier Inc. All rights reserved.

The economic burden of common mental illness on the health care system is compounded by the fact that anxiety is often a comorbidity of depression.¹ Anxiety and depression are frequent complaints in primary care with individually tailored treatment needs, thus nurse practitioners (NPs) need to be familiar with a variety of treatment modalities. NPs may utilize cognitive behavioral therapy techniques to treat patients diagnosed with mental illness, including anxiety and depression. In recent years, mindfulness-based interventions have been effectively combined with cognitive behavioral therapy and used for patients suffering from depression and anxiety. The purpose of this article is to provide a review of the epidemiology of depression and anxiety, and to summarize the empirical evidence of mindfulness-based interventions for NPs to make informed decisions regarding mindfulness practices in patient care.

EPIDEMIOLOGY

Anxiety and depressive disorders are common mental illnesses in Western society. Anxiety and depression are most often managed in primary care settings and, therefore, patients frequently do not receive optimal treatments. Depression affects more than 350 million

people worldwide and is the primary cause of disability.¹ In the United States, an estimated 16 million adults (6.9% of the population) suffered from depression in 2012.² Although depression may present as a single mental health disorder, those with comorbidities, such as common primary care conditions of diabetes mellitus, cardiovascular disease, pulmonary disease, cancer, and arthritis, are at higher risk for developing depression.³ In addition, depression increases the probability of underlying anxiety, personality, and substance use disorders.⁴ Furthermore, there is a strong association between depressive disorders and suicide.⁴ Evidence supports moderate improvements in depression and anxiety symptoms in a recent review of 47 studies involving > 3,500 participants using mindfulness intervention programs.⁵ NPs can play a vital role in the management of anxiety and depression prevention with effective primary care.

PHYSIOLOGY

Mindfulness interventions change prefrontal cortex and anterior cingulate cortex activations, with significant increases in alpha and theta activity on electroencephalographic studies, as well as clinical improvements in depression, blood pressure, and

substance abuse.⁶ Mindfulness consistently transformed brain segments of meditation practitioners associated with executive attention (ability to stay focused by blocking distraction), body awareness, empathy, emotion learning and regulation, tactile information processing, and memory consolidation and reconsolidation.⁷ Use of this approach also reduced cortisol levels during periods of acute psychological stress.⁸

Chronic psychological stress decreases telomerase activity, which is associated with accelerated cellular aging.⁹ Psychological stress responses in Buddhist meditators showed significantly greater telomerase activity conferred through increased perceived control and life purpose, as well as decreased neuroticism, which could lead to decreased cellular aging.⁹ With mindfulness-based cognitive therapy (MBCT), positive effects on depression were noted due to increased mindfulness and compassion toward oneself.¹⁰ Mindfulness is also effective for treating chronic insomnia.¹¹ Because sleep disturbances can be problematic for individuals living with depression and anxiety, mindfulness can be a positive, nonpharmacologic option for these individuals. Overall, meditation or mindfulness strategies may help decrease health care costs and improve health outcomes for anxiety- and depression-related comorbidities concurrently with first-line medication treatment.

MINDFULNESS-BASED INTERVENTIONS

The 2 main secular interventions of Western mindfulness are mindfulness-based stress reduction (MBSR) and MBCT. Both MBSR and MBCT have origins in Buddhist philosophy, but the spiritual and Buddhist content has been removed.¹² The MBSR approach teaches stress reduction, coping strategies, and purposefulness.¹² Although MBCT is based on MBSR, it is actually a blend of Buddhist mindfulness meditation and cognitive therapy.^{12,13} MBCT was originally designed to help those in remission from major depression.¹³ Cognitive therapy (CT) and MBCT differ in their approaches to negative thinking; while mindfulness seeks to change the understanding of thoughts, CT focuses on changing the content of thoughts.¹⁴ Research has shown that MBCT is a cost-effective and practical approach for

the treatment of depression, particularly in cases of recurrent depression.^{14,15} The MBCT process focuses on teaching individuals to become aware of their negative ruminating thought patterns, detect early warning signs of mood changes, and develop strategies to avoid reacting to thoughts and moods.¹⁵

Buddhist mindfulness practice is a lifelong, self-exploration process accompanied by meditation-based practices that are similar to CT, yet deeply rooted in Buddhist philosophy (see [Box 1](#)).^{12,16} Both the Western and Buddhist mindfulness paths can effectively transform psychological and physical health and affect positive change, regardless of secular or spiritual beliefs. Buddhist philosophies can work in harmony with Western CT to address treatment for anger, self-indulgence, and involuntary patterns of distressing emotions.

The main premise of Buddhist mindfulness is that it emphasizes insight and the cessation of suffering by promoting a sense of present awareness.^{17,18} Teasdale and Chaskalson¹⁹ translated Buddhist teachings and described how The Buddha believed that all humans are bound by the same patterns of thoughts that

Box 1. Buddhist Guiding Principles

The Four Noble Truths

1. Suffering exists (dukkha).
2. Attachment to desire is the origin of dukkha.
3. Cessation of dukkha is possible.
4. The Noble Eightfold Path is the key to cessation of dukkha.

The Noble Eightfold Path

1. Right view to understanding the Four Noble Truths.
2. Right intention to free oneself from attachment.
3. Right speech by refraining from destructive communication.
4. Right action to abide by the 5 vows.
5. Right livelihood.
6. Right effort to abandon harmful thoughts and habits.
7. Right mindfulness to be aware.
8. Right concentration.

Download English Version:

<https://daneshyari.com/en/article/2660058>

Download Persian Version:

<https://daneshyari.com/article/2660058>

[Daneshyari.com](https://daneshyari.com)