



## Potential Long-Term Effects of a Mind–Body Intervention for Women With Major Depressive Disorder: Sustained Mental Health Improvements With a Pilot Yoga Intervention



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### ABSTRACT

Despite pharmacologic and psychotherapeutic advances over the past decades, many individuals with major depressive disorder (MDD) experience recurrent depressive episodes and persistent depressive symptoms despite treatment with the usual care. Yoga is a mind–body therapeutic modality that has received attention in both the lay and research literature as a possible adjunctive therapy for depression. Although promising, recent findings about the positive mental health effects of yoga are limited because few studies have used standardized outcome measures and none of them have involved long-term follow-up beyond a few months after the intervention period. The goal of our research study was to evaluate the feasibility, acceptability, and effects of a yoga intervention for women with MDD using standardized outcome measures and a long follow-up period (1 year after the intervention). The key finding is that previous yoga practice has long-term positive effects, as revealed in both qualitative reports of participants' experiences and in the quantitative data about depression and rumination scores over time. Although generalizability of the study findings is limited because of a very small sample size at the 1-year follow-up assessment, the trends in the data suggest that exposure to yoga may convey a sustained positive effect on depression, ruminations, stress, anxiety, and health-related quality of life. Whether an individual continues with yoga practice, simple exposure to a yoga intervention appears to provide sustained benefits to the individual. This is important because it is rare that any intervention, pharmacologic or non-pharmacologic, for depression conveys such sustained effects for individuals with MDD, particularly after the treatment is discontinued.

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### BACKGROUND

Major depressive disorder (MDD) is a common debilitating chronic illness, with a lifetime prevalence of 16% in the U.S. (Kessler et al., 2003). Despite pharmacologic and psychotherapeutic advances over the past decades, many individuals with MDD do not achieve remission and experience persistent depressive symptoms and recurrent episodes (Zajacka, Kornstein, & Blier, 2013). As such, many patients become dissatisfied with the usual care and seek out adjunctive or complementary therapies, such as yoga. Yoga is a mind–body therapeutic modality that has received attention in both the lay and research literature as a possible adjunctive therapy for depression. Involving a combination of breathing practices, meditative practices, and gentle physical poses, yoga is an attractive therapy because it is relatively easily available in the United States and it can be self-administered in a variety of “doses” (i.e. daily to weekly home practice and/or group classes) (Kinser, Goehler, & Taylor, 2012). Preliminary studies suggest that yoga may be a reasonable and

effective adjunctive therapy for individuals with depressive disorders, such as MDD, and findings suggest that various yoga interventions may help with the psychological, physical, or cognitive symptoms of depression, stress, and anxiety (Bussing, Michalsen, Khalsa, Telles, & Sherman, 2012; Cramer, Lauche, Langhorst, & Dobos, 2013). Although promising, the findings are limited because very few studies have used rigorous methodologies with standardized outcome measures, there is not a standard for reporting yoga interventions, and none of the studies have involved long-term follow-up beyond a few months after the intervention period (Cramer et al., 2013; Sherman, 2012). A recent meta-analysis of studies on yoga for depression reveals that yoga appears to be effective for the short-term remission of depression symptoms, particularly in individuals with elevated levels of depression, yet the majority of studies do not report any long-term effects of yoga practice which limits the usefulness of findings (Cramer et al., 2013). Of great interest to providers and patients alike, the long-term effects of yoga for depressive symptoms are important to evaluate particularly because many individuals with MDD experience recurrent episodes of depression and have high rates of relapse despite treatment with the usual care.

To our knowledge, there are no currently published studies that involve long-term follow-up, beyond a few months, of the feasibility and effects of yoga for depression. As such, the goal of our research

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study was to evaluate the feasibility, acceptability, and effects of a yoga intervention for women with MDD with a long follow-up period (1 year after intervention). Specifically, this study was designed to address the following research questions:

- (1) What is the feasibility and acceptability of yoga for women with depression and how would participant describe their experiences with yoga or health-education control activities 1 year after their completion of an 8-week intervention?;
- (2) Are there differences in depression severity, stress, anxiety, rumination, health-related quality of life in women who received a yoga intervention 1 year ago vs. women who received an attention-control activity 1 year ago?; and,
- (3) Are there any differences between individuals who continued to practice yoga on their own after the end of the intervention and those who did not?

## METHODS

The University of Virginia and the Virginia Commonwealth University Institutional Review Boards reviewed and approved the study protocol, recruitment plans, and guidelines for the protection of confidentiality of participants. Written informed consent was obtained from participants prior to their enrollment in the study and verbal consent was obtained prior to audiotaping the participant interviews.

### Study Design, Sample, Setting, and Recruitment

Conducted in the community in an urban area on the east coast of the United States, this randomized, clinical trial utilized a mixed-methods approach with an embedded design in order to explore feasibility, acceptability, and effects of yoga for women with depression. Participants continued their “usual care” for depression and their usual daily activities. Participants participated in the initial 8-week study and were offered the opportunity to participate in the long-term follow-up study.

**Initial short-term study:** Sampling and recruitment techniques are fully reported elsewhere (Kinser, Bourguignon, Taylor, & Steeves, 2013; Kinser, Bourguignon, Whaley, Hauenstein, & Taylor, 2013). Briefly, IRB-approved recruitment materials were displayed in the offices of primary care providers, women’s health providers, and mental health care providers, as well as in public locations. Individuals who contacted the research team participated in a telephone-based eligibility screening and, if eligible, participated in a face-to-face visit for informed consent, in-depth screening, and completion of baseline study measures. Inclusion criteria included: women age 18 and above with a diagnosis of MDD or dysthymia as confirmed by the M.I.N.I. Neuropsychiatric Interview (MINI) 6.0 depression module; moderate to severe depression, defined by a score of 10 or above on the 9-item Patient Health Questionnaire (PHQ-9). Exclusion criteria were: high suicide risk, as defined by a

risk score of 17 or greater on the MINI suicidality scale; psychosis or mania (confirmed by the MINI) or clinically significant alcohol abuse (defined by a score  $\geq 2$  on the CAGE questionnaire); physical conditions making yoga difficult; hospitalization or surgery in the past month; changes in antidepressant medication dosing over the past month or expected changes during the intervention period; regular yoga or meditation practice longer than 1 month within the past 5 years; and non-English speaking. Participants were randomized into one of two groups (yoga intervention group or attention-control group) using random numbers generated by computer. Participants were offered the opportunity to sign an additional consent form to be contacted in the future for long-term follow-up.

**Long-term follow-up study:** For long-term follow-up, participants were contacted 1 year after their completion of the short-term study if they had signed a statement in their informed consent document from the initial study. The only inclusion criteria for this study were that participants were eligible for and were included in the initial study.

### Intervention

Participants in both the yoga and the health-education (HE) control group were encouraged to maintain their typical lifestyle activities, continue the use of any regularly prescribed medications, and continue regularly scheduled visits with healthcare providers.

### Yoga Group

The short-term (8-week) intervention involved weekly group classes and daily home practice. Taught by experienced yoga teachers, the 75-minute group gentle Hatha yoga class was designed to be safe for and accessible to yoga-naïve individuals and involved the components listed in Table 1. To maintain treatment integrity, a manual was developed by the investigator and followed by all teachers; this manual included weekly sequences of gentle yoga movements, breathing practices, and relaxation practices specifically designed for depression (for a full description, please see Kinser, Bourguignon, Whaley, et al., 2013). For home practice, participants could choose to follow a DVD and/or class handouts provided after every class with pictures and descriptions of the yoga poses practiced that week (Kinser, Bourguignon, Whaley, et al., 2013; Weintraub & Duncan, 2007).

### Health-Education (HE) Control Group

The short-term (8-week) HE attention-control activity involved a series of health education sessions facilitated by a registered nurse. The 75-minute weekly sessions involved lectures, videos, and discussions, as outlined in Table 1. To enhance treatment integrity, a manual with details about each session was developed by the investigator and followed by each of the registered nurses who led the activities (Kinser, Bourguignon, Whaley, et al., 2013).

### Data Collection and Analysis Plan

Our first research aim was to examine the feasibility and acceptability of the yoga intervention for women with depression by evaluating descriptions of participants’ experiences with the yoga or control activities 1 year after completion. To collect data for this aim, private one-on-one semi-structured interviews were conducted in which questions were asked regarding participants’ experiences with the intervention (yoga or health education sessions) 1 year ago, aspects of that intervention that were/were not beneficial, what made participation in the intervention difficult/easy, perceptions of their current mood and their mood over the past year, and perceptions of the use of yoga or information from the health education sessions for their mood.

To evaluate the feasibility and acceptability of yoga over the long-term, the qualitative interview data were analyzed through content analysis based on descriptive qualitative methodology with phenomenological overtones and analysis through a hermeneutic circle (Agar,

**Table 1**  
Description of Intervention Activities.

Yoga intervention group	Health-education control group
<ul style="list-style-type: none"> <li>• Length: 75 minutes Location: local yoga studios</li> <li>• Gentle Hatha yoga class led by certified yoga teachers</li> <li>• Basic components of each class:               <ul style="list-style-type: none"> <li>◦ Intention-setting and centering</li> <li>◦ Breathing practices</li> <li>◦ Physical movements</li> <li>◦ Meditative self-inquiry and relaxation practices</li> </ul> </li> </ul>	<ul style="list-style-type: none"> <li>• Length: 75 minutes Location: public libraries</li> <li>• “Health &amp; Wellness Program”—health education sessions led by registered nurses on multiple topics:               <ul style="list-style-type: none"> <li>◦ Alcohol safety, sleep, nutrition, heart health, bone health, depression, anxiety, stress</li> </ul> </li> </ul>

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