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SHORT REPORT

Yoga as an adjunct treatment for alcohol dependence: A pilot study

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KEYWORDS

Yoga;
Physical exercise;
Alcohol dependence;
Substance abuse;
Treatment

Summary

Objectives: This pilot study explores the feasibility of yoga as part of a treatment program for alcohol dependence.

Design: Eighteen alcohol dependent patients were randomized to receive either treatment as usual or treatment as usual plus yoga. Assessments were taken at baseline and six month follow-up.

Setting: 'Riddargatan 1': an outpatient alcohol treatment clinic located in Stockholm, Sweden.

Interventions: Treatment as usual consisted of psychological and pharmacological interventions for alcohol dependence. The 10-week yoga intervention included a weekly group yoga session. Participants were encouraged to practice the yoga movements at home once per day.

Main outcome measures: Alcohol consumption (timeline follow-back method, DSM-IV criteria for alcohol dependence, and the Short Alcohol Dependence Data questionnaire), affective symptoms (the Hospital Anxiety and Depression Scale), quality of life (Sheehan Disability Scale) and stress (the Perceived Stress Scale and saliva cortisol).

Results: Yoga was found to be a feasible and well accepted adjunct treatment for alcohol dependence. Alcohol consumption reduced more in the treatment as usual plus yoga group (from 6.32 to 3.36 drinks per day) compared to the treatment as usual only group (from 3.42 to 3.08 drinks per day). The difference was, however, not statistically significant ($p = 0.17$).

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Conclusions: Larger studies are needed to adequately assess the efficacy and long-term effectiveness of yoga as an adjunct treatment for alcohol dependence.

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Introduction

Alcohol use disorders are among the most common of all psychiatric disorders with an estimated prevalence of 10.3% in Sweden,¹ making them comparable with major health problems such as depression and diabetes.² Poor help seeking has been identified as a problem. A survey in the United Kingdom found that only 1 out of 18 people who met the criteria for alcohol dependence (AD) had received treatment.³ One explanation is the perceived stigma of specialist clinics where most substance disorders are currently managed.

For decades, yoga has been used to improve mental and physical wellbeing. It involves learning relaxation techniques through controlled breathing, focused attention and mindfulness. The yoga postures used in this study aim to improve strength and agility and can be practiced by a broad spectrum of people.⁴ In recent years, yoga has become an increasingly popular option for health conscious persons, and could potentially increase the attraction for addiction treatment, if proven efficacious for this target group.

Several controlled studies have demonstrated positive associations between yoga and specific health outcomes, including epilepsy,⁵ high blood pressure,⁶ pain,⁷ mood disturbance and stress.^{4,8,9} To maximize treatment benefits and reduce relapse rates, alternative therapies for AD are sought that are non-stigmatizing (compared to conventional medical treatments) and easy to adopt. Support for yoga and mindfulness-based treatment of substance abuse is increasing.^{10,11} A study exploring the effects of a 90 day residential Kundalini yoga program on substance use reported significant improvements in impulsive and addictive behaviors.¹² Vedarthachar et al. tested the antidepressant efficacy and hormonal effects of yoga in AD patients and found significant reductions in depression and cortisol levels in the yoga compared to control group.¹³

The aim of this pilot study is to briefly review the literature on yoga and AD treatment, to assess the feasibility of incorporating yoga as part of treatment for AD and to assess quantitative and qualitative approaches to study the outcome of this form of treatment.

Methods

Setting

The study was conducted at 'Riddargatan 1'; an outpatient alcohol treatment clinic located in central Stockholm. Staffed by medical doctors and allied health workers, the clinic is trialing new treatment options with an understanding that AD is part of a spectrum of lifestyle imbalance; a notion that resonates well with many patients. Viewed this way, changing one's drinking behavior and taking up regular exercise is a natural progression toward a healthier lifestyle.

Patients attending the clinic are adults, aged 18 years and older, largely self-referred or referred from other health care providers. Treatment at the clinic varies depending on patient need, but frequently includes brief motivational counseling, CBT and/or pharmacological interventions.

Design and participants

We used a mixed methods approach to assess changes in alcohol consumption, affective symptoms, quality of life and stress following a 10-week yoga intervention. Assessments were taken at baseline and six-month follow-up, except for saliva cortisol and ratings of perceived stress which were taken at follow-up only. The study was approved by the regional ethics review board.

Patients were recruited individually at the clinic following a routine screening for AD undertaken during the initial consultation. Conducted during the autumn of 2012, 18 patients agreed to participate and were randomized to receive either treatment as usual ($n=9$), or TAU plus the yoga intervention ($n=9$). The randomization was performed using a random number generator (1=TAU, 2=TAU plus Yoga). TAU consisted of individual counseling sessions with a CBT focus, typically 1 h per week conducted with a medical doctor or psychologist, and the prescription of medication for AD as required. Informed consent was obtained from all participants. Two withdrew from treatment at an early stage for personal reasons. A further two patients could not be followed up (due to personal reasons) and were removed from the analyses. Thus, 14 patients remained (8=TAU plus Yoga, 6=TAU only).

Inclusion criteria were the DSM-IV criteria for AD. Exclusion criteria were the presence of major social problems requiring the involvement of social services; a history of severe withdrawal symptoms, or a serious mental illness (psychosis, bipolar disorder). The age limit for participation was 18 years or older; both males and females were invited to participate.

In addition to the quantitative study, five randomly selected patients from the yoga intervention were invited to participate in a single 30–60 min interview. The aim was to understand the perceived benefits and limitations of each treatment component. A semi-structured interview guided the discussions and included questions about how the interventions had affected their alcohol consumption and sense of wellbeing. The interviews were recorded and transcribed verbatim; transcriptions were then analyzed by thematic content analysis.¹⁴

Measures

Alcohol use: Changes in alcohol consumption were assessed by the timeline follow back (TLFB) method which estimates volume and pattern of consumption. TLFB has shown

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