

Mindfulness-Based Interventions in Inflammatory Bowel Disease

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KEYWORDS

• IBD • Mindfulness • Crohn's disease • Ulcerative colitis • Yoga

KEY POINTS

- Mindfulness-based interventions may provide a viable treatment for improving health and well-being in patients with IBD.
- A small number of studies have assessed interventions that include mindfulness, with fairly strong support for their effects on quality of life and anxiety/depression, but mixed or low support in other psychosocial areas.
- There has been limited support thus far for the effects of mindfulness interventions on disease-related and physiologic outcomes.

INTRODUCTION

Inflammatory bowel diseases (IBD), including Crohn's disease (CD) and ulcerative colitis (UC), are chronic relapsing disorders associated with disabling physical and psychological symptoms, particularly during periodic flare-ups. Given that there is no cure for IBD, psychosocial interventions are increasingly recommended as a component of a multidisciplinary treatment approach. These interventions aim to help individuals with IBD cope more effectively with the distressing and unpredictable symptoms of the disease, decrease symptoms of depression and/or anxiety, and improve quality of life. Additionally, psychosocial interventions focus on stress management and, as such, have the potential to prevent stress-triggered disease flare-ups and to improve quality of life.

Mindfulness-based interventions are increasingly being used to reduce stress, foster more adaptive coping, and improve overall functioning in medical populations,

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including in patients with such conditions as chronic pain, cancer, cardiovascular disease risk factors, and functional gastrointestinal disorders, such as irritable bowel syndrome.^{1–3} These interventions focus on increasing mindfulness, defined as intentionally focusing one's attention on the present moment in a nonjudgmental way.⁴ Possible mechanisms by which mindfulness can improve physical and mental health include changing pain perceptions and tolerance; reducing psychological symptoms, such as stress, anxiety, and depression; improving health behaviors (eg, adherence, diet, exercise); or even by directly affecting biologic pathways, such as the autonomic nervous system and the immune system.⁵

Mindfulness-based interventions are derived from Buddhist traditions designed to reduce suffering and improve well-being.² Traditional mindfulness practices have been adapted in Western treatments to form well-studied programs, including mindfulness-based stress reduction (MBSR)⁴ and mindfulness-based cognitive therapy (MBCT).⁶ Mindfulness is also a key component of other complementary and meditation-focused interventions, such as yoga.

Mindfulness-based interventions have strong empirical support for the reduction of stress and psychological concerns,^{7–10} but have been used minimally for patients with IBD thus far. This article summarizes and discusses interventions with mindfulness components that have been used for patients with IBD and suggests future directions.

METHODS

Search Strategy and Study Selection

An electronic search of the literature was conducted using PubMed, Psycinfo, and Cochrane databases from 1960 through December 2016. Search terms included combinations of “mindfulness” and “meditation” with “inflammatory bowel,” “ulcerative colitis,” and “Crohns” and article reference searches. “Yoga” was later added as a search term for comprehensiveness when studies that included mindful yoga were retrieved from the previously mentioned searches. Studies were included in this review if they were English-language articles that described original data collection of studies testing interventions that reported including mindfulness-based treatment components for patients with IBD. Articles were excluded if they did not describe original data collection (eg, reviews, commentaries). Eighty articles were found in the initial search. After eliminating duplicates and those that did not meet review criteria, eight articles were included (**Table 1**). In total, 444 participants were included in this review, with study samples ranging from 29 to 100 participants per study. Participants were more often female (64%), and spanned a broad age range (19–85 years) (gender/age data were unavailable for four participants). Samples were predominantly comprised of patients with UC (67%), with fewer patients with CD (32%). One additional patient had indeterminate colitis and another had lymphocytic pancolitis. Although it was unclear in a few studies whether patients were symptomatic (flaring), most participants seemed to be in remission, which should be considered when generalizing these results to other patients with IBD. Despite only including a small number of studies, these programs were tested in several geographic regions (Wales, Germany, United States, Australia, Scotland, and India), suggesting an international interest in mindfulness interventions for patients with IBD.

RESULTS AND DISCUSSION

Study methodology details and outcomes for the articles included in this review are described in **Table 1**. Of the reviewed articles, four included interventions with mindfulness as the primary focus MBSR,¹¹ MBCT,¹² mindfulness-based intervention for

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