

Target Area: Quality of life, Fatigue, Mood > Anxiety/ Depression,

<p>Grossman P, Kappos L, Gensicke H, D'Souza M, Mohr D, Penner I, Steiner C (2010) <i>Neurology</i> 75: 1141-1149</p>	<p>PEDro score - 7/10</p>
<p>Method/Results</p>	<p>Rehabilitation Program</p>
<p><b>Design</b></p> <ul style="list-style-type: none"> <li>➤ Study type: RCT</li> <li>➤ Population: N = 150 adults with relapsing-remitting or secondary progressive multiple sclerosis (MS), with no to moderately severe disability. Mean age= 47.29 years, 79% women <i>Note:</i> female:male ratio was 119:31; population estimate of MS is 70:30</li> <li>➤ Groups:             <ol style="list-style-type: none"> <li>1. Mindfulness-based intervention (n=76)</li> <li>2. Usual care (n=74)</li> </ol> </li> <li>➤ Setting: hospital outpatient group setting</li> </ul> <p><b>Primary outcome measures:</b></p> <ul style="list-style-type: none"> <li>➤ Profile of Health-Related Quality of Life in Chronic Disorders</li> <li>➤ Hamburg Quality of Life Questionnaire in Multiple Sclerosis</li> <li>➤ Centre for Epidemiologic Studies Depression Scale</li> <li>➤ Modified Fatigue Impact Scale</li> </ul> <p><b>Secondary outcome measures:</b></p> <ul style="list-style-type: none"> <li>➤ Spielberg Trait Anxiety Inventory</li> <li>➤ Personal Goal Attainment</li> <li>➤ Adherence to Homework</li> </ul> <p><b>Results:</b></p> <p>The intervention group showed significantly greater improvements on nonphysical dimensions of primary outcomes at post-intervention and follow-up compared with the usual care group. A group x timepoint effect was also found, indicating that group differences were larger at post-intervention than follow-up. Analyses of subgroups with clinically-significant levels of pre-intervention depression, fatigue, or anxiety showed significant effects were maintained at post-intervention and follow-up, and effect sizes were larger than for the total sample. Attrition was low in the intervention group (5%) and attendance rate high (92%).</p>	<p><b>Aim:</b> To evaluate the effectiveness of mindfulness training at improving health-related quality of life outcomes in multiple sclerosis.</p> <p><b>Materials:</b> Not specified.</p> <p><b>Treatment Plan:</b></p> <ul style="list-style-type: none"> <li>➤ <b>Duration:</b> 8 weeks</li> <li>➤ <b>Procedure:</b> <ol style="list-style-type: none"> <li>1. Personal intake interview</li> <li>2. 8 x weekly 2.5hr classes in mindfulness practices</li> <li>3. One Saturday, 7-hour session at week 6</li> <li>4. Homework assignments (approx. 40min/day)</li> <li>5. Post-intervention Interview</li> </ol> </li> <li>➤ <b>Content:</b> Each class covered specific exercises and topics within the context of mindfulness training i.e., practices during lying, sitting, and dynamic yoga postures, as well as during everyday life, e.g., stressful situations and social interactions. Mindfulness exercises included observation of sensory, affective, and cognitive domains of perceptible experience. The all-day retreat integrated familiar exercises and presented new ones. All MBI sessions were conducted by two experienced, certified teachers, each with &gt;9 years teaching experience.</li> </ul>