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Interventions

Articles testing the applied science and implementation of mindfulness-based interventions

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Massachusetts General Hospital (T. Pham, PI). MBCT for chronic pain-depression comorbidity among older Blacks in the community. NIH/NCCIH project #1K23AT012363-01. [link]

University of Wisconsin-Madison (M. Hirshberg, PI). **Smartphone-based meditation training to reduce adolescent depression**. NIH/NIMH project # 1K01MH130752-01. [link]

University of Michigan (C. Quinn, PI). Exploring PTSD symptoms, barriers, and facilitators to MBSR for justice involved Black female adolescents and parents. NIH/NIMHHD project #1R21MD016940-01. [link]

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Highlights

A summary of select studies from the issue, providing a snapshot of some of the latest research

About a third of chronic migraine sufferers overuse their prescribed pain medications. Medication overuse creates an additional problem because the medication effects wear off over the course of a day, triggering medication-withdrawal headaches. Standard treatment involves a gradual reduction in medication followed by the prescription of prophylactic medication and patient education. There have been some uncontrolled pilot studies suggested that mindfulness training may also be helpful for migraine sufferers.

Grazzi et al. [Journal of Headache and Pain] conducted a phase-III randomized, controlled trial to test whether adding mindfulness training to treatment-as-usual (TAU) could improve headache frequency, medication overuse, and quality of life in chronic migraine sufferers.

The researchers randomly assigned 177 patients at an Italian specialty headache treatment center (average age = 48 years; 89% female) who met two criteria: 1) experienced at least 15 days of migraine and medication-withdrawal headaches per month, and 2) were overusing their medication. These patients were assigned to one of two groups: TAU or TAU plus mindfulness training.

All patients went through an intensive 5-8 day titrated medication withdrawal protocol as either inpatients or day patients. After discharge, they were provided with individually-tailored prophylactic medication regimes and received education on medication use, diet, exercise, sleep hygiene, and related health issues.

Patients in the TAU plus mindfulness group also participated in six weekly 90-minute group mindfulness training sessions. Each

session included mindfulness meditation practice (ranging in length from 5 minutes in the first sessions to 25 minutes by the fifth and sixth sessions). Additionally, participants were asked to engage in 3-10 minutes of home meditation practice during weeks 3 to 6. Patients were assessed at baseline and 3, 6, and 12 months using measures of headache frequency, disability, quality of life, and medication use.



By 12 months, a significantly higher proportion of patients in the TAU plus mindfulness group (78%) achieved a ≥50% reduction in headache frequency compared to the TAU group (48%). The TAU plus mindfulness group showed significantly more improvement on measures of migraine-related quality of life and disability than the control group. Further, the mindfulness group showed significantly greater reductions in pain medication use and lost productivity than the control group.

Total migraine-related healthcare costs were \$938 lower in the TAU plus mindfulness group as compared to controls at 12 month follow-up.

The study demonstrates that mindfulness training provides additional benefits beyond treatment-as-usual for migraine sufferers in terms of headache frequency, disability, lost productivity, medication usage, and associated healthcare costs.

The study focused on a specific patient population of severe migraineurs who were treated in an intensive headache specialty center. As such, the findings may not apply to other populations with different migraine severities or treatment settings. Patients in the mindfulness group received more attention and may have received more didactic information than TAU patients so all improvement may not be attributed to mindfulness practice.

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Stress can affect people with Type 2 Diabetes by raising stress-associated cortisol levels that stimulate greater production of blood sugar (glucose). Aerobic exercise can improve health in persons with diabetes by improving insulin sensitivity, lowering glycated hemoglobin (HbA1c) levels, and promoting cardiovascular fitness. Intentional slow breathing and mindfulness meditation may offer additional benefit to persons with diabetes by reducing stress-related cortisol levels that show an association with glucose levels.

Obaya et al. [Frontiers of Physiology] conducted a study to compare the effects of aerobics exercise alone versus aerobics exercise combined with intentional slow breathing and mindfulness meditation on cortisol and glucose levels in women with Type 2 Diabetes.

The researchers randomly assigned 58 Middle-Eastern women (average age = 46 years) to either an aerobics training group (AT) or an aerobics training group that also included slow, deep breathing and mindfulness meditation (AT+DMM). All participants met the following criteria: 1) diagnosed with Type 2 Diabetes, 2) experiencing moderate-to-high stress levels, and 3) engaging in low levels of physical activity. Both groups met for three sessions per week for six weeks with sessions lasting 40 minutes for the AT group and 60 minutes for the AT+DMM group.

Aerobics training involved using a treadmill at an intensity of 60-75% of each participant's maximum heart rate. Following aerobics training, the AT+DMM group added 10 minutes of slow and deep abdominal breathing, followed by 10 minutes of mindfulness meditation.

During mindfulness practice, participants sat upright while attending to their breath and listening to relaxing music. Blood draws were collected at pre- and post-intervention at 8:00AM to quantify serum cortisol and fasting blood glucose.

The results revealed that both study groups significantly reduced their blood serum cortisol and fasting blood glucose after the intervention. The AT+DMM group had significantly larger decreases in blood serum cortisol (d=0.69) and fasting blood glucose (d=0.94) than the AT group, achieving a 30% decrease in serum cortisol and a 15% reduction in fasting blood glucose compared to baseline levels.



The study shows that intentional slow breathing and mindfulness meditation adds to the benefits of aerobic exercise in reducing cortisol and glucose levels in a sample of stressed women with Type 2 Diabetes. These findings suggests that slow breathing and breath-focused meditation may be a useful adjunctive treatment in managing high blood sugar when combined with exercise for people experiencing heightened levels of stress.

The study is limited by its not exploring the differential effects of slow breathing and meditation and by the brief duration of the intervention which prevented it from yielding interpretable change in HbA1c given that HbA1c provides a measure of the average blood sugar level over the preceding three months.