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The University of Auckland

Auckland

Friday, June 9, 2017 (Room 3)

16:30 - 17:25 WS #67: Mindfulness for GPs

17:35 - 18:30 WS #79: Mindfulness for GPs (Repeated)

Mindfulness for GPs

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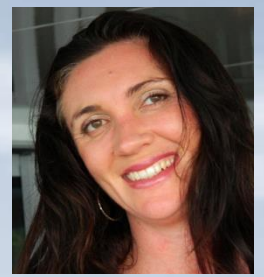
Acknowledgements

- Faculty: Drs. Tony Fernando & Lisa Reynolds, Prof. Andrew Hill
- Students : James Cameron, Tobias Barker, Sigourney Taylor, Harry Yoon, Kat Skinner, Lauren Barker, Amy Clucas
- Funding: UoA Summer Studentship Program
- Participation: 200+ doctors, 300+ medical students





Overview

- Dealing with some preconceptions
- Mindfulness: what it isn’t
- Mindfulness: what it is
- Who really cares anyway?
  - Benefits in normal and patient samples
  - Early evidence among physicians
- Being mindful: How to do it
- Implications for CME and professional practice

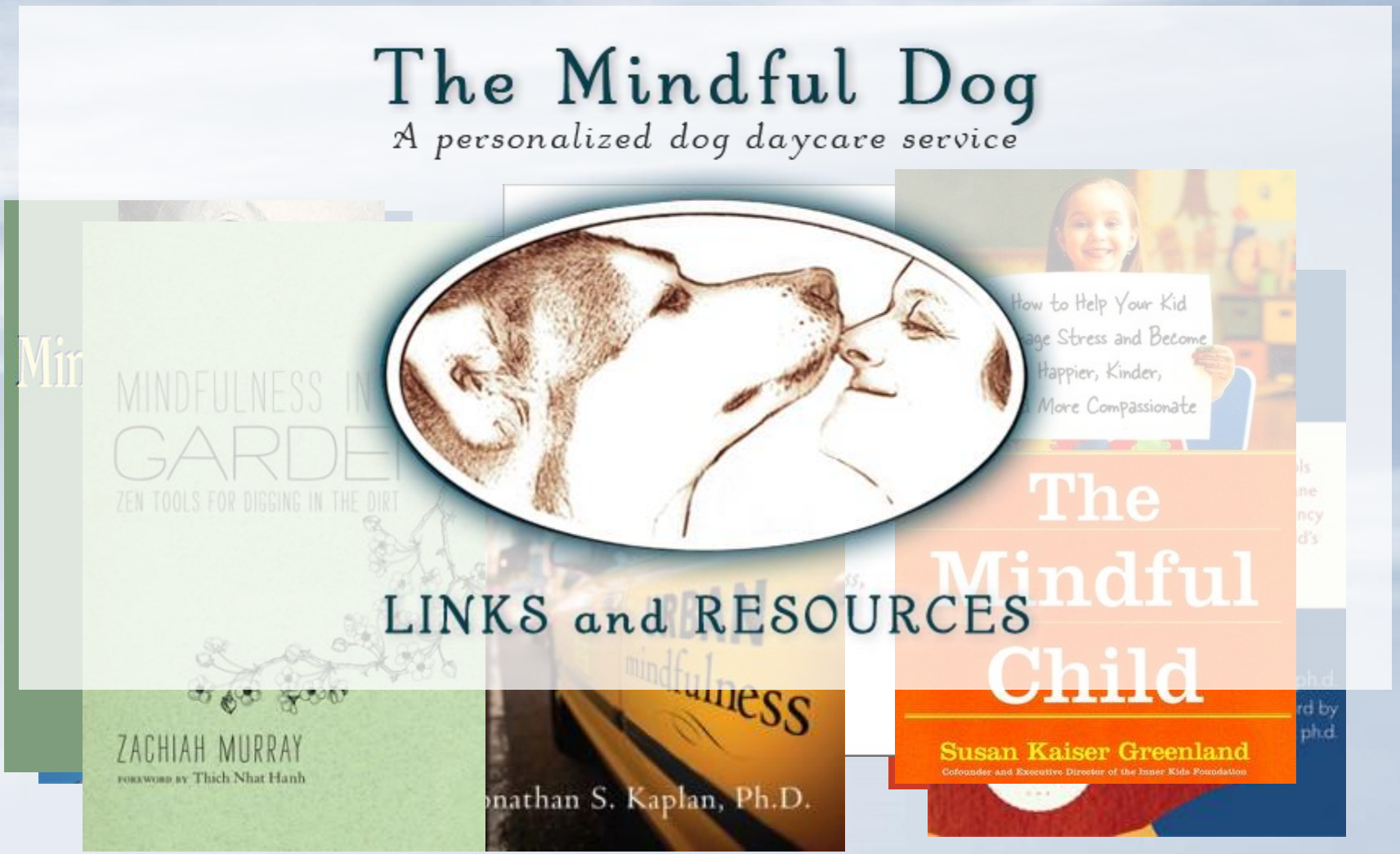
In the GPs office . . .

Preconceptions

- So, who has heard of mindfulness?
- Whose patients have mentioned it?
- Who has seen advertisement for classes?
- Who has tried it?

- What is it?

What it isn't


The Mindful Dog
A personalized dog daycare service
How to Help Your Kid
Happier, Kinder,
More Compassionate
The Mindful Child
Susan Kaiser Greenland
Cofounder and Executive Director of the Inner Kids Foundation
ZACHIAH MURRAY
FOREWORD BY Thich Nhat Hanh
LINKS and RESOURCES

What it isn't

- Mindfulness is among the most poorly understood and used terms in contemporary psychology
  - Mindfulness does not (necessarily) involve yoga, nor does it require meditating, or another "new age" fashion
  - No special programs are necessary – you don't need 6-8 weeks
  - Despite Buddhist origins, it has little to do with religion or spirituality
  - Thus, being mindful does not involve the lotus position, there is no chanting of "Om," and there is no requirement for wearing tie-dyed clothes and reeking of patchouli
  - No need to be a "particular" type of person
  - Mindfulness can be relaxing but it is not relaxation
  - Does not involve stopping thinking – almost impossible to do while awake and conscious

Fernando, A. T., Consedine, N. S., & Hill, A. G. (2014). Mindfulness for surgeons. *ANZ Journal of Surgery, 84,* 722-724.

Breathing Exercise

What it might be

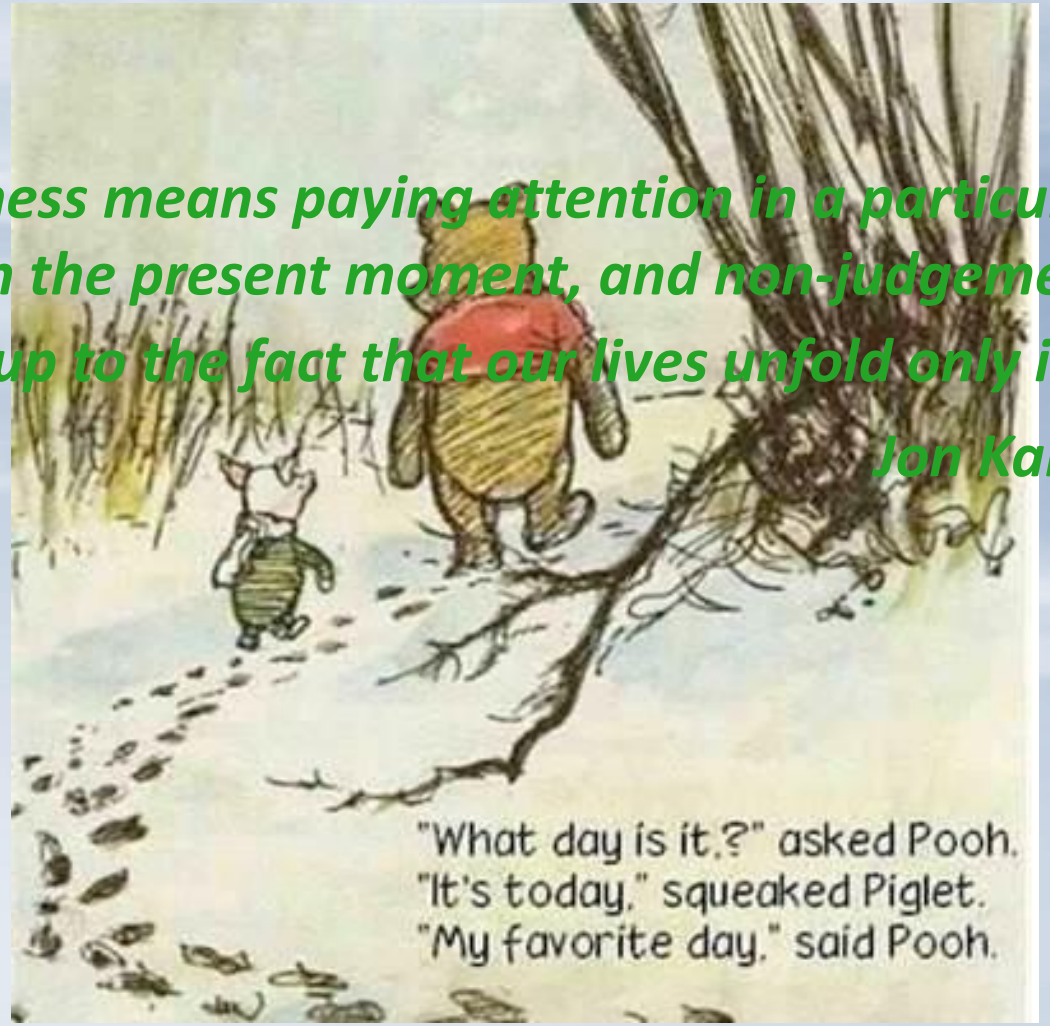
- A way of being mentally and physically “present”
- A particular mental state, characterised by continuous **awareness** of the present moment in an **accepting** and **curious** manner
- Contrasted with:
  - Ruminating “chewing” on past events, OR
  - Frenetically evaluating what the future may bring

Fernando, A. T., Consedine, N. S., & Hill, A. G. (2014). Mindfulness for surgeons. *ANZ Journal of Surgery, 84,* 722-724.

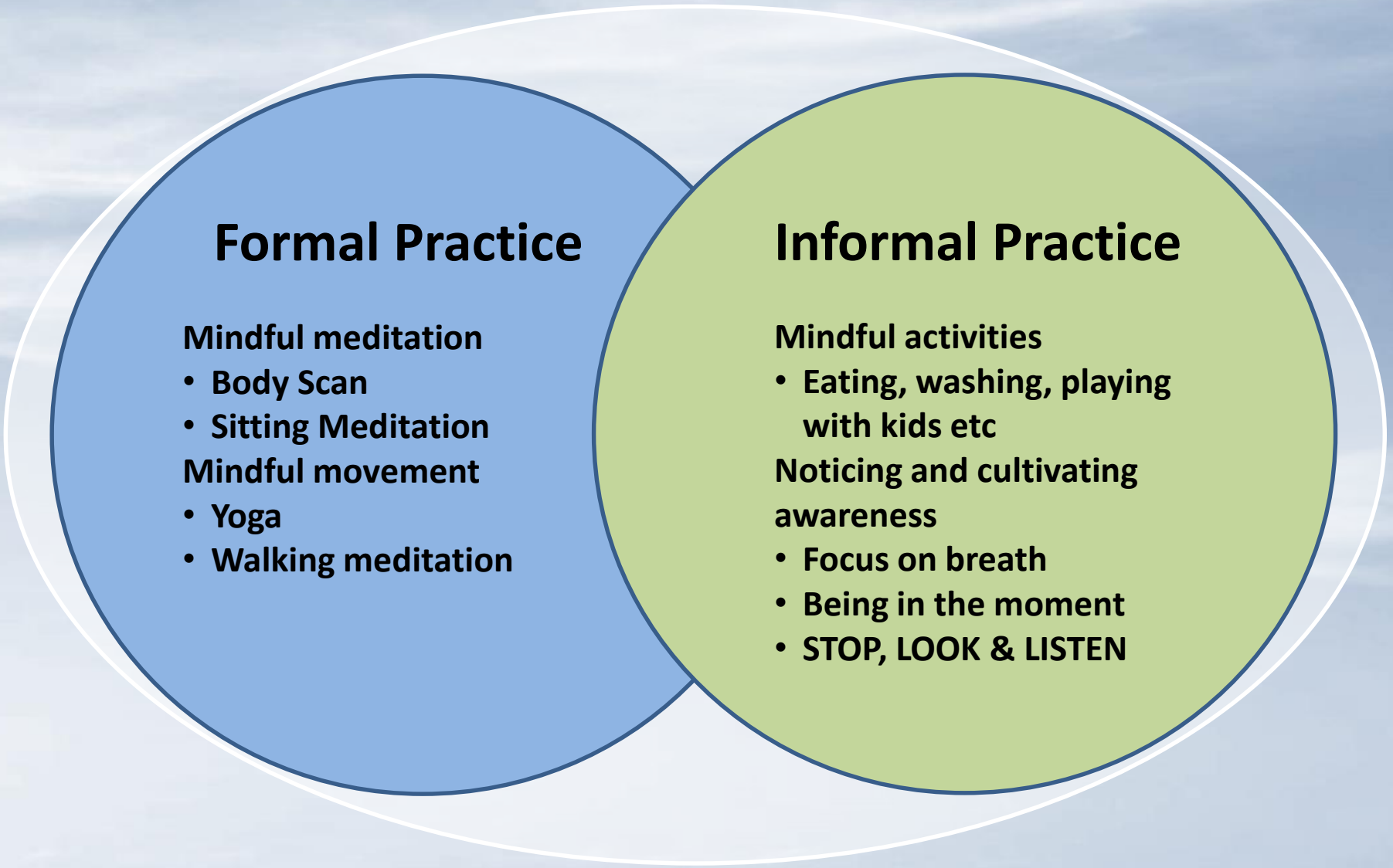
Mindfulness – what it is . . .

"Mindfulness means paying attention in a particular way: on purpose, in the present moment, and non-judgementally . . . it wakes us up to the fact that our lives unfold only in moments"

Jon Kabat-Zinn, 1994



Developing mindfulness



The benefits of mindfulness

- The list of areas (and the types of samples) in which mindfulness traits or interventions have shown benefits is vast
  - Better quality of life [12,13], well-being and mood [11,14], subjective health [15], sleep [16], stress[17] , anxiety and depression [14,18], emotional exhaustion [4,6,11], depression relapse [19]. Stress reactivity is reduced [21-24] and recovery may be enhanced [25]
  - Improved executive functioning [26], better attention [27-29], reduced emotional interference in cognitive tasks[30] , more situationally-appropriate decision-making [31], and better behavioural regulation [23]
  - Improvement and recovery of immune function [26,33,34], greater antibody titer response to influenza vaccinations [35] , greater telomerase activity [36], as well as increases in left-sided anterior activation [35] but reduced limbic reactivity [37-41]
- These effects matter. Effect sizes are quite large, exceeding (for example) the impact of aspirin in preventing future cardiac events

So how could it help GPs?

- Mindfulness is “coming” in medical education; in theory, it should help both doctors and their patients
- Actual evidence is scattered:
  - Reductions in stress, burnout, anxiety, and depression (e.g., Ireland, et al., 2017; Schroeder, et al., 2016). Potentially sustained for up to 5 years (Warnecke, et al., 2017)
  - Possible reduction in diagnostic error rates
  - Improvements in emotion regulation, quality of life, self-compassion, and possibly empathy (Burton, et al., 2017)
  - Enhance patient-physician connections and better perspective taking
- Much evidence involves pre-post designs, lacks an active control, and/or only measures subjective outcomes
- Benefits for patients of physician mindfulness are unknown

Interpreting a fragmented literature

- Standardized interventions
  - MBSR and MBCT
- MBIs – mindfulness-*based* interventions
- Related interventions
  - For example, Bond, et al. (2013) found that a mind-body intervention which "combined yoga with meditation and neuroscience didactics" increased self-regulation and self-compassion (with marginal changes in empathy and stress)

An initial study . . .

- ***Participants***: 82 NZ medical students
- ***Design***: Experimental manipulation of mindfulness followed by patient vignette tasks and a covert behavioural measure of compassion
- ***Predictor measures***
  - ***Demographics and medical education****:* Assessed age, sex, years of training.
  - ***Trait self-compassion*****:** 26 item , 1-5 measure (α= 0.90). Split into high versus low self-compassion
  - ***Social desirability***: 13 item T/F Marlowe-Crowne SF C
  - ***State mindfulness (TMS):*** Toronto Mindfulness Scale, a 13 item, 1-5 measure of curiosity (α= 0.88) and decentering (α= 0.79) subscales

Fernando, A. T., Skinner, K., & Consedine, N. S. (2016). Increasing compassion in medical decision-making: can a brief mindfulness intervention help? *Mindfulness.* E-pub: 13th August, 2016. DOI: 10.1007/s12671-016-0598-5

Clinical vignettes

- ***Clinical vignettes***: Described initial interactions with a series of patients with challenging personal and clinical characteristics

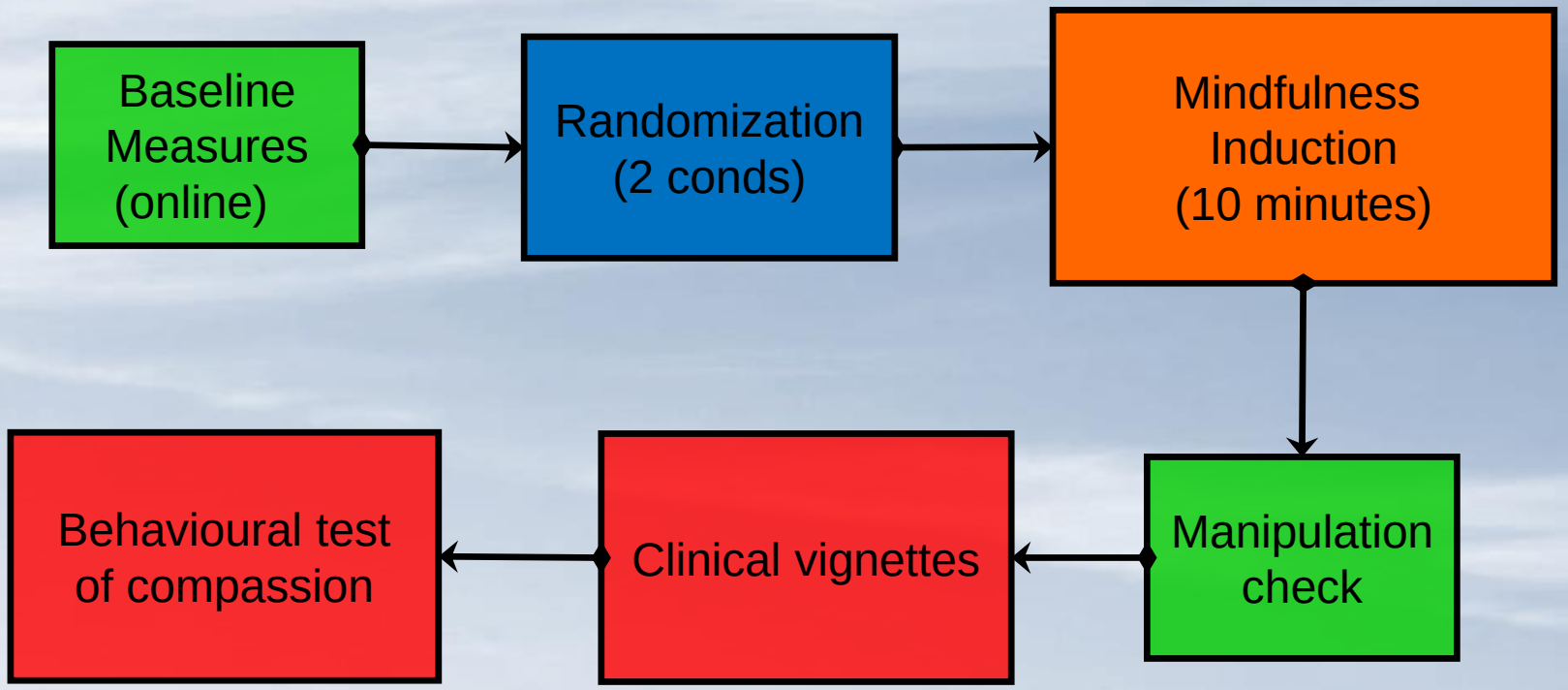
  - **Caroline** – Multiple (chronic) pain symptoms and referral history; no established medical basis; patient mistrustful and demanding further investigative tests
  - **Eric** – Overweight and unclean; non-adherent to BP medication and reports recent risky sexual behaviour with prostitutes
  - **Alice** – 10 year history of asthma; smokes, non-adherent to steroidal medication, accuses physician of incompetence
  - **Brendan** – 6 years of non-work after injury, refuses rehab, angrily demands more Tramadol

- Using 100mm VAS scales, participants rating liking, desire to help, caring and closeness

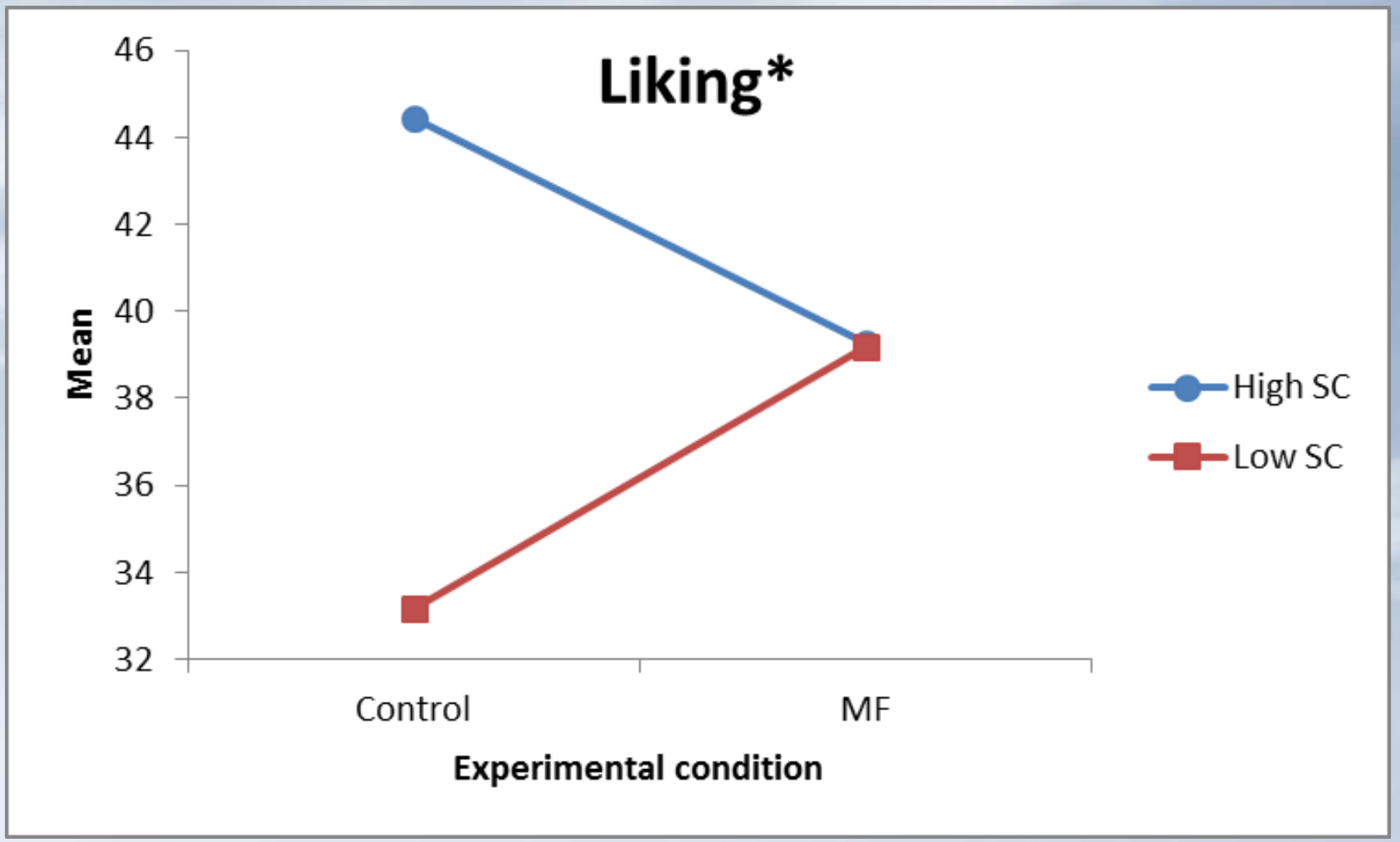
Behavioural test

- Having been told the study was finished, participants were asked to help with an unrelated (and boring) administrative task
- Task required 40-45 minutes of help with questionnaire compilation work that was outstanding because of a personal commitment)
- Responses were scored:
  - 0 (No help)
  - 1 (1-45 minutes)
  - or 2 (46 minutes or more if needed)

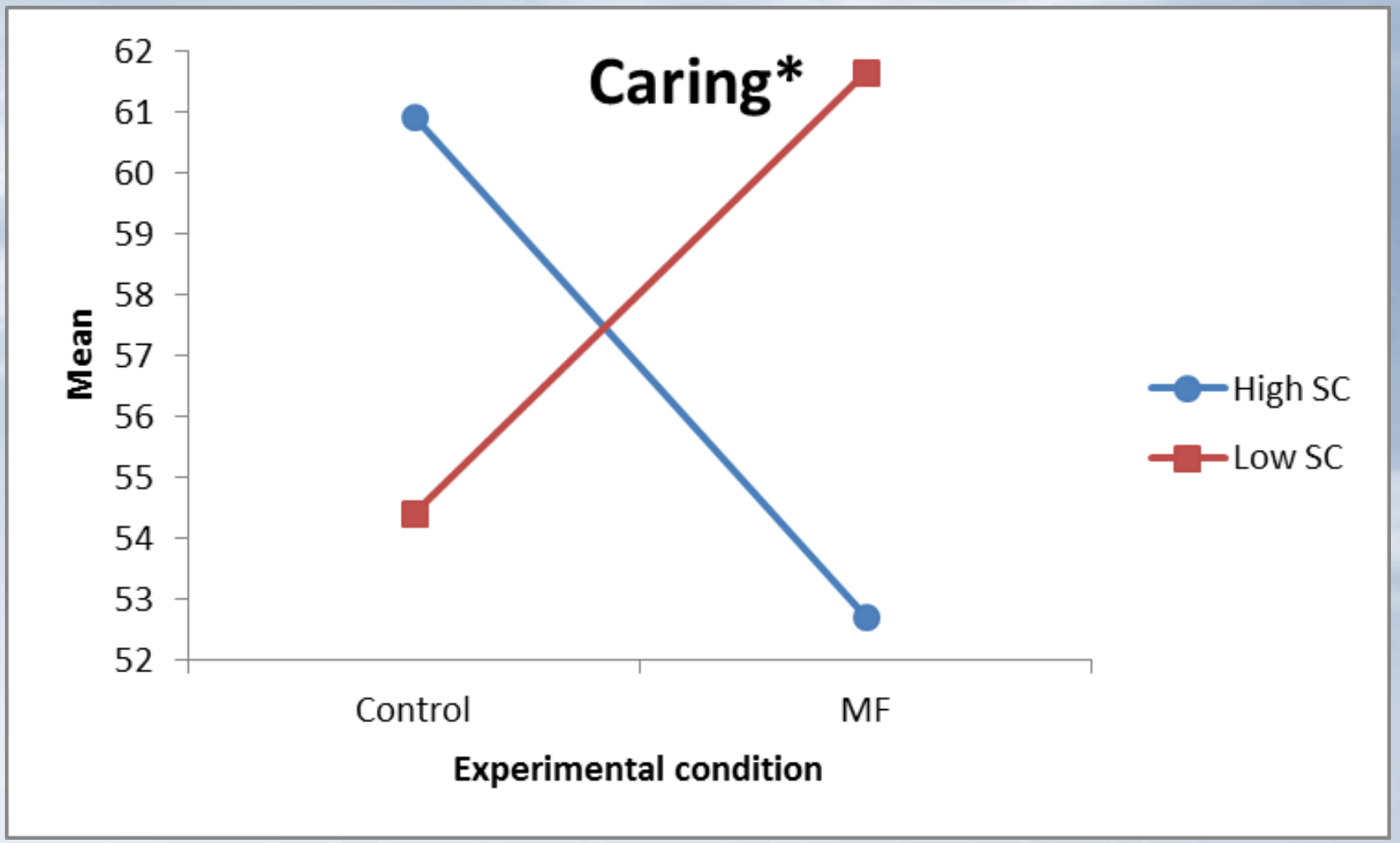
Study 3: Design Summary



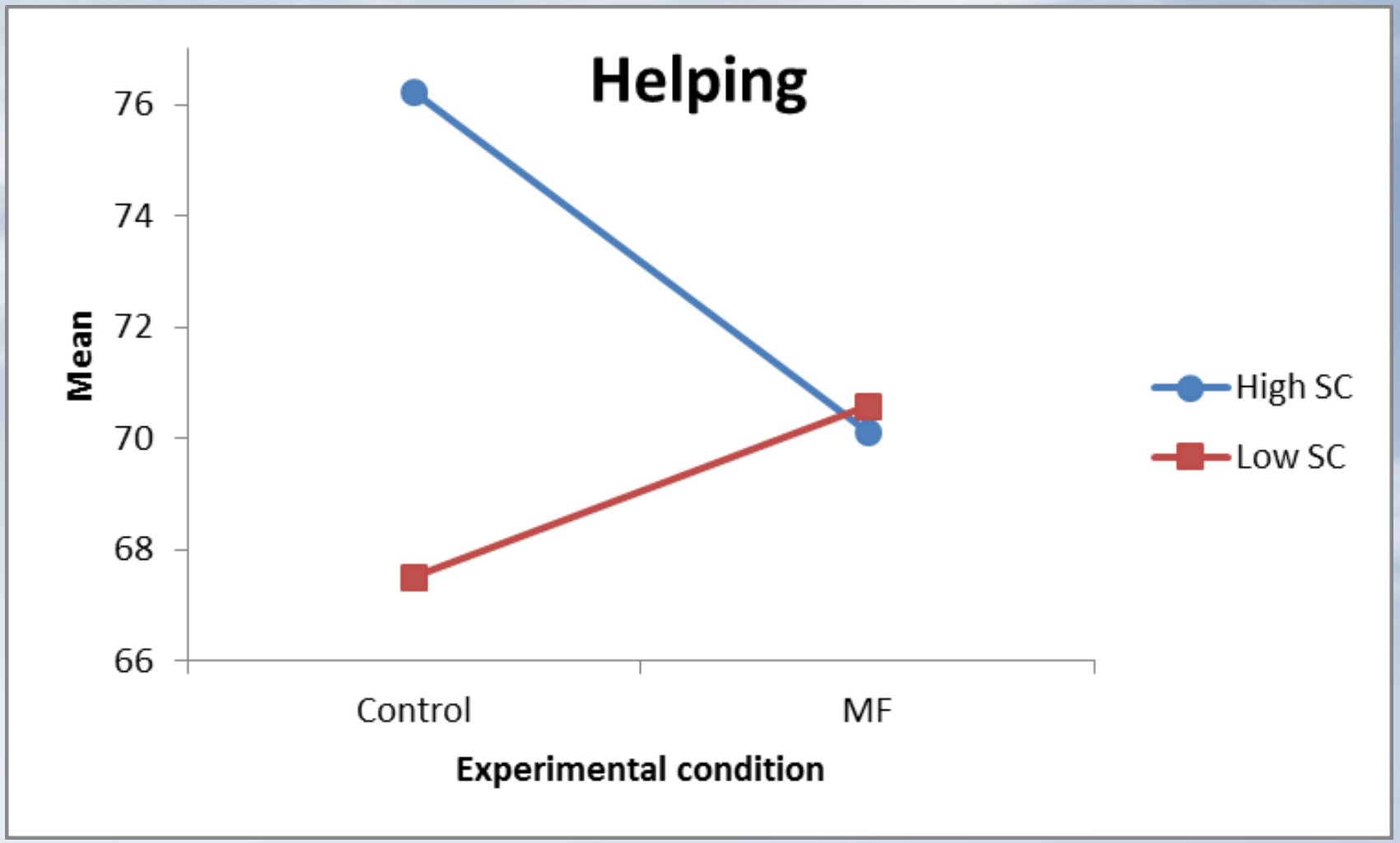
Patient liking



Patient caring

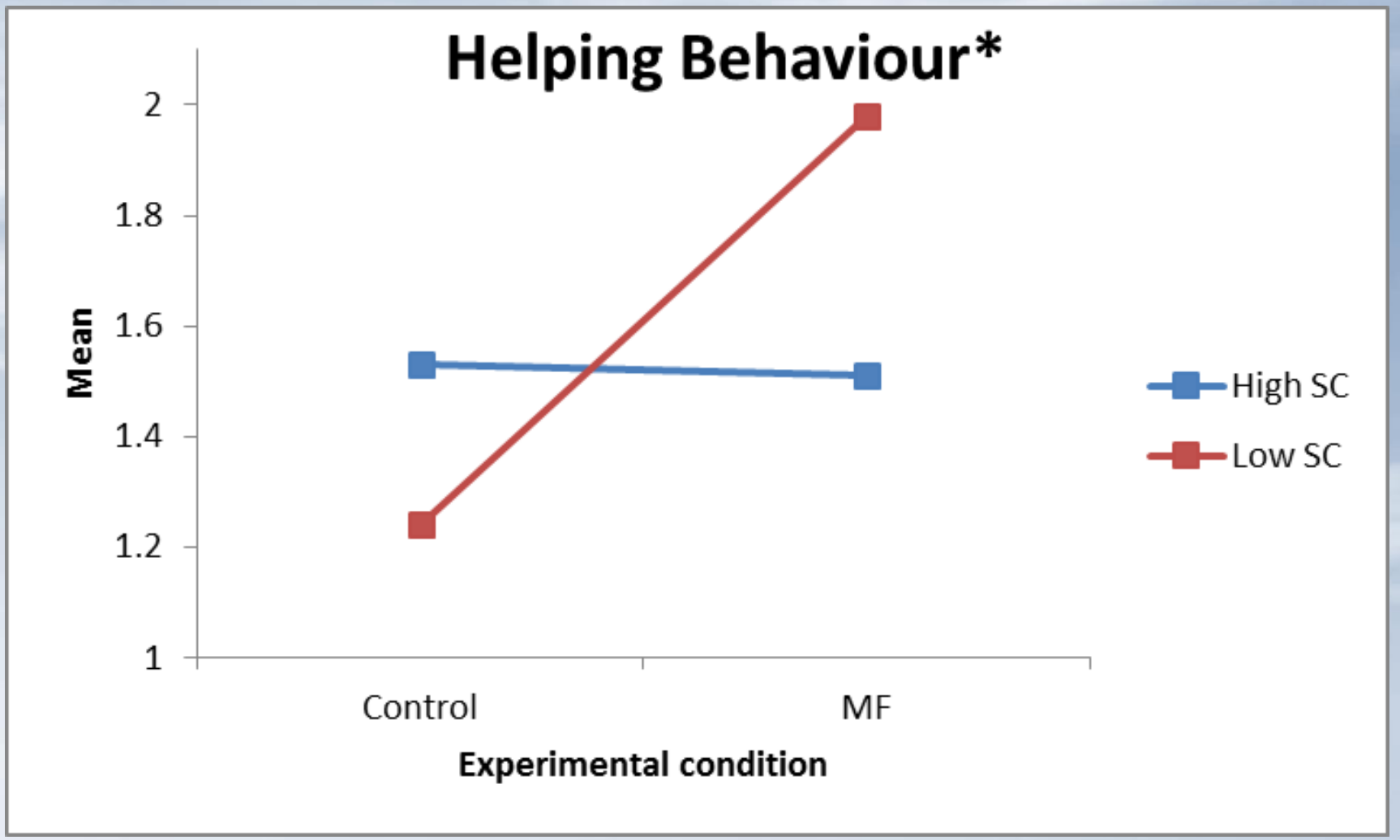


Desire to help



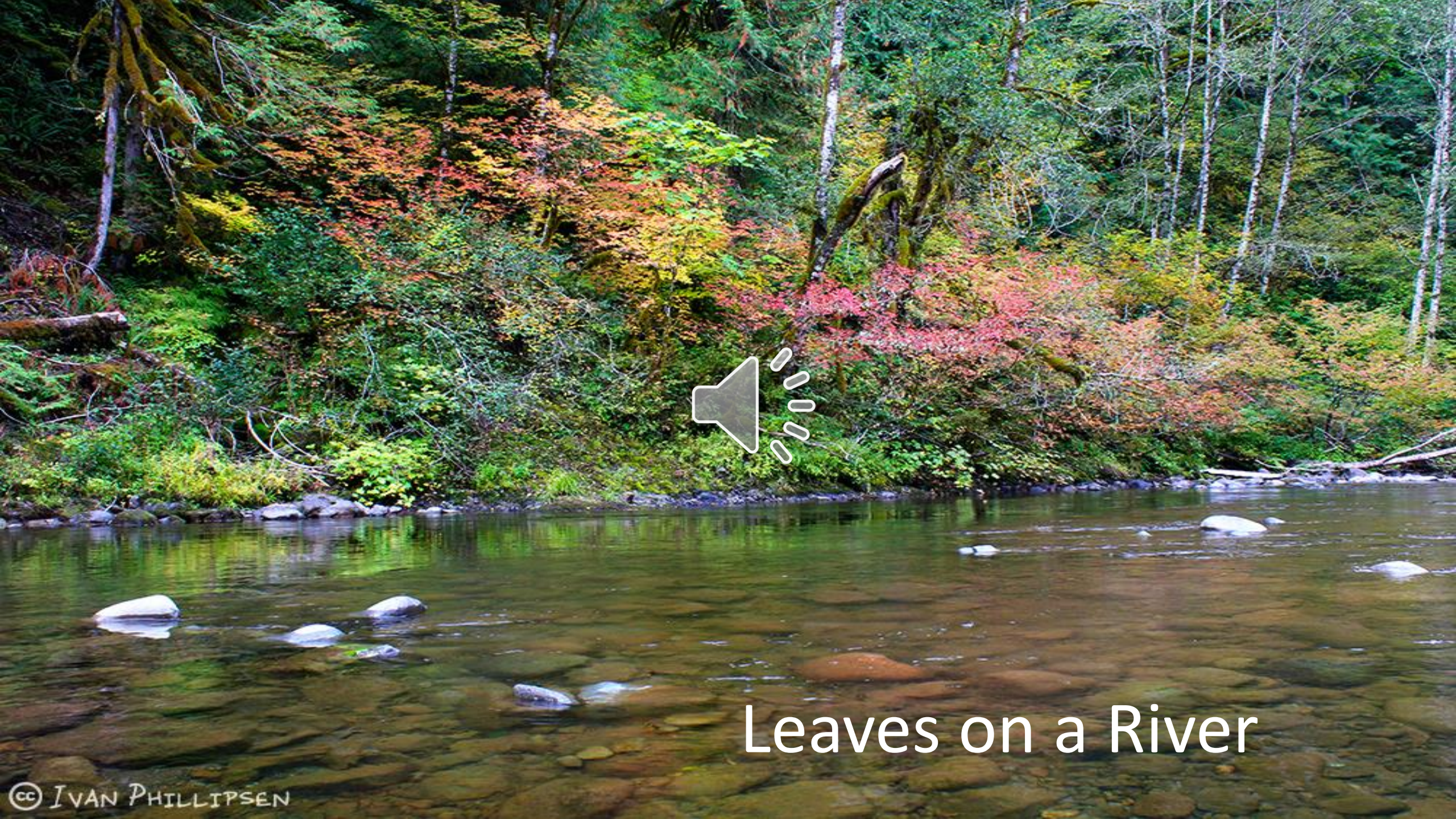
Patient closeness

“Actual” behaviour



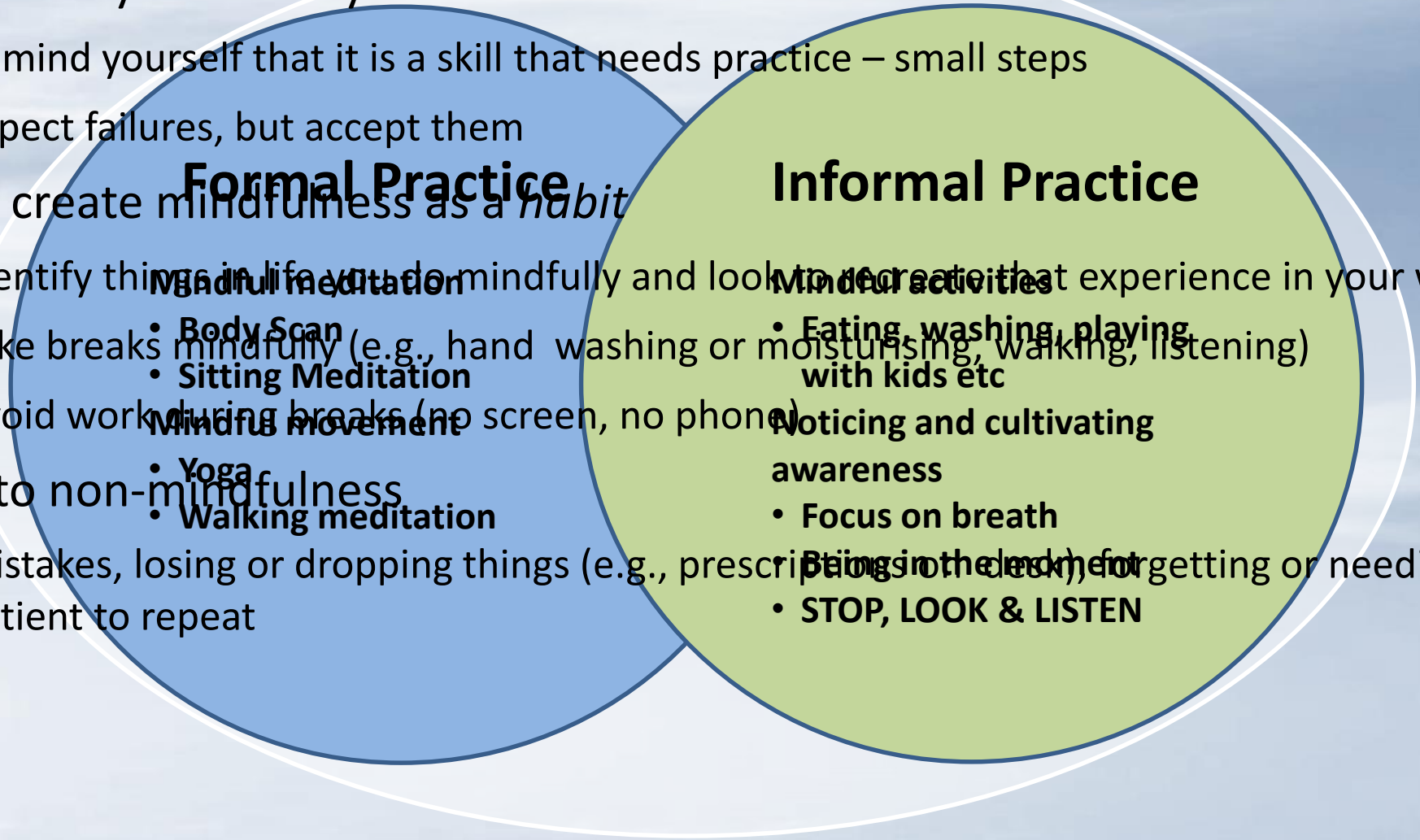
So what does this mean?

- Mindfulness impacted compassion-like ratings but had different effects among the more versus less self-compassionate
    - May make people more aware of dislike
- Mindfulness increased actual helping behaviour
- Back to practice:
    - Only a 10 minute induction and these are only students, BUT . . .
- The situation – multi-tasking in a time-pressured environment with demanding patients is common
- As a result, physicians get impatient, irritable, and rushed, becoming less efficient, communicating non-facilitatively, annd making mistakes


Leaves on a River
© Ivan Phillipsen

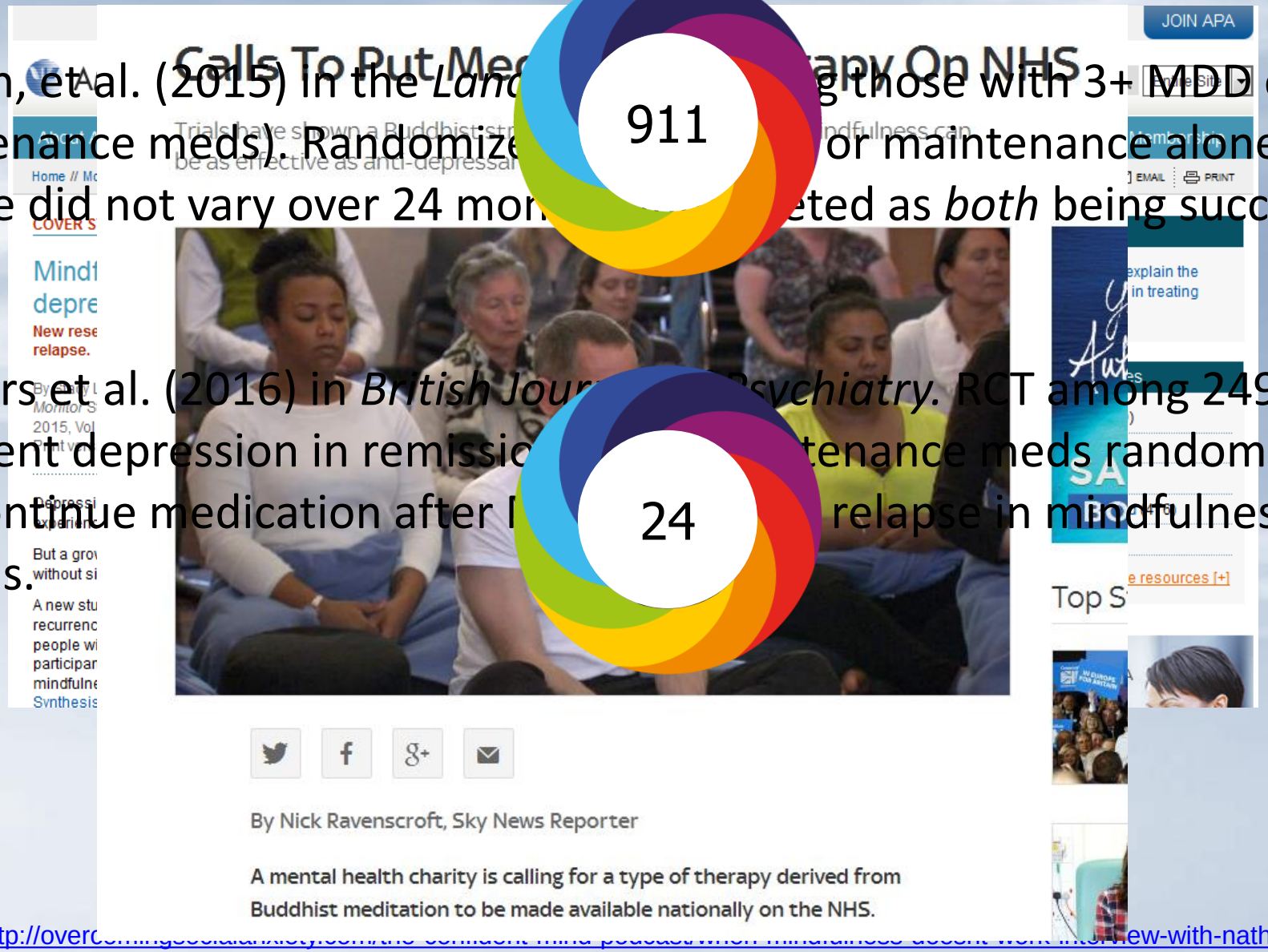
Back to the office . . .

- So how do you actually do it?
  - Remind yourself that it is a skill that needs practice – small steps
  - Expect failures, but accept them
- Try to create mindfulness as a *habit*
  - Identify things in life you do mindfully and look to recreate that experience in your work
  - Take breaks mindfully (e.g., hand washing or moisturising, walking, listening)
  - Avoid work during breaks (no screen, no phone)
- Cues to non-mindfulness
  - Mistakes, losing or dropping things (e.g., prescriptions for forgetting or needing patient to repeat



A cautionary note

- Kuyken, et al. (2015) in the *Lanc* g those with 3+ MDD episodes (on maintenance meds). Randomize or maintenance alone. Time to relapse did not vary over 24 mon eted as *both* being successful.



- Huijbers et al. (2016) in *British Jour Psychiatry.* RCT among 249 adults with recurrent depression in remissio tenance meds randomized to (dis)continue medication after relapse in mindfulness alone at 15 months.

http://overc ew-with-nathan-consedine/

Mindfulness for GPs

- Appearances to the contrary, mindfulness is not a religion, a cult, or (purely) a money-making fashion
- It is “nothing” more than a way of attempting to notice and accept current experience
- Mindfulness does not require meditation or extensive training; it can be practiced by anyone
- Linked to benefits in hundreds of studies and may be well-suited suited to the work environment and lifestyle of GPs
  - Benefits for stress, anxiety, and depression are routine
- Not a universal panacea – may be better suited to chronic issues and have negative effects with “acute” events
- May help you become better doctors

Resources

- Websites:
  - www.calm.auckland.ac.nz
  - www.mindful.org/resources
- Smartphone Apps:
  - Smiling Minds ™
- The Three-Step Approach
- References

Ludwig, D. S., & Kabat-Zinn, J. (2008). Mindfulness in medicine, *JAMA, 300 (11),* 1350-1352.

Ireland, M. J., Clough, B., Gill, K., Langan, F., O'Connor, A., & Spencer, L. (2017). A randomized controlled trial of mindfulness to reduce stress and burnout among intern medical practitioners. *Medical Teacher, 39 (4),* 409-414.

Bond, A. R., et al., (2013). Embodied health: the effects of a mind-body course for medical students. *Medical Education Online, 18 (1),* 20699.