The Role of Mindfulness Interventions in Inflammatory Bowel Disease

Dr Tatjana Ewais, MD, FRANZCP, CertCAP
Lead Psychiatrist, Mater Young Adult Health Centre, Brisbane
Senior Lecturer University of Queensland and Griffith University
Mindfulness is an innate skill

- Mindfulness is “awareness that arises through paying attention, on purpose, in the present moment, non-judgementally” (Jon Kabat-Zinn)
- PNA “present-centered, non-judgemental awareness” (Labelle)
- Contrast this with typical past- or future-focused thinking
Mindfulness and a potential for change

- “Mindfulness is not just ‘knowing what is happening’, such as hearing a sound, but knowing it in a certain way—free of grasping, aversion and delusion. It is this freedom that provides the platform for more sustained transformation and insight.

- Mindfulness helps us break through the legends, the myths, the habits, the biases and the lies that can be woven around our lives. We can clear away the persistence of those distortions, and their familiarity, and come to much more clearly see for ourselves what is true. When we can see what is true, we can form our lives in a different way’. (Sharon Salzberg 2011)
Mindfulness - the experience of being (present)

- Being vs doing mode (Interactive Cognitive Subsystems, Teasdale & Barnard, 1991)

- The "doing" mode aka the driven mode, goal-oriented, triggered when the mind develops a discrepancy between how things are vs how the mind wishes things to be

- "Being" mode, is not focused on achieving specific goals, instead the emphasis is on "accepting and allowing what is," without the pressure to change it
Mindfulness Practices

- Formal and Informal
- Mindfulness of the breath (single object)
- Body scanning
- Mindful movement (Yoga, Tai Chi)
- Open, (choiceless) awareness
- Informal mindfulness practices
Mindfulness Interventions

- Mindfulness-based programs (MBSR, MBCT)
- Mindfulness-informed interventions (ACT, DBT)
- Adapted and shortened mindfulness interventions
- Yoga
Mindfulness-based Stress Reduction (MBSR)

- 8 weeks group program combining different mindfulness practices
- Formal and informal practices (body scan, mindfulness of the breath, mindful movement/yoga)
- 2.5h pw face-to-face instruction + daily home practice, one day silent retreat post week 6
- Originally designed in 1979 by Jon Kabat-Zin, most researched
Mindfulness-based Cognitive Therapy (MBCT)

- 8 weeks group program combining cognitive therapy with mindfulness
- 2h pw face-to-face instruction + daily home practice
- Designed to treat depression and prevent depressive relapse, 2016 M-A effective in preventing depression rel. (Kuyken et al, 2016)
- Only one RCT of MBCT in IBD to date, adult participants, did not measure inflammatory markers
Mindfulness Interventions in IBD

- **Rationale**: 2-3x the rate of mental health disorders, 3x depression rates in remission (25%), and 60% during IBD relapse

- Bidirectional relationship with depression

- MBIs salutogenic effect on immune system

- IBD immune-mediated, complex disease, “IBD interactome” (exposome, genome, microbiome, immunome and their interactions)
Evidence for mindfulness interventions in IBD

Review article

A systematic review and meta-analysis of mindfulness based interventions and yoga in inflammatory bowel disease

Tatjana Ewais, Jake Begun, Maura Kenny, Kirsty Rickett, Karen Hay, Bita Ajilchi, Steve Kisely
Results - psychological outcomes short term

- Depression - NS
- Anxiety - NS
- QoL - NS
- Mindfulness - NS
- Stress - S
Results-psychological outcomes long term

- Depression-S, small continuous improvement in MBP, moderate In yoga

- Anxiety-S

- Stress-S-the strongest and most significant Improved, both yoga & MBP

- Potential mechanism of functioning as reduction in stress will regulate HPA (hypothalamus-pituitary-adrenal axis-body’s stress response) and (microbiome)-gut-brain axis
Results - physical outcomes

- Systemic Inflammation-ESR/CRP
- Systemic inflammation-ILs
- IBD inflammation-FCP
- Clinical disease activity
- NS short and long term
Mindfulness in IBD - Research Gaps

- Lack of rigorously designed trials, RCTs
- Physical outcomes - IBD activity and inflammatory markers
- Lack of adapted mindfulness interventions for IBD
- No Youth specific trials (15-20% dg before the age of 20, peak age 15-29)
RCT of MBCT for Youth with IBD & depression

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<th>Open access</th>
<th>Protocol</th>
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<td><strong>BMJ Open</strong></td>
<td>Protocol for a pilot randomised controlled trial of mindfulness-based cognitive therapy in youth with inflammatory bowel disease and depression</td>
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Tatjana Ewais, Jake Begun, Maura Kenny, Kai-Hsiang Chuang, Johanna Barclay, Karen Hay, Steve Kisely
IBDmindfulness trial

- Pilot RCT of MBCT in AYAs with IBD & depression, 64 participants, age 16-29, dg of IBD, depression
- Outcome measures: psychological, biological and brain neuroimaging
- Aims - measure efficacy and feasibility of an IBD-focused and developmentally-informed MBCT, elucidate its mechanisms of action
- provide data to enable design and sample size calculation for a future large RCT
MBCT Manual Adaptation

- Youth: shortened mindfulness practices, youth relevant (poetry), more mindful movement
- IBD: education re gut-brain axis, stress
- Meaning (Frankl)
- Feedback during and after the group
MBCT Manual - Meaning

- Mindfulness and meaning
- Meaning, PTG and chronic illness
- Sources of meaning - work, love and coping with adversity
- Meaning = purpose + intention
MBCT experiences in Youth with IBD

Mindfulness Based Cognitive Therapy Experiences in Youth with Inflammatory Bowel Disease and Depression: Protocol for a Mixed Methods Qualitative Study

Tatjana Ewais¹,², MD, FRANZCP; Jake Begun¹,², MD, PhD, FACP; Maura Kenny³, MBChB, FRANZCP; Alan Headey², DPsych (Health); Steve Kelsey¹, MD, PhD, FRANZCP
MBCT experiences and healing factors

- Mindfulness skills
- Common psychotherapy factors (therapeutic alliance and expectations, exposure and sense of mastery)
- Group factors (instillation of hope, helping others, sense of belonging)
Rollercoaster of emotions
Hope for the future
Power to the people
THANK YOU

- Tatjana.Ewais@mater.org.au