

Mindfulness-based Stress Reduction (MBSR) and Parkinson's Disease



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Aim

- To evaluate the impact of an 8-week Mindfulness-Based Stress Reduction course (MBSR) on people with Parkinson's disease (PD) experiencing depression, anxiety and stress, or difficulty coping with PD

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Supervisor: Dr. Linda Dubrow-Marshall

MBSR teachers: Tim Duerden & Annette Dunn

Consultant Geriatrician: Dr. Jason Raw

Parkinson's disease

- Affects 120,000 people in the UK
- Mainly older adults, age 50+
- People under 40 can be affected, 10,000 diagnosed 'young onset' per year
- Exact cause unknown
- No cure, symptoms controlled by medication. Treatment is complex
- Motor symptoms: resting tremor, bradykinesia, rigidity, postural instability



Parkinson's non-motor symptoms

- 40-45% of patients experience depression, up to 40% experience anxiety
- Anxiety and depression can predate motor symptoms by several years
- Apathy, mild cognitive impairment (MCI), sleep problems, autonomic disturbance, pain
- NMS have major impact on quality of life
- Improved management of NMS is needed
- New treatments needed, and further research into psychosocial interventions for anxiety and depression in PD

Patient involvement

Patients with Parkinson's were involved throughout the life of the study:

- Discussion of the initial idea
- Choosing outcome measures
- Adaptations to the MBSR course
- Review and feedback of the study documents

Planned adaptations to MBSR

- Body Scan – shorter version in week 1
- Very gentle mindful movement
- Shorter practices
- No all-day retreat

Observations & adaptations during the course

- Difficulty identifying physical sensations
- Adapted body scan – much shorter (10-15 mins in first weeks) with movement & motor imagery (imagined movement)
- Other practices shortened with stronger anchors for attention.
- Falling asleep
- Concern re confusion / frustration
- Alternative practices – anchor + sound
- Confusion re terminology – ‘sensation’
- Confusion re aims of practices

Outcome

- Assessments at baseline, wk 8, wk 16
- DASS-21, PDQ39
- Study-specific follow up questionnaires, qualitative questions
- Improvements: depression, anxiety, stress
- MBSR = challenging, life-enhancing
- All participants would recommend MBSR to others with Parkinson's



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