PATIENT ADHERENCE AND SATISFACTION OF A MINDFULNESS-BASED STRESS REDUCTION TREATMENT FOR ANXIETY DISORDERS: PRELIMINARY DATA FROM AN OBSERVATIONAL INVESTIGATION

Borghi S[1], Crosta ML[1], Messina V[2], Pozzi G[1]

[1]Institute of Psychiatry and Psychology, Catholic University of the Sacred Heart
Fondazione Policlinico Universitario Agostino Gemelli IRCCS – Rome (Italy)
[2] LUMSA University – Rome (Italy)

Background. Traditional psychotherapies of Anxiety Disorders (ADs) are effective but are not always sustainable. Jon Kabat-Zinn, through his Mindfulness-Based Stress Reduction protocol (MBSR), expanded the practice of mindfulness within a scientific approach. He originally defined "mindfulness" as the tendency to pay attention "on purpose, in the present moment, and non-judgmentally". Mindfulness-based intervention proved to be particularly flexible and adaptable to different clinical populations, and in particular to ADs.

Anxious subjects show an alteration of their cognitive processes distorting the analysis of the present experience, which is perceived as threatening and distressing. This mode affects the tendency of the individual to focus attention on future concerns, losing sight of the present moment. A short-course MBSR treatment may be a rather inexpensive option for the improvement of clinical symptoms and the functional rehabilitation of patients with AD.

Objectives. To evaluate the acceptability of a MBSR intervention among patients seeking treatment for ADs.

Materials and methods. Subjects are adult mid-class patients suffering from Generalized Anxiety Disorder (GAD) evaluated in a tertiary-level outpatient clinic; as necessary, anxiety symptoms were stabilized by means of a drug treatment at ordinary doses (SSRIs, SNRIs, other). Patients are recruited on a free-will base and pay a small fee for participation. A typical MBSR manualized treatment is delivered in small group sessions (6 to 10 people) during a 8-week course by an expert therapist/trainer. The Mindful Attention Awareness Scale (MAAS) is administered at the beginning and at the end of the treatment course, and patients complete a final satisfaction questionnaire in anonymity.

Subjects:	10
Gender:	
♀	7
♂	3
Age: (Mean ± SD)	47 ± 18,5
Educational qualification: University degree	3
High school diploma	7
Diagnosis: Generalized Anxiety Disorder	10
Ethnicity: European (Italian)	10

Table 1. Social and demographic characteristics of the clients

GENERAL EVALUATION			
In general, the course contents do they meet your expectations?	Yes 9 (90%)	Partially 1 (10%)	No 0 (0%)
How do you judge the duration of the course compared to the contents?	Inadequate 1 (10%)	Satisfactory 9 (90%)	Excessive 0 (0%)
TEACHING			
What is your opinion on the effectiveness of the teaching methods used in the course?	Satisfactory 10 (100%)	Not very satisfactory 0 (0%)	Unsatisfactory 0 (0%)
How do you rate the teaching material provided?	Useful 10 (100%)	Not very useful 0 (0%)	Useless 0 (0%)
How do you rate the interaction with the trainer?	Satisfactory 10 (100%)	Not very satisfactory 0 (0%)	Unsatisfactory 0 (0%)
ORGANIZATION			
How do you judge the organization and logistics (accessibility, environment, etc.)?	Satisfactory 9 (90%)	Not very satisfactory 1 (10%)	Unsatisfactory 0 (0%)
JUDGMENT IN SUMMARY			
We invite you to rate with a grade from 1 to 4 the overall quality of the course		3,8	

Table 2. End-of-course satisfaction questionnaire

Results. Ten subjects participated in the MBSR protocol (see Table 1) and were generally satisfied (see Table 2). All patients filled in the MAAS items at the beginning and at the end of the treatment. The scale showed a good reliability (Cronbach's alpha = 0,889). The mean score before starting the treatment was 4,58 ± 1,34, while the mean score at the end of the treatment was 5,29 ± 0,95. A non-parametric Wilcoxon test for paired samples was performed, showing that the improvement in the test score is statistically significant (p = .011).

MAAS mean at T1 and T2

Conclusions. The MBSR treatment works well and patients with anxiety disorders show high levels of adherence. As a rule, treatment is well accepted although some people complain about environmental discomfort due to the specific hospital context.
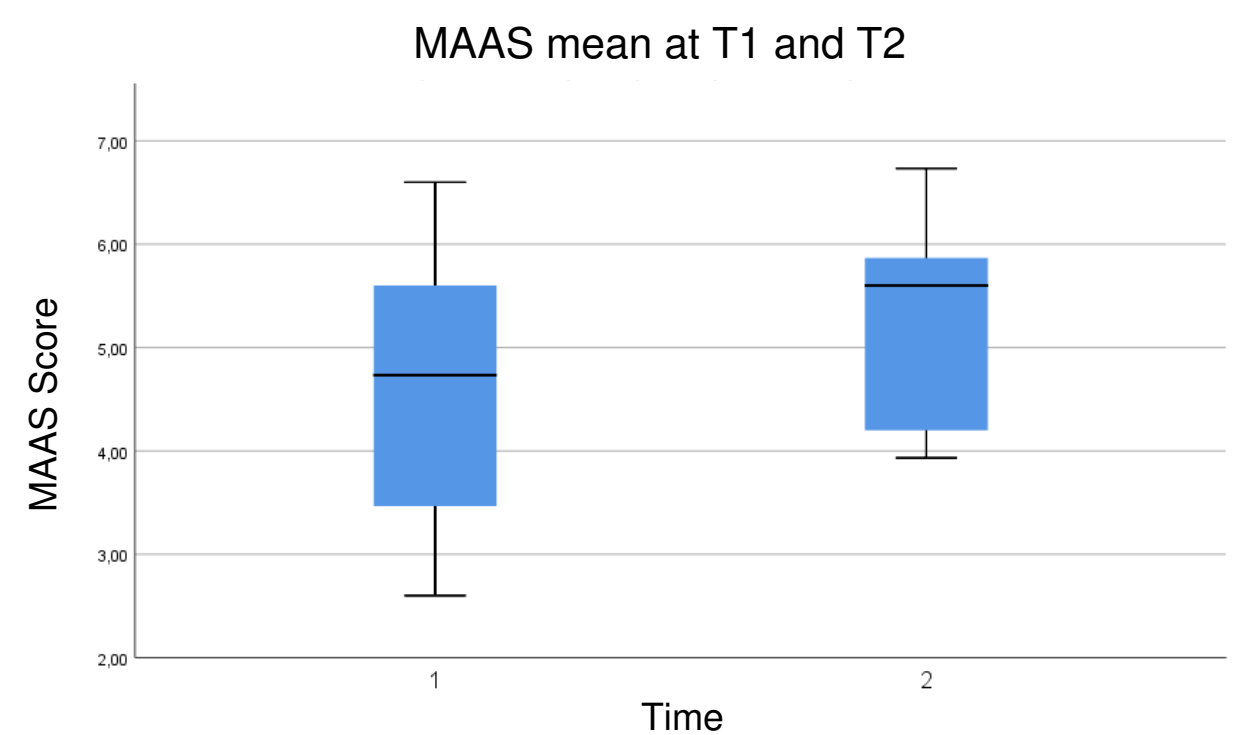
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