Positively Mindful: An investigation of mindfulness-based stress reduction as a supportive care option for people living with HIV
[conference abstract]

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Available at: https://works.bepress.com/graemedonald/1/
2. To test the effectiveness of the self-EFT protocol for addressing menopausal symptoms.

**Methods:** An email was sent out to visitors attending the London and Yorkshire Havens inviting them to take part in a 3-week course of EFT, consisting of one session of three hours per week. A total of forty women with breast cancer were enrolled. The participants were taught the EFT protocol and given the Haven at Home DVD the first week, progress was checked the second week, and fine-tuning according to individual needs was applied in the final week. Questionnaires for mood (Profile of Mood States), pain (Brief Pain Inventory), fatigue (Brief Fatigue Inventory), endocrine (menopausal) symptoms (Functional Assessment of Cancer Therapy-Endocrine Symptom subscale), and hot flushes and night sweats (Hunter’s Hot Flush and Night Sweat scale) and a 7-day hot flush diary, were completed at baseline (T1), week 6 (T2) and week 12 (T3). Participants were also given 7-day home practice sheets, each week for the first 6 weeks, to complete. A feedback form and follow-up group at 6 and 8 weeks, respectively, were used to obtain qualitative data on the participant’s experience of EFT.

**Results:** Forty Visitors completed the baseline questionnaires, decreasing to 18 at T2 and T3. Significant improvements compared to baseline were observed in total mood disturbance and the mood subscales tension/anxiety, depression/dejection, fatigue/inertia (T2 and T3), vigour/activity and confusion/bewilderment (T2); mean pain interference score (T3); fatigue now (T2 and T3), usual fatigue (T3), worst fatigue (T2), mean fatigue interference (T2 and T3) and mean global fatigue (T2) scores; hot flush problem rating score (T2 and T3) and between T2 and T3; total and moderate severity hot flushes (T2 and T3) and between T2 and T3.

**Discussion:** These findings suggest that EFT shows considerable potential as a self-help tool to manage the side effects associated with hormonal therapies, particularly hot flushes/night sweats, fatigue and mood changes, in women with breast cancer and that a feasibility pilot study is therefore warranted.

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perceived stress, quality of life, symptomatology and medication adherence. Measurements will be taken at baseline and post-intervention. Importantly, this is a pilot study and the primary areas of interest include data for future power calculations, acceptability of the intervention and feasibility of trial procedures.

**Inclusion criteria:** 18+; HIV diagnosis > 1 year; stable on ART regime or stable without ART; Patient Health Questionnaire score ≥ 4.

**Exclusion criteria:** active psychosis/substance abuse or cognitive deficit; taking corticosteroids or other medication affecting HPA axis; involvement in other mind-body therapy; Patient Health Questionnaire score ≥ 20; unable to communicate in English.

**Discussion:** Glasgow Caledonian University is the sponsor for the study; in addition to providing funding in conjunction with The Janek Latosinski Charitable Trust. MBSR will be delivered by facilitators from Mindfulness Today, a social enterprise with a track record in attracting Lottery funding for mindfulness training. Analysis will explore recruitment/retention rates, aspects of feasibility and acceptability and preliminary hypothesis testing; where an intention-to-treat analysis will be performed to limit potential bias from study drop-outs.

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**A pilot randomised controlled trial investigating the psychological, physiological and biochemical effect of reflexology on breast cancer patients**

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**Introduction:** There is increasing evidence that health outcomes among women treated for breast cancer can be improved by stress reduction, including reduced stress hormone secretion (cortisol) and immune function indicators. Complementary therapy treatment may provide a means for cancer patients to reduce their anxiety and alleviate pain, with most patients receiving complementary therapy reporting a reduction in anxiety, improvement in general well-being and even reduced pain. However, some Health Trusts do not partake, possibly because of concerns about the lack of appropriate evidence-based research to support therapeutic claims.

**Aim:** To develop a pilot randomised controlled trial (RCT) to compare the biometric (cortisol), psychometric responses and wellbeing of breast cancer patients receiving a course of reflexology treatment over 4 weeks compared to a group of patients who do not receive reflexology.

**Methods:** Females with newly diagnosed, histologically-proven early breast cancer, not receiving chemotherapy were recruited onto the trial. Participants were randomised into two treatment groups (reflexology and no reflexology group). Each participant received one treatment/non treatment a week for four consecutive weeks. For each group salivary cortisol samples were collected using SarstedtSalivettes® at four time points throughout the day and one the following morning. Cortisol concentrations were measured by automated Enzyme Linked Immuno Sorbent Assay (ELISA). Each participant completed a Spielberger’s State Trait Anxiety Inventory (STAI) questionnaire before and following every treatment/non treatment. Blood pressure and pulse rate were measured before and immediately after the treatment (whilst lying down but slightly elevated). A Trial Outcome Index (TOI) FACT-B questionnaire was also completed by each participant at week 1 and week 4. One final sample of salivary cortisol on waking was collected two weeks following their final reflexology treatment (week 6) and a TOI questionnaire was completed by each participant.

**Results:** To date 27/40 participants have been recruited onto the trial and four withdrew. Recruitment to the trial was slow due to geographical issues relating to radiotherapy treatment. An interim analysis was performed on 20 participants’ data (11 no reflexology and 9 reflexology). No differences were seen in blood pressure (systolic/diastolic) however pulse rate was significantly reduced following reflexology compared to the control group. Analysis of the STAI questionnaires showed that this cohort of breast cancer patients had normative anxiety levels comparable with healthy individuals. Reflexology was shown to have a statistically significant impact in reducing “state anxiety” but not “trait anxiety”, supporting our previously published findings in healthy individuals. The salivary cortisol levels revealed this cohort of patients had normative diurnal rhythms comparable with healthy individuals. There was no apparent change in cortisol concentrations over the 4 week treatment time in either reflexology or control group. With the small sample size, reflexology did not appear to significant reduce cortisol concentration at any of the 5 time points compared to the control group. However there was a trend in a reduction in salivary cortisol at 8 pm that was not observed for the control group.

**Discussion:** This cohort of participants had normative baseline “state” and “trait” anxiety levels and showed no real dysregulation in the cortisol circadian rhythm; something which is not in keeping with previously published findings. The normative anxiety scores and regulated cortisol rhythms in these participants could be due in part to the relatively good prognosis of this cohort of participants. It is difficult to draw a strong conclusion at this stage due to the low number of participants but the results regarding anxiety levels already support our previous findings that reflexology significantly reduces the transient “State” anxiety levels a breast cancer patient may experience.