MS
National
Multiple Sclerosis
Society

Oct 7, 2010

Study Suggests Meditation Improves Quality of Life, Depression, and Fatigue in People with MS

The largest study of its kind shows that mindfulness-based meditation significantly improved health-related quality of life, depression, and fatigue in a study involving 150 people with relapsing-remitting and secondary-progressive MS. Paul Grossman, PhD (University Hospital, Basel) and colleagues report on this study in Neurology. (2010;75:1141-1149) This controlled study provides important evidence on the value of an alternative treatment for MS symptoms, and highlights the importance of focusing on quality of life issues to improve well being.

Background: Depression and fatigue are common symptoms of MS and can interfere with quality of life. These and other psychosocial impacts of MS can adversely affect what is known as health-related quality of life (HRQOL) or sense of well-being, and their intensity is often independent of the physical aspects of any individual's disease. Although the disease-modifying therapies for MS can impact the disease course, they do not usually cause significant improvement in an individual's HRQOL. For this study, investigators focused on whether a type of meditation, called mindfulness-based intervention, could improve well being in people with MS. This form of meditation is mental training aimed at changing an individual's perception, creating awareness and acceptance of moment-to-moment experiences, with the goal of reducing reactions that may worsen any pain or emotional distress that occurs from health-related changes.

The Study: In this largest study of its kind in MS, a total of 150 participants with relapsing-remitting or secondary-progressive MS were enrolled. Seventy-six were randomly assigned to receive weekly 2½-hour group training sessions in mindfulness-based intervention (MBI) for eight weeks, plus one all-day session and practice homework. A control group of 74 people received regular medical care. Health-related quality of life, depression, and fatigue were assessed using various questionnaires before the study, after the eight weeks of training, and after another six months. Secondary outcomes included anxiety, personal goal attainment, and adherence to homework.

After eight weeks, participants improved significantly more in the MBI group than in the control group across all outcome measures (except for perceived limb mobility). The benefits remained significant at the six-month follow-up, but were less than at the eight-week endpoint. In a subgroup of people who scored worse on scales for depression, fatigue, and anxiety before the study, this group showed an even greater degree of improvement.

Comment: "The results of this solidly designed study underscore the importance of treatment directed at quality of life issues in patients with MS," note Jinny Tavee, MD, and Lael Stone, MD (Cleveland Clinic Foundation) in an accompanying editorial. Drs. Tavee and Stone do note that one limitation of this study is that the control group received no intervention; if they would have received a "sham" intervention, the group might have improved more due to an increased sense of coping.

http://nationalmssociety.org/news/news-detail/index.aspx?nid=3944