

The Qualitative Impact of Mindful Yoga for Young People with Chronic Skin Conditions: A Feasibility Pilot



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Abstract

Background/Objectives: We wanted to explore whether Mindful Yoga would be feasible and useful for young people attending our clinic in managing the psycho-social impact of their skin disease.

Methods: We conducted a small single-arm feasibility pilot in which we ran a Mindful Yoga course for 6 weeks and used a qualitative questionnaire designed and piloted to capture participant experiences.

Results: We gathered qualitative data from 3 patients, who all cited that they found the course 'relaxing' and 'useful'. However, as a feasibility study, the difficulties we experienced with recruitment were an important learning outcome, with only 3 participants completing the final questionnaire out of the 32 who were initially invited to participate in the study.

Conclusion: This study keenly highlights the challenge in patient recruitment in this area. However, for the small group of patients (n=3) who did finish the course and complete the post-intervention qualitative questionnaires, important positive psycho-social outcomes were documented.

Keywords: Mindfulness, Yoga, Paediatrics, Chronic Skin Conditions

Introduction

The impact of dermatological problems on young adult and adolescent psychological health is well documented [1]. Higher rates of anxiety and depression have been demonstrated in all skin conditions and life-long cumulative effects of having a skin condition are more severe when developed in adolescence [2], which can represent a particularly difficult time to learn to deal with a skin condition and take responsibility for self-management. Indeed, transitional care has been identified as a priority by the Department of Health and The Quality Standards in Dermatology [3]. In spite of this, there remains a paucity of dedicated transitional clinics with appropriate psycho-social support in the UK. Through our established dermatology adolescent clinic, we have identified particular challenges in

this cohort, including low self-esteem, anxiety, reduced social engagement, and poor adherence to treatment.

Mindfulness is recommended by NICE as a "third-wave" cognitive behavior therapy (CBT), with a growing evidence-base for improving mental health outcomes [4]. Yoga is a popular form of wellness practice with emerging evidence for benefits in young people including improvements in anxiety [5]; positive health behaviours [6]; and stress-related symptoms [7]. We therefore conducted a small single-arm feasibility pilot in order to explore whether Mindful Yoga would be feasible and useful for young people attending our clinic in managing the psycho-social impact of their skin disease. In particular, we wanted to access a group of patients who were not interested in engaging

in talking therapy with the psychologist working with the clinic. We performed a single pilot session of Mindful Yoga (April 2016) attended by 7 young people (3 male, 4 female), which was well received, and more sessions were requested. Feedback ascertained that all 7 attendees found the session “calming and soothing”. This single-arm pilot aimed to assess whether Mindful yoga was feasible; acceptable to the participants; and to explore the experiences of the group.

Methods – Aims and Objectives

The study recruited from a population of young people aged 12-25 years old attending the teenage, young adult skin clinic (TYA) in dermatology for any chronic dermatology condition (includes psoriasis, eczema, acne and alopecia). The Mindful Yoga course was held over a 6-week period (weekly 1-hour sessions) that coincided with the school term. In each session, the Mindful Yoga Therapist led exercises focussing on breathing with movement and relaxation. Prior to the start of the course, participants were asked to complete disease specific and validated quality of life questionnaires (Teenagers Quality

of Life Index [T-QoL], and the Hospital Anxiety and Depression Scale [HADS]).

Post-intervention, they were asked to repeat the T-QoL and HADS, in addition to a qualitative questionnaire designed and piloted to capture their individual experiences. The data gathered was intended to give an indication of direction of effect, forming the basis of further research [8].

Attendance and Adherence

The intervention ran over 6 weeks and included 6 participants in total (4 girls and 2 boys). Over six weeks, the average attendance was 3 participants with one participant attending all six sessions, and another five out of six. 32 patients were invited to participate via letter. Those who did not respond were subsequently telephoned to confirm receipt of the letter and ask if they had any questions about the study. It was possible to speak to the parents of 14 patients about their interest. 18 did not answer the phone on 3 separate occasions or respond to a single voicemail.

Results

- *I would like to do more.... Because I feel it has helped me on many different occasions.... It was not only relaxing but fun at the same time.*
- *I would be keen to attend more sessions...especially when it comes to exams*
- *It helped me to clear my mind*
- *It relaxed me and at times it made me forget that I had eczema.... It helped me with my controlling of eczema*
- *It was useful and calmed me.... The breathing helped me*
- *It made me forget I had eczema*

Figure 1: Quotes from free text section of questionnaire.

Participants who completed the semi-structured qualitative questionnaire post-intervention (3/6) cited relaxation, breathing and becoming aware of my breath, becoming at peace with my body/mind as the most useful outcomes of the Mindful Yoga intervention. All three cited I have learned something useful I can continue to use, indicating that even 6 sessions of MY gave them tools for self-regulation. Other benefits included managing stress/anxiety outside of sessions. At a 1-month clinic follow-up attended by 3 of the participants, they all selected that they were continuing to practice the techniques (Figure 1).

As this was a feasibility study it was not sufficiently powered to detect statistically significant changes in the T-QoL or HAD scores. It will be important to pursue this in a larger study to achieve an objective measure of the effect of the intervention.

Discussion

As a feasibility pilot, attendance and adherence were crucial outcomes. Thus, the difficulty experienced with recruitment is a key learning outcome, with only 3 participants completing

the final questionnaire out of the 32 who were initially invited to participate in the study. The predominant reason for those invited not attending was travel time and cost, with most needing support from working parents to get to the session running 6-7pm at the Churchill Hospital. During telephone calls with the parents of 14 eligible participants, 9 of these cited the commute into Oxford as the predominant reason for their child not being able to attend. 2 of these directly asked if there were any classes more local to them that their children could attend. One participant attended two sessions but was unable to continue due to three hours travel each way.

To help overcome this issue, future studies could coordinate sessions to coincide with clinic appointment times. This would, of course, entail its own logistical issues and require parents and participants to wait after their appointment. Offering ‘one-off’ mindfulness-based psycho-education workshops has potential and was raised by 2 parents. However, the evidence for Mindfulness in healthcare settings is typically based on a course of 8 sessions. An option could be to run clinic-based workshops

with recorded & written information directing continued practice at home and directing patients towards qualified yoga teachers in their area.

However, for the small group of patients (n=3) who did finish the course and complete the post-intervention qualitative questionnaires, important positive psycho-social outcomes were documented. They all reported that they both enjoyed and found the course useful in terms of de-centering (relaxing; directing attention away from their skin problem; and developing a positive self-attitude) [9], supporting our hypothesis that this is an acceptable intervention to this patient group once they do attend. This study keenly highlights the challenge in patient recruitment in this area. However, we also believe that it supports the hypothesis that psycho-social interventions such as Mindful Yoga can be useful to support, educate and promote wellbeing in young people living with skin disease, and calls for further research.

Conflict of Interests

The authors disclose no conflicts of interest.

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Ethics

This study was conducted with the approval the Central University Research Ethics Committee (CUREC) (IRAS project ID

216174) and conducted in accordance with the principles of the Declaration of Helsinki. All participants signed informed consent forms, and parents of those under 18 were also required to sign informed consent forms.

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