

Symptom reduction in palliative care from single session mindful breathing: a randomised controlled trial

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ABSTRACT

Context There has been increasing evidence of the role of mindfulness-based interventions in improving various health conditions. However, the evidence for the use of mindfulness in the palliative care setting is still lacking.

Objectives The objective of our study was to determine the efficacy of a single session of 20 min mindful breathing in alleviating multiple symptoms in palliative care.

Methods Adult palliative care in patients with at least one symptom scoring $\geq 5/10$ based on the Edmonton Symptom Assessment Scale (ESAS) were recruited from September 2018 to December 2018. Recruited patients were randomly assigned to either 20 min mindful breathing and standard care or standard care alone.

Results Forty patients were randomly assigned to standard care plus a 20 min mindful breathing session (n=20) or standard care alone (n=20). There was statistically significant reduction of total ESAS score in the mindful breathing group compared with the control group at minute 20 (U=98, $n_1 = n_2 = 20$, mean rank $_1 = 15.4$, mean rank $_2 = 25.6$, median reduction $_1 = 6.5$, median reduction $_2 = 1.5$, $z = -2.763$, $r = 0.3$, $p = 0.005$).

Conclusion Our results provided evidence that a single session of 20 min mindful breathing was effective in reducing multiple symptoms rapidly for palliative care patients.

INTRODUCTION

The concept of mindfulness has been described as a fundamental activity of our consciousness, involving attention or awareness.¹ In particular, it requires a receptive attention to one's surroundings and a clear awareness of both one's inner and outer world. A two-component

operational definition of mindfulness involves self-regulation of attention to one's immediate experience, followed by adopting a curious, open and accepting orientation towards it in the present moment.² In short, mindfulness is a natural ability of our mind to pay full attention to an object or experience as it is without trying to form any judgement, conceptualisation or reactions.

There has been increasing evidence of the role of mindfulness-based interventions in improving various health conditions. The body of evidence to date included both clinical trials as well as observational and qualitative studies showing evidence of benefit.³⁻⁴ One of the earliest documentations of therapeutic use of mindfulness was in the form of mindfulness-based stress reduction (MBSR) programme in chronic pain, where it was shown to effectively reduce pain indices for various pain conditions ranging from facial pain to angina pectoris.⁵ This was back in the 1980s. At recent years, mindfulness-based interventions have further documented benefit in alleviating suffering and distress, as well as improving psychological well-being.⁶⁻¹¹ Besides these patient-reported outcomes, more objective outcome measures looking at physiological changes in response to mindfulness-based interventions have also been documented.¹² The scope of study participants were wide, with involvement ranging from healthy volunteers to palliative care patients, as well as family caregivers.

Focussing on the palliative care setting, the evidence for mindfulness-based interventions was still lacking. A systematic



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