PARALLEL SESSION 4 – FRIDAY 21ST 2019, 15h30 – 17h00

Mindfulness-based Cognitive Therapy (MBCT) for distressed cancer patients.

- L. Cillessen, et al.: Mindfulness-based interventions for psychological distress and physical outcomes in cancer patients and survivors: A meta-analysis of randomized controlled trials
- F. Compen, et al.: Cost-effectiveness of individual internet-based and face-to-face Mindfulness-Based Cognitive Therapy compared to Treatment As Usual in reducing psychological distress in cancer patients
- E. Bisseling, et al.: Development of Therapeutic Alliance and its association with treatment outcome in internet based Mindfulness-Based Cognitive Therapy (eMBCT) compared to group-based MBCT (MBCT) for distressed cancer patients
- M. Martin, et al.: Mindfulness-Based Cognitive Therapy for Irritable Bowel Syndrome: Reducing Symptoms and Increasing Quality of Life

Theme
Mindfulness-based interventions (MBIs), such as Mindfulness-based Cognitive Therapy (MBCT) are increasingly used in cancer patients and survivors. It has been shown that MBIs alleviate psychological distress. However, cancer patients experience often barriers in participating in face-to-face MBIs. Individual internet-based MBCT (eMBCT) could be an alternative. In this symposium we would like to share findings of studies conducted in distressed cancer patients. We will start with the results of a meta analysis of randomized controlled trials (RCT) of MBIs in cancer patients. In addition we will show research findings of a multicenter RCT in which we compared the (cost)-effectiveness of MBCT and eMBCT to treatment as usual (TAU) for reduction of psychological distress. Finally we will share information regarding delivering (e)MBCT.

Takeaways
MBIs appear efficacious in reducing psychological distress in cancer patients and survivors. Compared to TAU, MBCT and eMBCT are similarly effective in reducing psychological distress in a sample of distressed heterogeneous cancer patients. Both are cost-saving treatments whilst simultaneously improving quality of life. Therapeutic alliance can develop equally in (e)MBCT and it predicts reduction of psychological distress and increase of mental well-being in both interventions.

Chair: Else Bisseling psychiatrist Radboudumc NL
Mindfulness-based interventions for psychological distress and physical outcomes in cancer patients and survivors: a meta-analysis of randomized controlled trials.

Aim
Mindfulness-based interventions (MBIs) are increasingly used in cancer patients and survivors. Since the publication of the last comprehensive reviews, the number of published trials has increased considerably, and we therefore conducted a comprehensive, updated systematic review and meta-analysis of the effects of randomized controlled trials (RCTs) of MBIs on psychological distress, physical health outcomes, and quality of life (QoL) in cancer patients and survivors. In addition, the moderating effects of various between-study differences were examined.

Methods
Two independent researchers conducted literature searches in PubMed, PsycINFO, Web of Science, and CINAHL, selected eligible studies, extracted data, and evaluated risk of bias.

Results
A total of 38 papers reporting results of 29 RCTs with 3274 participants were included. The results revealed a pooled post-intervention effect of MBIs on combined measures of psychological distress corresponding to a small effect size (ES) (Hedges’s $g= 0.32; p<0.001$). The ES at follow-up was smaller, but remained statistically significant ($g = 0.19; p=0.002$). Both effects were robust against possible publication bias. Metaregression revealed statistically significantly larger ESs in studies with 1) younger patients, 2) with few or no changes of the original MBI manuals, 3) with passive control conditions, and 4) with shorter time to follow-up. Changes in mindfulness skills were associated with post-treatment effects ($β=0.49; p=0.015$).

Conclusion
Although the effects are generally small, MBIs appear efficacious in reducing psychological distress in cancer patients and survivors. We found evidence for publication bias, however, results remained robust after adjustment for this potential bias.

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Cost-effectiveness of individual internet-based and face-to-face Mindfulness-Based Cognitive Therapy compared to Treatment As Usual in reducing psychological distress in cancer patients

Aim
Although effective in reducing psychological distress, attending group-based Mindfulness-Based Cognitive Therapy (MBCT) is not always feasible for cancer patients. It was previously determined that individual internet-based MBCT (eMBCT) is equally efficacious compared to treatment as usual (TAU) in reducing psychological distress. In this study the incremental cost-effectiveness of both interventions compared to TAU was assessed.

Methods
This cost-effectiveness study was conducted in 245 self-referred heterogeneous cancer patients with psychological distress. Healthcare costs and (informal) work-related productivity losses were assessed by interview. Outcomes were expressed in EuroQol-5D-3L utility scores and Quality Adjusted Life Years (QALY). An economical evaluation with a time-horizon of 3 months was conducted from the societal perspective in the intention-to-treat sample.

Results
Paid work-related productivity losses and societal costs were lower in both intervention conditions compared to TAU during the 3-month intervention period. Moreover, quality of life (utility scores) improved in eMBCT versus TAU (Cohen’s d: .54) and MBCT versus TAU (.53). At a willingness to pay of €20000 per QALY, the mean incremental net monetary benefit was €1916 (sd=€783) in eMBCT and €2365 (sd=€796) in MBCT versus TAU. Exploration of costs demonstrated an equal pattern of eMBCT and MBCT being superior to TAU. Quality of life at 9 months follow-up remained improved in both interventions.

Conclusion
Results indicate that eMBCT and MBCT are cost-saving treatments whilst simultaneously improving quality of life for distressed cancer patients.

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Development of Therapeutic Alliance and its association with treatment outcome in internet based Mindfulness-Based Cognitive Therapy (eMBCT) compared to group-based MBCT (MBCT) for distressed cancer patients.

Aim
The main goal of the present study was to examine whether therapeutic alliance is a predictor of the reduction of psychological distress and the increase of well-being at posttreatment in eMBCT compared to MBCT

Methods
The present study was part of a large multicentre RCT (n=245) on the effectiveness of (e)MBCT for distressed cancer patients. To test development of the therapeutic alliance during eMBCT and MBCT repeated measures ANOVA’s were used. To examine whether therapeutic alliance predicts outcome and whether this differs between conditions, separate hierarchical linear regression models were conducted.

Results
Level of therapeutic alliance increased significantly over time but did not differ significantly between eMBCT and MBCT (p=.783). Therapeutic alliance at week 2 predicted reduction of psychological distress (B=-.126, t=-2.656, p=.009) and increase of well-being (B=.234, t=2.651, p=.009) at post treatment. Therapeutic alliance at 2 also moderated reduction of psychological distress at post treatment, R2 = .470, F 33.41 (3,113), p= <.001. Experiencing limited early therapeutic alliance in group-based MBCT directly affects treatment outcome adversely, however not in eMBCT (p=.004).

Conclusion
Therapeutic alliance can develop in eMBCT as well as in MBCT. Therapeutic alliance predicts reduction of psychological distress and increase of well-being at post treatment. It seemed that high early therapeutic alliance is necessary to reach treatment effect in MBCT, however, not in eMBCT.

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Mindfulness-Based Cognitive Therapy for Irritable Bowel Syndrome: Reducing Symptoms and Increasing Quality of Life

Aim
Irritable Bowel Syndrome (IBS) is a chronic gastrointestinal disorder characterised by abdominal pain, discomfort, and bowel dysfunction. It has a prevalence rate of 12% in Europe and North America. This study aimed to evaluate a 6-week course of Mindfulness-Based Cognitive Therapy (MBCT) for IBS and to elucidate any underlying mechanisms of change.

Methods
Sixty-seven female patients with a doctor's diagnosis of IBS were randomly allocated to either an MBCT or a wait-list (WL) control group. Testing was carried out pre-treatment, mid-treatment, post-treatment, and at follow-up. Measures included an objective reaction-time instrument (the Implicit Association Test) and a range of self-report instruments.

Results
Compared to the WL control group, the MBCT group was found to have significant reductions in IBS symptoms (p < .01), identification with illness (p < .05), visceral anxiety (p < .001) and pain catastrophizing (p < .001), together with a significant improvement in quality of life (p < .001) and greater mindfulness (p < .001). Reductions in IBS symptoms at six week follow-up were mediated by reductions in implicit association with illness, pain catastrophizing and visceral sensitivity.

Conclusion
The present first trial of MBCT for IBS provides evidence of the effectiveness of this new treatment. Symptoms were reduced and quality of life was improved in IBS patients posttreatment, and these effects were further magnified at follow up, six weeks later. MBCT for IBS may exert its beneficial effects by reducing maladaptive illness cognitions and reducing biased self-referent processing. This approach to patient treatment appears to merit further investigation.

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