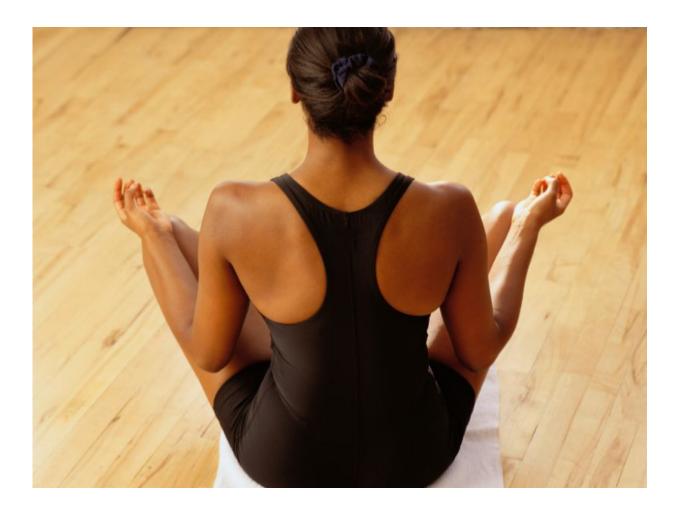


## 'Mindfulness' probably won't cure your back pain: study

April 25 2017, by Alan Mozes, Healthday Reporter



(HealthDay)—Proponents of mindfulness-based stress reduction claim it



can improve relationships, mental health, weight and more. But, one complaint it's unlikely to fix is lower back pain, researchers now say.

Lower back <u>pain</u> doesn't respond to the programs, which embrace meditation, heightened self-awareness and exercise, according to a review of seven prior studies.

Although short-term improvements were reported, "no clinical significance" was found in terms of overall pain or disability when mindfulness was compared to standard treatment, said study lead author Dennis Anheyer. Anheyer is a psychology research fellow in the faculty of medicine at the University of Duisburg-Essen in Germany.

About eight out of 10 American adults will experience <u>lower back pain</u> at some point in their lives, according to the U.S. National Institute of Neurological Disorders and Stroke. Roughly one in five of them will struggle with chronic lower back pain, lasting three months or more, which is a major cause of job-related disability.

Because no sure-fire treatment of back pain exists, many patients try complementary therapies such as mindfulness.

Mindfulness programs, which are growing in popularity in the West, derive from the Buddhist spiritual tradition and are used to treat pain. They include sitting meditation; walking meditation; hatha yoga and body scan along with focusing attention sequentially on different parts of the body.

The seven studies that were reviewed involved close to 900 patients who had lower back pain for at least three months. Six of the studies were conducted in the United States; the seventh in Iran.

Some patients were offered standard back pain treatment, such as



physical therapy and exercise routines that aim to strengthen the back and abdominal muscles; prescription and over-the-counter pain medications; ice packs and heat packs; and spinal manipulation and/or massage (chiropractic care). In some cases, surgery is recommended for <u>chronic back pain</u>.

Other patients engaged in mindfulness programs aimed at stress relief. Six of the programs were variations on an eight-week program developed at the University of Massachusetts. Most had a weekly 2.5 hour group session; one also had a day-long silent retreat.

Practitioners were also encouraged to engage in 30 to 45 minutes of meditation at home, six days a week.

"We found that mindfulness-based stress reduction could decrease <u>pain</u> <u>intensity</u> at short-term, but not at long-term," said Anheyer.

Despite the negative findings, Michigan orthopedist Dr. Rachel Rohde isn't ready to rule out mindfulness as a back-pain treatment.

The size of the research review was relatively small, said Rohde, an associate professor of orthopedic surgery at the Oakland University William Beaumont School of Medicine.

Also, "pain" is perceived differently by everyone, she said. In the case of chronic pain, people tend to try everything they can to feel better, making it difficult to figure out exactly what works and what doesn't, she added.

The idea that changing the way you think can change the way you feel—the premise of cognitive behavior therapy—is used as a treatment for <u>chronic pain</u>, Rohde continued.



"I think that <u>mindfulness-based stress reduction</u> is somewhat of an extension of this and probably would work very well for some and perhaps not so well for others," she added.

The researchers behind the new review suggested that future studies look at specific components of mindfulness programs, such as yoga and mindful meditation. Yoga, they said, has been shown to increase function and decrease disability in patients with <u>low back pain</u>.

The results were published online April 24 in the *Annals of Internal Medicine*.

**More information:** Dennis Anheyer, M.A., B.Sc., psychology research fellow, faculty of medicine, University of Duisburg-Essen, department of internal and integrative medicine, Kliniken Essen-Mitte, Essen, Germany; Rachel S. Rohde, M.D., associate professor of orthopedic surgery, Oakland University William Beaumont School of Medicine, Michigan Orthopaedic Institute, P.C., Royal Oak, Michigan; April 24, 2017, *Annals of Internal Medicine*, annals.org/aim/article/2622873 ... insystematic-review

There's more on alternative pain treatment at the <u>National Center for</u> <u>Complementary and Integrative Health</u>.

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