

Mindfulness Meditation for Elders: Preliminary Results from an MBSR Program

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Presenter Disclosures

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The following personal financial relationships with commercial interests relevant to this presentation existed during the past 12 months:

“No relationships to disclose”

Background

- **Meditation is one of the oldest and most widely practiced mind body therapies**
- **Meditation practices support**
 - **An understanding of subjective experiences**
 - **An improved quality of life**
 - **An understanding of psychosocial factors that play a central role in health and healing**
- **Research has examined relationships between meditation and clinical treatment for conditions such as cancer, depression and anxiety, and heart disease**

Issues for Elders

- **Life stresses**
 - **decreasing physical and mental abilities**
 - **increased dependence within their living situations**
 - **changing family dynamics**
- **Underlying view of meditation gives caregivers and elders perspectives that address impermanence, death and dying**
 - **Old age is a naturally contemplative time of life**
 - **Slowing down and attending to details that characterize old age are analogous to the practice of meditation**
- **A contemplative view may be incorporated into hospice and palliative care where elders and caregivers face loss and change**

Comparison of SF-36 scores by age

- ✓ **Age groups: 23-59 years and 60+ years**
- ✓ **The number of conditions was counted, ranged from 1-7 in our sample**
- ✓ **SF-36 scores were compared using t-tests**
- ✓ **Three types of SF 36 scores were compared:**
 - ✓ **Scores at baseline (time 1)**
 - ✓ **Scores at the end of the program (time 2)**
 - ✓ **Change in scores between times 1 and 2**

Study Sample

- **184 individuals who took Mindfulness Based Stress Reduction (MBSR) programs at TJU**
- **Pre and post scores of the SF-36**
- **Analyzed with paired t-tests**
- **Medical reasons for coming to the program were noted.**
- **30 elders 60+ years were compared to 154 individuals aged 23-59 years who took the same programs.**

Study Population

- ☞ **Mostly female (N=127, 69.0%)**
- ☞ **Mostly white ethnicity (N=170, 92.4%)**
- ☞ **Age ranged from 23-76 years**
 - **23-39 years 25.5% (N=47)**
 - **40-49 years 29.4% (N=54)**
 - **50-59 years 28.8% (N=53)**
 - **60-69 years 9.8% (N=18)**
 - **70-76 years 6.5% (N=12)**

Population 60+ years

- ✓ N=30**
- ✓ Average age was 67 years**
- ✓ 70% were female**

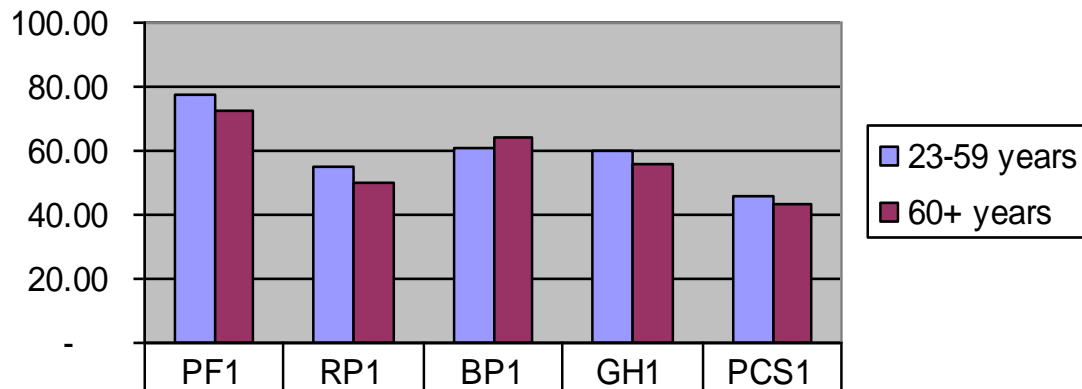
- ✓ 63% had two or more medical conditions**
- ✓ Mean # medical conditions**
 - for 60+ years was 2.1**
 - For 23-59 years was 2.3**

Types of medical conditions (all ages)

- ✓ **Depression, anxiety, panic**
- ✓ **Pain, chronic pain, back pain**
- ✓ **Hypertension, high blood pressure, HBP**
- ✓ **Chest pain**
- ✓ **Cancer, breast cancer**
- ✓ **Heart disease**
- ✓ **Fibromyalgia, chronic fatigue**
- ✓ **Migraine, headaches**
- ✓ **Multiple sclerosis**
- ✓ **AIDS**
- ✓ **Asthma/allergies, allergies, sinusitis, hay fever, asthma, tinnitus**
- ✓ **Irritable bowel syndrome, IBS, reflux, GERD, GI distress**

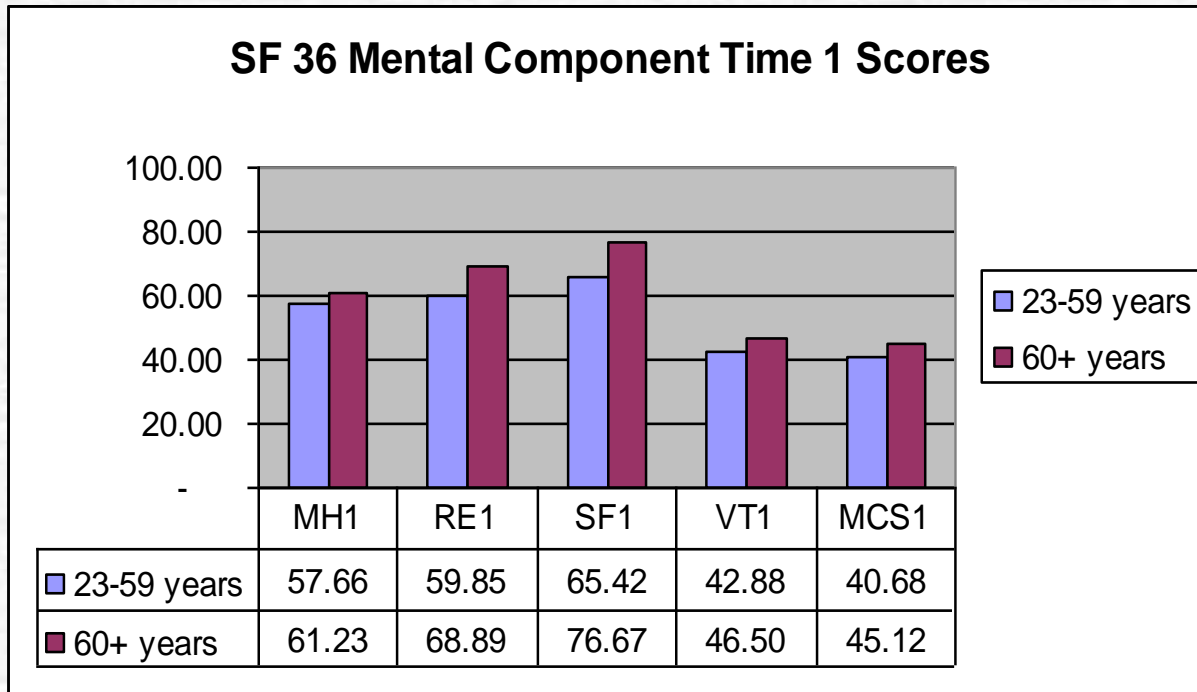
Baseline Scores

SF 36 Physical Component Time 1 Scores

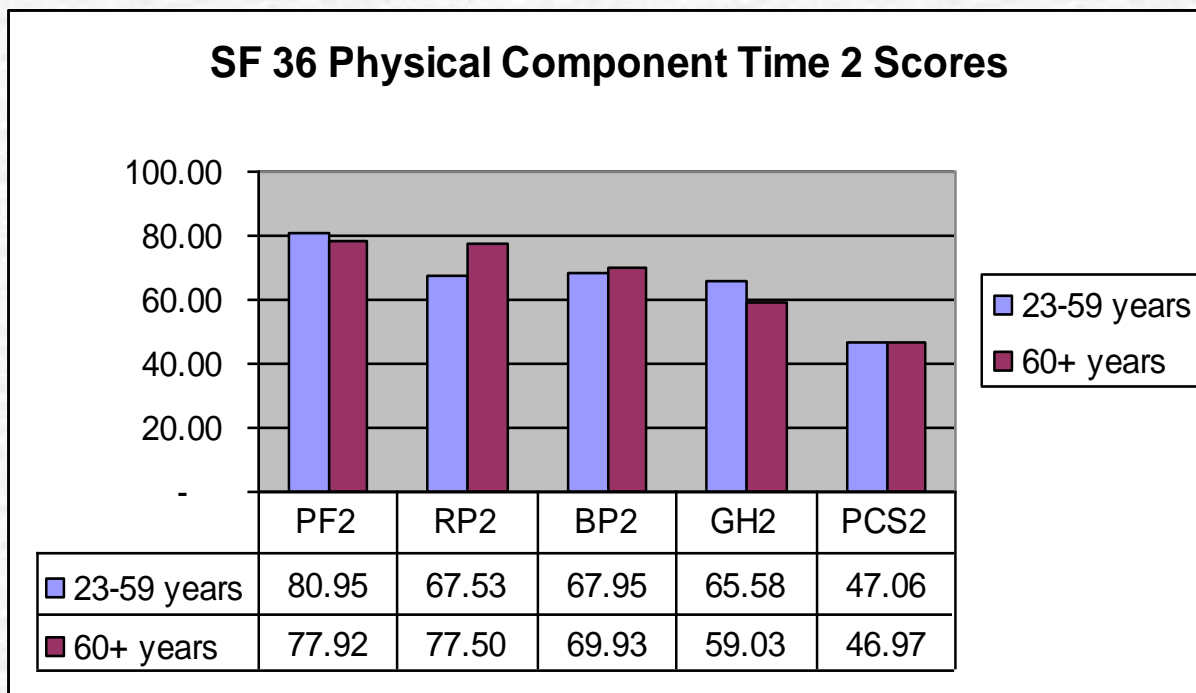


23-59 years	77.27	55.19	60.78	60.14	45.64
60+ years	72.79	50.00	64.40	56.02	43.30

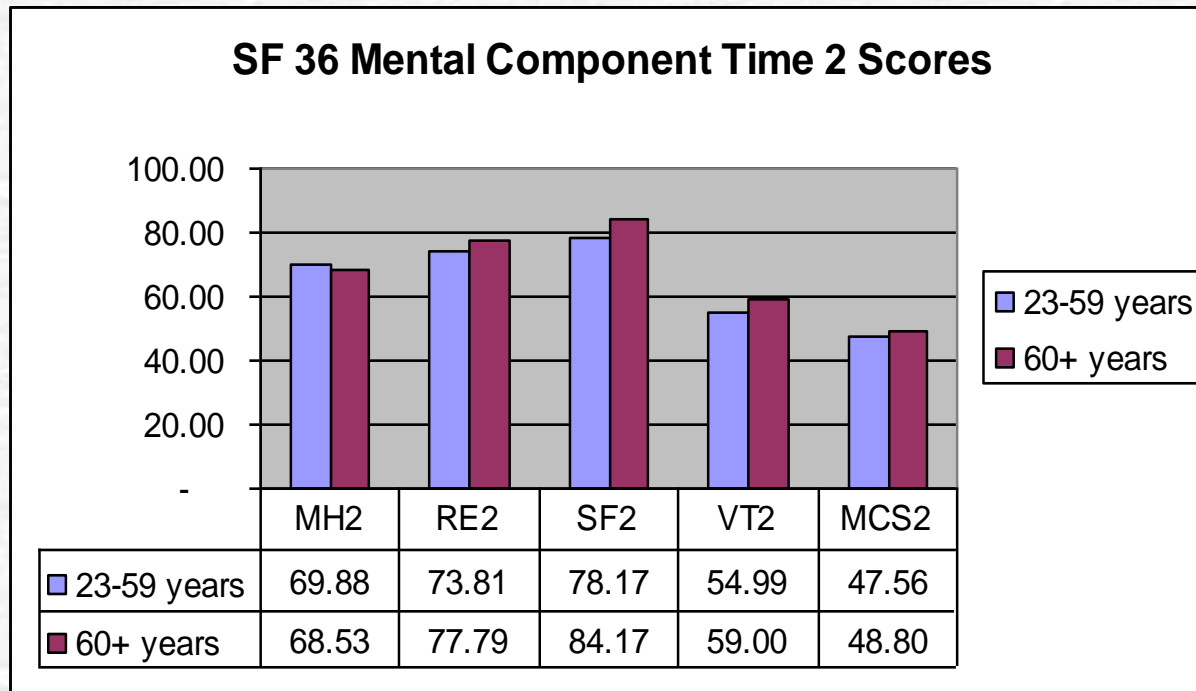
Baseline scores



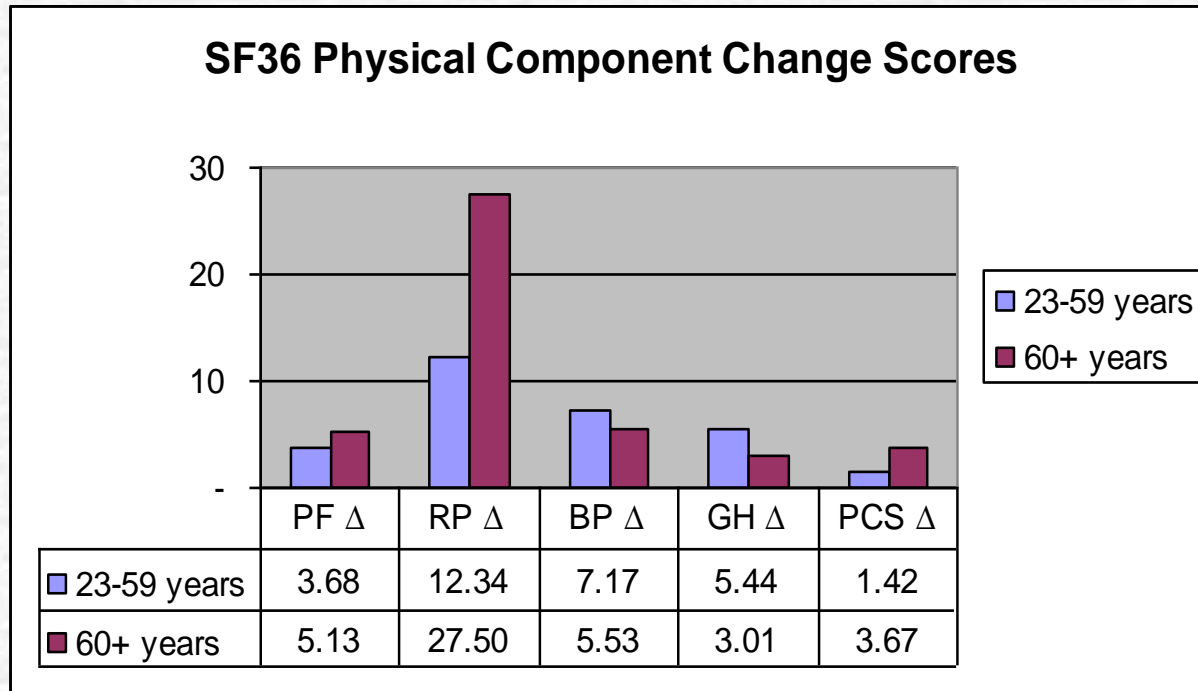
Program Completion Scores



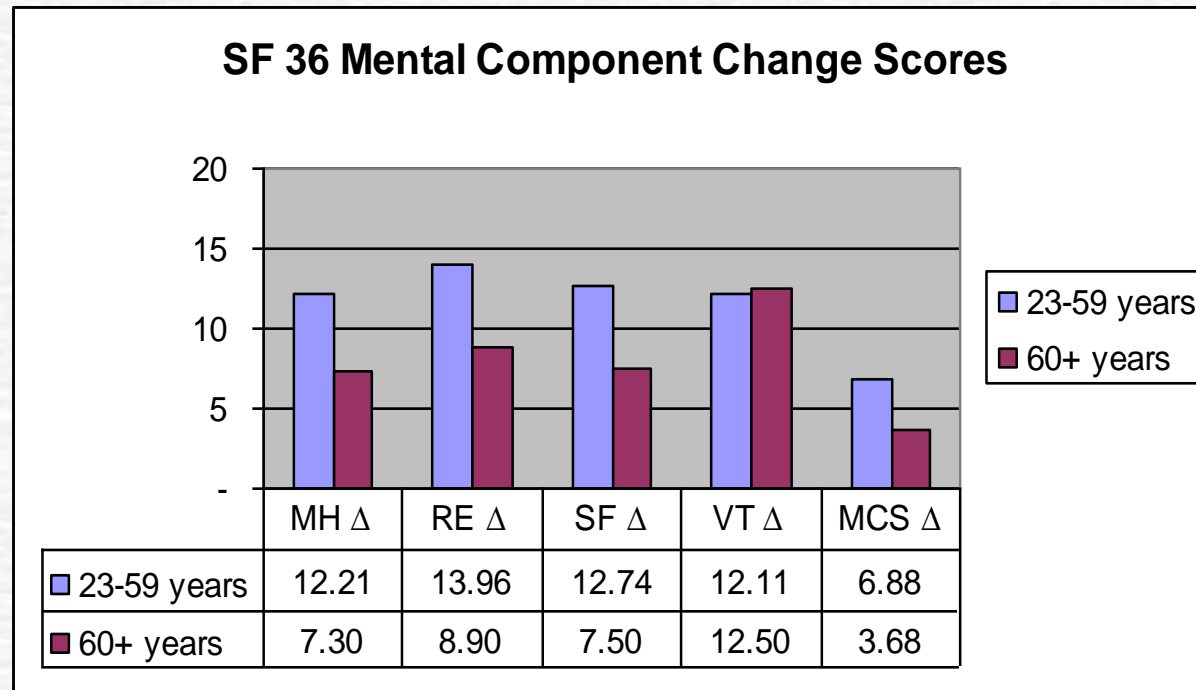
Program Completion Scores



Change in scores



Change in scores



Results

At baseline:

- There were no significant differences in the time 1 physical component scores between the two groups.
- However, the elders (60+) had significantly higher Social Function (SF1) scores and Mental Component Scores (MCS1) compared to those aged 23-59 years.

At program completion:

- There were no significant differences in the “outcome” scores in the physical or the mental component sections.

Results

- **Elders had significant changes in Physical Function, Role Physical, Vitality, Mental and Physical Component Scores of the SF-36**
- **Dramatic improvements were seen in the Role Physical ($p = .0005$), and Vitality ($p = .0059$) subscales**
- **Compared to those under 60, elders had greater positive changes in Physical Component Scores and smaller positive changes in Mental Component Scores**

Discussion

- **Approx 15% of the participants were over 60 years of age**
- **Although many patients had multiple health problems, there was no difference in the number of self-reported conditions between those younger and those older**
- **Elders did have higher scores on two of the five mental components at baseline, perhaps indicative of less depression and anxiety in this group**

Discussion

- **By and large elders showed similar outcomes compared to those aged 23-59**
- **Mental health change scores indicated that those aged 23-59 had greater levels of improvement than elders, perhaps a result of lower levels at the beginning of the program**
- **Elders improved significantly more in physical role scores – indicating that elders became more “at ease” with the functioning of their physical bodies**

Conclusions

- **Elders benefited from an MBSR program in physical and mental health domains.**
- **MBSR programs have the ability to improve elders' vitality and decrease the role that physical limitations play in their quality of life.**
- **Overall, elders showed similar outcomes and change scores compared to those aged 23-59, where there is more research evidence of beneficial outcomes.**

Future Directions

- **Utility of meditation practice has been generally well established**
- **Preliminary pilot work in retirement community settings shows that meditation practices are able to give elders insight into their losses and grieving by allowing conflicting emotions to surface**
- **More formal research investigating neuro-cognitive mechanisms of how meditation works with elders as well as neuro-cognitive effects of meditation is needed**



Thank you!

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