Can You Afford Not to Meditate? Lessons Learned From Mindfulness Therapy in Liver Cirrhosis

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Mindfulness-based meditation, which originated over 2 centuries ago in the Asian Buddhist traditions, is intended to increase attention and develop a nonjudgmental awareness of the present moment. A recent study published in Clinical and Translational Gastroenterology aimed to identify the ways in which meditation based practices could impact the quality of life in patients with cirrhosis and their caregiver.

Mindfulness-based stress reduction

In mindfulness-based stress reduction (MBSR), people learn to stop what is referred to as the "monkey brain." Like a monkey in the jungle jumping from branch to branch, we are at any given moment moving from one thought to another. This happens so quickly that, in some cases, we aren't even aware of our internal dialogue. These automatic thoughts may involve reflecting on how we would've or should've behaved in a particular situation. We may also worry that in the future we won't live up to our or someone else's expectations. This type of negative thinking can lead to depression, anxiety, frustration, fear and anger. Or simply put, suffering. The bottom line is that these thoughts prevent us from living in the present moment, and being "mindful."

To stop this negative habit, you can use, for example, the body scan meditation. This technique literally forces you to stay focused on the present by channeling one thought at a time. If you force your brain to focus on the sensations of, for example your foot, you cannot simultaneously daydream about your life's unpleasantries. Nowadays, you can download an MBSR app to your phone, listen to them streamed over the Internet, or buy a CD. However, turning these experiences into positive outcomes to reduce suffering in chronic diseases is a worthy goal because of the physical suffering that is magnified by emotional and mental suffering. Current medical treatments are aligned towards physical symptoms and are not focused on the other aspects of suffering for the patients and their caregivers.

MBSR to reduce disease burden

In diseases with high combination disease burden such as fibromyalgia and chronic back pain, meditative practice can reduce emotional suffering and may even improve brain function. To better understand how MBSR improves thinking, scientists are using sophisticated brain imaging

tools, such as functional magnetic resonance imaging (fMRI). These show stronger connections between brain regions after meditative practice.

Given the notion that meditation reduces emotional suffering, we decided to test MBSR in people suffering from cirrhosis, an epidemic medical disorder worldwide which is usually caused by obesity, diabetes, alcohol, and hepatitis. Cirrhosis affects several organs in addition to the liver, and a major impact is felt on the brain. This disease process starts by an inability to pay attention and can lead to serious mental problems such as disorientation, confusion and coma. This is further complicated by a strong overlay of depression which is often inadequately treated because clinicians can be afraid of maximizing medication dosages in patients with diseased livers (as the liver is responsible for clearing these medications). This disease therefore results in an untreated mental and emotional patient burden, a burden on the medical system, and a large burden on their companions or caregivers.

Treating cirrhosis patients and their caregivers with MBSR

MBSR had never been studied in patients with cirrhosis. We also wanted to clarify whether MBSR techniques could reduce caregiver-illness related burden. Therefore, to be included in our study, the patients suffering from cirrhosis were, at a minimum, mildly depressed (as measured by the Beck Depression Inventory-II), and also had a caregiver willing to participate in the MBSR training. Ultimately, 20 couples enrolled in the study.

Couples participated in four 1-hour group therapy sessions. MBSR specific techniques used at each session included the body scan, progressive muscle relaxation, and the loving kindness meditation along with the gentle movements of Qigong. Each patient and their significant other were given a CD to take home so that they could practice the techniques on a daily basis. Patients recorded doing the MBSR techniques between group therapy sessions so that we could guarantee that they practiced what they learned in therapy.

MBSR improves quality of life

At the beginning and end of the study, both patients and their caregivers completed validated questionnaires assessing depression, sleep quality, and overall health-related quality of life. To minimize the potential for study author influence on the subject's questionnaire responses, the first and senior author of this project were not involved in either conducting the weekly MBSR group therapy sessions, or administering the psychological questionnaires. Interestingly, patients with liver disease at the end of the month of MBSR training enjoyed significant improvement in sleep hygiene, and their health-related quality of life (i.e. reduction in depression). This project was also associated with a significant reduction in caregiver burden. This data suggests that just a one month program of MBSR significantly improved patient-reported outcomes and caregiver burden even in chronic diseases such as liver cirrhosis.

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