

Approches de la méditation en pleine conscience: concepts, recherche et applications pratiques

Dr. Thomas Pernin

Médecin Chef de Service Ambulatoire – Centre de Santé Colliard FSEF Paris 5e

Fondation Santé des Etudiants de France

Maître de Stage des Universités – Département de Médecine Générale – Université de Paris

Titulaire du DU Médecine, Méditation et Neurosciences (Université de Strasbourg)

Docteur.pernin@gmail.com



Ce document a été réalisé par le Dr Thomas PERNIN, Médecin de famille, spécialiste en médecine de l'adolescent et du jeune adulte pour la rencontre Paris Diabète du 16 mai 2023 organisée par l'Association Paris Diabète. Il est mis à disposition selon les termes de la Licence Creative Commons Attribution. Pas d'Utilisation Commerciale -Partage dans les Mêmes Conditions

Objectifs

- Définir la pleine conscience
- Définir la méditation
- Notion de pédagogie expérientielle
- Programmes MBSR, MBCT
- Alimentation en pleine conscience
- Données de la littérature
- Modalités d'évaluation des programmes de mindfulness, intérêt de la méthodologie qualitative

Méditation

- Champ de connaissance théorique et pratique sur le fonctionnement humain dans son « être au monde »
- Science interne de l'esprit et des phénomènes
- Science de l'expérience vécue
- Art de la relation à soi, aux autres et au monde

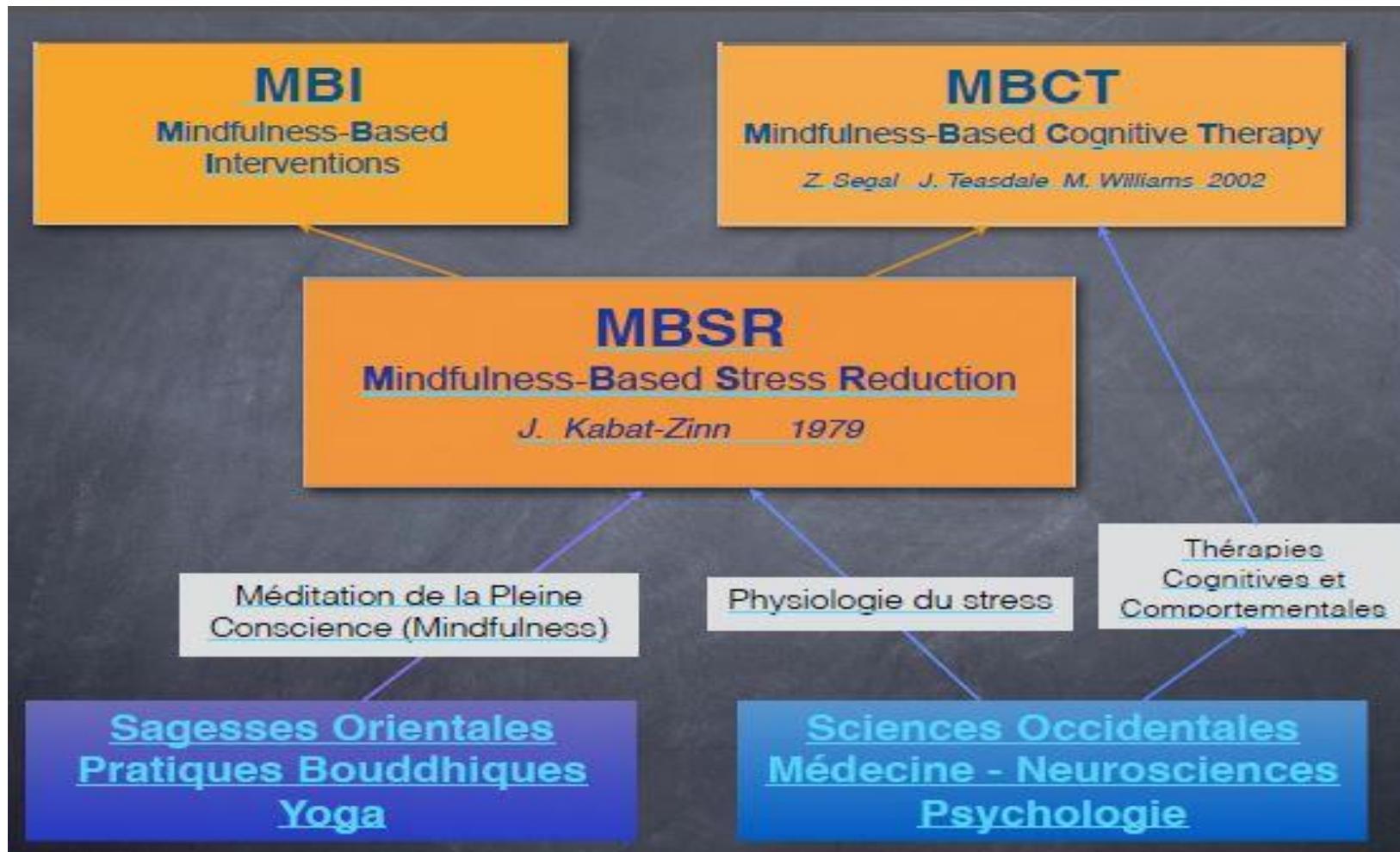
Méditation de pleine conscience

- Cœur des traditions contemplatives anciennes mais pas le bouddhisme
- Le bouddhisme a néanmoins étudié le fonctionnement de l'esprit en particulier concernant l'attention et le discernement
- Méditation : perception directe de la mesure interne correcte (pensées, émotions et corps)

Méditation de pleine conscience

- Prof. Jon Kabat-Zinn (Umass Medical Center, docteur en biologie moléculaire en MIT)
- Fonde le programme MBSR (Mindfulness Based Stress Reduction) en 1979
- Objectif : que les patients contactent leurs ressources naturelles plutôt que les problématiques dans une approche laïque de la méditation, codifiée permettant des études

Méditation de pleine conscience



Programme MBSR

- Pas une alternative à la prise en charge classique mais partie intégrante suivi médical
- Approche complémentaire, éducation participative et expérientielle, non instrumentalisante, non paternisante via le dialogue exploratoire avec une structure pédagogique élaborée
- Toutes sortes de personnes / patients concernés

Programme MBSR

- Actuellement dans 200 hôpitaux américains, 700 centres dans le monde à travers 44 pays
- Dans les facultés de Standford, Harvard, Brown, Oxford
- Dans 4/5 des universités américaines

Programme MBSR

- Groupe de 15 à 30 personnes en moyenne (jamais en individuel)
- Dure 8 semaines
- 8 séances hebdomadaires de 2h30
- Précede d'une séance d'information et d'orientation
- Aux 2/3 du programme, une journée de pratique intensive (6h)
- 1h/ jour de pratiques diverses formelles et informelles
- 1 instructeur formé selon des critères stricts (MBI TAC)

MBI TAC – Université de Bangor (UK)

The structure of the Teaching Assessment Criteria

The six domains of competence within the MBI:TAC:

Domain 1:  Coverage, pacing and organisation of session curriculum

Domain 2:  Relational skills

Domain 3:  Embodying mindfulness

Domain 4:  Guiding mindfulness practices

Domain 5:  Conveying course themes through interactive inquiry and didactic teaching

Domain 6:  Holding the group learning environment

Programme MBSR

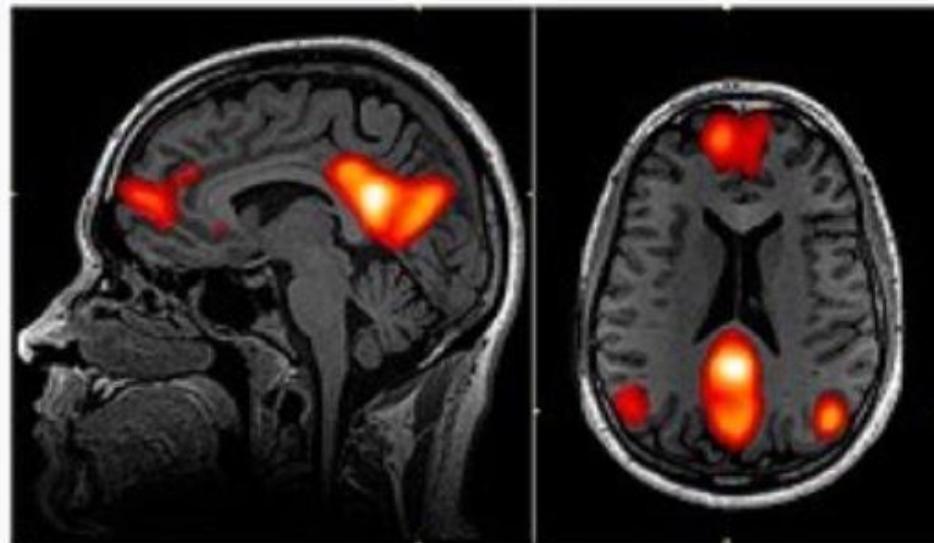
- Body scan allongé
- Méditation assise
- Méditation debout
- Méditation marchée
- Exercices de mouvement en pleine conscience

A vous de jouer !



Mode par défaut

Default mode network



fMRI scan showing regions of the default mode network

Mode par défaut

- En neurosciences, le réseau en mode par défaut (DMN), également connu sous le nom réseau par défaut, réseau d'état par défaut, ou anatomiciquement le réseau fronto médian (M-FPN), est un **réseau de cerveau à grande échelle composé principalement de la médiane du cortex préfrontal, postérieur cortex cingulaire / précuneus et gyrus angulaire.**

Pilotage automatique

- Distraction, zapping
 - Besoin d'occupation mentale de tous les instants
 - Mode faire vs mode être
-
- Ressources attentionnelle limitée
 - Colonisation attentionnelle par les médias

Ce que n'est pas MBSR

- Relaxation
- Thérapie
- Démarche spirituelle
- Yoga
- Médecine alternative
- Recherche d'objectifs

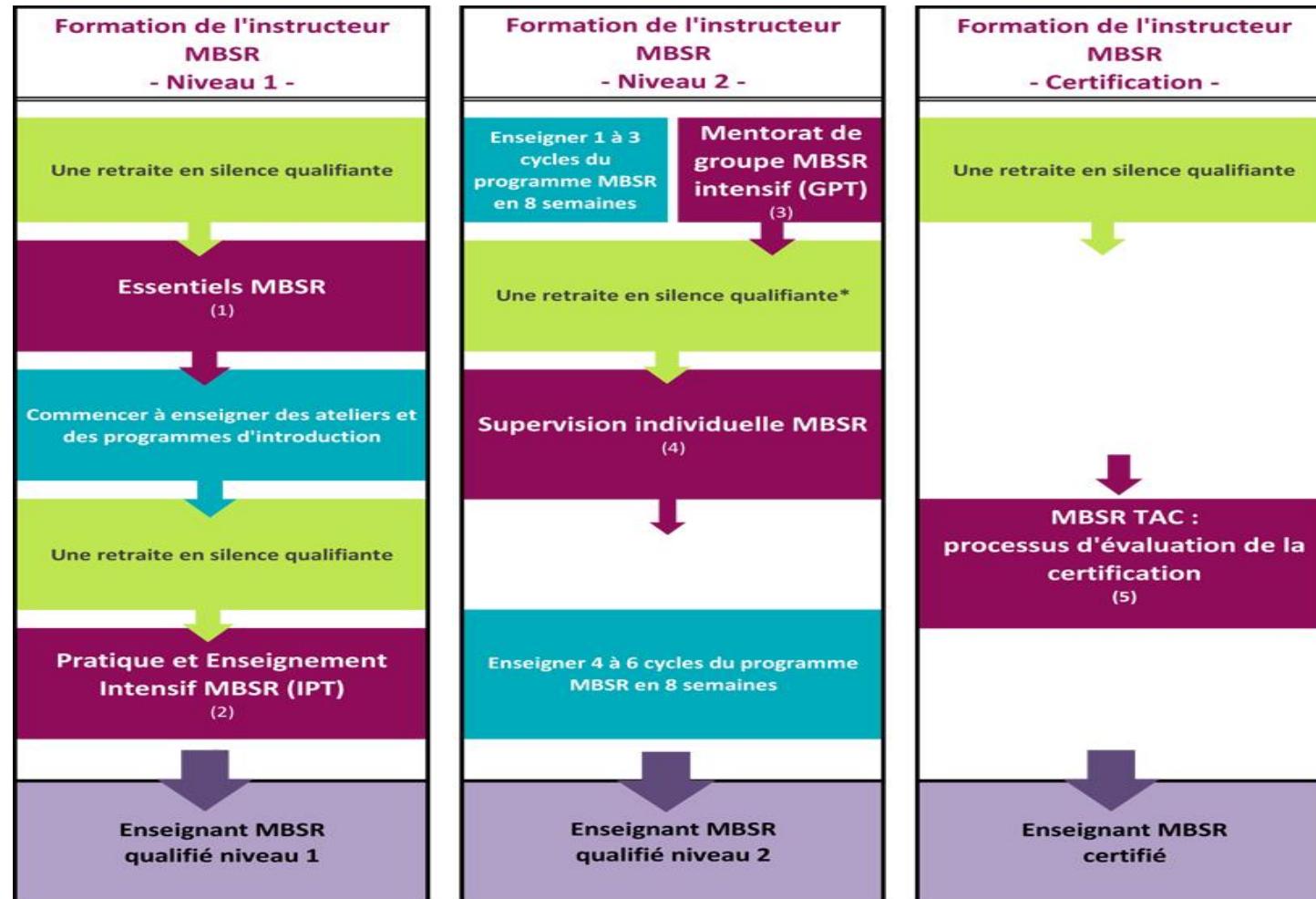
Mindfulness / Pleine Conscience

- Conscience qui émerge lorsque l'on porte son attention délibérément sur l'expérience dans l'instant présent sans jugement avec 7 attitude
- Non jugement
- Esprit du débutant
- Confiance
- Non effort
- Lâcher prise / laisser être
- Patience
- Acceptation

Fondements scientifiques de MBSR

- Biologie et physiologie du stress
- Psycho Neuro Immuno Endocrinologie
- Neurosciences
- Education expérientielle
- Intelligence conceptuelle / intuitive
- Intelligence collective
- Dialogue exploratoire

Formation d'instructeur MBSR



* A noter : cette retraite peut être suivie à n'importe quel moment du cursus, avant la certification.

Risques MBSR

- Si limites physiques (troubles musculo-squelettiques, blessures / chirurgies passées, grossesse en cours) = demander conseil à son médecin pour adapter les postures de yoga si besoin
- Le programme peut impacter les relations à la maison car un temps net sera créé pour la pratique
- Personnes avec PTSD, intentionnalité suicidaire, usage de produits / OH, sevrage récent, période aigue de dépression, anxiété sociale non contrôle, changement de vie récent et difficile => à aborder en entretien individuel avant d'accepter le participant au sein du programme

Bienfaits MBSR

- Bien être
- Déduction de symptômes
- Augmentation de l'attention
- Diminution de la distraction
- Meilleur équilibre émotionnel
- Sentiment de contentement accru
- Meilleur capacité à aborder situation stressante
- Une plus grande conscience de ses ressources internes et externes

En France (rapport IMF 2017)

- 31 programmes basés sur la pleine conscience en hôpital, clinique
- Depuis 2004, implantation dans les services de psychiatrie
- Depuis 2010 dans les services de médecine

- Plusieurs DU, options pour étudiants en médecine

Les applications cliniques

- Prévention du burn out chez les soignants
- Formation des jeunes professionnels de santé
- Relation de soin – Bienveillance

Les risques

- Utilisation inappropriée
- Instructeurs non formés
- Absence / faiblesse de validation de protocole plus ou moins bien définis
- Méconnaissance des indications et contre-indications dans le cadre médical
- Manque d'expérience de pratique méditative des soignants qui instruisent des groupes
- Réduction à une boîte à outil de pratiques

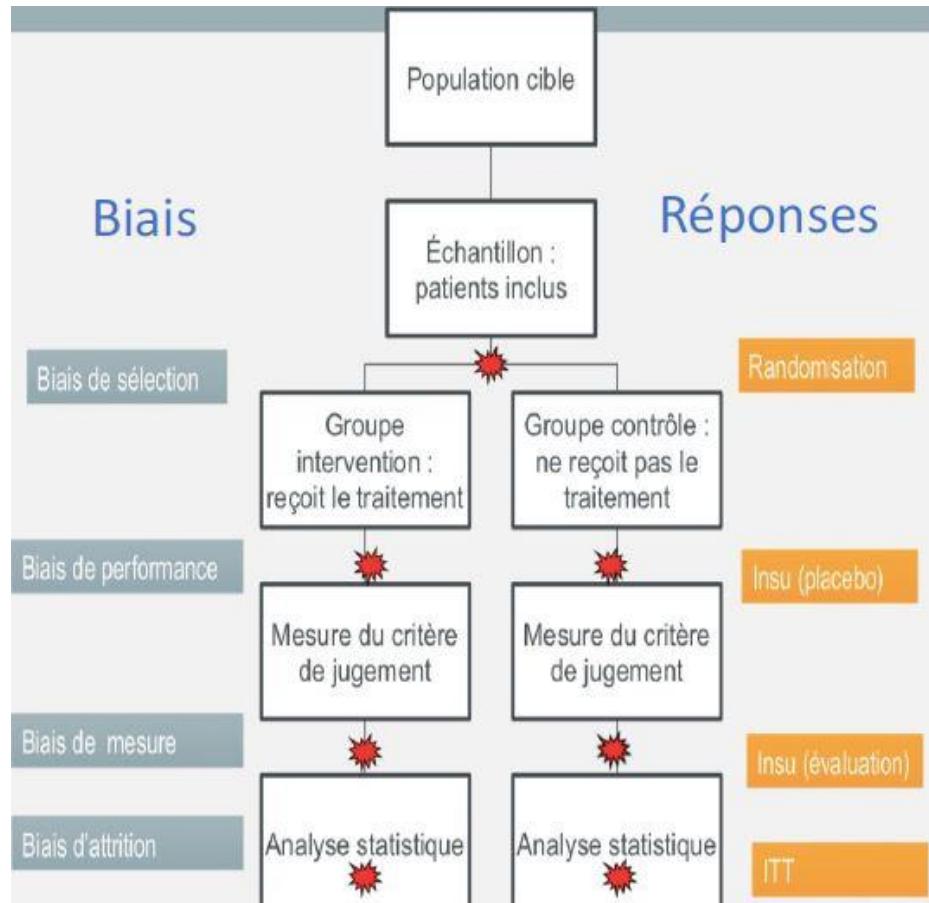
Les précautions

- Nombre et qualité des études
- Connaissance scientifique et médicale de la méditation, ses effets et limites
- Précision sur le contenu, le format, la pédagogie de chaque intervention
- Formation adéquate des instructeurs
- Évaluation des actions d'une intervention
- Validation dans chaque contexte d'intervention : entreprise, éducation, justice...

Les applications cliniques

- Effets sur la qualité de vie, sommeil, anxiété suggèrent une utilisation en soin de support dans les maladies graves et les maladies chroniques
- Prévention primaire de maladies dans lesquelles le stress chronique joue un rôle
- Rechutes dépressives
- Douleurs chroniques

L'essai clinique randomisé



Mindfulness et neuropathie diabétique

Bai et al, Pain Manag Nurs, 2022

- **Objectives:** This study aimed to evaluate the effectiveness of cognitive behavioral therapy (CBT) and mindfulness therapy (MT) for pain relief and quality of life (QOL) in patients with diabetic neuropathy.
- **Review/analysis methods:** Four databases were systematically searched from their respective inception dates to 29 June 2021. Relevant randomized controlled trials (RCTs) were screened and assessed for risk of bias. Eight RCTs evaluating CBT or MT were included.

Mindfulness et neuropathie diabétique

Bai et al, Pain Manag Nurs, 2022

- **Results:** Eight RCTs involving 384 patients with painful diabetic neuropathy (PDN) tested psychological interventions, including three CBT and five MT studies. The results showed that patients' pain severity (standardized mean difference [SMD] = -0.60, 95% confidence interval [CI; -0.93 to -0.27], P = .0003) and QOL (SMD = -0.43, 95% CI [-0.83 to -0.04], p = .03) were improved immediately after treatment.

Mindfulness training chez les patients en surpoids ou obèses

Ruffault et al, Obesity Res Clin Pract, 2017

- The aim of this study was to conduct a comprehensive quantitative synthesis of the effects of mindfulness training interventions on weight-loss and health behaviours in adults with overweight and obesity using meta-analytic techniques. Studies included in the analysis ($k=12$) were randomised controlled trials investigating the effects of any form of mindfulness training on weight loss, impulsive eating, binge eating, or physical activity participation in adults with overweight and obesity.

Mindfulness training chez les patients en surpoids ou obèses

Ruffault et al, Obesity Res Clin Pract, 2017

- Random effects meta-analysis revealed that mindfulness training had no significant effect on weight loss, but an overall negative effect on impulsive eating ($d=-1.13$) and binge eating ($d=-.90$), and a positive effect on physical activity levels ($d=.42$).
- Meta-regression analysis showed that methodological features of included studies accounted for 100% of statistical heterogeneity of the effects of mindfulness training on weight loss ($R^2=1,00$)

Mindfulness chez les patients en surpoids ou obèses

Rogers et al, Obesity Rev, 2016

- Fifteen studies measuring post-treatment outcomes of mindfulness-based interventions in 560 individuals were identified.
- The average weight loss was 4.2 kg. Overall effects were *large* for improving eating behaviours ($g = 1.08$), *medium* for depression ($g = 0.64$), anxiety ($g = 0.62$) and eating attitudes ($g = 0.57$) and *small* for body mass index (BMI; $g = 0.47$) and metacognition ($g = 0.38$) outcomes. Therapeutic effects for BMI ($g = 0.43$), anxiety ($g = 0.53$), eating attitudes ($g = 0.48$) and eating behaviours ($g = 0.53$) remained significant when examining results from higher quality randomized control trials alone.

Mindfulness chez les patients en surpoids ou obèses

Rogers et al, Obesity Rev, 2016

- There was no efficacy advantage for studies exceeding the median dose of 12 h of face-to-face intervention.
- Studies utilizing an Acceptance and Commitment Therapy approach provided the only significant effect for improving BMI ($g = 0.66$), while mindfulness approaches produced great variation from *small* to *large* ($g = 0.30\text{--}1.68$) effects across a range of psychological health and eating-related constructs.

Mindfulness chez les patients obèses ou mangeurs compulsifs

Mercado et al, Appetite, 2021

- Twelve eligible RCTs were identified, with three random-effects meta-analyses conducted on primary outcome measures of body mass ($N = 11$), mindfulness ($N = 7$) and BED symptoms ($N = 3$).
- MBIs were more efficacious than control in increasing mindfulness scores and decreasing BED symptoms from pre-to post-treatment.
- However, they were no more efficacious than control in reducing body mass which may be attributed to variability in the duration of interventions.

Mindfulness chez les patients obèses ou mangeurs compulsifs

Mercado et al, Appetite, 2021

- Based on intervention duration, exploratory cumulative meta-analyses revealed that while shorter interventions (i.e., 6 weeks) showed greater reductions in body mass compared to longer interventions (i.e., 24 weeks), longer interventions led to greater improvements in mindfulness scores and BED symptoms.

Mindfulness et diabète

Ni et al, Diab Investig, 2020



Original Article | Open Access |

Effects of mindfulness-based intervention on glycemic control and psychological outcomes in people with diabetes: A systematic review and meta-analysis

Yun-xia Ni, Lin Ma, Ji-ping Li

First published: 16 October 2020 | <https://doi.org/10.1111/jdi.13439> | Citations: 2

Mindfulness et diabète

Ni et al, Diab Investig, 2020

- Six databases (Pubmed, Embase, CINAHL, Cochrane, Web of science and PsycINFO) were searched from inception to October 2019. Randomized controlled trials of MBI for people with type 1 and type 2 diabetes were included.
- Two authors independently extracted relevant data and assessed the risk of bias, with a third reviewer as arbitrator. Subgroup analyses and sensitivity analyses were also carried out.
- Eight studies with 841 participants met the eligibility criteria.

Mindfulness et diabète

Ni et al, Diab Investig, 2020

- Meta-analysis showed that MBI can slightly improve glycosylated hemoglobin (HbA1c; -0.25% , 95% confidence interval [CI] -0.43 to -0.07) and diabetes-related distress (-5.81 , 95% CI -10.10 to -1.52) contribute to a moderate effect size in reducing depression (standardized mean difference -0.56 , 95% CI -0.82 to -0.30) and stress (standardized mean difference -0.53 , CI -0.75 to -0.31).
- Subgroup analyses showed greater HbA1c reductions in subgroups with baseline HbA1c levels $<8\%$ and follow-up duration >6 months. Mixed effects were observed for anxiety.

› J Integr Complement Med. 2022 Sep 7. doi: 10.1089/jicm.2022.0586. Online ahead of print.

Mind- and Body-Based Interventions Improve Glycemic Control in Patients with Type 2 Diabetes: A Systematic Review and Meta-Analysis

Fatimata Sanogo ^{1 2}, Keren Xu ¹, Victoria K Cortessis ^{1 3}, Marc J Weigensberg ^{2 4},
Richard M Watanabe ^{1 2 5}

Affiliations + expand

PMID: 36070591 DOI: 10.1089/jicm.2022.0586

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Richard M Watanabe ^{1,2,5}

Affiliations + expand

PMID: 36070591 DOI: 10.1089/jicm.2022.0586

- The authors identified 587 articles with 28 meeting the inclusion criteria.
- A statistically significant and clinically relevant mean reduction in HbA1c of -0.84% (95% confidence interval [CI]: -1.10% to -0.58%; $p < 0.0001$) was estimated.
- Reduction was observed in all intervention subgroups: mindfulness-based stress reduction: -0.48% (95% CI: -0.72% to -0.23%; $p = 0.03$), *qigong*: -0.66% (95% CI: -1.18% to -0.14%; $p = 0.01$), and yoga: -1.00% (95% CI: -1.38% to -0.63%; $p < 0.0001$).

Mind- and Body-Based Interventions Improve Glycemic Control in Patients with Type 2 Diabetes: A Systematic Review and Meta-Analysis

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- Meta-regression revealed that for every additional day of yoga practice per week, the raw mean HbA1c differed by -0.22% (95% CI: -0.44% to -0.003%; $p = 0.046$) over the study period.
- FBG significantly improved following mind and body practices, with overall mean difference of -22.81 mg/dL (95% CI: -33.07 to -12.55 mg/dL; $p < 0.0001$).
- However, no significant association was found between the frequency of weekly yoga practice and change in FBG over the study period.

A vous de jouer !



MBCT et prévention des récurrences d'épisodes de dépression:

McCartney et al, Acta Psych Scand 2020



Acta Psychiatrica Scandinavica

SYSTEMATIC REVIEW OR META-ANALYSIS | Open Access |

Mindfulness-based cognitive therapy for prevention and time to depressive relapse: Systematic review and network meta-analysis

Mark McCartney, Sarah Nevitt, Annette Lloyd, Ruairidh Hill, Ross White, Rui Duarte

First published: 09 October 2020 | <https://doi.org/10.1111/acps.13242> | Citations: 15

MBCT et prévention des récurrences d'épisodes de dépression:

McCartney et al, Acta Psych Scand 2020

- Seven electronic databases were searched up to June 2019. Studies evaluated MBCT for the management of depression-related outcomes and follow-up assessments occurred at 12 months or longer.
- Twenty-three publications were included, 17 of which were randomised controlled trials (RCTs). Data from 14 RCTs including 2077 participants contributed to meta-analysis (MA) and NMA to assess relapse of depression and 13 RCTs with 2017 participants contributed to MA and NMA for time to relapse of depression.

MBCT et prévention des récurrences d'épisodes de dépression:

McCartney et al, Acta Psych Scand 2020

- NMA showed statistically significant advantages for MBCT over treatment as usual (TAU) for relapse of depression ($RR = 0.73$, 95% CI 0.54 to 0.98) and for MBCT over TAU and placebo for time to relapse of depression (MBCT vs TAU: $HR = 0.57$, 95% CI 0.37 to 0.88; MBCT vs placebo: $HR = 0.23$, 95% CI 0.08 to 0.67).
- Subgroup meta-analysis of relapse of depression by previous number of depressive episodes showed similar results between subgroups. Subgroup meta-analysis by the use or not of booster sessions suggests these may lead to improved effectiveness.

Prévention des récurrences d'épisodes de dépression: comparaison MBCT + arrêt AD versus poursuite AD
Breedvelt et al, JAMA Psych 2021

JAMA Psychiatry | Original Investigation

Continuation of Antidepressants vs Sequential Psychological Interventions to Prevent Relapse in Depression An Individual Participant Data Meta-analysis

Josefien J. F. Breedvelt, MSc; Fiona C. Warren, PhD; Zindel Segal, PhD; Willem Kuyken, PhD; Claudi L. Bockting, PhD

Prévention des récurrences d'épisodes de dépression: comparaison MBCT + arrêt AD versus poursuite AD
Breedvelt et al, JAMA Psych 2021

DATA EXTRACTION AND SYNTHESIS Of 15 792 screened studies, 236 full-text articles were retrieved, and 4 RCTs that provided individual participant data were included.

MAIN OUTCOMES AND MEASURES Time to relapse and relapse status over 15 months measured via a blinded assessor using a diagnostic clinical interview.

RESULTS Individual data from 714 participants (mean [SD] age, 49.2 [11.5] years; 522 [73.1%] female) from 4 RCTs that compared preventive cognitive therapy or mindfulness-based cognitive therapy during and/or after antidepressant tapering vs antidepressant monotherapy were available. Two-stage random-effects meta-analysis found no significant difference in time to depressive relapse between use of a psychological intervention during tapering of antidepressant medication vs antidepressant therapy alone (hazard ratio [HR], 0.86; 95% CI, 0.60-1.23). Younger age at onset (HR, 0.98; 95% CI, 0.97-0.99), shorter duration of remission (HR, 0.99; 95% CI, 0.98-1.00), and higher levels of residual depressive symptoms at baseline (HR, 1.07; 95% CI, 1.04-1.10) were associated with a higher overall risk of relapse. None of the included moderators were associated with risk of relapse.

CONCLUSIONS AND RELEVANCE The findings of this individual participant data meta-analysis suggest that regardless of the clinical factors included in these studies, the sequential delivery of a psychological intervention during and/or after tapering may be an effective relapse prevention strategy instead of long-term use of antidepressants. These results could be used to inform shared decision-making in clinical practice.



Complementary Therapies in Clinical Practice

Volume 49, November 2022, 101659



Mindfulness in adolescents and young adults with diabetes: An integrative review

Rebecca Koerner , Kaitlyn Rechenberg

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Methods

Four databases were searched during May 2021. Included studies were published between 2000 and 2021, evaluated adolescents and young adults, diagnosed with type 1 or type 2 diabetes or prediabetes. Studies were excluded if they were not in English; not original research; evaluated complementary/alternative therapies as a group. To assess for risk of bias, the National Institutes of Health quality assessment tools and the Cochrane Collaboration's tool were utilized. Whittemore and Knafl's (2005) method for conducting an integrative review was utilized to synthesize results.

Results

We identified 137 articles in our initial search and 74 articles remained after removing for duplicates. Ten articles were included in the review, with 5 including adolescents and young adults with T1D and 5 including adolescents and young adults with prediabetes. No studies evaluated mindfulness in adolescents and young adults with type 2 diabetes.

Conclusion

Mindfulness is an acceptable intervention in adolescents and young adults with T1D and prediabetes, resulting in positive psychosocial and glycemic outcomes. There were issues with feasibility of the intervention and mobile health technology delivery methods should be evaluated.

MBI et yoga dans l'état de stress post-traumatique

Gallegos et al, Clin Psychol Rev, 2017

Méta-analyse

Review

> *Clin Psychol Rev*. 2017 Dec;58:115-124. doi: 10.1016/j.cpr.2017.10.004.

Meditation and yoga for posttraumatic stress disorder: A meta-analytic review of randomized controlled trials

Autumn M Gallegos ¹, Hugh F Crean ², Wilfred R Pigeon ³, Kathi L Heffner ⁴

Affiliations + expand

PMID: 29100863 PMCID: PMC5939561 DOI: 10.1016/j.cpr.2017.10.004

Free PMC article

MBI et yoga dans l'état de stress post-traumatique

Gallegos et al, Clin Psychol Rev, 2017

Méta-analyse

- The studies included were 19 randomized control trials with data on 1173 participants.
- A random effects model yielded a statistically significant ES in the small to medium range ($ES=-0.39$, $p<0.001$, 95% CI [-0.57, -0.22]). There were no appreciable differences between intervention types, study population, outcome measures, or control condition.
- There was, however, a marginally significant higher ES for sample size ≤ 30 ($ES=-0.78$, $k=5$). These findings suggest that meditation and yoga are promising complementary approaches in the treatment of PTSD among adults and warrant further study.

MBI dans les troubles du comportement alimentaire

Turgon et al, Mindfulness, 2019

DOI: 10.1007/s12671-019-01216-5 • Corpus ID: 202293116

Eating Disorder Treatment: a Systematic Review and Meta-analysis of the Efficacy of Mindfulness-Based Programs

[R. Turgon](#), [A. Ruffault](#), +2 authors [R. Shankland](#) • Published 20 August 2019 • Psychology • Mindfulness

MBI dans les troubles du comportement alimentaire

Turgon et al, Mindfulness, 2019

- In total, 23 articles were included in the systematic review and 22 in the meta-analysis (10 randomized controlled trials).
- Results showed a within-condition effect of MBPs on ED symptoms, emotional eating, negative affect, and body dissatisfaction, and on BMI in anorectic and bulimic participants relative to pre-assessment.
- A significant within-condition effect sizes ranged from $d = .62$ (negative affect) to $d = 1.05$ (ED symptoms). Meta-regression analyses showed that participants with BED and women benefit more of MBPs on mindfulness skills and emotion regulation skills than participants with anorexia nervosa, bulimia, and men.

MBI dans les troubles du comportement alimentaire

Turgon et al, Mindfulness, 2019

- Longer treatment was correlated with a larger effect of MBPs on emotion regulation skills.
- Results indicated some positive correlations between MBPs and outcomes but a definitive conclusion cannot be drawn since these results are on within-condition effects and that half of the included studies did not have a control condition

MBI dans Binge Eating

Grohmann et al, J Psychosom Res, 2021

Review

> *J Psychosom Res.* 2021 Oct;149:110592. doi: 10.1016/j.jpsychores.2021.110592.

Epub 2021 Aug 1.

Two decades of mindfulness-based interventions for binge eating: A systematic review and meta-analysis

Dominique Grohmann¹, Keith R Laws²

Affiliations + expand

PMID: 34399197 DOI: 10.1016/j.jpsychores.2021.110592

MBI dans Binge Eating

Grohmann et al, J Psychosom Res, 2021

- Twenty studies involving 21 samples (11 RCT and 10 uncontrolled samples) met inclusion criteria.
- Random effects meta-analyses on the 11 RCT samples ($n = 618$: MBIs $n = 335$, controls $n = 283$) showed that MBIs significantly reduced binge eating severity ($g = -0.39$, 95% CI $-0.68, -0.11$) at end of trial, but was not maintained at follow-up ($g = -0.06$, 95% CI, $-0.31, 0.20$, $k = 5$).

MBI dans Binge Eating

Grohmann et al, J Psychosom Res, 2021

- No evidence of publication bias was detected.
- On the Cochrane Risk of Bias Tool 2, trials were rarely rated at high risk of bias and drop-out rates did not differ between MBIs and control groups.
- MBIs also significantly reduced depression, and improved both emotion regulation and mindfulness ability

Mindfulness dans l'addiction (toutes addictions)

Cavicchioli et al, Eu Addiction Res, 2018

The Clinical Efficacy of Mindfulness-Based Treatments for Alcohol and Drugs Use Disorders: A Meta-Analytic Review of Randomized and Nonrandomized Controlled Trials



July 2018 · [European Addiction Research](#) 24(3)

DOI:[10.1159/000490762](https://doi.org/10.1159/000490762)

Project: [Dialectical Behavior Therapy Skills Training in Alcohol Use Disorder](#)

Treatment: [Therapeutic Processes and Outcomes](#)

Authors:



Marco Cavicchioli

Università Vita-Salute San Raffaele

Mindfulness dans l'addiction (toutes addictions)

Cavicchioli et al, Eu Addiction Res, 2018

- Thirty-seven studies were included ($n = 3,531$ patients). We observed null effect sizes for attrition rate and overall mental health.
- Small effect sizes were detected in abstinence, levels of perceived stress, and avoidance coping strategies.
- Moderate effect sizes were revealed in anxiety and depressive symptoms.
- Large effect sizes were associated to levels of perceived craving, negative affectivity, and post-traumatic symptoms.

MBSR dans l'insomnie

Chen, J Psychosom Res, 2020

Méta-analyse

Meta-Analysis

> *J Psychosom Res.* 2020 Aug;135:110144. doi: 10.1016/j.jpsychores.2020.110144.

Epub 2020 May 21.

Effects of mindfulness-based stress reduction on sleep quality and mental health for insomnia patients: A meta-analysis

Tsai-Ling Chen ¹, Shu-Chen Chang ², Hsiu-Fen Hsieh ¹, Chin-Yi Huang ³, Jui-Hsiang Chuang ⁴,
Hsiu-Hung Wang ⁵

Affiliations + expand

PMID: 32590218 DOI: 10.1016/j.jpsychores.2020.110144

MBSR dans l'insomnie

Chen, J Psychosom Res, 2020

Méta-analyse

- In total, data for 497 patients in seven randomized controlled trials were analyzed.
- The results revealed that compared to the control group, the MBSR group significantly improved in sleep quality ($SMD = -0.69$, 95% CI: $-1.12 \sim -0.26$, $Z = 3.16$, $p = .002$), depression ($SMD = -1.83$, 95% CI: $-2.81 \sim -0.84$, $Z = 3.63$, $p < .001$), and anxiety ($SMD = -1.74$, 95% CI: $-2.90 \sim -0.59$, $Z = 2.96$, $p = .003$).

Review

> J Child Psychol Psychiatry. 2019 Mar;60(3):244-258. doi: 10.1111/jcpp.12980.

Epub 2018 Oct 22.

Research Review: The effects of mindfulness-based interventions on cognition and mental health in children and adolescents - a meta-analysis of randomized controlled trials

Darren L Dunning ¹, Kirsty Griffiths ¹, Willem Kuyken ², Catherine Crane ², Lucy Foulkes ³,
Jenna Parker ¹, Tim Dalgleish ^{1 4}

Affiliations + expand

PMID: 30345511 PMCID: PMC6546608 DOI: 10.1111/jcpp.12980

Free PMC article

Children and adolescents

- A systematic literature search of RCTs of MBIs was conducted up to October 2017. Thirty-three independent studies including 3,666 children and adolescents were included in random effects meta-analyses with outcome measures categorized into cognitive, behavioural and emotional factors.
- Separate random effects meta-analyses were completed for the seventeen studies ($n = 1,762$) that used an RCT design with an active control condition.

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- Separate random effects meta-analyses were completed for the seventeen studies ($n = 1,762$) that used an RCT design with an active control condition.

Children and adolescents

- Across all RCTs we found significant positive effects of MBIs, relative to controls, for the outcome categories of Mindfulness, Executive Functioning, Attention, Depression, Anxiety/Stress and Negative Behaviours, with small effect sizes (Cohen's d), ranging from .16 to .30.
- However, when considering only those RCTs with active control groups, significant benefits of an MBI were restricted to the outcomes of Mindfulness ($d = .42$), Depression ($d = .47$) and Anxiety/Stress ($d = .18$) only.

Emerging adults

Review

> J Integr Complement Med. 2022 Jan;28(1):6-24. doi: 10.1089/jicm.2021.0036.

Effects of Mindfulness Meditation Intervention on Depressive Symptoms in Emerging Adults: A Systematic Review and Meta-Analysis

Chuntana Reangsing¹, Christina Lauderman², Joanne Kraenzle Schneider²

Affiliations + expand

PMID: 35085023 DOI: 10.1089/jicm.2021.0036

Emerging adults

- Depression in emerging adults (20-29 years of age), a transition from adolescence to adulthood, is a mental health problem globally.
- Antidepressants and psychotherapy have limited effectiveness and might not be available worldwide. Complementary treatments, such as mindfulness meditation, are growing.
- ***Outcomes measures:*** depressive symptoms.

Emerging adults

- Forty-five studies resulted in 49 comparisons, including 3479 participants (23.0-2.7 years old); 1826 participants practiced mindfulness and 1653 served as controls.
- Overall, mindfulness interventions showed significant reduction in depression compared with controls ($g = 0.44$, 95% confidence interval: 0.33-0.55). Mindfulness interventions conducted in Asian countries had a greater decrease in depression ($g = 0.69$) than studies conducted in North America ($g = 0.44$) or Europe ($g = 0.23$).

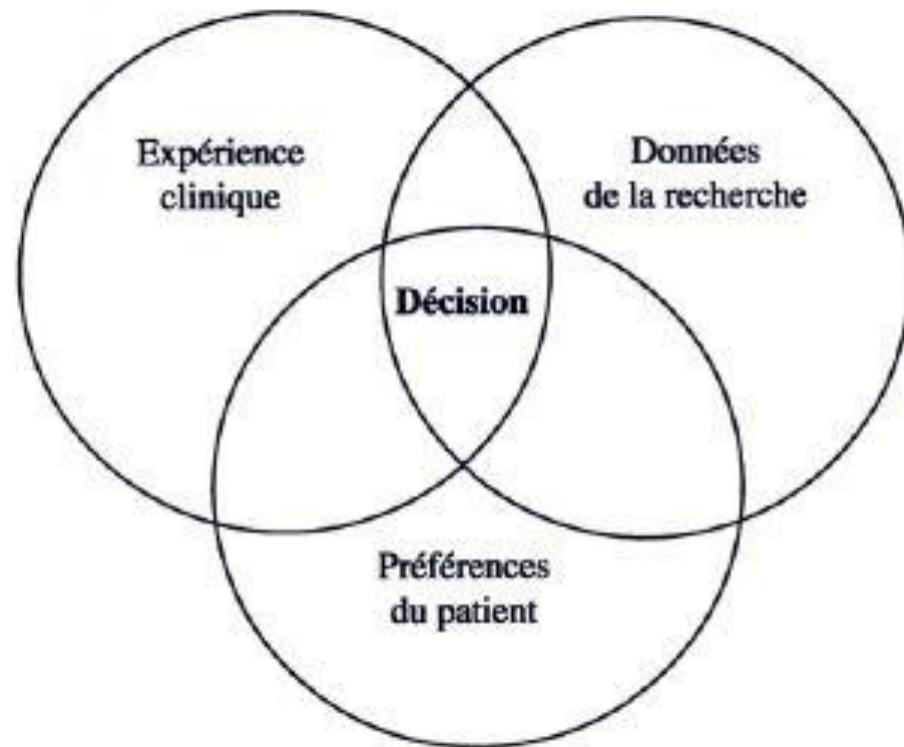
Emerging adults

- Mindfulness interventions showed greater reductions in depression in studies with higher proportion of females ($Slope = 0.010$, $\tau^2 = 0.07$, $Q_{between} = 7.10$, $p = 0.008$).
- Mindfulness interventions conducted in emerging adults with depressive disorders reduced depression more ($g = 1.12$) than in emerging adults without ($g = 0.40$). Providing mindfulness intervention in a group setting had a greater reduction of depression ($g = 0.54$) than on an individual basis ($g = 0.30$). More minutes of unstructured mindfulness practice per session showed a greater reduction in depressive symptoms ($Slope = 0.016$, $Q_{between} = 1.34$, $p = 0.035$).

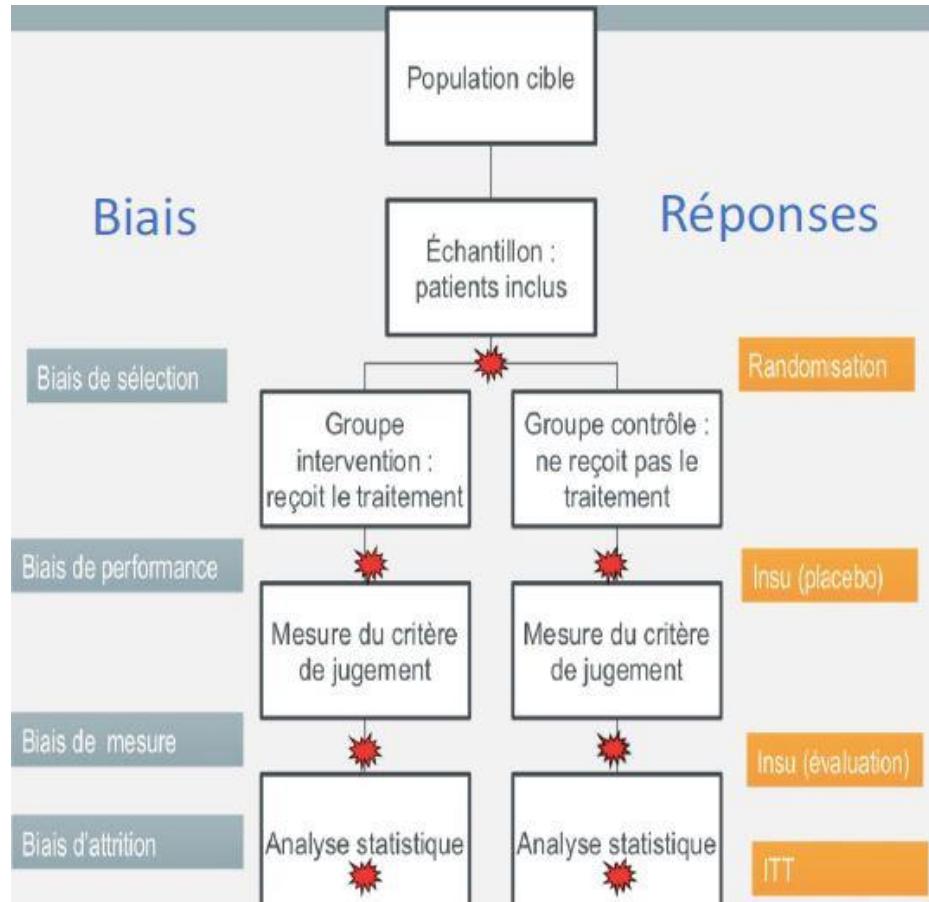
Emerging adults

- Using intention-to-treat analyses showed a lower ES ($g = 0.14$) than not using it ($g = 0.55$).
- Other quality indicators were not significant moderators. Primary researchers did not report the adverse effects of mindfulness interventions.

EBM basée sur la triangulation



L'essai clinique randomisé



Patient related outcomes

- Données provenant directement des patients, sans interprétation du médecin ou d'autres personnes, sur comment ils fonctionnent ou ressentent une maladie et ses traitements.
- Permet d'étudier signes et symptômes, le fonctionnement, la qualité de vie reliée à la santé, le bien-être, la satisfaction, l'adhérence

Méthodologies

Recherche qualitative vs. quantitative

 Download

Qualitative	Quantitative
A pour but une description complète, détaillée	Vise au comptage des caractéristiques au sein d'une entité donnée, à l'élaboration des modèles statistiques
Le chercheur a une idée abstraite sur ce que l'on cherche	Le chercheur a une idée précise sur ce que l'on cherche
Efficace dans les premières phases mais peut être utilisée en tout temps	Efficace lors des phases ultérieures
Résultats en mots, images, objets	Résultats en nombres
Riche, nécessite beaucoup plus de temps, moins généralisable	Plus efficace, permet de vérifier des hypothèses, peut manquer de détails



World Health Organization

Patient Safety

A World Alliance for Safer Health Care

IPSE = inductive process to analyze the structure of lived experience

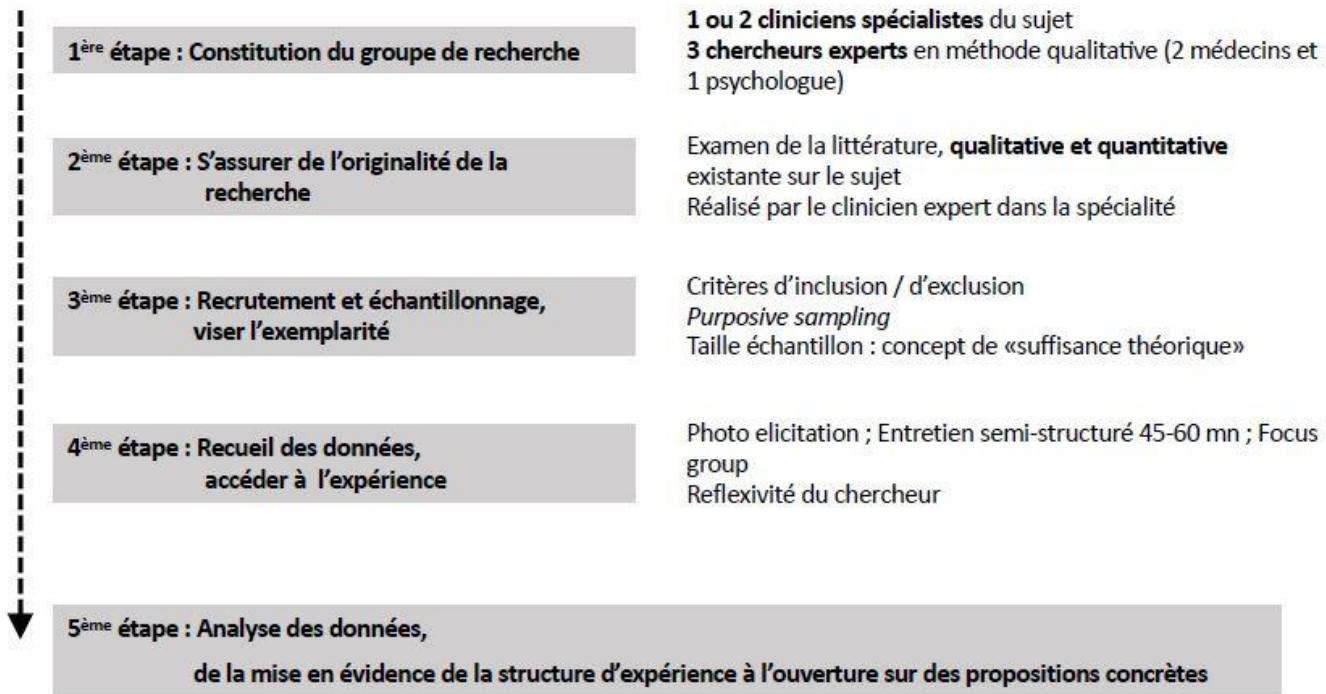
- 1ere étape :
 - Poser la question de recherche (par des cliniciens, institutions ...)
- Protocole **IPSE en 5 étapes**
- Faire émerger les axes centraux de l'expérience vécue des patients
- Production **questionnaire draft** à partir des axes centraux
- 2^e étape : étude propriétés psychométriques
- 3^e étape : questionnaire prêt à intégrer un essai clinique

IPSE = inductive process to analyze the structure of lived experience (recherche qualitative)

	METHODE QUALITATIVE	METHODE QUANTITATIVE
OBJECTIF	<ul style="list-style-type: none">• Constructiviste• Démarche inductive• Pas d'hypothèse préalable	<ul style="list-style-type: none">• Réaliste (positiviste)• Démarche hypothético-déductive• Hypothèse préalable
ECHANTILLON	<ul style="list-style-type: none">• Signification• Intentionnel et théorique• Saturation théorique des données	<ul style="list-style-type: none">• Fréquence• Statistique
	<ul style="list-style-type: none">• Réflexivité• Validation• Triangulation• Analyse croisée par plusieurs chercheurs• Prise en compte des cas négatifs• Description rigoureuse de la méthodologie	<ul style="list-style-type: none">• Standardisation du recueil de données• Echantillon représentatif de la population étudiée et puissance statistique suffisante

IPSE = inductive process to analyze the structure of lived experience (recherche qualitative) par équipe de Prof. Verneuil

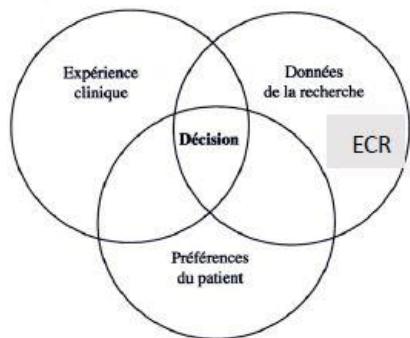
IPSE, nouvelle méthode en recherche qualitative appliquée à la recherche médicale, en 5 étapes



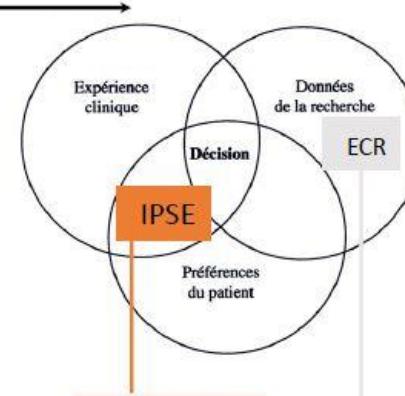
IPSE = inductive process to analyze the structure of lived experience (recherche qualitative) par équipe de Prof. Verneuil

IPSE, méthode de recherche qualitative, paradigme différent de l'ECR dans l'évaluation en santé

EBM en pratique : réduction aux données de la recherche (ECR)



Concept initial de EBM, une **TRIANGULATION**, devient réalité



- Evolution de santé
- environnement
- innovation
- iatrogénie
- patient acteur

Nécessité autre PARADIGME pour évaluation de santé:
IPSE
inductive process to analyze the structure of lived experience

Maladies chroniques
Médicaments, parcours de soin
Thérapies complémentaires
Qualité/pertinence des soins

Référentiels praticiens
Construction PRO
Patients reported outcomes

Etudes quali
↓
Etudes mixtes quali/quantitatives

Avez-vous des questions ?



Blaise Pascal

« Tous les problèmes de l'homme viennent de ce qu'il ne sait pas rester seul à ne rien faire dans une pièce »

Merci de votre attention

