Mindfulness Meditation Appears to Help Older Patients with Chronic Low Back Pain

Chronic low back pain, a common ailment among older adults, can result in depression, decreased appetite, difficulty sleeping, and decreased quality of life. To manage this pain, researchers say that up to 1/3 of older adults have used alternative, or complementary, medicine, such as meditation.

The authors of this study wanted to assess if a mindfulness meditation program for people 65 and older who had lower back pain would be beneficial. To do this, researchers enrolled 37 patients, 65 years old or older, who had chronic back pain for at least 3 months, to participate in the treatment group of mindful meditation or the control group with no intervention.

Patients in the intervention group attended 8 weekly 90-minute sessions where they were taught the meditation techniques, teaching the participants how to meditate and to review the homework and support material. The participants were taught: the patients were "in a lying position, the participant is guided to place their attention non-judgmentally on each area of the body from the toes to the head,", sitting practice, which is "focused attention on breathing while sitting on a chair or on a meditation cushion on the floor," and walking meditation, which is "mindful slow walking with focused attention on body sensation and/or breathing."

All patients were assessed before randomization into either group, immediately at the end of the intervention at 8 weeks, and again 3 months later. Patients who were in the control group were immediately switched into the meditation group after completing the 8 week course.

Measurements included pain intensity, through the McGill Pain Questionnaire Short Form (MPQ-SF) and the SF-36 Pain Scale, measured through the Chronic Pain Acceptance Questionnaire (CPAQ), quality of life with the SF-36 Health Status Inventory, scales: Roland and Morris Questionnaire for assessing self-reported disability related to low back pain, the Short Physical Performance Battery, which measures standing balance, gait, speed, and ability to rise from a chair, and the SF-36 Physical Function Scale.

Drop-outs in the study included 6 subjects in the intervention group and 1 in the control group. When the researchers reviewed the study findings, they found that there was significant improvement in the Chronic Pain Acceptance Questionnaire for the meditation group and deterioration in the control group, both over the 8-week period. In the treatment group, the Activities Engagement subscale of the CPAQ also improved.

Although there was an improvement among the treatment group in the McGill Pain Questionnaire and the SF-36 Pain Scale, as well as in physical function, the difference was not significant over the control group. The Short Physical Performance Battery was the same in both groups.

The authors conclude that such programs could be beneficial in leading patients to pain acceptance and improved physical function.