Introduction

- CFQ is a form of “Meditative Movement” that uses movement in coordination with attention to breath and body proprioception.
- Existing evidence of benefits of CFQ as a complementary practice for fibromyalgia, anxiety and depression. Literature indicates further research in this area is warranted.
- Pain self-management is an integral part of chronic pain treatment (Nicholas, 2015).
- The current study consists of a mixed-methods, prospective observational study examining the effects of Chaoyi Fanhuan Qigong (CFQ) practice on chronic pain.

Methods

- CFQ classes are offered through QEII Health Sciences Center’s Pain Management Unit. Each session lasts 6 weeks with weekly, 2-hour classes. Group membership is open with no limit to how many classes one can attend.
- New participants can center the study in any 6-week session. Current data is presented for n=29, including both new and experienced practitioners.
- Outcomes measured by a series of surveys collected at baseline and after each 6-week session.
- Primary outcome measure: Pain (Brief Pain Inventory). Secondary outcome measures: Quality of Life (Short Form 12), Mood (Profile of Mood States), Health Locus of Control, Practice Time.
- ANOVA (Analysis of Variance) used to compare outcomes to baseline. Theme analysis used to evaluate the qualitative information.

Results

The three themes generated by thematic analysis are interconnected:

1. Improvement of pain self-management:
   - Improved self-care techniques for pain management.

2. Improvement in quality of life:
   - Improved overall well-being and quality of life.

3. Improvement in energy and anxiety:
   - Decreased levels of anxiety and increased energy.

Table 5. Summary of selected qualitative comments according to themes. (n=29) *Please note: Some participants had multiple themes.

<table>
<thead>
<tr>
<th>Theme</th>
<th>Frequency</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>Pain</td>
<td>25</td>
<td>“My pain is always there, &amp; it is severely limiting.”</td>
</tr>
<tr>
<td>Sleep</td>
<td>12</td>
<td>“I’ve noticed I have a better sleep &amp; wake up feeling more refreshed.”</td>
</tr>
<tr>
<td>Mood</td>
<td>14</td>
<td>“I’ve noticed changes in my mood &amp; feeling more positive.”</td>
</tr>
<tr>
<td>Quality of Life</td>
<td>10</td>
<td>“I’ve noticed changes in my energy &amp; ability to focus.”</td>
</tr>
<tr>
<td>Energy</td>
<td>8</td>
<td>“I’ve noticed changes in my energy levels &amp; ability to complete tasks.”</td>
</tr>
<tr>
<td>Anxiety</td>
<td>7</td>
<td>“I’ve noticed changes in my anxiety levels &amp; ability to cope with stress.”</td>
</tr>
<tr>
<td>CFQ practice</td>
<td>12</td>
<td>“I’ve noticed changes in my ability to focus &amp; concentrate.”</td>
</tr>
</tbody>
</table>

No significant changes in pain scores, mood or quality of life scores from Study Start to 36 weeks of Practice.

Conclusions

- Most participants in this study are experienced CFQ practitioners (n=25) and may have already seen improvements in pain levels.
- Some participants in this study had lower levels of pain (≤4) at baseline (n=12). Higher baseline pain levels may be required to see significant changes in pain scores.
- Qualitative research methods collect a wider range of information than quantitative surveys. Quantitative tools do not reveal the whole story regarding patient experience. The patient experience is the center of care.
- This study highlights the importance of providing patients with self-care techniques for pain management.

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References


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