OBSERVATIONAL TRIAL OF QIGONG AS A COMPLEMENTARY PRACTICE IN A CHRONIC PAIN PROGRAM
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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 Centre’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 enter the study at the beginning of any 6-week session. Current data is presented for n=28, 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. Thematic analysis used to evaluate qualitative information

Table A. Data Collection Periods

| Week | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | 11 | 12 | 13 | 14 | 15 | 16 | 17 | 18 | 19 | 20 | 21 | 22 | 23 | 24 |
|------|---|---|---|---|---|---|---|---|---|----|----|----|----|----|----|----|----|----|----|----|----|----|----|
| Jun  | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1   | 1   | 1   | 1   | 1   | 1   | 1   | 1   | 1   | 1   | 1   | 1   | 1   | 1   | 1 |
| Jul  | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1   | 1   | 1   | 1   | 1   | 1   | 1   | 1   | 1   | 1   | 1   | 1   | 1   | 1   | 1 |
| Aug  | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1   | 1   | 1   | 1   | 1   | 1   | 1   | 1   | 1   | 1   | 1   | 1   | 1   | 1   | 1 |
| Sep  | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1   | 1   | 1   | 1   | 1   | 1   | 1   | 1   | 1   | 1   | 1   | 1   | 1   | 1   | 1 |
| Oct  | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1   | 1   | 1   | 1   | 1   | 1   | 1   | 1   | 1   | 1   | 1   | 1   | 1   | 1   | 1 |
| Nov  | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1   | 1   | 1   | 1   | 1   | 1   | 1   | 1   | 1   | 1   | 1   | 1   | 1   | 1   | 1 |
| Dec  | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1   | 1   | 1   | 1   | 1   | 1   | 1   | 1   | 1   | 1   | 1   | 1   | 1   | 1   | 1 |
| Jan  | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1   | 1   | 1   | 1   | 1   | 1   | 1   | 1   | 1   | 1   | 1   | 1   | 1   | 1   | 1 |
| Feb  | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1   | 1   | 1   | 1   | 1   | 1   | 1   | 1   | 1   | 1   | 1   | 1   | 1   | 1   | 1 |
| Mar  | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1   | 1   | 1   | 1   | 1   | 1   | 1   | 1   | 1   | 1   | 1   | 1   | 1   | 1   | 1 |
| Apr  | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1   | 1   | 1   | 1   | 1   | 1   | 1   | 1   | 1   | 1   | 1   | 1   | 1   | 1   | 1 |
| May  | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1   | 1   | 1   | 1   | 1   | 1   | 1   | 1   | 1   | 1   | 1   | 1   | 1   | 1   | 1 |

Results

- No significant changes in pain scores between baseline (wk=0) and after 6, 12, 18 and 24 weeks of practice.
- No significant changes in Health Locus of Control (HLOC) Scores between baseline (wk=0) and after 6, 12 and 18 weeks of practice; however, by 24 weeks of practice there was a significant decrease in Health Locus of Control (HLOC) Scores from baseline (wk=0). Lower HLOC scores correlate to a greater internal locus of control.

Qualitative Comments after 6 WEEKS OF PRACTICE

**PAIN**
I AM NOT NEW TO CFQ QIGONG SO I USE THE CLASSES TO MAINTAIN CONTROL OF MY PAIN AND ENJOYMENT OF LIFE. (78.5% reported decrease in pain)

**SLEEP**
I NO LONGER NEED MY C-PAP AT ALL. (53.5% reported improvement in sleep)

**QOL**
ALTHOUGH I STILL SUFFER WITH PAIN I CAN LIVE WITH IT NOW AND HAVE REGAINED MY JOY OF LIFE. I CAN NOW GO OUT WITH FRIENDS OR FAMILY AND ENJOY MYSELF AND AM NO LONGER HOUSEBOUND. WHEN I HAVE A BUSY DAY I REST THE FOLLOWING DAY. LIFE IS MUCH MORE PEACEFUL AND I AM GRATEFUL. (78.5% reported improvement in quality of life)

**OTHER**
MY DIGESTIVE HEALTH SEEMS TO HAVE IMPROVED. I’VE BEEN EATING SOME OF THE FOODS I STRICTLY HAD TO AVOID BEFORE, AND I’VE BEEN OK! THIS FEELS LIKE A MIRACLE, AND IT’S MAKING ME FEEL SO MUCH HAPPIER AND LESS TENSE/ANXIOUS ABOUT EATING. (71% reported improvement in other health areas)

Qualitative Comments after 24 WEEKS OF PRACTICE

**PAIN**
I NO LONGER HAVE PAIN. (50% reported decrease in pain)

**SLEEP**
SLEEPING THROUGH THE NIGHT NEARLY EVERY NIGHT - MAINTAINING SLEEP, FASTER TO FALL ASLEEP, FEEL MORE RESTED AFTER I’VE GOTTEN UP. (50% reported improvement in sleep)

**QOL**
IMPROVED OVERALL OUTLOOK, PATIENCE, RESILIENCE TO HANDLE LIFE CHALLENGES. (50% reported improvement in quality of life)

**OTHER**
MY SENSITIVITIES TO FOOD ARE GONE, I CAN EAT WHATEVER I WANT. (50% reported improvement in other health areas)

**HEALTH**

Conclusions

- Most participants in this study are experienced CFQ practitioners (n=24) and may have already seen improvements in pain levels.
- Some participants in this study had lower levels of pain (n=4) at baseline (n=12). Higher baseline pain levels may be required to see significant changes in pain scores.
- Although there were no significant changes in pain scores, patients continue to practice CFQ because they feel the practice has benefit and gives them a greater sense of control over their pain (this is reflected in qualitative comments).
- After 24 weeks of practice, participants have a greater internal locus of control. Internal locus of control is essential to a successful pain self-management program. Qualitative data also indicates the benefit of CFQ for other health areas (e.g. sleep, digestive health). Further research in this area is warranted.

Summary

- Qualitative data reveals the benefits of CFQ for patients living with chronic pain.
- Quantitative data indicates that CFQ practice fosters an internal locus of control, which is an essential component of any pain self-management program.
- This research is ongoing – two more cohorts of data are currently being collected and analyzed (anticipate n=10 additional subjects).
- This community-based study reveals the benefits of CFQ and should encourage clinicians and other health care professionals to consider recommending CFQ to patients living with chronic pain.

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References


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