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INTERVENTIONS
Articles testing the applied science and implementation of mindfulness-based interventions


ASSOCIATIONS
Articles examining the correlation and mechanism between mindfulness and other variables


and depressive symptoms: Ruminations as a possible mediator. *Mindfulness.* [link]


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**REVIEWS**

*Articles reviewing content areas of mindfulness or conducting meta-analyses of published research*


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**TRIALS**

*Research trials on mindfulness newly registered (Oct 2012) at ClinicalTrials.gov*

Charite University (B. Brinkhaus, P.I.). *Walking for stress reduction*. Trial # NCT01716832. [link]
Tens of millions of Americans suffer from chronic pain which contributes to mood and sleep disorders, impairs social and vocational functioning, saps joie de vivre, and costs an estimated $635 billion dollars annually in associated medical costs and lost productivity.

Jon Kabat-Zinn’s groundbreaking 1982 study was the first to suggest the value of MBSR in treating chronic pain. Early MBSR studies were demonstration projects that lacked randomized assignment and sophisticated controls. The field has gradually matured over time, with randomized controlled studies becoming more frequent, along with meta-analyses that assess the magnitude of effect sizes across studies. Meanwhile, researchers are continuing to explore the efficacy of MBSR in treating new disorders, and starting to analyze the cost-benefit ratios associated with treatment outcomes.

Cramer et al. (BMC Complement Altern Med) explored whether MBSR was specifically effective for patients with chronic low-back pain. The authors located three randomized controlled studies that addressed the issue. While one study of 37 failed back surgery patients found MBSR significantly reduced pain and disability, two studies with a combined total of 77 geriatric (average age = 76) low-back pain patients failed to detect such a benefit. The geriatric treatment differed from standard MBSR, however, in that it excluded yoga and the all-day retreat from the treatment protocol. Two studies also measured pain acceptance and reported significant improvements in that domain. While evidence that MBSR reduces low-back pain and disability was deemed inconclusive, the authors found limited support that MBSR improves pain acceptance.

In a randomized, controlled study, Fjorback et al. (J of Psychosom Res) compared the effectiveness of MBSR with enhanced treatment-as-usual in 119 patients with overlapping diagnoses of fibromyalgia, chronic fatigue syndrome, and somatization disorder. The enhanced treatment-as-usual protocol included an individualized two-hour cognitive behavioral consultation. While the MBSR group was significantly more improved by the end of treatment, the two groups were found to be equally improved one year later. On the other hand, significantly fewer MBSR patients ended up on permanent disability. At 15-month follow-up, 25% of the MBSR group were receiving disability pensions, compared with 45% of the control group.

In an uncontrolled pilot study, Kold et al. (Nordic Psychology) used MBSR (supplemented by mental imagery and biofeedback) to treat 10 women with endometriosis—a painful condition affecting 10% of all fertile women in which endometrial tissue proliferates throughout the abdominal cavity causing inflammation, bleeding, and adhesions. The women in this study exhibited significant and lasting improvement in their bodily pain, physical functioning, feelings of powerlessness, emotional wellbeing, and social support.

Collectively, these studies offer some limited, mixed support for the general efficacy of MBSR in the treatment of chronic pain. They also underscore the need for additional studies to identify 1) the specific conditions and age groups that are most likely to benefit from MBSR, and 2) the specific MBSR components that are the active ingredients for specific pain-related outcomes. Researchers would do well to measure pain acceptance in addition to pain intensity in future studies.
ANNOuNCeMENTS

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Events & Conferences

MBCPM Facilitator Training
Mindfulness-Based Chronic Pain Management (MBCPM) is a 13-week course, created by Canadian physician Dr. Jackie Gardner-Nix, where patients with chronic pain/disease learn the principles of Mindfulness meditation and how these relate to suffering less pain. Modeled on Kabat-Zinn’s MBSR program, MBCPM was designed to better address the unique needs of the chronic pain/disease population. Since its creation in 2002 almost 6,000 people have gone through the program. A 3-day intensive MBCPM Level 1 Facilitator Training is being offered from February 20 to 22, 2013 at St. Michael’s Hospital in Toronto, Ontario, Canada. To qualify for the course, applicants must have completed a Mindfulness course taught by an accredited teacher of MBSR, MBCT or MBCPM, have a consistent meditation practice, have attended Mindfulness and/or pain conferences, and hold a professional qualification at the Masters level or above, preferably in medicine or another health care field.
INFO: More information and to apply please visit http://www.neuronovacentre.com

Mindfulness Research Meeting in Seattle

Research & Education

Online UCLA Intro to Mindfulness Class
UCLA Mindful Awareness Research Center (MARC) offers a 6-week online class: Mindful Awareness Practices for Daily Living. This class is an excellent introduction to mindfulness. You will learn meditation practices including sitting meditation, walking meditations and how to work with difficult thoughts and emotions. The pre-recorded course can be accessed from anywhere at your own pace. Includes weekly live text chats with instructors and other participants. Next class: Nov 5 - Dec 15 (and offered throughout the year). Advanced classes available.
INFO: More information at http://marc.ucla.edu/body.cfm?id=85#map_s1_online

Special Issue on Substance Use and Mindfulness
Submit your manuscript to the special issue on Mindfulness and Substance Use: Intervention, Mechanisms, and Future Directions. The journal Substance Use & Misuse is seeking articles on the use of mindfulness-based interventions to treat substance users/misusers and etiological papers linking mindfulness and substance use. Deadline for submission is December 1, 2012. For details: http://www.mindfulexperience.org/resources/black_2012_call.pdf
INFO: For instructions: http://informahealthcare.com/page/sum/Description#Instructions
For submissions: http://mc.manuscriptcentral.com/lsum

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