

Examining the acceptability and feasibility of the Compassionate Mindful Resilience (CMR) programme in adult patients with chronic kidney disease: the COSMIC Study

Wilson, A., McKeaveney, C., Carswell, C., Reid, J., Atkinson, K., Burton, S., Graham-Wisener, L., McVeigh, C., Johnston, W., O'Rourke, D., Rej, S., Jääskeläinen, E., Walsh, I., & Noble, H. (2023). *Examining the acceptability and feasibility of the Compassionate Mindful Resilience (CMR) programme in adult patients with chronic kidney disease: the COSMIC Study*. Poster session presented at 3rd International Research Seminar on Public Health Research in Palliative Care, Belfast, United Kingdom.

Document Version:

Peer reviewed version

Queen's University Belfast - Research Portal:

Link to publication record in Queen's University Belfast Research Portal

Publisher rights

Copyright 2023 the Authors.

General rights

Copyright for the publications made accessible via the Queen's University Belfast Research Portal is retained by the author(s) and / or other copyright owners and it is a condition of accessing these publications that users recognise and abide by the legal requirements associated with these rights.

Take down policy

The Research Portal is Queen's institutional repository that provides access to Queen's research output. Every effort has been made to ensure that content in the Research Portal does not infringe any person's rights, or applicable UK laws. If you discover content in the Research Portal that you believe breaches copyright or violates any law, please contact openaccess@qub.ac.uk.

Open Access

This research has been made openly available by Queen's academics and its Open Research team. We would love to hear how access to this research benefits you. – Share your feedback with us: http://go.qub.ac.uk/oa-feedback

Examining the acCeptability and feasibility of the COmpassionate Mindful ReSilience (CMR) prograMme in adult patients with Chronic kidney disease: The COSMIC Study

Anna Wilson^{*,1} Clare McKeaveney¹, Claire Carswell¹, Karen Atkinson², Stephanie Burton¹, Clare McVeigh¹, Lisa Graham-Wisener³, Erika Jääskeläinen⁴, William Johnston⁵, Daniel O'Rourke⁵, Joanne Reid¹, Sohem Rej⁶, Ian Walsh⁷ and Helen Noble¹

1. School of Nursing and Midwifery, Queen's University Belfast 2. MindfulnessUK 3. School of Psychology, Queen's University Belfast 4. Research Unit of Population Health, University of Oulu 5. Patient Representatives 6. Department of Psychiatry, McGill University 7. School of Medicine, Queen's University Belfast 4. Research With of Population Health, University of Oulu 5. Patient Representatives 6. Department of Psychiatry, McGill University 7. School of Medicine, Queen's University Belfast 4. Research With of Population Health, University of Oulu 5. Patient Representatives 6. Department of Psychiatry, McGill University 7. School of Medicine, Queen's University Belfast 4. Research With of Population Health, University of Oulu 5. Patient Representatives 6. Department of Psychiatry, McGill University 7. School of Medicine, Queen's University Belfast 4. Research With of Population Health, University 8. Research With the second school of Medicine, Queen's University 8. Research With the second school of Medicine, Queen's University 8. Research With the second school of Medicine, Queen's University 8. Research With the second school of Medicine, Queen's University 8. Research With the second school of Medicine, Queen's University 8. Research With the second school of Medicine, Queen's University 8. Research With the second school of Medicine, Queen's University 8. Research With the second school of Medicine, Queen's University 8. Research With the second school of Medicine, Queen's University 8. Research With the second school of Medicine, Queen's University 8. Research With the second school of Medicine, Queen's University 8. Research With the second school of Medicine, Queen's University 8. Research With the second school of Medicine, Queen's University 8. Research With the second school of Medicine, Queen's University 8. Research With the second school of Medicine, Queen's University 8. Research With the second school of Medicine, Queen's University 8. Research With the second school of Medicine, Queen's Universi

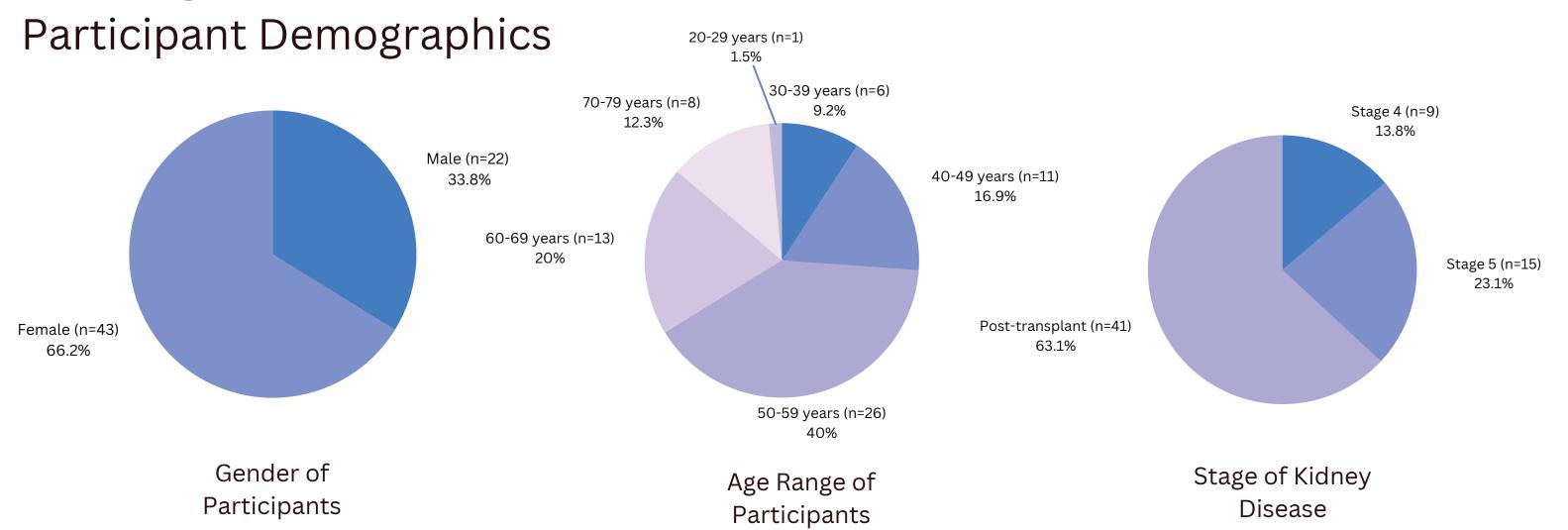
Background

Patients with kidney disease experience diminished health-related quality of life, and are at increased risk of anxiety¹ and depression². In addition, the impact of COVID-19, and its associated restrictions, has brought additional burdens as many patients are immunocompromised³. It is essential that effective and affordable systems are explored to improve the psychological health of this group. Access to psychosocial support is not well provided or funded⁴ and Kidney Care UK was keen to explore the feasibility of delivering mental health support via virtual means as a cost-effective way to significantly reach and support more patients with mental health needs.

Aims & Objectives

The aim of this study was to support a new service development project in partnership with the UK's leading patient support charity Kidney Care UK, by implementing the four-session Compassionate Mindful Resilience (CMR) programme, developed by MindfulnessUK, and explore its feasibility for patients with kidney disease

Findings



We found that participants had statistically significant improvements in anxiety, depression, self-compassion, ability to be mindful, mental wellbeing and resilience after taking part in the CMR programme.

Outcome Measure	Baseline (n=65)	Post (n=61)	3 Months Post (n=45)	
Anxiety (GAD-7)	7.3	5.8	4.4	6
Depression (PHQ-9)	9.3	7.2	5.4	
Self-Compassion (SCS-SF)	2.9	3.3	3.3	4
Mindfulness (FFMQ)	117.6	127.4	133.9	2
Mental Wellbeing (SWEMWBS)	20.5	22.1	23.3	
Resilience (MTQ48)	3.8	4.5	4.6	O Baseline Post CMR 3 Months Post

- Implement the CMR programme with people with kidney disease.
- Measure the effect of the CMR on participants' levels of anxiety, depression, self-compassion, mindfulness, well-being, and resilience.
- Explore factors influencing the acceptability and suitability of the intervention with patients (and the mindfulness teacher) and their commitment to practice.

Methods

A multi-method feasibility design was utilised.



Participants over 18 years, from the UK, with stage 4 or 5 kidney disease or post-transplant, and who were not currently undergoing psychotherapy, were recruited to the CMR programme.

Data was collected at baseline, post-intervention, and threemonths post-intervention to measure anxiety (GAD-7), depression (PHQ-9), self-compassion (SCS-SF), mental wellbeing (SWEMWBS), resilience (MTQ48), and mindfulness (FFMQ). 19 participants took part in interviews to explore if the CMR programme was suitable for people living with kidney disease. 3 themes and 9 subthemes were generated. All participants interviewed said that taking part in the CMR programme had been a beneficial experience.

Theme	Subthemes		
Experiences of the CMR	Interest in Mindfulness and previous experience		
programme that facilitated subjective benefit	Integrating Mindfulness using techniques and practices to enhance awareness and compassion		
	Continuing Mindfulness practice		
	Psychological impact of kidney disease and continuing impact of Covid-19		
Participants' lived and shared experience	Shared experiences with other study participants		
	Need for wellbeing support for kidney patients		
	Challenges and barriers to participation		
Practicalities of CMR	Experience of online delivery		
programme participation	Adaptations for future delivery for people living with kidney disease		

I think just the general feeling of wellbeing. When you're doing the breathing and deep into one of the mindfulness practices... how calm and relaxing that feels and how it helps steady everything. Because that feels so good.

More than anything, just the fact that I met people, especially when we broke off into the groups. I was actually talking to somebody who had the same disease, who was feeling the same, it was like winning the lottery.

Qualitative interviews were conducted with participants and mindfulness teacher to explore the acceptability of the intervention for a kidney disease population.

Conclusion

The findings suggest that the CMR programme has the potential to improve psychological outcomes among people with advanced kidney disease. Future randomized controlled trials are required to further test its effectiveness.

References

Donahue, S.; Quinn, D.K.; Cukor, D.; Kimmel, P.L. Anxiety Presentations and Treatments in Populations With Kidney Disease. Semin Nephrol 2021, 41, 516-525
Tsai YC, Chiu YW, Hung CC, Hwang SJ, Tsai JC, Wang SL, Lin MY, Chen HC. Association of symptoms of depression with progression of CKD. American Journal of Kidney Diseases. 2012 Jul 1;60(1):54-61.
Henry, B.M; Lippi, G. Chronic kidney disease is associated with severe coronavirus disease 2019 (COVID-19) infection. International Urology and Nephrology. 2020, 52 (6), 1193-1194.
Seekles, M.L.; Ormandy, P.; Coyne, E. Mapping the UK renal psychosocial workforce: the first comprehensive workforce survey. BMC Nephrology 2019, 20



