Cyberseminar Transcript

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Session: Hatha Yoga for Depression: Current Research, Future Directions, and Practical Advice

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Rani: Hi, everyone. Welcome to today’s Cyberseminar. I am the Co-Director of the CIHEC QUERI Partnered Evaluation Initiative, which is funded by the Office of Patient Centered Care and Cultural Transformation, and QUERI. CIHEC stands for the Complementary and Integrative Health Evaluation Center. We sponsor these every other month Cyberseminars on the latest and greatest in Complementary and Integrative Health and today we are very happy to have Dr. Lisa Uebelacker. She is the Associate Professor of Psychiatry and Human Behavior and Family Medicine at Brown University, as well as the Assistant Director of Psychosocial Research at Butler Hospital, and a licensed clinical psychologist. Lisa’s research interests center around developing and testing innovative psychosocial methods for treating depression, including collaborative treatment for depression and comorbid health conditions in primary care, and the use of yoga, physical activity, and health education as adjunctive treatments for depression. She also studies behavioral and psychosocial interventions for coping with chronic pain. And so we’re very excited to hear about Lisa’s latest research.

At the end of Lisa’s presentation, you’ll also hear from Alison Whitehead, from the Office of Patient Centered Care and Cultural Transformation. Ms. Whitehead is a former Peace Corps volunteer, she also earned her master’s in Public Health from Columbia University. She joined the VA in Women’s Health Services in 2010, as a Presidential Management Fellow, and then in September 2015, which was great for us, she transitioned to the National Program Manager role for the VA Integrative Health Coordinating Center, which is part of the Office of Patient Centered Care and Cultural Transformation. In this role, Ms. Whitehead leads development of programs and policies for integrative health implementation across VA. She is also the Chair for the Academic Consortium for Integrative Medicine and Health Policy working group, and—which is relevant for today’s presentation—she’s also a yoga instructor, a personal trainer, and a yoga therapist in training.

So we have a lot of excellent yoga expertise from all angles: research, policy, practitioner, and really looking forward to this presentation. So now, I’m going to turn it over to Dr. Lisa Uebelacker, for her presentation. Thank you, Lisa.

Dr. Lisa Uebelacker: Hi, everyone. My name, as Rani said, is Lisa Uebelacker, and today I’m going to talk about Yoga for Depression: Current Research, Future Directions, and Practical Advice.

So, to give you an overview of what I’m going to talk about today, I’m going to talk first about—just a little bit, what is yoga and why yoga for depression? I’m going to talk about a study we did on yoga for persistently depressed adults. I’m going to talk a little bit about some ongoing research on yoga for pregnant depressed women, and some ongoing research on the development of yoga for depressed adolescents. And then finally, I’ll talk just a little bit about future research and end with some practical advice, because I understand we may have a mix of clinicians and researchers on the call today and I want to try to speak to both audiences.

So, here is my poll question number one. Rob, do you want to guide us through this?

Rob: I certainly do. Thank you. The poll is up, and Lisa would like to know what your experience is with yoga. Lisa, approximately 40% of your viewing audience has answered the question, now up to 60%. So it usually levels off around 80%, so we’ll give people just a few more moments to make their choices. And yes, it has leveled off at 81%, so I’m going to close the poll and share the results.

And I’ll let you know, Lisa, that 35% of your attendees say that they practice yoga currently; 19% say that they’re yoga teachers; 31% say that they have practiced yoga in the past, but not currently; and 15% say that they’ve never practiced yoga.

Dr. Lisa Uebelacker: Great.

Rob: And now we’re back on your slides.

Dr. Lisa Uebelacker: Great. Thank you, Rob. Okay. I do have one more poll question. So this is poll question number two, about what is your primary VA role.

Rob: And that poll is now launched. Like Lisa said, what is your primary VA role? And again, Lisa, answers are streaming in.

And things have leveled off, so I’m going to go ahead and close the poll and share the results and let you know that 52% answered researcher; only 15% answered clinician; only 4% answered split between researcher and clinician; 11% said student, trainee, or fellow; and 19% other. And I didn’t announce this before, but audience members, if you’d like, you can use the questions pane to tell us what other means and I can let Lisa know what that was a little bit further along in the presentation. But right now, Lisa, we’re back on your polls—I mean, your slides.

Dr. Lisa Uebelacker: Thank you. Okay. So I think this crowd knows what yoga is, so I’ll be real quick about this. You see the picture, these are three of the yoga teachers who work with us on some of our yoga projects. And one thing I just want you to notice about this picture, they’re all doing the same pose, but they are doing it—we have some slightly different ways of doing it, and that is something that we found to be important in the classes that we’re teaching with folks, as I’m sure many of you know, which is to give people options and different ideas. Or different options for how to be in a posture.

So what is yoga? We have asanas, the postures. We talk about noticing your breath and breath control, so that’s pranayama. We talk about meditation and in the classical kind of eight limbs of yoga, one is postures, one is breath control, you can see there’s some different sort of versions. Withdrawal of senses, concentration, meditation, enlightenment. Again, some of you yogis may really know much more about this than me, because this is obviously something people study and practice and learn as a lifelong discipline. And then the final two limbs are ethics and self-discipline, so the yamas and the niyamas. So kind of guidelines for living. So these are all part of sort of the eight-limbed path of yoga as outlined by Patanjali, I think about 2,000 years ago.

Today in the U.S., most people who practice yoga practice Hatha yoga. The Hatha really means that we’re focused on the physical practice of yoga. And as you all likely know, and I could have asked you all about the styles of yoga that you practice, there’s many different styles, different teachers, different kind of traditions within the Hatha yoga.

And in fact, so one of the things, just to emphasize how yoga is not yoga is not yoga, that there are different styles, different ways of practicing yoga, our own Rani Elwy and then I know Erik Groessl is also in the VA, worked on this Essential Properties of Yoga Questionnaire with Crystal Park from UCON. And I really just love this questionnaire and love this article. And I’m going to show you something key about this article.

So what they did is they came up with this way of rating yoga classes on how high they were on different aspects of yoga. So if you look at this picture that’s on your screen, zero, the center, would be low on a particular aspect of yoga and five would be high. And what you see, they took five different types of yoga—Kundalini, Iyengar—Iyengar at BU, Pranayama, and Bikram. And they rated them on each of these different aspects of yoga. And I circled three that we tend to pay attention to in my studies. One, meditation and mindfulness. And you see that all of the different types of yoga here, as you can see my little arrow, are lowish on the meditation and mindfulness with the Pranayama being the highest. And then you look at breath work, right? You look at this and what you see is not surprising, Pranayama yoga is high on breath work, whereas Iyengar—or at least the classes that they were rating—were much lower on breath work. And similarly, when you look at physicality, you see Bikram—not surprising—you know, hot yoga, very energetic, high on physicality, while the others were lower. So this just shows you, it’s a nice way of demonstrating something that’s important to think about as we talk about yoga, which is that there’s many different ways to teach yoga. There’s many sort of different flavors and styles of yoga classes. So one of the things about doing research in yoga is that we need to be thoughtful and specific about what kinds of yoga we’re choosing to use for different populations. And I’ll tell you a little more about how we organized our yoga classes as we go through this talk.

So the next question is, why might yoga be helpful for depression? Well, if we choose to teach yoga in a way that it elevates heart rate, it may also help to strengthen muscles and increase flexibility, these are all aspects of physical activity, right? And we know that physical activity can be useful for people with depression. The way we have taught all the yoga classes in my group is that we really emphasize the mindfulness, the noticing the breath, the non-judgmental attention to thoughts, feelings, physical sensations. So again, some classes in the community may have higher or lower emphasis on this kind of mindfulness practice. We really try to emphasize it at every step throughout the classes. The final thing, another reason why yoga may be useful for depression, is that the Pranayama practice, the practices of changing your breath, there is some nice data out there now that they may have the effect of—it may have the effect of calming your nervous system. So increasing parasympathetic activation. Which may be again useful for people who are depressed, who are perhaps anxious, so we think all of these things may contribute to why yoga might be useful for depression.

So moving on to why yoga for depression part two. What I talked about just now was possible mechanisms, so aspects of yoga that may change things for people, that may serve to decrease their depression. But why do we need another treatment for depression? Well, we know that current treatments are insufficient, they are not enough for many people. People remain—maybe they have a partial response, or a minimal response to current treatments, for some people. Yoga is widely available in the community. It’s relatively inexpensive. And something about yoga, as opposed to some ways that mental health treatment is provided, is that as you all know, yoga is really—the focus is on positive mental and physical health. It’s on growing as a person. So, it’s something that—you know, everyone can potentially benefit from. It’s not just about remediating your weaknesses and your problems.

So I’m going to tell you a little bit about a study that—one of the studies that we did, of yoga for people with persistent depression. The Healthy Body, Healthy Mind study. First, I’m just going to mention all my wonderful collaborators here. There are so many of them that go into doing this research. Yoga teachers and other investigators and research staff and health education teachers, in this case, so these are some of my collaborators to whom I am grateful.

So we’ve been talking about why yoga for depression. At the time that we started this study, it was about 2011, there were many claims that yoga is useful for depression, and as we talked about, there’s plausible mechanisms by which yoga may have an impact on depression. At that time, all of the studies that were in the literature, as I reviewed the literature, is that all of the studies were of varying quality, mostly not very high quality. And some really old studies in there, too. And one reason for studying yoga as an adjunctive treatment for depression is that we expect that it may well be used as an adjunctive treatment, at least some of the time. Where people are already on a medication or maybe they are in psychotherapy as well. I will add a comment that the body of research on yoga for depression is definitely increasing. It’s still smaller than the body of research say on exercise for depression, but some of the newer studies that are coming out now, too, are higher quality. So it is increasing. The body of research is increasing over time.

So, for this study, the Healthy Body, Healthy Mind study. This is a picture that shows what we did. So we brought folks in at baseline. People with persistent depression. I’ll tell you the inclusion criteria in just a minute. They were randomized to 10 weeks of either yoga classes or the Healthy Living Workshop, which was essentially a health education class that we tried to make interactive, interesting, useful as possible. And so then they were in classes for 10 weeks. We offered classes twice a week. They could come once or twice a week. We really encouraged people to come twice a week, knowing that that would be tough for some people. And then classes ended at week 10. And then we had an assessment at three months and at six months. And our primary outcome was depression symptom severity. Secondary outcomes were social and role functioning and physical health.

So our inclusion criteria, adults with elevated depression symptoms on the Quick Inventory of Depressive Symptoms, the QIDS. They had to have met criteria for major depression sometime in the past two years. They had to be on antidepressant medication for at least eight weeks, so this is the adjunctive part. Yoga-naïve. No current high levels of substance use. They had to be medically cleared for moderate physical activity and fluent in English.

So to give you a sense of what our classes looked like, we tried to really develop a balanced class that included some Pranayama, included some active movement, followed by kind of a cool down. So we had a greeting, we had Pranayama and seated meditation to get people started. Warm-ups including some half sun salutations, standing postures, seated postures, inversion, and a knee-down twist. A guided shavasana, a rest, and then a wrap-up and a discussion of homework. So with the exception of the discussion of homework, this will be kind of a familiar format to people who take community yoga classes. Classes were 75 minutes long. We really did strongly encourage people to do homework and we gave them some videos that we made and a commercial video and some different ideas about how to do work at home. So we wanted the class to be balanced, so neither highly active, nor highly quiet and restorative. We wanted it to be suitable for people who were not physically fit. We definitely included some flow through the postures with an emphasis on breathing and on noticing your breath and non-judgmental attention to sensation in your body. We intended it to elevate your heart rate kind of in the middle of class there. To include heart opening postures, which are thought to be useful for people with depression. We had no periods of silent meditation, because we thought for these folks who were yoga naïve, we didn’t want to just leave them alone with their probably self-critical thoughts for long periods of time. So we had—actually, I should say we had no long periods of silent meditation. We did have a guided shavasana, but the teacher was never quiet for more than a minute or so. So that was the class that we taught in yoga. The yoga teachers, the primary yoga teacher that I worked with, Tom Gillette, who really helped to design the class, really came from a Kripalu tradition.

This is the Healthy Living Workshop. So this is—these are just some topics that we covered in the different Healthy Living Workshop classes. So this gives you a sense of—well, this is our consort chart for the study, so starting with 1,470 people expressing interest by calling us to let us know they might be interested. We randomized 122 people, half to yoga, half to the healthy living workshop, and did an intend to treat analysis.

Okay, so here are our results on our primary outcome, the QIDS score. So you see here, the two groups were about the same at baseline here with elevated scores in the kind of moderate-ish range here. Everybody decreased. What you see here is both—so both the yoga and the healthy living workshop had decreased at the end of the intervention at 10 weeks. Yoga had decreased more, but this was not a statistically significant difference. But, what we saw over time is that the group in the yoga arm continued to improve over time here, whereas the Healthy Living Workshop group seemed to have plateaued to the point where these differences—these are statistically significant differences at the follow-up timepoints. Or over the entire follow-up, there’s differences.

And just to give you another way of looking at that, looking at the response rate, which is at least 50% improvement in QIDS scores, so to be a responder you had to have at least 50% improvement. There was no difference in response rate at week 10, but at three-month and six-month follow up, we see a difference in response rate, where here by six months, we see about 50% of the folks in the yoga arm had responded compared to about 30% in the Healthy Living Workshop arm.

So, those were the—that was the results in the primary outcome. I’ve going to give you a little sense of what some of the qualitative feedback the people gave us was. So we asked people: What did you like about the study program? Please tell us the specific things you liked. What did you not like about the program? How could it be improved? Please give us specific details. And what is the most important thing you learned?

So here’s what folks told us. First, they told us about the instructors, and here’s some of the instructors for this particular study. The teachers were all wonderful. I liked the tone set by the instructors—the attitude of not judging or comparing yourself to others. So this is nice, because it tells us that participants were hearing what we wanted them to hear, which was that this was not about judgement or comparison. I liked the way the instructors helped me to change a pose to a way I would be getting the same effect and it was comfortable to me. So this individualized attention and allowing different bodies to be different. The teachers were all great, gentle, non-judgmental, helpful, loving, caring. So we know that it seems who the teachers are—not surprising—seems to be pretty important.

Participants told us about key elements of class. So, I loved feeling relaxed at the end. So the fact that class was relaxing was important to people. People also talked about the postures. I liked the physical-ness of the class, the stretching. I liked when the instructors tied the poses and the breathing to a concept, like thinking about control or judgment or courage. So people talked about like having a theme, so a theme that kind of relates to some of these yoga ethical precepts. And, I loved how the instructors had us stop and reflect on how we were feeling at certain points in class. So this is the kind of meditative concentration aspect of class. Participants also told us about some of the effects of yoga. What did they learn? The most important thing I learned was that when I feel overwhelmed or anxious or fidgety, that I can take a minute and just focus on my breathing, can help relax me and make me feel more focused and less overwhelmed.

What is the most important thing you learned? Concentration to get more in tune with the moment. The yoga taught me to relax. My body is not my enemy and that physical strength and emotional strength are connected. So again, they are telling us kind of what they learned and about how, I think, they use their yoga in everyday life.

So yoga outside of class. I’ve learned to use the yoga in many situations and throughout the day. I’ve learned that I can do yoga anywhere. Yoga and the breathing can help calm me and refocus me during stressful times. The breathing is something I can do at work whenever I feel stressed. So a number of people really talked about taking what they learned in class, taking it off the mat. And I think this may have contributed to the sort of continual improvement in the yoga arm, if they were able to continue to use some of the things they learned in their life, as well as perhaps go to classes in the community. For two of the 18 people, the comments that they made reflected the fact that using yoga at home was challenging. I realized I’d have to dedicate time every day for a longer-term benefit, I think. And I’m too depressed at the moment to feel motivated. So for this person, it was more than they could really take on at the time.

Concerns or drawbacks people mentioned. A few people mentioned that they had difficulties with participation because of physical limitations that they had. People wanted more individualized instruction. And classes were small. They never got to be more than five people or so, so they did have quite a bit of individualized attention. Not liking the class time of day. Wanting an opportunity to participate more, to attend make up classes. And wishing that the written take-home materials that we had provided had illustrations on them. So we gave people videos and stuff, but we did give them some things in writing that did not have illustrations. So that’s what people told us about what they liked about class, how they thought it could be improved, what may have been helpful for them.

We did also look at markers of inflammation and look at how those changed over time. This is a paper that’s currently under review. So we looked at change in IL-6, TNF-alpha, and C-reactive protein in a subset of the total sample. And what we saw is that in this—in the purple is the Healthy Living Workshop arm and the green is the yoga arm, and so we were seeing this marker of inflammation, IL-6, it decreased over time in the yoga arm and actually increased in the Healthy Living Workshop arm. So maybe yoga is having an impact over time on this one marker of inflammation. We didn’t see differences on the other two markers of inflammation that we looked at. So—and this is consistent with some other data in the literature that both physical activity and yoga may have a positive impact on immune functioning.

So, in summary, for this study we recruited people taking an antidepressant medication with persistent depression. We looked at Yoga versus health education. We did not see statistically significant differences at week 10, at endpoint, but over the entire study, including the six months of follow-up, people in the yoga arm had better outcomes than in the Healthy Living Workshop arm on depression. Also on social functioning and life activities and also on their general perceptions of their health. We heard that who the instructors are is very important. We heard that participants learned this idea of non-judgmental attention to the present moment and that they were using their breathing in everyday life.

And so to give you a sense of where this fits in with the current literature, I’m just going to mention briefly this paper, the Effects of Meditative Movements on Major Depressive Disorder: A Systematic Review and Meta-Analysis of Randomized Controlled Trials. So meditative movement also includes Tai Chi and Qigong as two other kinds of activities taught in classes often that are really focused on not just physical activity and movement, but meditative movement. And so, what you see from this meta-analysis, that we—down here you see that outcomes favor the meditative movement interventions more than the control interventions across studies. And I just highlighted for you that these studies here are the yoga studies that they included in their review. So that as I said, there’s more research on yoga for depression coming out now, more high-quality research. And so this is really a medium effect size amongst adults, where yoga and other meditative movement therapies are helping folks with depression.

So next, I’m going to just talk briefly about a few other studies. One study, which we did a pilot study on prenatal yoga for depression, a treatment development study where our objectives were to develop and refine a treatment manual to develop a teacher training program, an intervention adherence scale, and assess the feasibility and acceptability of classes in an open pilot trial and assess safety and prepare for a larger clinical trial. So I should mention that all of our yoga programs, we always have a teacher manual that is usually developed in an iterative process in collaboration with the teachers and what we developed an initial version, we do pilot work, the teachers try using the manual, we make modifications to the manual, we refine it, really trying to listen to what the participants are telling us is working for them and what the teachers find work. So we did that in this study.

So in our pilot open trial, we had 34 women, age 28, range of different racial backgrounds, who were a mean 19 weeks gestation at baseline. About half—for about half the current pregnancy was planned. For about 65%, this was their first planned live birth, and most of them had major depressive disorder.

And so we looked at the acceptability of the yoga program. Our goal was to have women attend one class a week for eight weeks. Among everyone who enrolled, the mean number of classes attended was almost six, and those who initiated, meaning they attended at least one class, and the mean number of classes attended was seven. We had no injuries due to yoga that were reported, although we asked them regularly about it. High satisfaction ratings and we saw that depression decreased over time.

So participants—we also collected some qualitative data, told us about the benefits of yoga, that it was calming and relaxing. Time just for me, or time for me and the baby. So, it did make me feel better to have that time set aside when I can relax and I can just focus on me. They talked about mindful awareness and focus on the present moment as something they learned in class. They talked about having improved mood. They talked—this one was very interesting, they talked about having the ability to choose their responses and learn new coping methods in everyday life. So, I would tell myself, take a breath, and then tell my husband, you are not responding. I need you to respond right now. And so this person was attributing to learning to do this from taking the yoga. And we had a couple of people who commented on how the yoga classes changed a little bit they related to their partners, which we thought was very interesting.

More feedback from participants. The physical activity and stretching was helpful. There were only a few ambivalent responses, so I’d probably—I’d say it’s been helpful, it certainly hasn’t hurt. Over half of participants reported practicing at home, which has always been a goal that we think to really extend the dosage of the yoga. We want people doing some kind of practice at home. And barriers to attendance, not surprising: work schedule, childcare, transportation, physical illness or injury.

So based on results from this study, we have an ongoing project, a larger scale randomized trial of yoga versus a Mom Baby Wellness Workshop. So that’s kind of the prenatal version of health education for depressed pregnant women. Cynthia Battle is the PI of that study. And I think, so as of today, we have I think 108 people enrolled and we’re going up towards 150. So that is ongoing. And that—so we look forward to having the results from that.

I wanted to tell you briefly about another area of research we’re working on, which is Yoga for Depressed Teens. So this study is called TeenThrive. You see my collaborators here. This is also a treatment development study where this past fall we did focus groups and interviews with teens and parents to learn more about what they thought about yoga. And I’ll tell you just a little bit of what we learned from those focus groups. Right now, we have an ongoing open trial where we’re just trying out our yoga manual, our yoga teachers, and seeing how it’s going with teens. And then we’ll do a pilot randomized trial as well.

So here’s just a few thoughts on what we learned from focus groups with teens and parents. We asked the teens, what do you think of when you think of yoga? I think of middle-aged women like my mom. Okay. Not surprising, it was hard to interest boys in yoga. We only got a few boys in our focus groups and they talked about it being hard. They and their friends were not real interested in yoga. Although one boy told us he had gone to yoga. A friend had had to go to yoga because it was required as part of healing from an injury, and so he went with his friend to kind of keep him company. So that was one way that got some boys into yoga classes. With the teens, it was so clear that they had significant concerns about comparing themselves to others in class. I mean, adults have these concerns too, but with the teens it’s just enormous. They are so worried about how they’re going to look compared to other people in class. And when they do a posture they’re going to be doing it wrong, they’re going to be doing it wrong, they’re going to be looking—they’re going to look funny. Other people are going to be looking at them funny. So this was really important for us to really reflect on how much we need to have the yoga teachers address this up front, address the idea that everybody is different, everybody is going to look different, to really encourage teens to focus more internally than externally. It affects how we set up the classroom, because we don’t want people looking at each other. We certainly don’t want somebody right behind you, looking at your behind. That would be tough for the teens. So this really emphasized how important that was for teens.

Teens told us about their previous experience with yoga, which a lot of times was in gym class, and what they described does not match what we plan to do. So I talked earlier about how there’s different ways of teaching yoga, and their previous experience was much more about getting the posture exactly right, as opposed to what we emphasize, which is that yoga is about your internal process of learning about yourself, and your body, and noticing sensation and pushing yourself a little, but not a lot. So their previous experiences were very different. There was lots of enthusiasm, and I was thinking about our yoga class would be an hour long with teens. I was thinking, okay, we’ll shorten it a little bit for teens. Some of the teens told us, you know, how about a 20-minute class, that would be a good idea. A 20-minute class. So we compromised. We have a 45-minute class, it’s hard to pack in everything we want to do, but we’re working on it.

So that’s some of what we’re doing with teens now. Some future research questions that I’m thinking about, you know—we’ve kind of looked at yoga for depression in adults, ongoing research with pregnant depressed women and with teens. And so some future research questions I’m interested in, going back to the beginning, what are the specific aspects of yoga that are most helpful or most important for people with depression? How important is it that we do not just noticing your breath but Pranayama, so changing the way you breathe. How important is that for depression? All the yoga teachers I talk with, there seems to be this consensus that that’s really, really important that we’re doing that. How frequently should people attend class? So, Chris Streeter up in Boston has looked at this a little bit, where she took folks with depression and had them attend class two times a week versus three times a week, and didn’t see differences on the primary outcome. It was a smallish study. She was looking at people with depression. I think it’s hard for a lot of people to get to class even twice a week, so I’m interested, is once a week enough, if we can really boost home practice, to see an impact on depression symptoms improving over time.

Does more yoga home practice result in better outcomes, and are there factors that will predict that someone will respond well to yoga? So, we did a little study, we looked at some data from that first study I talked to you about with the yoga in adults, and we saw that people who expected that yoga would be helpful—not surprising—did better than people who didn’t necessarily expect that yoga would be helpful. Or had—it’s not that they didn’t expect it would be helpful. People with higher expectations for the helpfulness of yoga did better over time in the yoga arm.

So just a little bit of practical advice for people with depression; things that I tell my patients. Experiment with different classes, look for a teacher who helps you feel comfortable, safe, and not self-conscious. It’s so clear that who the teacher is, is important to people. Trust your body. You don’t have to always do what the teacher says. If your body is saying no, then no, don’t do it. For beginners, or people who are not physically fit, you really want to start with gentle classes, beginner classes, maybe Viniyoga. And then notice about how the classes make you feel. Do you feel more relaxed, energetic, or happy? You want to do it—you want to continue to engage in yoga if you feel like it’s making a difference. Tai chi is something else I mentioned earlier as another meditative movement that some people might like better, and it might be better to have a live teacher than a video, in that a live teacher, especially for a new person, can really help them make adjustments to their postures and also really help to motivate them to keep going.

Okay, so that’s the practical advice. And that concludes what I’d prepared to talk about today. A big thank you, these are more of my—my collaborators are all so wonderful, I love to show pictures of them. So thank you to my collaborators, the yoga teachers I work with, the health education teachers, the research staff, and of course all the participants in our study.

So, Rob, that completes what I had prepared for today. I’m two minutes early.

Rob: Okay. Well, let me just announce to your attendees that if you have questions—and we do welcome your questions—please enter them into the questions pane in the GoToWebinar dashboard on the right-hand side of your monitor. But I thank that Rani and Alison may have comments before we get any questions. That I’m not sure about.

Alison Whitehead: Yes, great. Thank you, Rob. This is Alison. Can you hear me?

Rob: Yes.

Alison Whitehead: Okay, great. I successfully took myself off of mute. So thank you, Lisa, so much for that informative presentation. It was fantastic. I really think that this work and research will be very informative for our population of Veterans, in addition to the population that you were working with. At VA, we’re starting to expand and include more yoga as a part of our whole health system. So for those of you who aren’t familiar with Whole Health, Whole Health is an approach to care that empowers and equips people to take charge of their health and well-being. And really, to live their lives to the fullest. So various complementary and integrative health approaches, including yoga, are an integral piece to that Whole Health system. And we heard from the presentation that there are a vast number of styles of yoga out there, and we see a little bit of that at VA, too. We do have a lot of general yoga for wellbeing classes, gentle—either mat-based or often times chair yoga classes. We’ve seen some literature, including an HSR&D evidence map, looking at yoga for Veterans showing how it can be really helpful for a number of different chronic conditions, including heart disease, stroke, COPD, anxiety, depression, and pain. And with that knowledge and awareness, the Integrative Health Coordinating Center that I’m the national program manager for, we’ve been working with a group of leaders across VA and subject matter experts, looking at different evidence-based integrative health approaches to include in VA. In May of 2017, there was the VHA Directive 1137, the Provision of Complementary and Integrative Health directive that was published and really provides some internal guidance for VA staff and providers on Complementary and Integrative Health approaches that are covered under the medical benefits package, and yoga is one of those eight approaches.

In addition to that, to help with expansion of yoga within VA, was the Comprehensive Addiction and Recovery Act, or CARA legislation of 2016, that had been into law by former President Obama, includes various sections related to pain management and mental health. Section 933 specifically in that legislation mandates the expansion of Complementary and Integrative Health through pilot sites. And so VA has been doing that through a Whole Health system approach. So Whole Health as sort of the vehicle for implementing Integrative Health as part of a larger healthcare system. And we’re seeing a bit of a growth of yoga related to that as well.

A couple other things that have been happening at a National level to help with the spread of yoga. We have a Whole Health system tracking team that has actually been helping to develop internal coding and tracking infrastructure so that we can more accurately capture utilization of yoga and other CIH approaches. We’ve been working with Rani and her team also on various data pulls at a National level, as well as an environmental scan or a sort of self-report survey of VA medical centers, to see how much and what type of yoga and other approaches are being implemented.

And then, just a couple other resources for implementation. We do have a Nationally classified yoga instructor position description that we’ve developed that’s available so facilities who have the demand for yoga and the ability to hire a yoga instructor on staff, we have that position description to help. We’re exploring qualification standards for yoga therapists as well. I mentioned the coding and the tracking guidance, and then we also have some internal SharePoints or intranet pages with a lot of different guidance, as well as our external Whole Health site for VA as well.

So I know that was a lot of information. I’m hoping, Rob, maybe we can get some of those links and resources out to attendees maybe via email or however you distribute information. But with that, I’ll hand it back over to you and to Rani.

Rob: Thank you. Rani, if you don’t have any comments that you want to make at this time, I’ll jump right into questions.

Rani: Questions are great. Thank you.

Rob: Okay. The first question we had came in fairly early, Lisa, and somebody asked: Did the yoga group continue practicing yoga after the study? Were they still practicing at three and six months follow-up?

Dr. Lisa Uebelacker: Yeah, so when people left the study we gave them kind of a curated list of recommendations for places they might like to continue practicing yoga, for the people in the yoga arm. And we did see that yes, the people in the yoga arm were practicing yoga more than the people in the health education arm through the six-month follow-up. So there certainly was a fall off, but they were still practicing yoga more, both formally—so in classes—and then also—well, we know that formally they were practicing yoga more. I’m guessing, I guess I don’t know for sure, that they were also still using the breathing practices in everyday life as well.

Rob: Excuse me—thank you. Next question, this person says: Thank you. I am interested in implementing surveys into my yoga therapy offerings. Would you be willing to share your surveys or provide guidance on where to secure great materials?

Dr. Lisa Uebelacker: Yes. I think this is wonderful, that someone—that people want to do this, and kind of look at the impact of yoga. It’s definitely the kind of thing where what we want to look at is what is the question you’re interested in asking? What are the things that you would like to assess? And there’s lots of validated self-report questionnaires out there that we can use to look at change over time. So sure, absolutely. A good resource for that is called Promis, P-R-O-M-I-S, which is a toolbox. I think it’s funded by NIH. Maybe Rani, you can correct me if I’m wrong there. But has measure of lots of important patient-reported health outcomes and a lot of them are very brief, too, which is nice. And so that’s a good resource that you can look at online as well.

Rani: You are right, Lisa. It was a huge initiative funded by the NIH and now available publicly to anyone.

Rob: Great. Thank you, ladies. Another question we got early on, this person writes: I love that Dr. Uebelacker drew on her stakeholders, such as yoga teachers, to build her yoga protocols. Has she ever involved patients or participants in her studies to help her think through any necessary changes to the yoga protocol for future testing?

Dr. Lisa Uebelacker: Yeah, so let me say first, I have to involve my teachers. I am not a yoga teacher. I have practiced yoga for years, but I’m certainly not a yoga teacher or expert, so I must involve them. And you’ll notice, like with the teens, the first thing we did was to have the teens and the parents come in for focus groups, because we wrote the yoga manual. And so we do that in a lot of our studies, again, to get feedback. Like an hour and a half? That’s way too long. We can’t do that. In another study we did, yoga for people with chronic pain who are taking methadone or buprenorphine for opioid abuse treatment. We also did focus groups with them first, and they told us, yes, it cannot be longer than an hour. After an hour, we have to have a cigarette break, and so unless you’re going to include that in your yoga class, you cannot be longer than an hour. They also tell us, in addition to things like how long the class should be, they tell us a lot of really other important things about what they hope for in terms of the class, what they’re worried about, what their concerns are. So we do that. We develop the manual. Then, this piloting is really—piloting the yoga manual and doing pilot trials, is really a way to get the teachers out there using the manual, and then they’re getting feedback from the students in their classes, right? And then they bring it by and say, well, this really didn’t work. We need to tweak this. Like we said with the teams, the teachers have just got out there to start teaching the class, and said, okay, they’re going to tell us. We’re going to know, we’re going to have a good sense of what they like and what they don’t like. And then in addition to just this kind of natural feedback during class, with these pilot studies, at the end of the pilot studies we always do an interview with the participants to ask them about what was useful, what was not useful, what would you like to see changed? So we try to definitely include feedback from the participants right from the start, because a lot of this pilot work that I described in the second part of the talk, it’s really all about acceptability and feasibility. Can we do this study? Is this acceptable to the people that we’re trying to work with and help?

Rob: Thank you. Early on, we had a few people answer to the poll question that that “other” meant that they were managers looking for tools to help their employees. And I need to mention also that the environmental scan that Alison referred to a little while ago, was actually the topic of the introductory CIH Cyberseminar—oh, maybe it wasn’t introductory. Nevertheless, the January 2019 CIH Cyberseminar in this same series. So I’m actually going to put the link to that archive up right now for everybody in answer to one of those questions early on. There you go, that should be available to everybody. But next question, Lisa. This person says: My hunch is that the process of actually leaving the house to get to class and the camaraderie/social support of class and relationship with the teacher who may notice progress, is so important. I can’t imagine replacing the impact of these, of live classes, with home practice. Any thoughts on this, and is this something you are trying to measure in your studies?

Dr. Lisa Uebelacker: So, yes. I agree this is important, and this is exactly why we have—we feel like it’s very important to have an active control group, like health education, because for these folks who are depressed, just like this commenter said—getting out of the house, coming together, talking with other people, talking with someone who seems to care about them, focusing on their health, focusing on something positive, we wanted to control for all of those things. So that’s exactly why we have had, at least for adults, these health education control groups, which we try to make as engaging as possible. In terms of measuring the effect of the relationship with the teacher, I haven’t done that in a formal way. It comes through very clearly in the qualitative data. It’s certainly something that we could look at, I’m just thinking about like an alliance type scale that you would use with therapists to look at how—to look at the alliance between the patient and therapist, and I’m thinking that something like that could be potentially adapted to look at how—what kind of alliance people feel with their teacher. I’m worried we wouldn’t have a lot of variability. Mostly because we just really get these awesome, wonderful teachers, but it’s certainly worth looking at.

Alison Whitehead: This is Alison. I’d like to just make a quick comment, too. And Lisa, I totally agree. I think having the in-person, with the community of other students, as well as the provider is super important. But just one other item to kind of put out there too, is that we’re actually starting to expand our tele integrative and tele Whole Health services as well, knowing that some of our Veterans may live in rural or remote areas that are far away from the offerings, or you know, because of physical or other limitations, may not be able to travel to a site. And so we’re trying to open up that access to those folks as well through a teleyoga type class. You know, the ideal being that at some point they can have that in-person interaction, but then also to sort of help provide another option for some folks who might not be able to get into the medical center.

Rob: Thank you. We have a few more questions left. Have you considered presenting your findings at one of the IAYT conferences? Are you integrating other demonstrated effective therapeutic yoga practices, e.g., eye rest LifeForce yoga?

Dr. Lisa Uebelacker: So I haven’t done anything with eye rest. LifeForce yoga, I believe that’s Amy Weintraub. And she’s definitely someone that we consulted with in the development of the manual, and it was in fact her video, her introductory video was one that we have to participants in that first big study I talked about. I presented at the Yoga Research Conference that is associated with IAYT, but not at the other conference that the person has mentioned. But yeah, I certainly—I think it’s important to get all this research out there and have a conversation among researchers, teachers, participants, other stakeholders, about what is important to people, important outcomes, and what we think might work or not work.

Rob: Great, thank you. We only have one question left, and it’s a repeat. I’ll ask it anyway, but maybe Lisa, you’ll want to just launch right into your closing comments after I ask it. And it is: How important do you think the social interaction is for the positive effects on yoga on depression?

Dr. Lisa Uebelacker: Yes. I think that the effect of having a teacher who is fully present in the room—which is really an essential part of being a yoga teacher, who is fully present in the room and focused on guiding you in a healthy way, has to be really important. So again, that’s why in an effort to control for some of that is why we have the health education control group. The social support with other students, most of our classes don’t involve much verbal interaction with the other students, although I think it’s certainly possible there’s this effect of being in the room with other folks who may have had similar experiences to you. So I do think these things are important, and even if you’re thinking about people who can’t travel and maybe they are interested in yoga and doing it online, is there a way to build the community online to some extent, too, in addition to just viewing videos. Is there a way to have interaction with a teacher, interaction with other participants online to kind of support that aspect of yoga? Yeah, I think it—I do think it’s probably pretty important. Having to go to class also might keep you a little more accountable, so at home it’s easy to put off, oh, I’ll do that later. I’ll do that later. Whereas class is at a certain time each week and you’ve probably gotten reminders about class and you know, you have to get up and go. So I think there’s a lot of things associated with going to yoga class and that—other than just the postures or the breathing or the meditation. And the teachers are certainly very important.

So my final remarks are just thank you all for listening, out there in cyberspace. And I hope that those of you who do research, I hope that some of you are also engaged in this kind of research and continuing it. Thank you, again.

Rob: Great. Thank you, Lisa. Rani or Alison, do you have anything left to say?

Rani: Nothing else from me.

Alison Whitehead: This is Alison, just thank you. Sorry, Rani, go ahead.

Rani: No, no. That’s great. I’m so glad that Lisa was able to join us, and it’s wonderful to have great research from outside the VA being presented to a primarily VA audience. So, thank you again, Lisa.

Dr. Lisa Uebelacker: You’re welcome.

[ END OF AUDIO ]