The effectiveness of mindfulness based cognitive group therapy for social anxiety symptoms in people living with alopecia areata: A single case series

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1 The University Of Sheffield.

2 Sheffield Teaching Hospitals NHS Foundation Trust

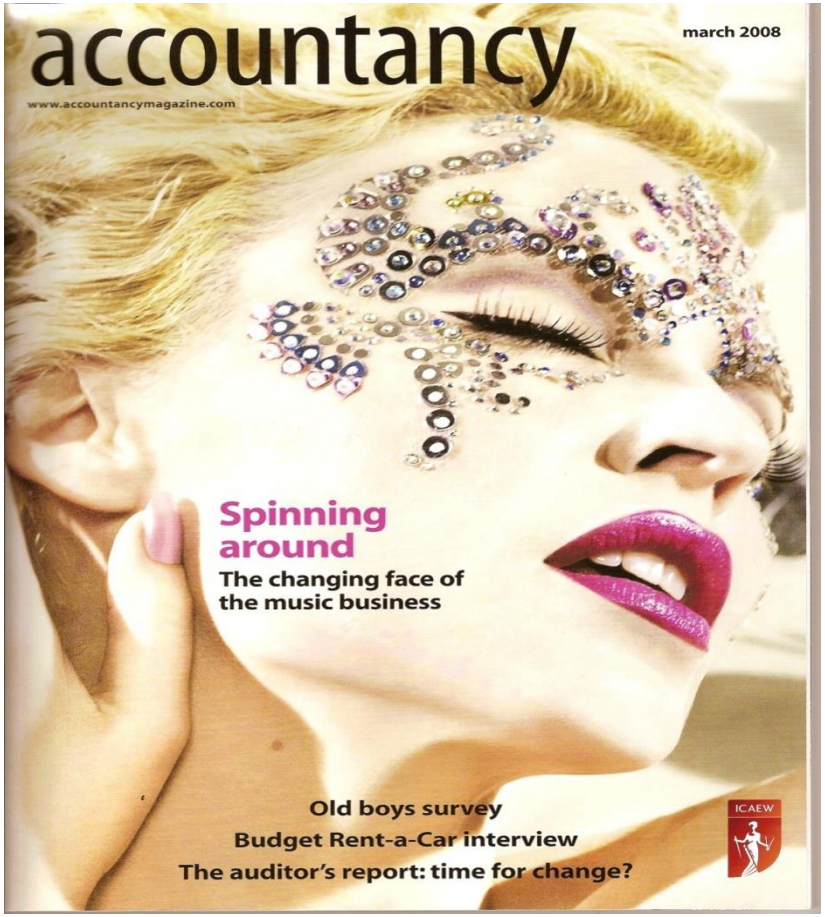
3 Sheffield Health and Social Care NHS Foundation Trust

4 Salford Royal NHS Foundation Trust University Teaching Trust

Why are we doing this study: the need for psychosocial support

- Background – why does hair matter?
- What are the psychological impacts?
- Why might MBCT be helpful?
- The study and where we are up to

The pressure to look good

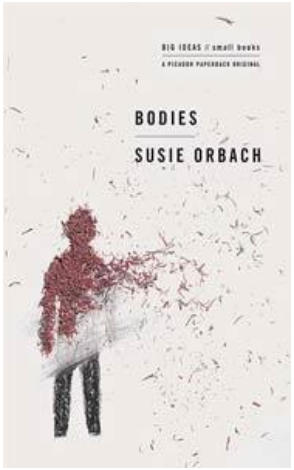


Use of beauty in everyday settings

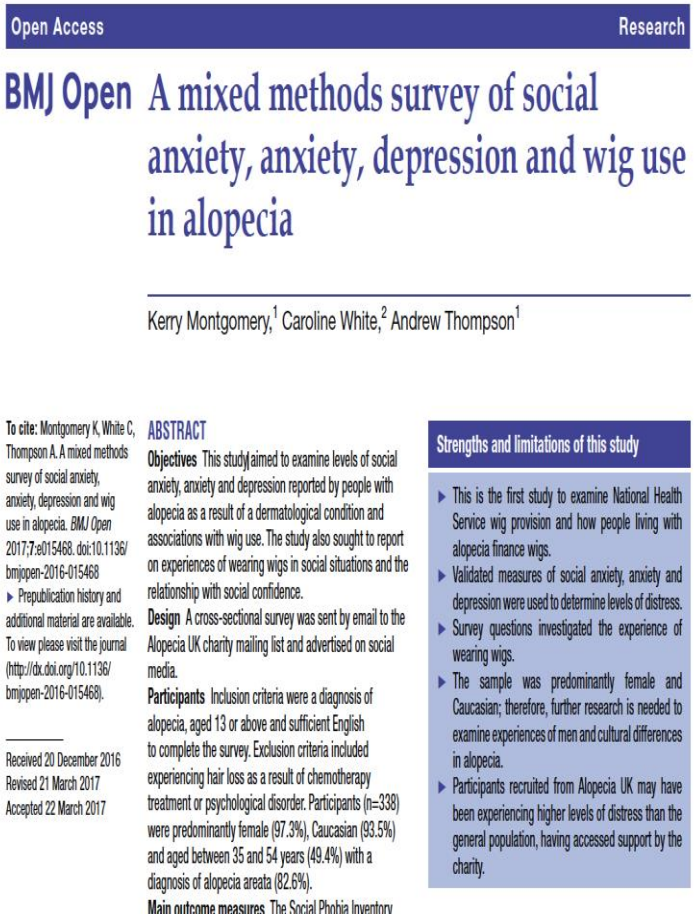
A quote from a 'cosmetic surgeon' - "When you look at popular magazines you quickly realise that today's aesthetics are focused on superficiality. All that counts is a flawless façade. This is highly regrettable" (Sebagh, 2006)

Stereotypes and hair and unhelpful adverts

- Susie Orbach and other feminist writers have talked about – objectification: - how a dominant narrative of empowerment is being (mis)used for commercial benefit



What is the evidence for need for psychosocial support?



Open Access Research

BMJ Open

A mixed methods survey of social anxiety, anxiety, depression and wig use in alopecia

Kerry Montgomery,[1] Caroline White,[2] Andrew Thompson[1]

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► Prepublication history and additional material are available. To view please visit the journal (http://dx.doi.org/10.1136/bmjopen-2016-015468).

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ABSTRACT

Objectives This study aimed to examine levels of social anxiety, anxiety and depression reported by people with alopecia as a result of a dermatological condition and associations with wig use. The study also sought to report on experiences of wearing wigs in social situations and the relationship with social confidence.

Design A cross-sectional survey was sent by email to the Alopecia UK charity mailing list and advertised on social media.

Participants Inclusion criteria were a diagnosis of alopecia, aged 13 or above and sufficient English to complete the survey. Exclusion criteria included experiencing hair loss as a result of chemotherapy treatment or psychological disorder. Participants (n=338) were predominantly female (97.3%), Caucasian (93.5%) and aged between 35 and 54 years (49.4%) with a diagnosis of alopecia areata (82.6%).

Main outcome measures The Social Phobia Inventory

Strengths and limitations of this study

- This is the first study to examine National Health Service wig provision and how people living with alopecia finance wigs.
- Validated measures of social anxiety, anxiety and depression were used to determine levels of distress.
- Survey questions investigated the experience of wearing wigs.
- The sample was predominantly female and Caucasian; therefore, further research is needed to examine experiences of men and cultural differences in alopecia.
- Participants recruited from Alopecia UK may have been experiencing higher levels of distress than the general population, having accessed support by the charity.

- Participants – Female – 97%; white – 94%; Age 35-44 - 49%; Alopecia Areata – 83%)
  - 48% reported clinically significant levels of social anxiety; 36% reported clinically significant levels of anxiety; 28% reported clinically significant levels of depression
  - 66% reported that they would not feel confident leaving the house without a wig.

Montgomery, K., White, C., & Thompson, A. R. (2017). A mixed methods survey of social anxiety, anxiety, and depression, and wig use in alopecia. *BMJOpen, 7,* doi.org/10.1136/

What is known about treating secondary psychological distress: what works

GENERAL DERMATOLOGY

BJD
British Journal of Dermatology

Establishing and prioritizing research questions for the treatment of alopecia areata: the Alopecia Areata Priority Setting Partnership*

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Linked Comment: Apfelbacher. *Br J Dermatol* 2017; **176**:1128–1129

Rank	Uncertainty
1	What is the most effective treatment for Frontal fibrosing alopecia?
2	What are the causes of Frontal fibrosing alopecia? For example- dietary, genetic, autoimmune, skin care products, medications, hormonal, environmental, vaccination, infection.
3	What are the causes of female pattern hair loss? For example- genetic, hormonal and childbirth, autoimmune, dietary, other medical conditions, environmental factors.
4	In all types of hair loss, are psychological therapies effective in improving patient outcomes?
5	In all types of hair loss, what outcome measures should be used to assess severity of hair loss, progression and impact on the individual?
6	Is spironolactone helpful in managing female pattern hair loss?
7	In all types of hair loss, does raising ferritin levels/replacing iron improve hair growth? And what is the optimal level of ferritin?
8	What is the most effective treatment for Lichen planopilaris?
9	In all types of hair loss, do certain diets or nutritional supplements (for example vitamin D) prevent or improve hair loss?
10	In female pattern hair loss, does hormone replacement therapy (HRT) halt progression of the hair loss compared to placebo?

Online peer support

- Alopecia UK offer online peer support via Facebook
- A recent qualitative study suggested participants found it beneficial (Iliffe & Thompson, 2019)
  - Create belonging
  - Accepted
  - Understood
- But more support/interventions needed

Original Article

Investigating the beneficial experiences of online peer support for those affected by alopecia: An interpretative phenomenological analysis using online interviews

L.L. Iliffe, A.R. Thompson

First published: 10 April 2019 | https://doi.org/10.1111/bjd.17998

Facebook

Our Facebook Group is our primary online peer support platform, along with its three sub-groups. The main Alopecia UK (Group) can be found here. Facebook sub-groups which we felt would benefit from having their own space are:

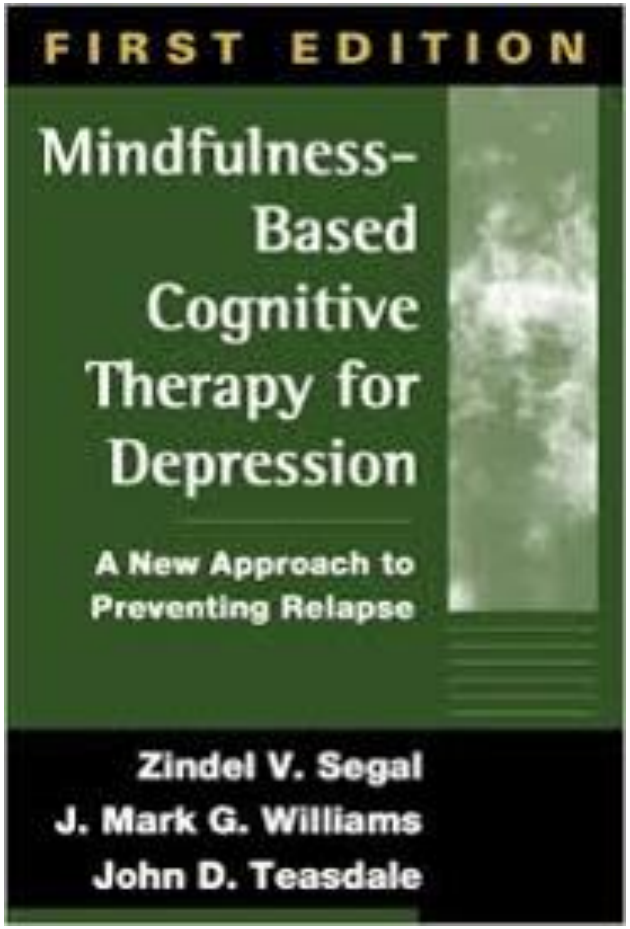
- Wigs, headwear, make up and more
- Parents' chat
- Men's chat

With over 4500 members the main group is a busy place to be! Each month we have over one hundred new members joining and group members posting 500+ posts and 7000+ comments. It is a great place for people with all types of alopecia (hair loss). Our admins and moderators strive to ensure our Facebook groups are a friendly place, encouraging a community feel that allows for useful peer support to come through. All of our Facebook groups are 'closed groups' which means that any posts made within the group are not seen by your Facebook friends, unless of course they are also a member of the group.

Outline of MBCT group

- Mindfulness has been defined as “paying attention in a particular way: on purpose in the present moment and non-judgmentally” (Kabit-Zinn, 1994)
- There is a compelling body of evidence to show that MBCT is an effective psychological approach to recurrent depression (NIHR, 2016)
- NICE & SIGN endorse MBCT for people with recurrent depression
- MBCT for relapse in depression (Segal, Williams, & Teasdale, 2001; 2002)

  - Session 1 – Introduction week
  - Session 2 - Awareness and automatic pilot
  - Session 3 - Living in our heads
  - Session 4 - Gathering the scattered mind
  - Session 5 - Recognising aversion
  - Session 6 - Allowing and letting be
  - Session 7 - Thoughts are not facts
  - Session 8 - Taking care of yourself
  - Session 9 - Maintaining and extending new learning



Outline of MBCTs effectiveness

Clinics in Dermatology (2018) 36, 743–747

ELSEVIER

Clinics in Dermatology

The potential role of mindfulness in psychosocial support for dermatology patients

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Abstract While it is widely acknowledged that people living with skin conditions can experience higher levels of psychosocial distress than the general population, access to psychologic support in dermatology is limited. Given the physical and psychosocial consequences of living with skin conditions, interventions used within physical and mental health may be beneficial. Mindfulness, defined as "paying attention in a particular way: on purpose in the present moment and non-judgmentally," has shown promise in improving outcomes in both mental and physical health populations, and studies have implicated a role for mindfulness in improving distress associated with skin conditions.

The current review explores the theoretical underpinnings of mindfulness, in particular, the role it may play in reducing physiologic arousal and managing maladaptive thought processes. Although mindfulness interventions offer promise in reducing distress associated with skin conditions, further research is required to fully understand the underlying mechanisms of mindfulness and the active ingredient responsible for improving outcomes in dermatology patients. Mindfulness is one potential psychologic intervention and practitioners should be aware of the range of psychologic support options available. The current review also draws attention to the urgent need for further research into the effectiveness of psychologic interventions for dermatology patients.

- There was evidence that global changes in mindfulness are linked to better outcomes (Alsubaie et al., 2017)
- More evidence was available for interventions targeting psychological as opposed to physical health problems
- Lack of methodological rigour found in testing mechanisms in MBCT/MBSR for both physical and psychological conditions populations

Why mindfulness-based cognitive therapy?

QUALITATIVE RESEARCH

BJD
British Journal of Dermatology

The importance of mindfulness in psychosocial distress and quality of life in dermatology patients*

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Linked Comment: Fordham. *Br J Dermatol* 2016; **175**:864–865

Summary

- May reduce engagement in negative appearance related thoughts
  - Viewing thoughts as thoughts (NOT facts)
- May reduce attentional bias towards self-referential information
- Higher levels of mindfulness are related to lower levels of social anxiety in dermatology sample (Montgomery et al., 2016)

Results of an unpublished pilot of MBCT with skin conditions

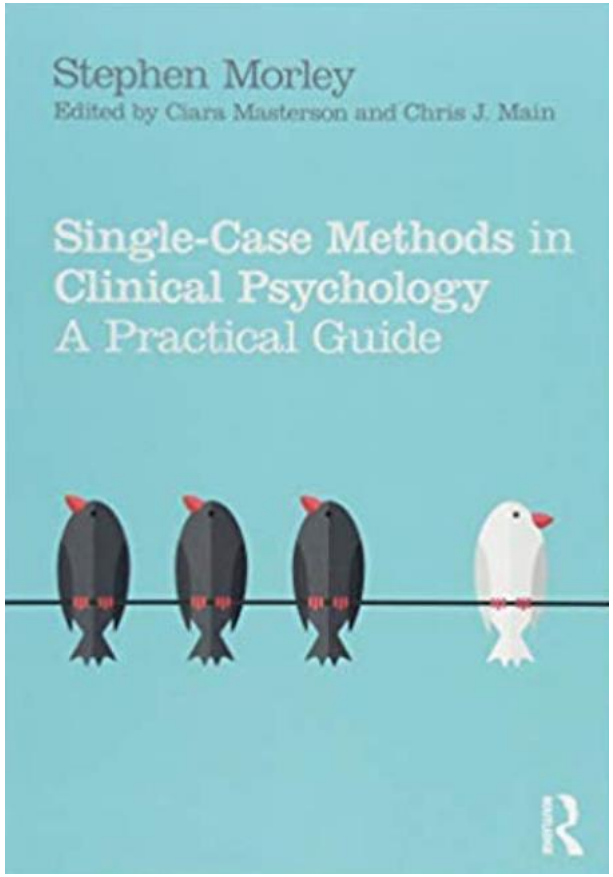
- 11 participants started the group (two with alopecia)
- 3 drop-outs (session 1, session 2 and session 3)
- 1 did not complete end of intervention measure and follow-up

I feel like my life has changed and that's a very emotional and powerful point

the course taught me is no they're not making you feel better its I need to step away and see them as just thoughts they're not harmful and everyone has them and it was that that was the real penny drop moment

Montgomery K, Norman P, Messenger A, Thompson, A. The potential role of mindfulness in reducing distress in dermatology patients. based cognitive therapy: Effectiveness and mechanisms of action in people with visible skin conditions. European Society of Dermatology and Psychiatry congress. Brest, France. 2017, Oral presentation

Current Study Design



- Multiple baseline single case design
- Random assignment to 2, 3, or 4 week baseline phase
- All participants engage in 9 week MBCT intervention
- Four week follow-up phase

Current Study Design

- Main variables of interest, measured weekly throughout baseline, intervention and follow-up:
  - Mindfulness (FFMQ-15; Baer et al., 2012)
  - Social Anxiety (BFNE-S; Carleton et al., 2011)

- Daily measurement of social anxiety (participant generated)

- Also measuring depression (PHQ; Spitzer et al., 1999) , generalized anxiety (GAD-7; Spitzer et al., 2006), quality of life (adapted DLQI; Findlay & Khan, 1994), service use (CSRI; Beecham & Knapp, 2001), and work/social adjustment (WSAS; Mundt & Marks, 2002)

Study update

- Recruited 7 participants (all female) – moderate psychological impact and large QoL impact

- Assessment scores:
  - Social anxiety (BFNE-S) - mean = 24.43, SD = 4.35
    - Clinical cut-off ≥ 25
  - Depression (PHQ-9) – mean = 11.42, SD = 4.58
    - Scores of 11-15 = moderately severe depression
  - Generalized anxiety (GAD-7) – mean = 10.29, SD = 4.27
    - Scores of 6-10 = moderate anxiety
  - Quality of life (DLQI) – mean = 11.42, SD = 6.58
    - Scores of 11-20 = very large effect on patients life

Study update

- Specific idiographic target measures:

- Negative target participant identified measures:

  - 1) How self-conscious have you felt today about your alopecia?
  - 2) How often have you worried about other peoples opinions of you today?
  - 3) How affected have you been today by people looking at your hair?
  - 4) How self-conscious have you felt today?
  - 5) How worried have you been today that you will be judged by others?
  - 6) How self-conscious have you felt today around others? 7) When in public today, how anxious have you felt?

Study update

- Specific idiographic target measures:

- Positive target participant identified measures: :

  - 1) How brave you felt today (e.g. when in social situations/around others)?
  - 2) Today, how confident have you felt in social situations where you feel you would be judged?
  - 3) In social situations today, how comfortable/focussed have you felt whilst doing specific activities/tasks?
  - 4) How easy has it been for you to do the things that you wanted to do today (e.g. attended university, saw friends, went shopping, etc)? / How comfortable have you felt about leaving the house today?
  - 5) How confident have you been today when in, or thinking about, social situations?
  - 6) Today, how often have you been out in public to do the things you wanted to do (e.g. seeing friends, family, hobbies, etc)?
  - 7) How often have you approached anxiety provoking situations today?

Potential issues

- Recruitment has been difficult
- Drop-outs – don't know yet!
  - Three people declined after assessment
- Little interest from men….

Study update

- Group will begin on Tuesday 21st May
  - Follow up session – 20th August

- Expect results to be published and available in November 2019

UK Dermatology Clinical Trials Network

alopecia uk

Thank you – any questions?

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