# Yoga with Addictions

## The Efficacy of Yoga with Addictions: A Scoping Review of Evidence

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Nau mai, haere mai!
*Ko Ruepahu te maunga*
*Ko Moananui te moana*
*Ko St Heliers te marae*
*Ko Alex El Amanni toku ingoa*

## Preface/Mihi

Tena koutou, tena koutou, tena koutou katoa,

My name is Alex El Amanni, my hometown is Auckland. I work as an addiction counsellor and a consumer advocate. I am also a postgraduate student studying a Master of Health Practice. This piece of academic work was completed in the final year (2017) of my Bachelor of Addiction Studies at Wellington Institute of Technology.

Thanks for looking at my APSAD Conference Poster.

Nga mihi.

## Background & Issue

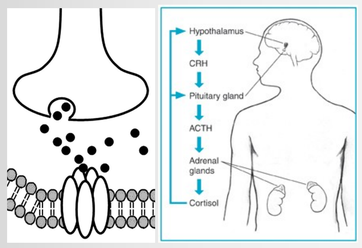
In New Zealand, addiction is a common mental disorder and a population health issue that causes significant social and treatment costs. Relapse rates post addiction treatment are considered high. Yoga has been suggested as a complementary therapy with addiction treatment to prevent relapse and enhance recovery. Recent studies have found promising results for using yoga in mental health treatment, such as reducing depression and anxiety.

## Methods & Aims

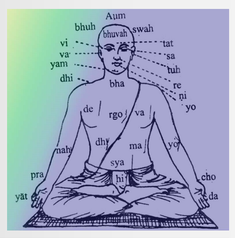
The study design is a scoping review of literature. Data from (*n*=10) studies with a total of (*N*=671) research participants were used in the review. The aims were to (a) present results of studies in a **data table** (illustrated) and (b) do a **thematic analysis** of outcome measures areas of functioning that improved (illustrated) . The EBSCO Host, ProQuest, and Google Scholar databases were searched using the search strategy: (*addiction OR "substance use disorders" AND yoga*).

## Literature Review

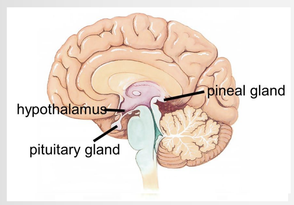
⇒Yoga can help to reduce depression and anxiety by reducing stress hormones and increasing GABA levels.



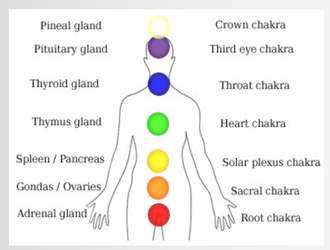

⇒According to Eastern philosophy, yoga has a physiological effect on built-in technology in the body, i.e. meridian points (pictured).




⇒Yogic exercises can activate hormonal activity in the endocrine system by stimulating the hypothalamus, pituitary and pineal glands.

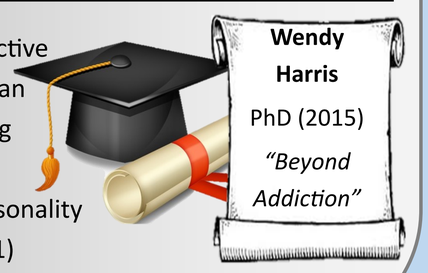



⇒Yoga practice encourages secretion and detoxification of glands and organs.




⇒Yoga is not proposed as an alternative to conventional psychosocial addiction intervention, but rather a complementary therapy to supplement the maintenance of abstinence-based recovery.

⇒Yoga is a physical and active intervention which has an in vivo effect; re-forming "deeply rooted belief systems, automatic personality traits, and habits" (p. 41)




## Key Findings

Seven out of the ten studies had statistically significant results ($p<0.05$) for various outcome measures.

The main themes from the areas of functioning that improved were: *Depression, Urges/Cravings, Anxiety,* and *Quality of Life* (QoL).

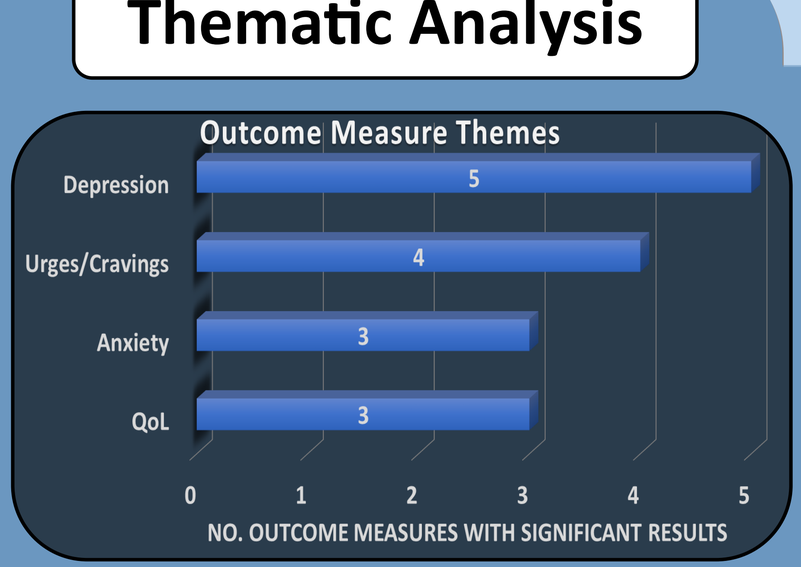
## Conclusion

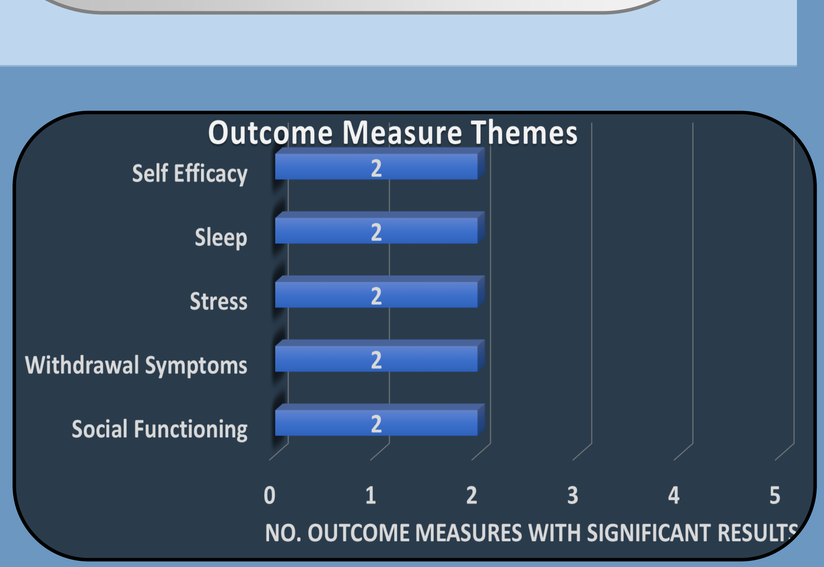
Yogic interventions may be recommended to substance use disorder patients as a complementary therapy to improve their level of functioning in certain areas.

Yoga can reduce urges and cravings but more longitudinal randomised controlled trials are needed to test the relapse prevention efficacy.

Conclusions are limited by a high risk of bias due to no patient blinding and confounding variables due to different outcome measures.

## Thematic Analysis




## Data Table

| Author (year) | Design | (*n*) | Control | O/measure | Main result | Conclusions |
|---|---|---|---|---|---|---|
| Anand (2013) | RCT pilot with 2 parallel groups | (*n*=20) | Standard Treatment | 1. SCI<br>2. OPAS | 1. Sig (*P*<0.001)<br>2. Sig (*P*<0.001) | Yoga therapy is effective in addiction treatment. |
| Anju (2015) | RCT with 2 parallel groups | (*n*=84) | Standard Treatment | 1. WHO QOL | 1. Sig (*P*<0.05) phy<br>Sig (*P*<0.001) psy<br>Sig (*P*<0.001) env | SKY can improve QOL at 6-m FU. |
| Chen (2010) | Controlled clinical trial pilot | (*n*=207) | Standard Treatment + SMART | 1. TCR<br>2. VAC<br>3. SAS | 1. 92%*sg* 78%*cg*<br>2. N.s (*P*=0.69)<br>3. N.s (*P*=0.76) | Mostly females will benefit from Qigong. |
| Devi (2016) | RCT with 2 parallel groups | (*n*=66) | Waiting List | 1. PSQI<br>2. RSES<br>3. BDI II | 1. Sig (*P*<0.001)<br>2. Sig (*P*=0.005)<br>3. Sig (*P*<0.001) | Improvement to self-esteem using yoga. |
| Hallgreen (2014) | RCT pilot with 2 parallel groups | (*n*=14) | Treatment As Usual | 1. RAC<br>2. HADS<br>3. SDS* | 1. N.s (*P*=0.17)<br>2. N.s (*P*=0.67)<br>3. N.s (*P*=0.79) | Study was limited by small sample size. |
| Khalsa (2008) | Qualitative case study pilot | (*n*=8) | No Control Group | 1. PSS*<br>2. BASIS<br>3. QRI | 1. N.s (*P*=0.44)<br>2. Sig (*P*<0.05)<br>3. Sig (*P*<0.05) | Yoga had a significant impact on subjects. |
| Manju (2017) | Cohort survey study | (*n*=127) | No Control Group | Null/alternate ($H_a$) hypothesis | Sig $H_a$ =(*P*<0.01) (*r* =0.724) | Correlation between yoga and sobriety. |
| Marefat (2011) | RCT with 2 parallel groups | (*n*=24) | Waiting List | 1. BDI<br>2. STAIT | 1. Sig (*P*=0.048)<br>2. Sig (*P*=0.023) | Positive effect on anxiety and depression. |
| Shaffer (1997) | Crossover RCT with 2 groups | (*n*=61) | MM + Psychotherapy | 1. SCL<br>2. ASI<br>3. GSI | 1. N.s<br>2. N.s<br>3. N.s | HY+MM not more effective than control. |
| Vedamurthachar (2006) | RCT with 2 parallel groups | (*n*=60) | No Intervention | 1. BDI<br>2. ACTH<br>3.Cortisol | 1. Sig (*P*<0.001)<br>2. Sig (*P*<0.001)<br>3. Sig (*P*<0.001) | SKY has antidepressant effects on alcoholics. |

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