

Yoga Improved Sleep, QOL in Cancer Survivors

BY DOUG BRUNK

FROM AN AMERICAN SOCIETY OF CLINICAL ONCOLOGY PRESSCAST

Yoga, widely practiced for maintaining flexibility and coping with stress, may also benefit cancer survivors who report impaired sleep quality and fatigue, results from a nationwide study demonstrated.

During a press briefing at the meeting, lead author Karen Mustian, Ph.D., of the University of Rochester (N.Y.) Medical Center, discussed results from what she said is the largest randomized, controlled study to date examining a yoga program designed specifically for cancer survivors.

The researchers used the Uni-

versity of Rochester Cancer Center Community Clinical Oncology Program (CCOP) Research Base to conduct a phase II/III randomized, controlled clinical trial at nine CCOP centers in the United States, examining the efficacy of yoga for improving sleep quality, fatigue, and quality of life among 410 cancer survivors who reported problems sleeping between 2 and 24 months after completing adjuvant therapy for their cancer.

To be eligible for the study, patients were required to have a sleep disturbance level of 3 or greater on a scale ranging from 0-10, Dr. Mustian said. Those who had attended a yoga class within the last 3 months were ex-

cluded from the study, as were those with sleep apnea and those with distant metastatic disease.

Patients were randomized to standard follow-up care or to standard follow-up care plus enrollment in Yoga for Cancer Survivors, (YOCAS), which encompasses components of hatha yoga and restorative yoga, including postures, breathing exercises, and mindfulness (including meditation exercises and visualization). The 75-minute classes were led by instructors certified in the techniques and met twice each week for 4 weeks.

At baseline and at the end of 4 weeks the researchers used the Pittsburgh Sleep Quality Index (PSQI) to measure sleep, the Multidimensional Fatigue Symptom Inventory to measure fatigue, and the Functional Assessment of Chronic Illness Therapy measurement system to assess quality of life. The mean age of the study participants was 56, most (96%) were female, and 75% were breast cancer patients.

Dr. Mustian reported that at the end of 4 weeks patients in the yoga group improved their overall sleep quality by 22%, while patients in the control group improved their overall sleep quality by 12%, a difference that was statistically significant.

At baseline, 84% of patients in the yoga group and 83% of

VITALS

Major Finding: Cancer survivors randomized to standard care plus 4 weeks of yoga classes reported better quality of sleep, less fatigue, and better quality of life than did those who received standard care alone.

Data Source: A randomized, multicenter study of 410 cancer survivors who reported sleeping problems between 2 and 24 months after completing adjuvant therapy.

Disclosures: Supported by grants from the National Cancer Institute. The researchers had nothing to disclose.

patients in the control group had clinically impaired sleep quality defined as a PSQI score of 5 or higher.

At the end of the 4-week study, 31% of patients in the yoga group recovered and no longer had clinically impaired

yoga group but increased by 5% in the control group.

“Gentle hatha yoga classes and restorative yoga classes might be useful to cancer survivors in communities across the United States for helping these side effects, which create

impairments in quality of life,” Dr. Mustian concluded. She added that it remains unclear whether other forms of yoga, “such as heated yoga or more rigorous types of yoga, would be effective in mitigating these side effects or [be] safe for cancer survivors.”

Dr. George W. Sledge Jr., ACSO’s president-elect, called the YOCAS program “a readily applicable approach that improves quality of life and reduced medicine intake in cancer survivors. This is a real positive, [and] emphasizes the increasing importance of ameliorating complications of therapy in long-term cancer survivors. There are millions of patients to whom this might be applicable.”

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sleep quality, while only 16% of patients in the control group recovered.

Dr. Mustian also reported that, compared with their counterparts in the control group, patients in the yoga group had significantly greater reductions in fatigue (42% vs. 12%, respectively), daytime sleepiness (29% vs. 5%), and quality of life (6% vs. 0%).

In addition, use of sleep medication decreased by 21% in the



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The Yoga for Cancer Survivors program includes postures and breathing exercises from hatha yoga and restorative yoga.

Guidelines Encourage Cancer Patients to Get Moving

BY KERRI WACHTER

FROM THE ANNUAL MEETING OF THE AMERICAN COLLEGE OF SPORTS MEDICINE

BALTIMORE — Cancer patients and survivors not only should be getting physical activity, but they should aim to meet federal recommendations for 150 minutes of moderate aerobic activity weekly, according to new guidelines released by the American College of Sports Medicine.

“The first two words of the [U.S.] Department of Health and Human Services’ physical activity guidelines for Americans—for all Americans regardless of age—are this: Avoid inactivity. That, indeed, is our primary conclusion for this population during and post treatment,” the lead author of the guidelines, said Kathryn Schmitz, Ph.D.

Members of the ACSM roundtable panel concluded that the goals of the federal activity guidelines are safe for cancer survivors and cancer patients on treatment. The federal guidelines call for Americans aged 18-64 years to get 150

minutes each week of moderate-intensity aerobic exercise. Adults also should do resistance training of all major muscle groups performed on 2 or more days each week.

“There are dozens of studies that allow us to conclude that the current federal guidelines for physical activity for Americans are completely appropriate for individuals who are undergoing cancer treatment,” Dr. Schmitz said in an interview.

The preponderance of evidence shows that it is safe for people who are in treatment to follow the guidelines that the rest of Americans have been given for physical activity, she added.

In particular, cancer patients should walk, as well as do flexibility activities and resistance training. The panel stressed that the benefit to a cancer survivor from physical activity strongly outweighs the

small risks that would be associated with exercising if the patient had developed a bony metastases or cardiotoxicity secondary to cancer treatment.

However, exercise recommendations should be tailored to the individual cancer survivor according to exercise tolerance and specific diagnosis. In addition, clinicians and fitness professionals should pay close attention to cancer survivors’ responses to physical activity so that these individuals can safely progress through exercise programs and avoid injuries.

The primary objective of prescribing exercise to cancer patients and survivors is to help them regain and improve physical function, said Dr. Schmitz of the center for clinical epidemiology and biostatistics at the University of Pennsylvania in Philadelphia. Exercise can also help

improve body image and quality of life for these patients.

There may even be value in exercise programs to reduce or delay recurrence or a second primary cancer, she said. “We’re not foolish enough to believe that exercise all by itself is a panacea to prevent a second primary cancer or recurrence.”

However, there is value in this population’s using exercise as an adjunctive treatment or activity. Exercise may help patients to be physically and psychologically able to deal with the rigors of treatment, should their cancer recur, Dr. Schmitz concluded.

The guidelines were published in the July issue of *Medicine & Science in Sports & Exercise*, the official journal of the ACSM (2010;42:1409-26).

Disclosures: Dr. Schmitz reported that she has no relevant financial relationships.

To watch an interview with Dr. Schmitz go to www.youtube.com/watch?v=oGKwHmtmbaA



Federal guidelines for activity are appropriate for individuals who are undergoing cancer treatment.

DR. SCHMITZ