Effect of Yoga on Anxiety

Anxiety disorders are the most common form of psychiatric disorders in the US. They affect up to 40 million adults, or 18% of the population aged 18 and older. Anxiety disorders are comorbid with depression at a rate of 60%. A thorough literature research was completed searching PubMed, Cochrane, Medline, Elsevier, Psych Info as well as well as some psychiatric textbooks. Over 10 articles were selected with the keywords yoga and anxiety, since it is the treatment modality selected for the improvement of anxiety disorder for the purpose of this paper. However, many of these articles did not mention solely the effective of yoga on anxiety, but other mental health disorders, such as depression and mood disorders. These articles were then saved on Zotero, a free software available to collect, save, share and cite research articles. While the goal of yoga historically has been to create a spiritual state of unity, it is also practiced to produce physical and emotional wellbeing. Research suggests that yoga can improve anxiety. Yoga is not only limited to be effective to mental health disorders, but physical disorders as well. The relevance of integrating yoga into the psychiatric nursing practice is of priority. Yoga will be integrated and promoted into my future practice as a psychiatric nurse practitioner.

Keywords: Yoga, Anxiety, Disorder, Depression, Treatment.

Overview

Complementary and alternative medicine (CAM) is often referred to as integrative medicine (Institute of Medicine (IOM, 2009)). The word Integrative makes one think of a holistic approach in the nursing practice. Hence, holistic in the sense of caring for the whole person which includes the bio psychosocial aspect of a person. The quest for mental wellness and recovery from mental and emotional setbacks is fundamental to everyone’s path in life. Any search for insight into one’s life purpose, any quest for knowledge of the self, must treat mental adversity as an opportunity for growth and for enlightenment. That is the spiritual core of the recovery concept. And it is in that spirit that this outline is offered, for those on the quest (CAM, 2016). It is important when treating a client psychiatrically to investigate the genetic component, temperament and environment of such person. Including these components, especially the genetic aspect can provide objective data to the provider or the evaluator. This is why genogram is such an important factor when it comes to psychiatry. Information about a grandparent can provide pertinent information regarding a person behavior or mental health. Thus, when it comes to bio-psychosocial approach, CAM adheres to those three factors respectively, but emphasizes the psychosocial aspect a great deal without minimizing the importance of the biological factor.
Literature Review

Knowing that CAM is reasonably new in the western hemisphere and that not many people understand this practice, in order to fully understand its philosophical approach, a thorough literature research was completed searching PubMed, Cochrane, Medline, Elsevier, Psych Info as well as well as some psychiatric textbooks. It is important to note that the articles chosen for review were high-level articles. Over 10 articles were selected for this literature review project with the keywords yoga and anxiety, since it is the treatment modality selected for the improvement of anxiety disorder for the purpose of this paper. However, an observation that was very apparent during the review from the beginning is that many of these articles did not mention solely the effective of yoga on anxiety, but other mental health disorders, such as depression and mood disorders. Therefore selection of these articles were tedious in finding the ones that describe the effect of yoga on anxiety the most. In order to revisit the article found, a software to save them was important, to prevent misplacing them. In addition to misplacing articles, certain articles required a fee to retrieve them, therefore using the Wagner inter-library loan it was made possible to have access to them. These articles were then saved on Zotero, a free software available to collect, save, share and cite research articles. Some of the articles not all, were very descriptive in reference to yoga and anxiety. The articles depicted the efficacy of yoga in regards to anxiety and mood disturbance such as depression. Among them one specific article even includes details not only the effect of yoga on the mood, but heart rate as described (Chu et. al, 2017). Knowing the relationship of the body and mind it was an expected finding when it comes to the effect of yoga on the cardio-vascular system. However, our focus remained true to the effect of yoga on anxiety. Each articles were reviewed in relation to yoga and its effectiveness to mental health disorder especially anxiety despite the fact that awareness of its full positive effect on the medical aspects has been observed relentlessly on people. On multiple occasions countless stories and documentaries about the effectiveness of yoga on anxiety have been observed and witnessed.

Impact on Individuals and Healthcare Providers

Personally, yoga has been very effective in times of high anxiety, such as preparation for a state board exam or preparing for the fourth year review as an assistant professor of an institution. It was surprising to see that it was evident that such treatment modality, CAM, has been adapted in the Western hemisphere for over three decades with positive effectiveness. People have been very vocal about embracing yoga as part of their daily life due to the productive response seen with the improvement of their anxiety. A client of mine came for a healthcare visit, and convinced that, since
starting yoga, he is less irritable, less on edge, but feels more at peace. He has traveled to India, spent a month in shrine, when he learned everything about yoga. As his healthcare provider, the changes were evident not only psychologically, but physically. Witnessing these phenomenal changes on people only confirm this article on experiences made with real life story.

Discussion

CAM puts clients first and at the center of care. One of the functions of CAM in America is to reserve freedom to the “patient” to direct a portion of the treatment spectrum without prior medical authorization (CAM, 2016). Too often complains are heard from clients that, providers don’t really care about their illnesses, and that focuses are more on numbers of clients signing in per hours, than the on the clients’ health problems. Facing these daily complaints personally in the clinical settings and knowing CAM focus when it comes to client center care approach, triggers the interest in knowing more in depth about CAM. It stresses prevention and focuses on the clients’ physical, mental and spiritual needs (IOM, 2009). A true health provider’s goal is to be able to provide improvement in those three needs of clients that mentioned by the IOM. As mentioned before, many of the approaches of CAM are originated from non-Western cultural tradition since they are fairly new to us. The movement toward the use of CAM in the Western health care is relatively new, but clients are becoming receptive to such philosophy by changes in dominant scientific theory and belief (Weldon, 2011). They adhere to the treatment modalities and are very curious to know more about their effectiveness. The philosophy of these treatment modalities, such as yoga is geared at complete healing as providers pay close attention to the client as a whole, mind, body and spirit including the lifestyle of clients with their choice of treatment. Therefore, as human it becomes very natural to adhere to such approach as the client feels like a part of the team. They feel that they have autonomy when it comes to their own health; and not really being dictate without having too much to say about their health.

Interesting finding with CAM is that clients are able to advocate on their own modality of care they prefer. This is unfortunately an approach lacking in traditional medicine. Clients often have little to no involvement in their treatment plan.

Cultural, Legal and Economic Considerations

40% or more of Americans treat themselves with CAM without professional supervision, often without disclosing it to their psychiatrist or primary care provider (NIH, 2011). Therefore is imperative for providers to inquire about interest in CAM therapy or if they have already engaged in a
specific CAM treatment modality. It is notably important to know these facts in order prevent any risk factors to the clients’ health.

As mentioned earlier, this paper will develop the importance of yoga as one of the several CAM therapies available up-to-date. The United States have embraced CAM so much so that the National Institutes of Health (NIH) created the National Center for Complementary and Alternative Medicine (NCCAM) in 1998 (NIH, 2011).

In order to incorporate CAM into Western health care practice, providers had to change their way of thinking in respect to clients’ belief. Providers had to understand the importance of integrated alternative care into their practice, a perception that has not been a traditional approach to the western healthcare (van der Riet, 2011). To assure that such approach is well known, fundamental change must be systematic. Systematic approach, such as revisiting the course curriculum of healthcare career students, such nurses, physicians, physician assistants, physical therapist, occupational therapist, pharmacist, medical assistant among others. In the psychiatric field we have witnessed an integration of such treatment modality, however other healthcare fields are alienated of such productive proven approach. CAM is being adapted for various and significant mental health problem, such as depression, substance abuse treatment and neurocognitive disorders (Edward, 2012). Clients have testify of long term improvement by adhering to yoga as one the CAM treatment modalities Anxiety disorder is one disorder that CAM has been proven to be an effective treatment modality for. Among the ten most common CAM treatment modalities adapted by adults in the United States (US) Yoga is ranked number six (ANA & AHNA, 2007). It is not by mistake that the public are waging about the effectiveness of yoga on mental health disorder such as anxiety. Given that yoga is the number six CAM therapy most used in the US, the followings CAM modalities are in this order: natural products, such as probiotics found in food as number one, deep breathing as number two, meditation as number three, chiroprastic & osteopathic as number four, massage as number five, diet-based therapy as number seven, progression relaxation as number eight, guided imagery as number nine and homeopathic treatment as number ten (ANA & AHNA, 2007). It is vital that providers familiarize themselves with the population or community they are serving before suggesting a CAM therapy, because the belief system of these consumers can affect treatment adherence to certain CAM. Belief system and cultural background may be a barrier to getting clients to adhere to yoga.

In places like the Caribbean, yoga is still emerging, whereas natural product such as herbal tea is very common. It is imperative to learn about your population and community first before starting promoting yoga. In 2014, a colleague completed study proven that yoga has been effective for the treatment of hypertension. She was invited to present such finding to a group of a community of Christian denomination, however the attendance turnout was a failure. The provider did not understand the reasons behind the failed attendance, until locals in the communities indicated that they did
not find yoga as a Godly thing to do. Therefore they did not show up for the presentation, due to the belief that yoga is not a divine approach. CAM can be controversial. One can argue that yoga is just an exercise, how can it be conflictual with a person religious value? It is question like this one that has proven the importance on each individual’s belief and why the CAM approach is important. In traditional medicine providers have the tendency to ignore the cultural background of a client and focus on just the person. However, we cannot ignore that the whole being of a person is shaped based on her environment, culture and biological aspects. Hence, is what was mentioned earlier in this paper about the importance of a thorough assessment of the bio-psychosocial approach of a person. Healthcare professionals of any career field would benefit in learning assessing clients in this approach. In retrospect, this type of assessment will prevent bias and allow us to treat clients productively and full understanding of the clients’ belief. Familiarize ourselves with the population belief system is important in order to offer or provide the most effective and acceptable CAM therapy.

As providers, we can make recommendation, however the client must be the decision maker. Providers may intervene, if clinically a treatment modality such as yoga is deemed harmful. Providers using CAM must exercise effectively listening skills to prevent dictating clients into doing something that is not their choice or option. Guidance is the approach in CAM, not dictation. Healthcare providers, more specifically psychiatric mental health providers must understand that CAM can be effective is used effectively without pressuring the clients.

Anxiety disorders are the most common form of psychiatric disorders in the US. They affect up to 40 million adults, or 18% of the population aged 18 and older (Kessler et. al., 2005). Given such a high number of people with this disorder, it is only appropriate that other treatment approaches such yoga are investigated and analyzed. Anxiety disorders are comorbid with depression at a rate of 60% (Sadock & Sadock, 2015). It is such an alarming statistic about anxiety disorders, providers must educate themselves about different alternative treatment modalities, such as yoga to better serve their clients. Yoga is a relaxation technique that helps a client creates a balance within the core of the bodily structure in the quest of becoming in tuned with oneself. It usually includes a number of physical postures, meditation and breathing techniques. While the goal of yoga historically has been to create a spiritual state of unity, it is also practiced to produce physical and emotional wellbeing. Clients have testify their positive impact of yoga in their mental wellbeing. Yoga has becoming so popular these days, one can notice a yoga gym in almost every corner. It is due to the positive outcomes that clients have been describing. The benefits of yoga is that it does not only improve mental stability, but physical stability as well. Research suggests that yoga can improve anxiety (Khalsa & Cope, 2006). Such confirmation is not secret to the public and the healthcare system.

Studies have shown that yoga can have positive benefits for people with several types of mental health conditions, such as including depression,
attention deficit hyperactive disorder, anxiety, schizophrenia and Post-traumatic stress disorder (CAM & Mental Health, 2016). As mentioned early on in this paper, we are aware that yoga is very effective, however, for the purpose of this paper focuses will be solely about its effect on anxiety. When people in treatment acquire treatment modality, like yoga for reducing anxiety, they are better able to tolerate the painful memories and emotions that arise during therapy sessions as well as in their outside daily life (CAM & Mental Health, 2016). Integrating such treatment modality within one’s practice should be encouraged especially for clients suffering from anxiety disorders. Public awareness must be completed in promotion of yoga and its outcomes. Education of faculty in the healthcare field is also warranted for the promotion of CAM inclusion as a treatment modality approach. Yoga has been shown to be effective in alleviating symptoms of anxiety in healthy volunteers and psychiatric populations (Bilderbeck et. al, 2013). This proof is instrumental to both population, client with mental health disorder and client without any mental health disorder. What yoga approach has proven to be is that, it can be seen as primary, secondary and even tertiary approach when it comes to treating anxiety. Thus, this information is instrumental in understanding the depth of positive impact yoga can have on clients. Another important factor that consumers have concerning yoga is cost. Often clients or consumers ask the following questions: why should I try yoga? what are the costs? These are legitimate questions that require answers and response regarding these concerns were found within the review of the articles. The evidence in effectiveness of yoga as an alternative treatment for anxiety can help alleviate healthcare cost both for the clients and the healthcare system as a whole. How can such affirmation be confirmed? The review of the articles indicates that people with anxiety disorders frequently seek health care services for relief of physical symptoms, at a cost of approximately $22 billion per year (Kessler et. al., 2005). Such saving in expenditures of healthcare cost should be made aware more openly to the healthcare system in order to promote the use of yoga more frequently in the healthcare field, more specifically in mental health. Yoga has received considerable attention for its therapeutic benefits over the past few decades (West et. al., 2004). It is understandable why, yoga would be popular in the mental health. Including yoga in the treatment plan can help reduce the healthcare cost, which is a win-win situation for both parties the clients and the healthcare institution. For example, as a member of a yoga course the membership course rate is between $100 to $150 range and clients are at liberty to stop at any time if they feel that the techniques are not effective, which in turn will help them save and control their financial funds. And this is why clients feel that they are in control of their own health and even financial stabilities. Clients who choose to continue even after improvement of their anxiety disorder are encouraged to adhere to such routine, as long as it is their choice to continue the treatment modality. Important information for providers to be aware of is the instructors’ credibility. With the proliferation with the information system, there are
predators available to scam the public. Impostors can advertise for yoga, therefore it is imperative to have a process in place when it comes to referral of clients interested in this type of treatment modality. Providers must be vigilant about where they are referring their clients. Additional, since the relationship is a team approach, providers should subject responsibilities in choosing a credible and reliable yoga instructor. If the psychiatric nursing provider is not certified in the practice of yoga, it is important to refer the client to a known, reliable and respectable certified yoga instructor. It is important to do so because although yoga is a relaxation technique, there are some contraindications associating with it. Therefore, providers must be aware of the client wellbeing and clinical status before referring clients for this type of CAM therapy. Because rapid yoga breathing can lower serum lithium levels, people being treated with lithium alone should not attempt it (CAM & Mental Health, 2016). The population that most likely will be treated with Lithium would be bipolar clients, therefore thorough medical history data and physical exam are warranted to be part of the clients’ health clearance prior to starting yoga, especially rapid yoga breathing. The public is not aware of this pertinent information; because when sharing this information with consumers, very the feedback is that they were aware of these facts. Therefore continuous education should be part of the treatment sessions of the yoga modality. It is our responsible as providers to have policies or guidelines in place for clients inquiring about yoga treatment as well as other providers to follow and adhere to. Clients’ education regarding yoga should be thoroughly provided to clients if the treatment will be initiated by the provider in combination with his/her conventional treatment plan. Approach of treatment however, is different when the clients started their quest with yoga on their own. Concerns regarding credibility is not the responsibility of the providers, however it is part of treatment plan to educate our clients about the pros and cons of their treatment approach of choice. It is undeniable, however if the client is under the care of a mental health provider, it is the responsibility of the provider to collect pertinent subjective data from the client to assure that the client is safe to continue such treatment. Clients must be made aware and understand the efficacy and contraindications of such treatment modality, known as yoga.

Pregnancy, uncontrolled hypertension, a recent heart attack or serious heart disease, seizure disorders, migraine headaches, chronic obstructive pulmonary disorder (COPD), asthma, and physical injuries are all contraindications for rapid or forceful yoga breathing. People in this population should be recommended to adhere to slow, gentle yoga breathing practices as they have been proven to both safe and effective (CAM & Mental Health 2016).
Findings

The evidence is clear and precise that yoga is one of the CAM therapies most explored by clients in the US. Integrating yoga into the care plan of clients with anxiety prove to be effective when used in combination with conventional therapy. Therefore, patients need to adhere to the appropriate treatment plan formulated by their psychiatric provider. Its relevance into the psychiatric nursing practice is of priority and it will be integrated and promoted into future practice as a psychiatric nurse practitioner.

With the evidence so clear regarding the effectiveness of the effect of yoga on anxiety, there are clients who are still ambivalent about starting treatment. This behavior is expected to face because some people will always be skeptical of anything new to them. Not everyone will take initiative and try a treatment modality despite the facts that such treatment has been proven effective and that it really works.

Framework

A technique used in the past proven to help clients in need of mental health disorders, such as anxiety to get better was motivational interview known as MI in the psychiatric field. Miller and Rollnick (1991) described Motivational Interview (MI) as a technique in which the psychiatrics or psychologists providers become a helper in the change process and express acceptance of the client. It is possible for some patients to change on their own, however for others, it requires continues support during their journey to recovery. In previous study conducted in the past, the used MI for clients who wanted to lose weight resulted from antipsychotics was adopted to identify readiness period from clients willing to make a change in their behavior. It is very important to address principles to identify the phase that the client is at. Miller and Rollnick described these principles as the followings: express empathy through reflective listening, develop discrepancy between clients' goals or values and their current behavior, avoid argument and direct confrontation, adjust to client resistance rather than opposing it directly and support self-efficacy and optimism.

Once these principles are established with the clients, then readiness to change should be assessed in order to create reachable goals individually made for the client. Clients in the past studies mentioned were all ready to lose weight and wanted to participate on a twelve weeks program that was initiated. Light exercise movements, along with the elimination of soda consumption and education on healthy diet were part of their program. Continuous support and encouragement were provided to the participants when needed. Such technique is encouraged to mental health providers to apply for clients willing to try yoga to improve their anxiety. After reading one of the best books in psychiatry, written by Saddock & Ruiz (2015) it has come to the realization that motivational interviewing (MI) can be a great
tool used to fight anxiety. The mentioned authors define MI as a technique used to motivate the patient to change his or her maladaptive behavior. As Tusae & Fitzpatrick (2013) mentioned it, the overriding goals of treatment are to decrease intensity and number of symptoms, modify risk factors, and increase protective factors. It is almost certain that the process will not always be an easy process, therefore clients must be made aware of such possibilities. However, if providers display an empathetic approach in order to understand the patients’ problem, then that is the first step of the process. Support must then be provided while making note of the clients’ strength. Once strengths are noted, then it is very important to explore the ambivalence and conflicting thoughts of the patient regarding the specific change.

Engaging the clients to actively participate in discussion about how yoga will be impacting their anxiety while offering guidance during the interview. Encouraging clients to participate in MI during psychotherapy has proven to be effective (Saddock & Ruiz 2015). Therefore it is essential that MI become part of the implementation work in the practice mental health as well as mandated psychotherapy participation for clients with anxiety seeking help to improve their symptoms.

Substance Abuse and Mental Health Services Administration (SAMHSA) is on a camping of bringing awareness to the risk and protective factors that contribute to a patient’s mental health and or substance abuse disorders. They developed what is called Applying the Strategic Prevention Framework (SPF). It is a comprehensive guide that helps providers to plan, implement, and evaluate prevention problems. The SPF includes five steps: Step one is to assess the needs (what is the problem and how can I learn more), step two is to build capacity (what do I have to work with), step three involves planning (What should I do and how should I do it), step four includes implementation (How can I put my plan into action) and finally step five which includes evaluation (Is my plan succeeding).

Resilience is one of the strategic approaches that mental health providers should adapt for clients at risk for mental health disorders such as anxiety, when using SPF. For example a female client currently dealing with a history of anxiety who has recently been divorced is at risk for anxiety exacerbation. This particular client would require a sense of resilience to overcome this unfortunate situation that happened to her. Davidov et al. (2010), indicates that resilience can be viewed as a defense mechanism, which enables people to thrive in the face of adversity and improving resilience may be an important target for treatment and prophylaxis. Knowing the unavoidable risk factors can help mental health providers should assess their clients to see if they acquire such defense mechanism. Identifying level of resilience each client has can be difficult. Although environmental factors alone play a strong role into an individual’s level of resilience, Davidov et al. (2010), proved that gene–environment combinations may determine both risk and resilience in a patient. Mono-causal belief is actually losing sight to multi-causal in mental health,
because as providers we should see our patient as a system, which include, biomedical, psychology and socio-cultural in order formulate the proper diagnosis for a specific client. We should also individualize client care approach due to the differences of each client resilience level. Identifying the level of our clients’ resilience can provide us a sense of directing our clients to treatment modality such as yoga that can improve to their anxiety.

Anxiety can be debilitating to the point, the clients refuse to go to the public, due to their malaise and uneasy feelings felt around public. The constant worry that possibly someone is judging is a complain that many clients have verbalized during psychiatric evaluation. It is very common to have two persons who experience same somatic disorders, such as trauma and stress, and react totally different from each other. One can become very successful in life, even thrive in society, while the other person who faces the same adversity become institutionalized in a mental institution. Although difficult to clearly depict why the one who survive similar hardship become successful and the other one fail as providers, we often think it is based on the level of resilience each of them obtain.

Screening and Education

Screening population at risk for certain mental health disorders such as anxiety clients is important in order prevent delayed referral for yoga treatment. Inquiring about previous treatment modalities beside traditional medicine should be completed as well as family past mental health to investigate any signs of resilience, Once screening is completed, clients should be educated about the effect of yoga on anxiety. Provide the client access to the community resources information so that the client can seek help if needed after all CAM allow clients to be engaged in their care plan.

Conclusions

Normal anxiety is a healthy response to stress that is essential for survival. However, persistent anxiety can result in anxiety disorders. Anxiety disorders tend to be persistent and are often disabling. It can be even harder for a child and adolescent facing worries that they feel powerless to. It is absolutely important that early intervention is provided to clients dealing with those illnesses to prevent further comorbidity problem such as depression. Therefore to prevent this problem, follow these simple steps: early detection of anxiety, readiness for change based on the MI, identify resiliency and encourage clients to participate in yoga, because it has proven to be effective on anxiety.
References


