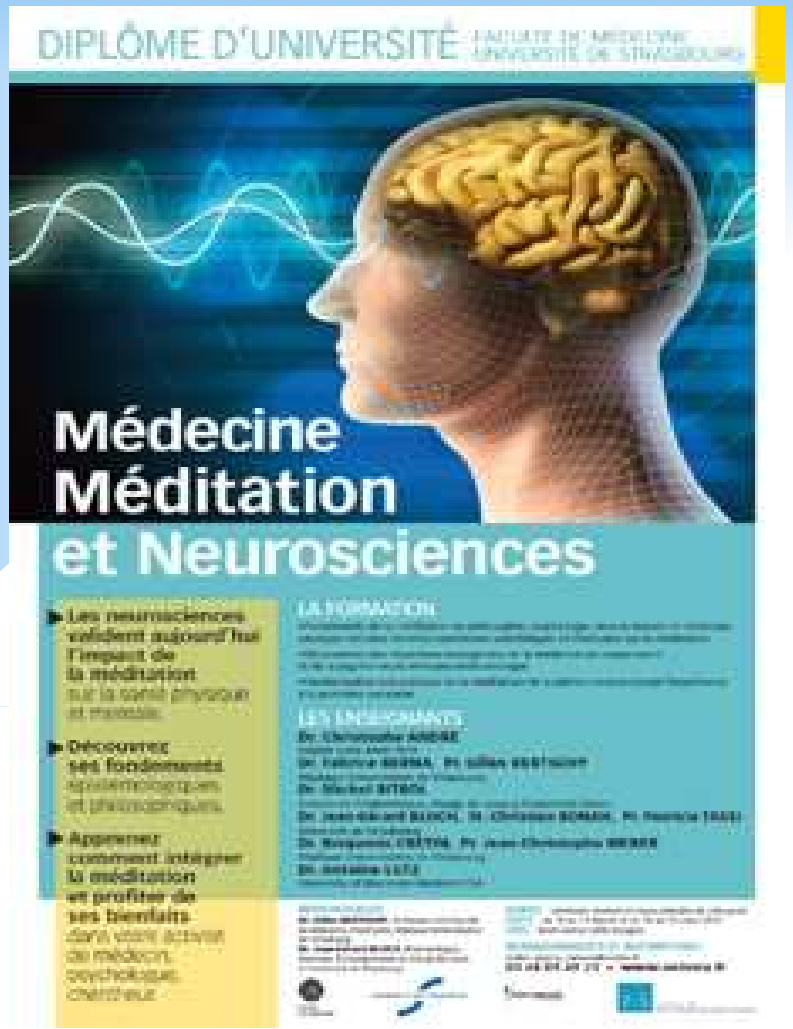
Méditation
et
régulation de la douleur



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Méditation et douleur Antoine Lutz

*La douleur aigue est l'affaire

*de la médecine,
* de la chirurgie
*Et autres techniques

*Douleur aigue

* 3 mois malgré traitement
* persiste même si la cause a disparu
* difficile à comprendre et
* envahissante

*Quand la douleur chronique prend toute la place

*Méditation?

Mais qu’est ce que c’est?

Pratiques méditatives

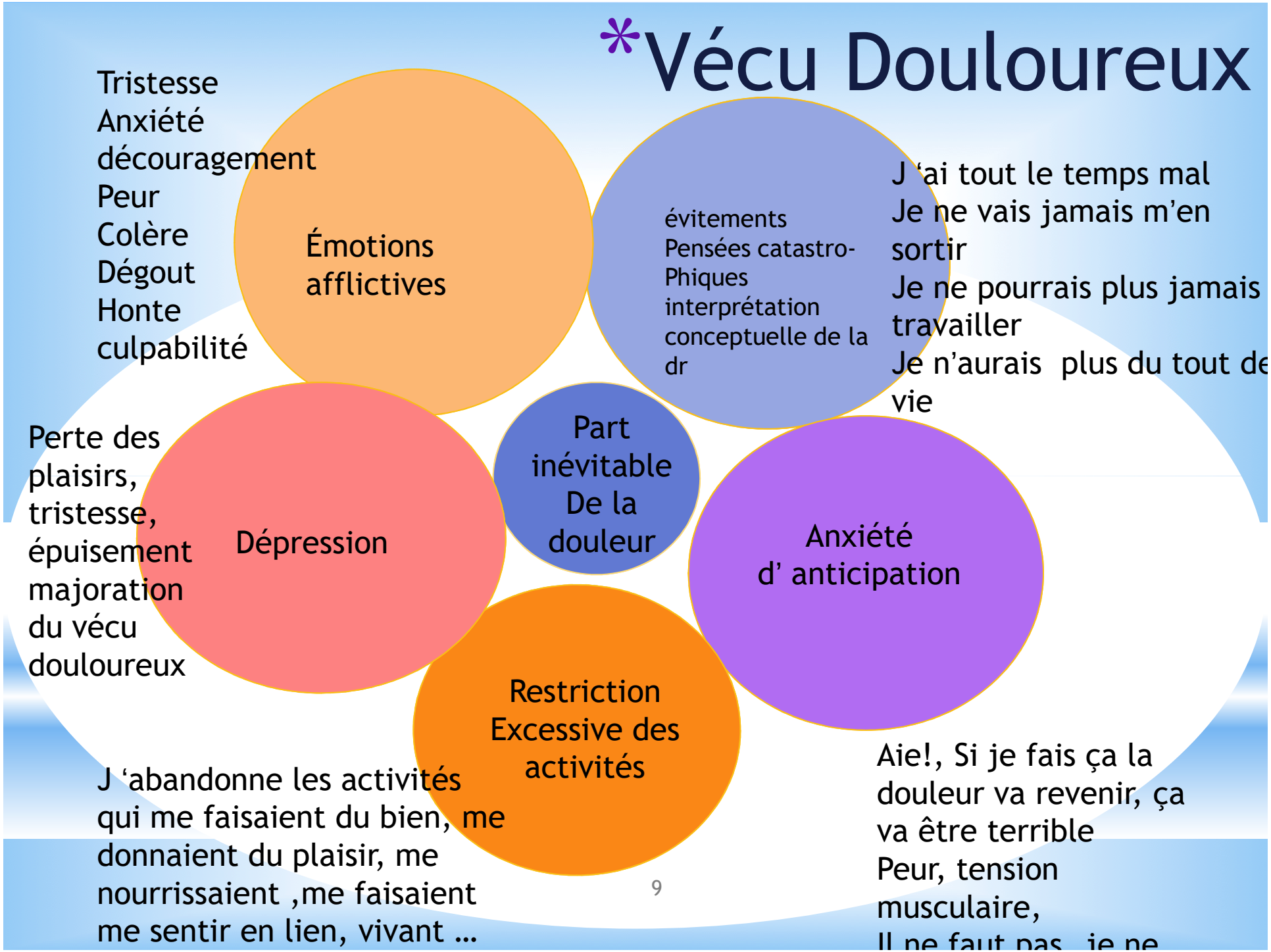
* Techniques d'entrainement mental passant par le corps

* Régulation des émotions et de l’attention

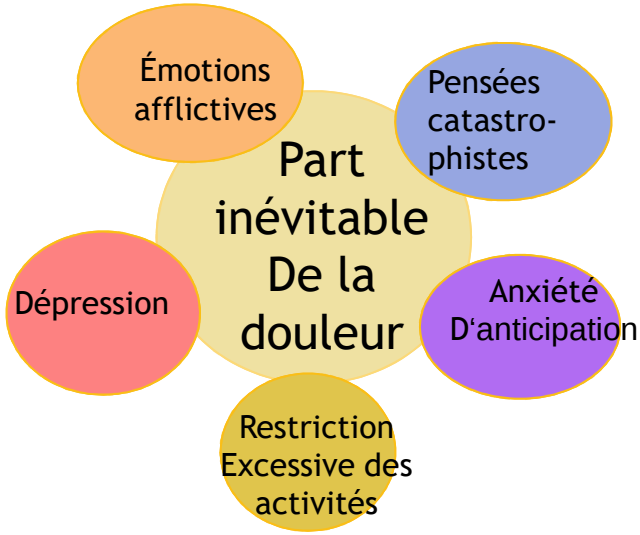
Pleine conscience (mindfulness)

* Une manière d'être en relation avec son expérience:
  * Orienter volontairement l'attention sur **l'expérience présente**
  * Que nous la jugions **agréable ou non**
  * En développant **tolérance et patience** envers soi même

*Vécu Douloureux

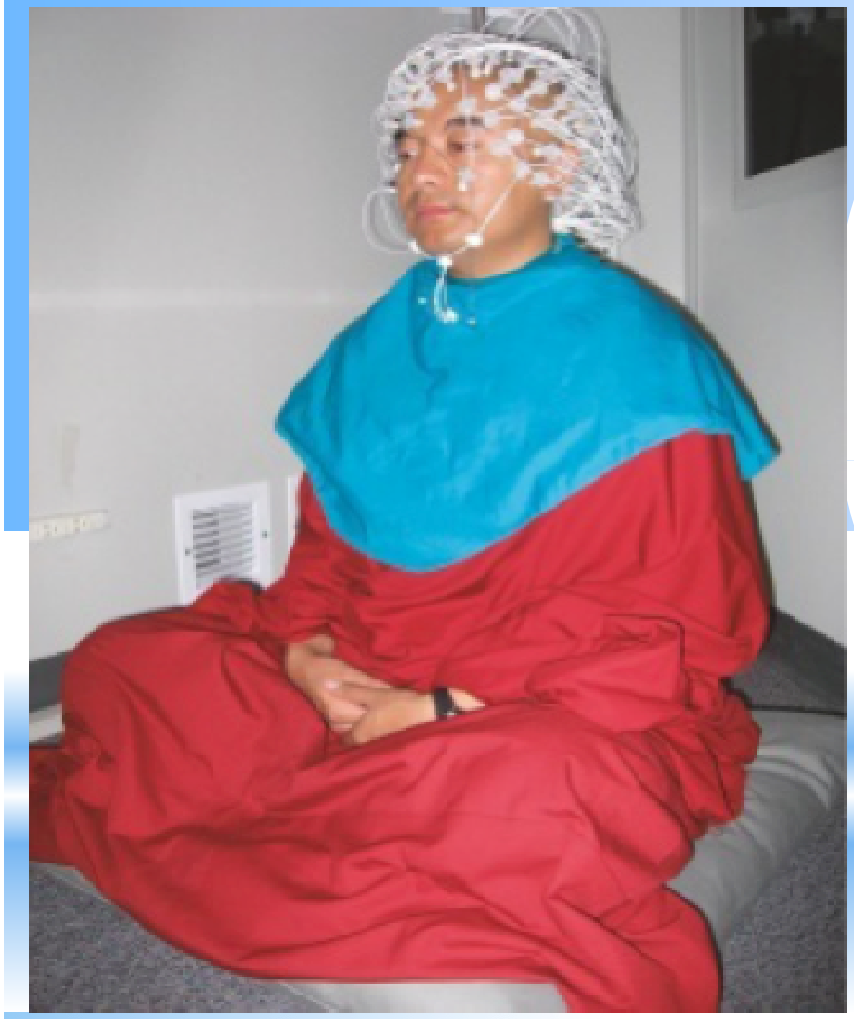


Je ne suis pas que ma douleur, je suis beaucoup plus que cela…



Il y a de la place pour autre chose dans ma vie

1ères études quelques exemples



Reduction
50% intensité douleur
57% caractère désagréable
stress anxiété dépression

Meilleure capacité à tolérer
Moins de médicaments
Meilleure adhésion traitement

14 experts, 14 contrôle, 49°, 10 sec

* Au début
* Perception de l'intensité de la douleur identique
* Diminution du cc désagréable

* Avec le temps et la répétition:
* « sensibilisation » chez novices
* « Habituation » avec les experts

A Lutz 2013

Augmentation cortex cingulaire antr
Baisse insula antr
évaluation douleur

Activation orbitofrontal
émotions, apréciation cc désagréable –agréable

Désactivation hypothalamus postr -stress
Activation antr +calme

Régulation top down CPF
antidépression

Au long cours…

Ce qui est conservé et renforcé est ce qui est répété

Plus on le fait, plus c’est facile et ancré

Neuroplasticité

Pour qui?

* Patients douloureux chroniques déjà « cadrés » par la médecine

* Contrôle interne : pensent que leur actes ont un impact et qui veulent participer à leur destin

* Prêts à s'engager activement dans leur propre soin (30' d' exercices pratiques quotidiens et participation à 8 séances de groupe)

*Merci de votre

* Attention

An Outpatient Program in Behavioral Medicine for Chronic Pain Patients Based on the Practice of Mindfulness Meditation:

Theoretical Considerations and Preliminary Results

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Abstract: *The practice of mindfulness meditation was used in a 10-week Stress Reduction and Relaxation Program to train chronic pain patients in self-regulation. The meditation facilitates an attentional stance towards proprioception known as detached observation. This appears to cause an "uncoupling" of the sensory dimension of the pain experience from the affective/evaluative alarm reaction and reduce the experience of suffering via cognitive reappraisal. Data are presented on 51 chronic pain patients who had not improved with traditional medical care. The dominant pain categories were low back, neck and shoulder, and headache. Facial pain, angina pectoris, noncoronary chest pain, and GI pain were also represented. At 10 weeks, 65% of the patients showed a reduction of ≥33% in the mean total Pain Rating Index (Melzack) and 50% showed a reduction of ≥50%. Similar decreases were recorded on other pain indices and in the number of medical symptoms reported. Large and significant reductions in mood disturbance and psychiatric symptomatology accompanied these changes and were relatively stable on follow-up. These improvements were independent of the pain category. We conclude that this form of meditation can be used as the basis for an effective behavioral program in self-regulation for chronic pain patients. Key features of the program structure, and the limitations of the present uncontrolled study are discussed.*

piloted to explore the clinical effectiveness of meditation as a self regulatory coping strategy for long-term chronic patients for whom the traditional medical treatments have been less than successful. In its first two years it has been attended by patients referred for a wide range of chronic conditions. This report presents only the summary outcome for the chronic pain patients; the complete outcome data for the pain patients, and the results with other classes of patients are presented elsewhere (1, 2). These results have recently been reported in abstract form (3).

The service, known as the Stress Reduction and Relaxation Program (SR&RP), utilizes training in a form of meditation known as mindfulness or awareness meditation as the major self-regulatory activity. All meditation practices used in the SR&RP were taught independent of the religious and cultural beliefs associated with them in their countries and traditions of origin.

Rationale

*REFERENCES

Regular Article

Psychotherapy and Psychosomatics

Psychother Psychosom 2007;76:226–233
DOI: 10.1159/000101501

Mindfulness Training as an Intervention for Fibromyalgia: Evidence of Postintervention and 3-Year Follow-Up Benefits in Well-Being

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IASP

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www.elsevier.com/locate/pain

A randomized, controlled trial of acceptance and commitment therapy and cognitive-behavioral therapy for chronic pain

Julie Loebach Wetherell[a,b,*], Niloofar Afari[a,b], Thomas Rutledge[a,b], John T. Sorrell[c], Jill A. Stoddard[d], Andrew J. Petkus[e], Brittany C. Solomon[f], David H. Lehman[a,b], Lin Liu[b], Ariel J. Lang[b], J. Hampton Atkinson[a,b]

* Cultivating a quality of openness and experiential acceptance to pain, that does not strive to ignore, reject or avoid pain

* Actively suppressing -> slower recovery from pain than merely monitoring experience (Cioffi and Holloway, 1993)
* Experiential openess could be more adaptive when pain is unavoidable (Kabat-Zinn, 1982; Grossman et al., 2007; Wetherell et al., 2011; Hayes, 2004; McCracken, 1998)