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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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?

- 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.

What is known about treating secondary psychological distress: what works

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

- Mindfulness has been defined as “paying attention in a particular way: on purpose in the present moment and non-judgmentally” (Kabat-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

- 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?

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

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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
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
• 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)
• 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
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?
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....
• Group will begin on Tuesday 21\textsuperscript{st} May
  – Follow up session – 20\textsuperscript{th} August

• Expect results to be published and available in November 2019
Thank you – any questions?

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