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#### 2018 GUIDE Summer Research - Breast Cancer

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# Effects of Mindfulness on Breast Cancer and Diabetes





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## **Background**

- A comorbid diagnosis of diabetes and breast cancer has rather low survival rates. Particularly in older women and those whom are lacking in medical care or other support systems (Peairs, et al., 2011).
- A possible treatment is mindfulness; focusing awareness on the present moment, while calmly acknowledging and accepting one's feelings, thoughts, and bodily sensations. Examples include yoga, tai chi, and deep breathing.
- Mindfulness can be a supplement or even an alternative to more harmful treatments, like radiation or chemotherapy (Eyles et al., 2015).
- Ideally, even if the cancer can't be stopped, patients ought to enjoy the benefits of comfort throughout their journey (Eyles et al., 2015).

#### Aims

• The goal of this research is to validate alternative solutions to cancer treatment, particularly with a comorbid diagnosis of diabetes.

## **Methods**

 Data and sources were collected from the National Institute of Health database, and oncologists participated in the interview process.

#### **Interviews:**

- Examples of questions asked to procure comprehensive data:
- "How long have you been a practicing physician?
- "What percent of your patients have pre-diabetes?"
- "How did you learn about updates in evidence based care/guidelines, and what are the barriers to coordinating care?"
- The interview responses were then cross referenced with the articles to establish the results and conclusion.

### **Findings** Available Research on Mindfulness PubMed articles for PubMed articles for PubMed articles for "Mindfulness in Cancer "Mindfulness, Cancer and "Mindfulness and Cancer" Diabetes" treatment" N= 437 N= 358 N=10 **Examples of Mindfulness Framework** BLOOMHILL Mindfulnessbased Cancer Recovery Program 3 **Possible Outcomes of Mindfulness Quality of Life Model Applied to Cancer Survivors** Physical Well Being and Symptoms **Psychological Well Being** Functional Activities Strength/Fatigue Sleep and Rest Depression Overall Physical Health Enjoyment/Leisure Fear of Recurrence Cognition/Attention Distress of Diagnosis and Control of Treatmen Diabetes Care Social Well Being **Family Distress** Meaning of Illnes Roles and Relationships

#### Conclusion

According to some oncologists:

- Cancer is a priority, diabetes is better left to the primary care physician
- Coordination between oncologists and primary physicians tends to be limited, which can lead to less favorable health outcomes for patients.

Alternative treatments, such as mindfulness, are currently of little importance to most physicians. Quantitative data relating to mindfulness as a cancer treatment or a diabetes treatment are already sparse. When combined, research is practically non existent. Though it has merits, many physicians have yet to recommend it to patients. Overall, an increased prioritization of mindfulness may lead to better treatment for patients.

#### References

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