

A RANDOMIZED CONTROLLED TRIAL OF QIGONG FOR FIBROMYALGIA



Capital Health



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INTRODUCTION

Fibromyalgia is characterized by widespread musculoskeletal pain and is often accompanied by fatigue and disturbances in sleep and mood. It is difficult to treat and requires multiple approaches. **Qigong** (Qi=energy, Gong=cultivation) is a part of traditional Chinese medicine and exists in many forms. More recently, it has been termed "meditative movement".¹ A recent pilot study² and a randomized controlled trial³ indicate patients can experience relief from fibromyalgia symptoms through practice of Qigong. **In this study, we undertook a moderately sized (N=100) controlled trial of CFQ, a form of Qigong available in Halifax, in fibromyalgia.**

METHODS

Participants required:

- 1) confirmed diagnosis of fibromyalgia of > 3 mos duration
 - 2) stable medication regimen (continued throughout study)
 - 3) a willingness to practice regularly (daily for 8 wks)
- Participants were randomly divided into a control (wait list/usual care) group, which subsequently underwent delayed training, and an immediate training group.

Instruction in the practice of **CFQ (Chaoyi Fanhuan Qigong)**⁴ involved a 3 day workshop to learn the "hexagram movements" (level 1 CFQ), followed by weekly review/practice sessions for the next 8 weeks. Participants were asked to practice at home for 45-60 minutes per day and were encouraged to continue self-practice through to the end of the study at 6 months.



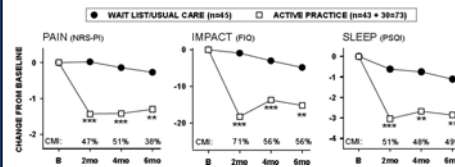
Outcomes were measured via questionnaires at baseline, 8 weeks, 4 months and 6 months and included:

1. **NRS-PI** - rating of pain intensity (mean baseline 6.5);
2. **FIQ**-Fibromyalgia Impact Questionnaire (mean baseline 62);
3. **PSQI** - Pittsburg Sleep Quality Index (mean baseline 13);
4. **SF-36** Health Survey - physical (mean baseline 32) and mental (mean baseline 39) health related quality of life.

RESULTS

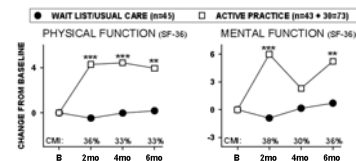
The control group received usual care for 6 months then CFQ training and were followed for a further 6 months. The outcomes in this "delayed treatment" group were indistinguishable from the "immediate treatment" group, showing good reproducibility of results in two different cohorts. In the interest of clarity, these two groups are pooled in the following results.

FIGURE 1: IMPROVEMENTS IN PAIN, IMPACT AND SLEEP AFTER QIGONG



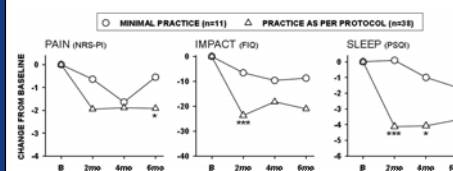
Qigong practice resulted in significant improvements (decrease from baseline) in pain (NRS-PI), fibromyalgia impact (FIQ) and quality of sleep (PSQI) at all time points measured. CMI numbers are the percentage of patients who reported a difference from baseline large enough (NRS-PI ≥ 2 points, FIQ ≥ 8.8 points, PSQI ≥ 3 points) to be considered a **clinically meaningful improvement**.
** p<0.01, *** p<0.001

FIGURE 2: IMPROVEMENTS IN PHYSICAL AND MENTAL HEALTH AFTER QIGONG



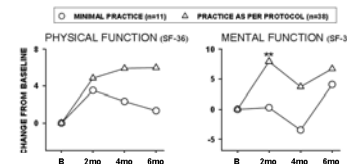
Qigong practice resulted in significant improvements (increase from baseline) in overall physical and mental health. CMI numbers are the percentage of patients who reported a difference from baseline large enough (SF-36 physical ≥ 6.5 points, SF-36 mental ≥ 7.9 points) to be considered a **clinically meaningful improvement**.
** p<0.01, *** p<0.001

FIGURE 3: INFLUENCE OF AMOUNT OF PRACTICE ON PAIN, IMPACT AND SLEEP



Practice of Qigong for at least 5 hours a week (practice as per protocol) resulted in significant improvements in fibromyalgia impact (FIQ), and quality of sleep (PSQI) compared to a lesser amount of practice (minimal practice, <3hrs/wk). * p<0.05, *** p<0.001

FIGURE 4: INFLUENCE OF AMOUNT OF PRACTICE ON PHYSICAL AND MENTAL FUNCTION



Practice of Qigong for at least 5 hours a week (practice as per protocol) resulted in significant improvements in overall mental health compared to a lesser amount of practice (<3hrs/wk). ** p<0.01

CONCLUSIONS

Practice of CFQ, a form of Qigong, produced **significant improvements in pain, sleep, impact and physical and mental functioning** in two cohorts (immediate and delayed treatment) of patients with fibromyalgia, and results showed good between group **reproducibility**.

Improvements were maintained for 6 months, indicating good **durability** of results.

The degree of improvement is related to the amount of practice ("**practice - response**" relationship).

Many participants (30 - 70%) showed levels of improvement considered to be **clinically meaningful**.

This study indicates that CFQ is **effective** as an adjunctive treatment for fibromyalgia.

REFERENCES

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