Feasibility of adjunct tele-yoga therapy in patients with substance use disorders

Dear Sir,

We read a recently published article in your esteemed journal on the barriers to tobacco cessation counseling with great interest.[1] Considering the current burden, it is critical to understand the obstacles in delivering clinical services to patients with substance use disorders (SUD).

We have successfully integrated yoga as an adjunct therapy for patients with SUD in a tertiary mental healthcare hospital in South India for the last 10 years. Though recent reviews suggest the utility of add-on yoga therapy in substance use disorders, adherence has been a significant challenge.[2,3] During the COVID-19 pandemic, we adapted our clinical yoga services to incorporate online yoga therapy sessions (Tele-yoga).[4] Tele-yoga can be a potentially valuable tool to enhance adherence in patients with SUD. We have developed and validated a yoga program for patients with SUD,[5] but the safety and feasibility of its delivery through an online mode have not been tested. Thus, we performed the current study to assess the same.

Thirty consenting patients (25 males, 5 females, age range 32.49 ± 11.51 years) who suffered from various substance use disorders (alcohol use disorder: n = 10; cannabis use disorder: n = 5; sedative–hypnotic anxiolytic use disorder: n = 5; and n = opioid use disorder: n = 10) for last 5.5 ± 3.21 years were recruited into the study from the yoga center. A psychiatrist diagnosed the patients as per DSM-5 criteria. Patients were screened using MINI-International Neuropsychiatric Interview to rule out other psychiatric comorbidities. These patients were referred for yoga therapy as a part of care provided at the center for addiction medicine (CAM) at the tertiary-care hospital. The patients were not having acute withdrawal symptoms and were clinically stable when sessions were started.

They were offered a single one-on-one direct supervised 1-hour session of yoga in the yoga center followed by the continuation of the same through tele-mode for the next four weeks (3 sessions per week). Assessments were done by a trained modern medicine doctor at baseline and after four weeks for side effects, ease of learning, yoga performance, clinical global impressions scale (CGI–Severity), and perceived stress scale. Two trained therapists (one male: therapist 1, and one female: therapist 2) delivered the sessions and shared an equal number of sessions. The study was performed after obtaining clearance from the institutional human ethics committee.

Twenty-two subjects (18 males, 4 females) completed the study (n = 7: opioid use disorder; n = 8: alcohol use disorder; n = 3: cannabis use disorder; and n = 4 sedative–hypnotic anxiolytic use disorder). Reasons for dropout were: (1) Busy at work place (n = 4), (2) could not be contacted (n = 2), and (3) not feeling well (developed fever, upper respiratory tract infection, n = 2). At the end of 4 weeks, all subjects found tele-yoga practice useful and easy to learn through the tele-mode (average difficulty on a numerical visual analog scale from 0 to 10 = 1.5 ± 0.8). None of the patients reported any side effects of the yoga program. The yoga performance assessment scale showed a significant improvement in the patients’ yoga performance (pre scores: 20.04 ± 2.33; post scores: 28.77 ± 2.78; P < 0.05; paired t-test).

There was also a significant reduction in CGI–Severity (pre scores: 3.41 ± 1.05 to post scores: 1.72 ± 0.64; P < 0.05, paired t-test) and perceived stress scores (pre scores: 21.88 ± 7.1 to post scores: 14.34 ± 5.5; P < 0.01, paired t-test). There was no significant difference in any of the above variables when results were compared between the tele-yoga sessions delivered by “therapist 1” and “therapist 2,” indicating that the results obtained were independent of the therapist characteristics. Present study has some limitations that include small sample size, shorter duration of intervention, lack of comparison group, and validated measures of adherence. Future studies should focus on overcoming these limitations.

In conclusion, tele-yoga appeared to be a feasible adjunct therapeutic option for patients suffering from major substance use disorders.

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Conflicts of interest

There are no conflicts of interest.
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