

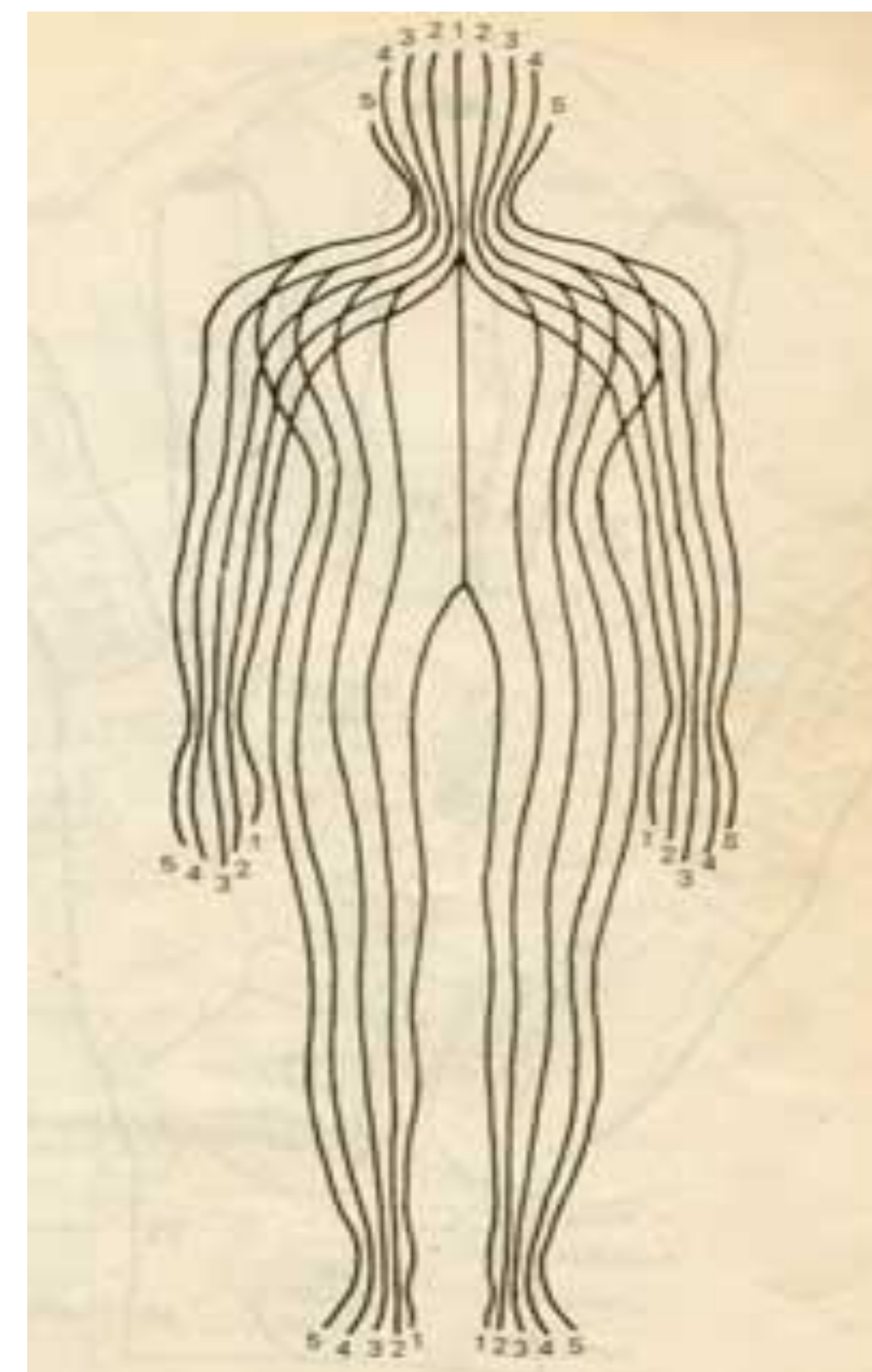
Seva Acupressure to Reduce Stress among Patients Being Treated for Opioid Addiction



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BACKGROUND

Acupressure is an ancient non-invasive therapeutic intervention that has been used to promote wellbeing and to treat a variety of symptoms, including stress¹. Similar to acupuncture, acupressure is based on energy channels (meridians), and the premise that promoting smooth flow of energy through meridians can promote wellbeing, and reduce health symptoms. However, acupressure uses gentle finger pressure, rather than the needles used in acupuncture, to activate specific points along the energy meridians and achieve the desired results².



WHAT THE LITERATURE SAYS

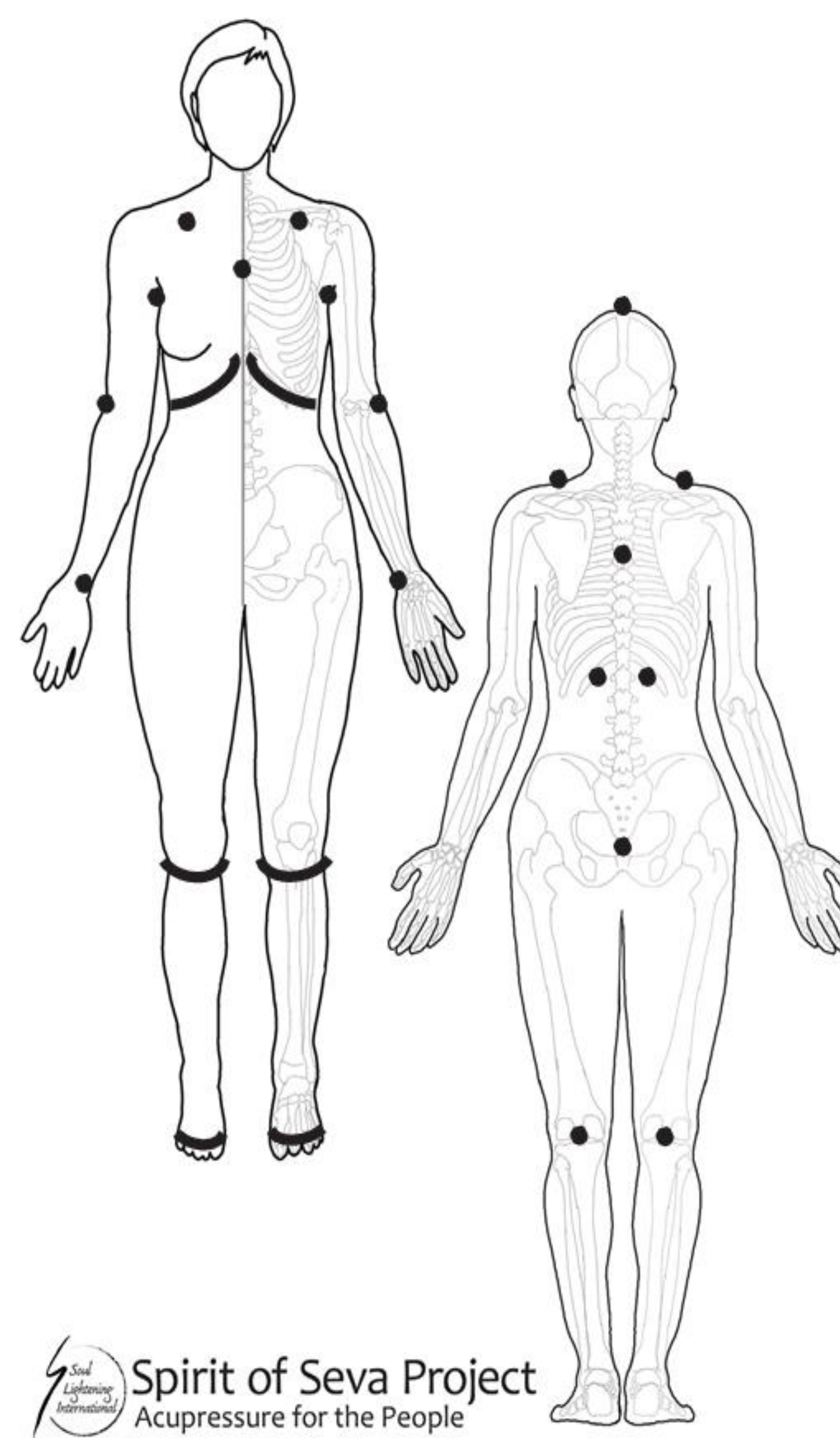
Research has indicated that acupressure can be helpful in a variety of circumstances, both in using one specific point to treat a symptom, and using combinations of points to treat other specific symptoms or conditions. Studies have shown that acupressure may be helpful in reducing stress, pain, anxiety, and fatigue among various patient populations³. A recent study demonstrated that a particular acupressure protocol, called Seva, reduced pain, stress, and fatigue, and promoted sleep among patients hospitalized for cancer treatment¹. There are few contraindications to acupressure, as it is non-invasive and uses only finger pressure to achieve results.

Opioid addiction is a huge problem for our country, and especially for the state of West Virginia⁵. For patients seeking treatment for opioid addiction, research has indicated that stress can negatively impact patient engagement in and attrition from treatment programs (ref). Other studies have indicated a causal relationship between stress and relapse to opioid use⁶. Interventions to reduce stress may contribute to both increased wellbeing among patients recovering from addiction, and persistence in treatment.

SEVA ACUPRESSURE

Seva Stress Relief acupressure is a standardized protocol designed specifically to address stress, fatigue, and pain. It was developed after the tragedy of 9/11, and acupressure practitioners worked with recovery workers at ground zero, with reports of reduced stress and increased wellbeing⁷. The protocol contains 13 specific contact points along various meridians, performed in a designated order with light to moderate finger pressure. The protocol takes 12-15 minutes to administer. It has been taught to providers worldwide, and has been used in a variety of inpatient and outpatient settings with positive results^{1, 8}. Additionally, the protocol can be taught as a self-care modality.

Seva Stress Release



1. Leg Stretch
2. Middle of Back
3. Behind the Knees
4. Excess Baggage
5. Down Arms to Fingers
6. Neck Stretch/Brow Sweep
7. Below Collarbone
8. Armpit & Wrist
9. Above and Below Heart
10. Base of Ribcage
11. Below Kneecaps
12. Behind the Knees
13. Hold the Toes
14. Neck Stretch/Brow Sweep
15. Root & Crown
16. Leg Stretch



Since Seva was developed specifically to reduce stress and restore balance, we decided that it may be helpful with patients recovering from opioid addiction. As no published studies have used acupressure with this population, a feasibility study was the best way to proceed. It was determined through power analysis that a sample size of 30 would be sufficient to identify a moderate change in stress, anxiety and pain among participants.

METHODS

After IRB approval, members of the research team were trained and certified in the Seva Protocol as well as the research procedure. Inclusion criteria for study participants included inpatients being treated for opioid addiction at Chestnut Ridge Center (CRC) who would be in treatment for at least two days, had intact cognition, and could speak and read English.

Participants completed the State component of the State Trait Anxiety Inventory and answered demographic questions, and rated their pain, anxiety and fatigue on a scale of 0 to 10. After receiving the Seva protocol, participants again rated their pain, anxiety, and fatigue, and also rated the benefit of the protocol on these symptoms. After receiving a second Seva Session, participants rated the overall benefit of the protocol for pain, anxiety, fatigue, sleep, and mood. They were also asked how long the impact (feeling either better or worse) lasted, and if they would recommend acupressure for others in treatment for addiction.

At the conclusion of the study, research personnel and CRC will be surveyed about the feasibility of incorporating the Seva acupressure protocol as a potential treatment modality for patients in treatment for opioid addiction.

PRELIMINARY RESULTS

We have had some delay in recruitment due to reassignment of the primary contact for recruitment to the newly opened long-term treatment center off-site from CRC. The PI is now engaging more directly in recruitment efforts. Initial response from the participants who have completed the study is quite positive, with participants reporting lower stress, pain, and fatigue, and better sleep after Seva. Participants would also recommend Seva for other patients in treatment, and one participant even asked if we planned to incorporate Seva into the longer term treatment center treatment plan for patients.

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