Acceptance and Commitment Therapy for Climacteric Symptoms: A Multiple Baseline Evaluation

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BACKGROUND

- Climacteric symptoms experienced by women around menopause significantly decrease health-related quality of life (HRQoL)
- Their management includes biological (e.g. hormone replacement therapy) and psychological approaches (e.g. cognitive behavioral therapy; CBT).
- Although CBT aims to reduce symptom severity, this does not mean improving HRQoL.
- Acceptance and Commitment Therapy has the potential to improve quality of life more than CBT

PURPOSE

This study aimed to examine the effectiveness of acceptance and commitment therapy in improving HRQoL and reducing the severity of climacteric symptoms in a concurrent multiple-baseline across-participants design.

METHOD

Participants

Table 1. Characteristics of Participants.

	A	B	C	D	E	F	G
Age	57	58	50	53	46	52	56
Menopause status	Post	Post	Peri	Post	Peri	Peri	Peri
Job	Self-employed	Full time	Full time	Full time	Full time	Self-employed	Part time
Marital status	Married	Married	Married	Divorced	Married	Married	Married
Smoking	Smoker	Non-smoker	Non-smoker	Non-smoker	Non-smoker	Non-smoker	Non-smoker
Exercise	Non	Once a week	Every day	Once a week	Every Day	Every Day	Once a week

Measures

Outcome measures

1) The severity of climacteric/menopausal symptoms
   —Kupperman Kohnenki Shogai Index (KKSI)
2) Health related Quality of Life
   —Short-Form Health Survey-36 (SF-36)

Process measure

1) Experiential Avoidance
   —Action and Acceptance Questionnaire-II (AAQ-II)

Design

A Concurrent multiple baseline design across participants

Procedures

1) Baseline：Trends of their score of KKSI were monitored.
2) Treatment：Participants received four 90-min weekly sessions, wherein participants learned to accept unavoidable events such as climacteric symptoms and focus on actions directed towards valued goals.
3) Follow Up：Follow-ups were administered one month and three months after the fourth session.

RESULTS

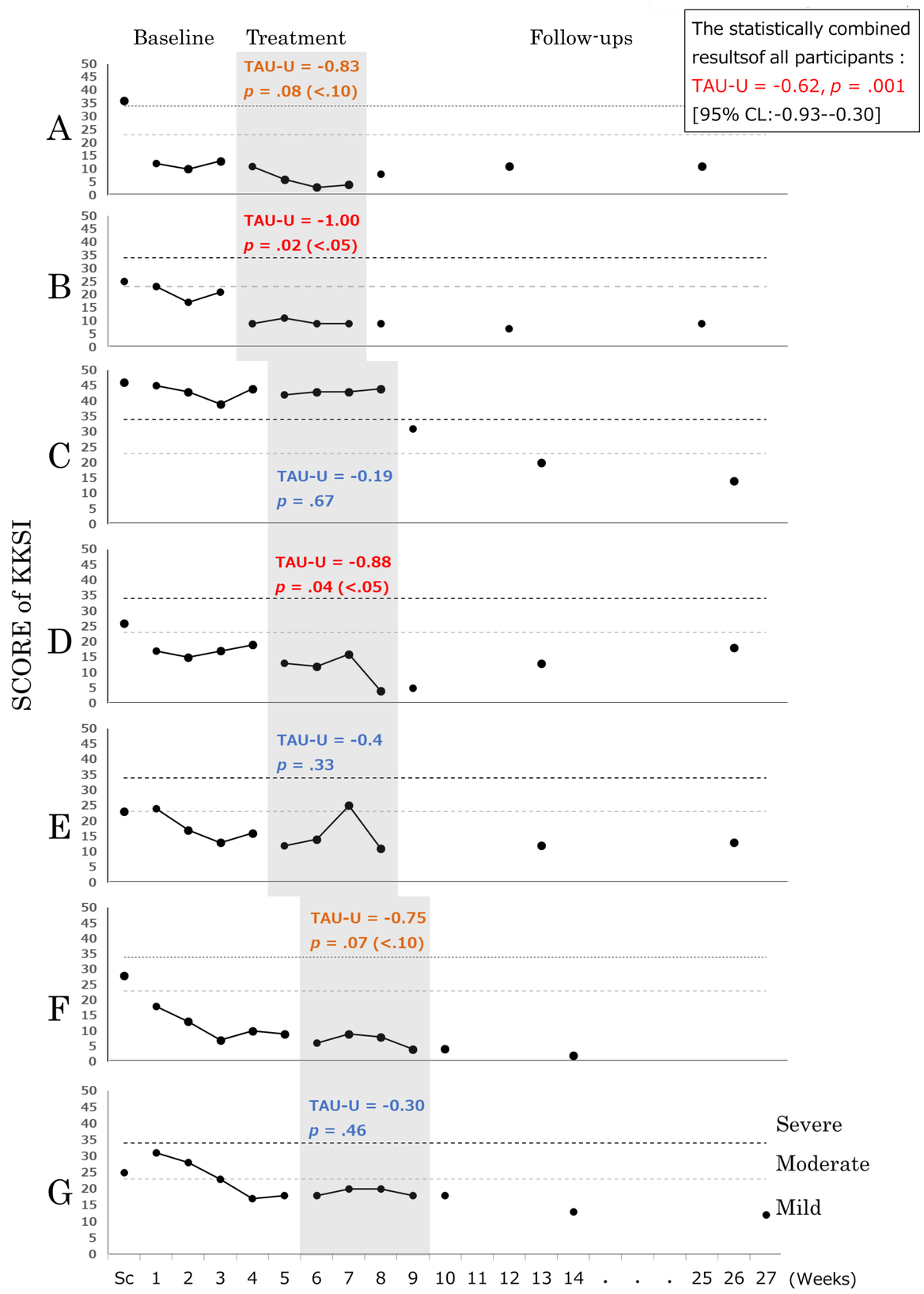

Figure 1. Weekly scores of Kupperman Kohnenki Shogai Index for seven participants in baseline, treatment, and follow up phases.

Table 2. Scores of SF-36 for seven participants.

		A	B	C	D	E	F	G	Average
SF36-Physical	Pre	44.1	40.8	61.8	46.6	53.6	46.8	49.3	49.0
	Post	41.2	46.9	47.6	33.9	—	52.1	44.0	44.3
	1 mo. FU	40.7	42.5	45.6	41.2	58.4	59.7	49.7	48.3
	3 mo. FU	49.4	47.2	49.3	51.4	49.3	—	52.6	49.9
SF36-Mental	Pre	59.5	54.2	33.6	54.8	36.1	44.9	36.3	45.6
	Post	52.2	55.3	37.7	49.6	—	64.4	54.1	51.8
	1 mo. FU	52.2	51.5	48.7	57.8	45.5	59.6	47.6	51.8
	3 mo. FU	48.9	53.4	52.0	49.6	48.2	—	50.1	50.3
SF36-Social	Pre	36.9	38.7	31.2	48.9	50.3	54.7	25.5	40.9
	Post	56.0	35.0	49.8	53.5	—	52.0	48.0	49.3
	1 mo. FU	50.9	57.3	58.4	49.9	42.2	49.1	39.6	49.6
	3 mo. FU	50.9	48.5	58.2	57.1	60.3	—	40.0	52.5

DISCUSSION

These findings suggest that ACT treatment might be effective for reducing climacteric symptoms and improving HRQoL in Japanese menopausal women. Therefore, we must conduct randomized controlled trials to examine effects of ACT compared with a waitlist of CBT,