

Mindfulness-based cognitive therapy linked to reduced depressive relapse risk

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The largest meta-analysis so far of Mindfulness-Based Cognitive Therapy (MBCT) for recurrent depression has found that MBCT is an effective treatment option that can help prevent the recurrence of major depression. The study used anonymised individual patient data from nine randomized trials of MBCT. It suggests that for the millions of people who suffer recurrent depression it provides a treatment choice and an

alternative or addition to other approaches such as maintenance antidepressants.

Major [depression](#) is a significant public health problem. Without ongoing treatment, as many as four out of five people with depression relapse at some point. MBCT is a group-based psychological treatment that helps people change the way they think and feel about their experiences and learn skills that reduce the likelihood of further episodes of depression. This meta-analysis, included data from trials that compared MBCT to usual care as well as to other active treatments such as maintenance antidepressants—the current mainstay approach to prevention of depressive relapse.

Across the nine trials, 38% of those who received MBCT had a depressive relapse within 60 weeks' follow-up, in contrast to 49% of those who did not receive MBCT. Taking the time to relapse into account, people who received MBCT were 31% less likely to relapse during the 60-week follow-up compared with those who did not receive MBCT.

The inclusion of individual patient data made it possible to demonstrate that a person's age, sex, level of education and the age at which they first became depressed did not significantly influence the effectiveness of MBCT, suggesting that this approach is useful for a broad range of people. Those people who experienced more symptoms of depression when they entered treatment tended to show greater benefits from MBCT compared with other treatments. Clinical trials systematically record the occurrence of adverse events and negative outcomes such as death or hospitalisation for any cause. The study found no evidence of adverse events associated with MBCT when delivered by well-trained teachers in a clinical context.

Four of the trials that contributed to the meta-analysis compared MBCT

combined with continuation, tapering, or discontinuation of antidepressants to continued maintenance antidepressant treatment alone. Data from these trials showed that those who received MBCT, and in many cases tapered or discontinued antidepressant medication, were 23% less likely to relapse to [major depression](#) than those who continued on antidepressants and did not receive MBCT.

Reflecting on the findings, Richard Byng, Professor of Primary Care, University of Plymouth and one of the co-authors said

"While the evidence is from a relatively small number of trials, it is encouraging for patients and clinicians to have another option. There was insufficient data to examine which types of patient or context predict who would benefit most. This, along with varied individual study and wide combined study confidence intervals, means that clinicians need to be cautiously optimistic when tapering off antidepressant medication, and treat each patient as an individual who may or may not benefit from both MBCT and other effective treatments."

Lead author, Willem Kuyken, Professor of Clinical Psychology at the Oxford Mindfulness Centre said, "This new evidence for Mindfulness-based Cognitive Therapy, collated from individual patient data across nine randomised [trials](#) is very heartening. While MBCT is not a panacea, it does clearly offer those with a substantial history of depression a new approach to learning skills to stay well in the long-term. It offers people a safe and empowering treatment choice alongside other mainstay approaches such as cognitive-behavioural therapy and maintenance antidepressants. We need to do more research, however, to get recovery rates closer to 100% and to help prevent the first onset of depression, earlier in life. These are programmes of work we are pursuing at the University of Oxford and with our collaborators around the world."

More information: [DOI: 10.1001/jamapsychiatry.2016.0076](https://doi.org/10.1001/jamapsychiatry.2016.0076) Efficacy

of Mindfulness-Based Cognitive Therapy in Prevention of Depressive Relapse: An Individual Patient Data Meta-analysis from Randomized Trials *JAMA Psychiatry*. Published online April 27, 2016. [DOI: 10.1001/jamapsychiatry.2016.0076](https://doi.org/10.1001/jamapsychiatry.2016.0076)

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