The efficacy of Mindfulness-Based Cognitive Therapy (MBCT) in combination with pharmacotherapy in the treatment of Major Depressive Disorder (MDD)

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BACKGROUND[1,2]

• Depression affects approximately 7% of the United States. Of depressed patients, 33% will not find their first treatment successful in reducing the recurrence of a MDE
•Current first line treatment includes pharmaco- or psychotherapy, or a combination of the two. These therapies have had limited success in patients who suffer from multiple depressive episodes.
•This study looks to address the efficacy of MBCT alone or in combination with pharmacotherapy to reduce the risk of reoccurring depressive episodes in patients with MDD or TRD

PURPOSE

(1) Identify MBCT therapy approaches in the treatment of MDD or TRD
(2) Compare the key components of MBCT therapies using a validity assessment and study design evaluation
(3) Make recommendations for the design of future MBCT programs in order to support the relapse and recurrence rates in depressed patients

METHODS

- Searched relevant literature through PubMed, Clinical Key, and Google Scholar. **Eligibility criteria**: Studies included must have had
- (1) Patients who were prescribed, who were previously prescribed, or failed treatment of antidepressants
- (2) held within the last 10 years;
- (3) evaluation of MDD relapse or recurrence, or if MDD symptoms were evaluated as a comorbidity to conditions such as psychosis

RESULTS

Figure 1. MBCT Patient Outcome Measures

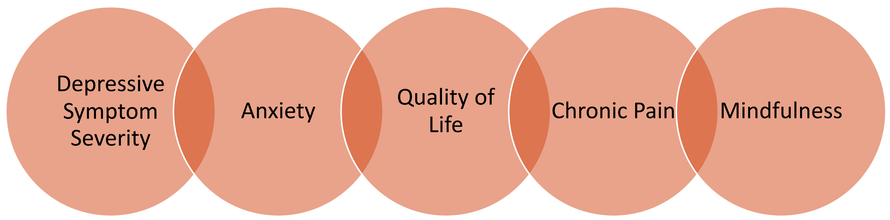

Figure 2. MBCT Study Design Evaluation

Omidi et al.	2-hour classes x 8 weeks, including 1 hour of meditation and homework
Eisendrath et al.	2.25-hour classes x 8 weeks, including 45 minutes of homework x 6 days a week
Cladder-Micus et al.	2.5-hour classes x 8 weeks, including additional day of silence
Chiesa et al.	2-hour classes x 8 weeks, including a prevention in relapse aimed class (session 7)
Kuyken et al.	2.25-hour classes x 8 weeks, including 4 refresher courses every 3 months x 1 year
Shallcross et al.	2.5-hour classes x 8 weeks, including roughly 50 minutes of homework per day

Figure 3. Aspects of MBCT Validity Assessment

- Significant reduction in depressive symptom severity was shown in two of the six studies when comparing MBCT to TAU
- Despite the low statistical significance of reduction in depressive symptoms, other measures, such as anxiety and quality of life were shown to improve in the MBCT treatment arms vs antidepressants in the additional four studies.
- MBCT patients felt they could more efficiently identify negative cognitions and accept their current mental space

CONCLUSIONS

- MBCT helps patients to identify their negative thoughts as an intention of the present mind, contrary to placing blame or identity onto the patient for having these thoughts. MBCT can also reduction of the stigma of depression and encourage home meditation practice
- The combination of MBCT and pharmacotherapy may help to reduce both the occurrence of relapse and improve symptoms of depression within each episode
- Although there is not enough evident that MBCT should be used as primary treatment for depression, future studies with a more diverse patient population are warranted to strengthen the potential efficacy MBCT and include this therapy in patients' individualized treatment plans.

REFERENCES

1. Depression. National Institute of Mental Health Website. https://www.nimh.nih.gov/health/topics/depression/index.shtml. Published in 2019. Accessed January 11th, 2020
2. Cladder-Micus H. B., Speckens, A. E., Vrijsen, J. N. et al. Mindfulness-based cognitive therapy for patients with chronic, treatment-resistant depression: A pragmatic randomized controlled trial. Depression and Anxiety. 2018; 35(10): 914-924. doi: 10.1002/da.22788..