EFFECTIVENESS OF A SHORTER MINDFULNESS-BASED COGNITIVE THERAPY FOR PATIENTS WITH A CURRENT MAJOR DEPRESSIVE EPISODE: A RANDOMIZED-CONTROLLED TRIAL

M.S. Li¹, G.C.L. Hung²
¹Taipei City Hospital Zhongxiao Branch, Psychiatry department, Taipei City, Taiwan R.O.C.
²Blossom Clinic of Psychosomatic Medicine, Department of Psychiatry, Taipei City, Taiwan R.O.C.

Objectives

The purpose of the current study was to compare the efficacy of a shorter mindfulness-based cognitive therapy (s-MBCT) plus treatment as usual (TAU) to TAU alone for patients with major depressive disorder in a randomized controlled trial.

Background

Many psychological treatment programs have been made to be more accessible to meet the needs of general and clinical populations while maintaining their therapeutic components and efficacy. There is evidence that, apart from preventing relapse of depression, mindfulness-based cognitive therapy (MBCT) may reduce symptom severity for patients with a current major depressive episode (MDE). However, dysfunctions related to depression could present a barrier to people engaging in the MBCT program in its full length.

Materials and Methods

The shorter MBCT(S-MBCT) program involved 8 weekly 1.5-hour group sessions. A mindfulness-based intervention (n=26) was compared with an TAU group (n=21) on self-reported mindfulness, depression, anxiety and quality of life. Major adjustments included shortened mindfulness practices, reduced didactic contents and increased movement practices. Measurements of depression (Beck Depression Inventory, BDI) and level of mindfulness (Five Facet Mindfulness Questionnaire, FFMQ) were completed at baseline and at 8 weeks.

Results

Forty-seven patients (women=33, 70%) with a current MDE were included. Participants receiving s-MBCT plus TAU (n=26) did not differ from those with TAU only (n=21) with respect to demographic characteristics, severity of depression and level of mindfulness at baseline. A significant between group differences was found in BDI ($F=4.54$, $p=0.039$) and the non-reactivity subscale of FFMQ ($F=7.05$, $p=0.011$) at 8 weeks, which indicated specifically that s-MBCT improved depressive symptoms and the facet of non-reactive attitudes in mindfulness.

Significant results of group differences at 8 weeks(ANOVA)

		SS	df	MS	F	p
BDI_T3	Between	612.318	1	612.318	4.544	.039
	Within	6064.491	45	134.766		
	Total	6676.809	46			
FFMQ_nonreact_T3	Between	3.578	1	3.578	7.048	.011
	Within	22.841	45	.508		
	Total	26.419	46			

Conclusions

The present findings provide preliminary evidence that a s-MBCT program may bring meaningful benefits to patients in active depression. With its briefer practices and reduced cognitive demands, s-MBCT may serve as an accessible option for people with more debilitating depressive symptoms.