Mindfulness-based cognitive therapy: evaluating current evidence and informing future research

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CRD summary
This well-conducted systematic review concluded that mindfulness-based cognitive therapy appeared to have a benefit for patients with three or more previous episodes of depression. The authors cautioned that because of the nature of the control groups in the included studies the findings could not be attributed to mindfulness-based cognitive therapy-specific effects and recommended further research. The conclusions seemed appropriate.

Authors' objectives
To assess the evidence on effectiveness of mindfulness-based cognitive therapy (MBCT) for patients with a history of depression and inform future research.

Searching
MEDLINE, EMBASE, PsychINFO, ISI Web of Science, Cochrane Central Register of Controlled Trials and AMED were searched from inception to June 2006. Search terms were reported. No language restrictions were applied. The reference lists of potentially relevant studies were searched in order to try to identify other relevant studies.

Study selection
Controlled trials of mindfulness-based cognitive therapy following the general therapeutic procedures outlined by Segal et al (see Other Publications of Related Interest) in participants with a history of depression were eligible for inclusion in the review. Participants in most of the included studies were recovered recurrently depressed patients with two or more previous episodes of major depressive disorder who had not taken antidepressant medication for 12 weeks. In one study, participants also had current residual symptoms and a Beck Depression Inventory score between 13 and 45. Around three quarters of included participants were female. All included studies compared the 8-week MBCT program plus usual treatment with usual treatment alone.

Two reviewers independently screened full papers for the review.

Assessment of study quality
Two reviewers independently assessed the validity of the included studies using a modified version of the Jadad scale; disagreements were resolved by discussion. The scale was modified to account for difficulties in blinding participants: one point was allocated for studies that blinded the outcome assessor, making 4 the maximum possible score. Other aspects of quality that were assessed were whether treatment allocation was concealed, whether groups were similar at baseline on prognostic indicators, whether the number of withdrawals/dropouts in each group was mentioned, whether the analysis was intention-to-treat and whether a power calculation was described.

Data extraction
Two reviewers independently extracted data on outcomes that indicated a change in mental health (including relapse data) or in symptoms, constructs or precursors of a mental health problem; disagreements were resolved by discussion.

Methods of synthesis
Studies were synthesised narratively and study details were presented in a table to allow the reader to assess differences between studies.

Results of the review
Four controlled trials were included in the review (n=239): three randomised controlled trials of recovered recurrently depressed patients and one non-randomised trial of patients with residual symptoms of depression. The Jadad scores ranged from 0 to 2 out of a maximum possible 4 points.
For patients with three or more previous major depressive episodes, relapse hazard rates were statistically significantly lower for the mindfulness-based cognitive therapy plus usual treatment group than in the usual treatment alone group in the two better-quality randomised controlled trials. There were no statistically significant differences in relapse or recurrence hazard rates for patients with two previous major depressive episodes.

The other randomised controlled trial was based on a subset of data from one of the previously described randomised controlled trials. It found no significant effect of mindfulness-based cognitive therapy on Hamilton Rating Scale for Depression scores. Patients who received mindfulness-based cognitive therapy in addition to usual treatment experienced a greater shift away from categoric memories and a greater increase in specific memories (indicating a shift away from a cognitive-style thought to be characteristic of depression). The trial also reported no significant differences between groups in latency to respond or omitting to respond in the Autobiographical Memory Test.

The non-randomised controlled trial found no significant difference between groups in change in Rumination Scale scores. There was a greater pre- and post-treatment reduction in Beck Depression Inventory scores in the mindfulness-based cognitive therapy plus usual treatment group compared with the usual treatment alone group.

**Authors’ conclusions**

Evidence suggested that for patients with three or more previous depressive episodes, mindfulness-based cognitive therapy had an additive benefit to usual care. However, because of the nature of the control groups, the findings could not be attributed to mindfulness-based cognitive therapy-specific effects. Further research was necessary to clarify whether mindfulness-based cognitive therapy produced any specific effects.

**CRD commentary**

The review addressed a clear question and was supported by appropriate inclusion criteria. A number of electronic databases were searched for relevant studies. No language restrictions were applied. Validity was assessed using appropriate criteria and results of the validity assessment were presented. The included studies were of high quality, however, the conclusions were based on the two better quality randomised controlled trials. Two reviewers independently performed study selection, data extraction and validity assessment, reducing the potential for reviewer bias and error. Owing to the small number of included studies and the differences between studies, a narrative synthesis was appropriate. Adequate details of the included studies were presented. This was a well-conducted systematic review and the authors’ conclusions are likely to be reliable.

**Implications of the review for practice and research**

Practice: The authors did not state any implications for practice.

Research: The authors stated that further research into mindfulness-based cognitive therapy was warranted. The limitations of the current evidence should be used to shape the direction of future research: longer follow-up periods were needed, data from a variety of outcomes would be useful and improved reporting of trials would allow researchers and clinicians to effectively evaluate future trials. The authors stated that there was a need for randomised controlled trials to compare mindfulness-based cognitive therapy with other non-pharmacological approaches, mere attention and group contact. They also stated that future trials should plan control conditions around the investigation of the potential mechanisms underlying the mindfulness-based cognitive therapy program and examine possible moderators of the effects of mindfulness-based cognitive therapy. The aim would be to help understand why or for whom mindfulness-based cognitive therapy may be useful and enable further development and modification of the program.

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**Bibliographic details**


**PubMedID**
Other publications of related interest

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Record Status
This is a critical abstract of a systematic review that meets the criteria for inclusion on DARE. Each critical abstract contains a brief summary of the review methods, results and conclusions followed by a detailed critical assessment on the reliability of the review and the conclusions drawn.