

New treatment hope for people with recurring depression

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Research shows for the first time that a group-based psychological treatment, Mindfulness Based Cognitive Therapy (MBCT), could be a viable alternative to prescription drugs for people suffering from long-term depression.

In a study, published today (1 December 2008) in the *Journal of Consulting and Clinical Psychology*, MBCT proved as effective as maintenance anti-depressants in preventing a relapse and more effective in enhancing peoples' quality of life. The study also showed MBCT to be as cost-effective as prescription drugs in helping people with a history of depression stay well in the longer-term.

Funded by the Medical Research Council (MRC), the study was led by Professor Willem Kuyken at the Mood Disorders Centre, University of Exeter, in collaboration with colleagues at the Centre for Economics of Mental Health (CEMH) at the Institute of Psychiatry, King's College London, Peninsula Medical School, Devon Primary Care Trust and the Medical Research Council Cognition and Brain Sciences Unit.

The randomised control trial involved 123 people from urban and rural locations who had suffered repeat depressions and were referred to the trial by their GPs. The participants were split randomly into two groups. Half continued their on-going anti-depressant drug treatment and the rest participated in an MBCT course and were given the option of coming off anti-depressants.

Over the 15 months after the trial, 47% of the group following the MBCT course experienced a relapse compared with 60% of those continuing their normal treatment, including anti-depressant drugs. In addition, the group on the MBCT programme reported a higher quality of life, in terms of their overall enjoyment of daily living and physical well-being.

Members of the study team from the Institute of Psychiatry, King's College London also compared the cost of providing MBCT programmes with the cost of maintenance anti-depressant treatment. The findings suggest that MBCT provides a cost-effective alternative to anti-depressant drugs. Unlike most other psychological therapies, MBCT can be taught in groups by a single therapist, and patients then continue to practice the skills they have learned at home by themselves. Therefore, MBCT is less costly than individual treatments and is not dependent on having the large number of trained therapists needed for one-to-one psychological treatments so could help the National Health Service shorten its waiting lists for psychological therapies.

During the eight-week trial, groups of between eight and fifteen people met with one therapist. They learned a range of meditation exercises that they could continue to practice on their own once the course ended. Many of the exercises were based on Buddhist meditation techniques and helped the individual take time to focus on the present, rather than dwelling on past events, or planning for future tasks. The exercises worked in a different way for each person, but many reported greater acceptance of, and more control over, negative thoughts and feelings.

Professor Willem Kuyken of the University of Exeter said: "Anti-depressants are widely used by people who suffer from depression and that's because they tend to work. But, while they're very effective in helping reduce the symptoms of depression, when people come off them they are particularly vulnerable to relapse. MBCT takes a different

approach – it teaches people skills for life. What we have shown is that when people work at it, these skills for life help keep people well."

Professor Kuyken continues: "Our results suggest MBCT may be a viable alternative for some of the 3.5 million people in the UK known to be suffering from this debilitating condition. People who suffer depression have long asked for psychological approaches to help them recover in the long-term and MBCT is a very promising approach. I think we have the basis for offering patients and GPs an alternative to long-term anti-depressant medication. We are planning to conduct a larger trial to put these results to the test and to examine how MBCT works."

MBCT was developed by a team of psychologists from Toronto (Zindel Segal), Oxford (Mark Williams) and Cambridge (John Teasdale) in 2002 to help people who suffer repeated bouts of depression. It focuses on targeting negative thinking and aims to help people who are very vulnerable to recurring depression stop depressed moods from spiralling out of control into a full episode of depression. MBCT is becoming more widely available as part of psychological treatment services in the NHS.

Case studies

Case study 1: Di

Di Cowan of Sampford Peverell, East Devon, has suffered from depression since he was in his late teens, though it was not diagnosed until much later. Now 53, he has been taking anti-depressant drugs for more than 15 years and has had no previous psychological treatment.

It is now two years since he completed the eight-week MBCT trial and Di practices the meditation techniques learned during the trial four or five times a week, for up to an hour each time. He plans to continue

doing this for the rest of his life.

Di explains how the techniques learned on the trial have helped him in his daily life: "It's helped me immensely. It's given me the ability to come up against something that would have previously thrown me, think it through, come up with a solution and then move on. It's helped me deal with recurrent thoughts."

Shortly after completing the trial, Di was diagnosed with bone cancer and had to undergo treatment, including a major spinal operation, which has left him less mobile than he was before. Despite this set-back, he feels he is managing his depression using the techniques learned on the MBCT trial.

He says: "My view of the world has changed and I look at life in a new light. I'm much more cheerful and positive. Other people noticed a change. My friends and family were very quick to comment that I was showing an improvement."

Di concludes: "It was very worthwhile and I would highly recommend it to anyone who has similar problems. It's a very sound way of combating mental illness and promoting mental health."

Originally from Manchester, Di has lived in Devon for 28 years. He is a retired Maths teacher and is married with two boys, aged 19 and 11.

Case study 2: Stephen

Stephen hopes that MBCT will be "the final piece in the jig-saw" in learning to cope with a tendency towards severe depression that he has suffered since his teens. Now 56, he experienced severe episodes between 2000 and 2002, involving hospitalisation. Having already tried a number of alternative therapies, and talking cures, as well as anti-

depressant drugs, he finally agreed to try the mood-stabiliser, Lithium

Soon afterwards, he embarked on a course of cognitive behavioural therapy, and it was via this route that he heard of MBCT. "It was the right thing at the right time", he says. Sufficiently "stabilised" by Lithium, he was able to benefit fully from the techniques taught, which he now practices on a daily basis, some six years later.

The group context of MBCT was important for him. Not only did participants share their individual experiences of depression, and find common ground in symptoms suffered and warning signs to heed, they also helped keep each other "on track" with the practical homework involved. Stephen believes that, in addition to the group's support, self-discipline helped him complete the eight week course and has been essential for him to continue regular practice at home. He says: "Persistence and determination are necessary during the course and become even more vital when you're on your own."

Stephen, who lives in Exeter, is realistic enough to suspect that, without Lithium he could not have reaped the benefits of MBCT. However, he says: "Mindfulness gave me added insight into the way I function and respond to people, and helped me become more accepting. Along the way I have gained an understanding that, much of the time, life may not be as I would like it, but an awareness – particularly a body awareness – of such situations can lead to easier acceptance of them, and sometimes to beneficial change. Maybe, one day, I'll have gained sufficient insight not to need the Lithium any more".

Source: University of Exeter

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