

Mindfulness meditation found to be as effective as antidepressants to prevent depression relapse

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A new study from the Centre for Addiction and Mental Health (CAMH) has found that mindfulness-based cognitive therapy--using meditation—provides equivalent protection against depressive relapse as traditional antidepressant medication.

The study published in the current issue of the *Archives of General Psychiatry* compared the effectiveness of pharmacotherapy with mindfulness-based cognitive therapy (MBCT) by studying people who were initially treated with an antidepressant and then, either stopped taking the medication in order to receive MBCT, or continued taking medication for 18 months.

"With the growing recognition that major depression is a recurrent disorder, patients need treatment options for preventing depression from returning to their lives." said Dr. Zindel Segal, Head of the Cognitive Behaviour Therapy Clinic in the Clinical Research Department at CAMH.

"Data from the community suggest that many depressed patients discontinue antidepressant medication far too soon, either because of side effect burden, or an unwillingness to take medicine for years. Mindfulness-based cognitive therapy is a non pharmacological approach that teaches skills in emotion regulation so that patients can monitor possible relapse triggers as well as adopt lifestyle changes conducive to

sustaining mood balance.

Study participants who were diagnosed with major depressive disorder were all treated with an antidepressant until their symptoms remitted. They were then randomly assigned to come off their medication and receive MBCT; come off their medication and receive a placebo; or stay on their medication. The novelty of this design permits comparing the effectiveness of sequencing pharmacological and psychological treatments versus maintaining the same treatment – antidepressants – over time

Participants in MBCT attended 8 weekly group sessions and practiced mindfulness as part of daily homework assignments. Clinical assessments were conducted at regular intervals, and over an 18 month period, relapse rates for patients in the MBCT group did not differ from patients receiving antidepressants (both in the 30% range), whereas patients receiving placebo relapsed at a significantly higher rate (70%).

"The real world implications of these findings bear directly on the front line treatment of depression. For that sizeable group of patients who are unwilling or unable to tolerate maintenance antidepressant treatment, MBCT offers equal protection from relapse," said Dr. Zindel Segal. "Sequential intervention-- offering pharmacological and psychological interventions-- may keep more patients in treatment and thereby reduce the high risk of recurrence that is characteristic of this disorder.

Provided by Centre for Addiction and Mental Health

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