

Mindfulness-based depression therapy reduces health care visits

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A mindfulness-based therapy for depression has the added benefit of reducing health-care visits among patients who often see their family doctors, according to a new study by the Centre for Addiction and Mental Health (CAMH) and the Institute for Clinical Evaluative Sciences (ICES).

The research showed that frequent [health](#) service users who received mindfulness-based cognitive therapy showed a significant reduction in non-mental [health care](#) visits over a one-year period, compared with those who received other types of group therapy.

The study was published in the *Journal of Psychosomatic Research*.

The mindfulness therapy group had one fewer non-mental health visit per year, for every two individuals treated with this therapy – which translates into a reduction of nearly 2,500 visits to primary care physicians, emergency departments or non-psychiatric specialists in Ontario over eight years.

"We speculate that mindfulness-based cognitive therapy has elements that could help people who are high health-care utilizers manage their distress without needing to go to a doctor," says Dr. Paul Kurdyak, lead author and Director of Health Systems Research at CAMH and Lead of the Mental Health and Addictions Research Program at ICES.

Senior author Dr. Zindel Segal, who developed mindfulness-based

cognitive therapy, says, "the goal of this therapy is to treat depression or anxiety so this unintended effect is striking, particularly as there is limited evidence on interventions that effectively reduce high health care use." Dr. Segal is Professor of Psychology at the University of Toronto, and a Senior Scientist with CAMH's Campbell Family Mental Health Research Institute.

Mindfulness-based cognitive therapy is a structured form of psychotherapy that combines elements of cognitive-behaviour therapy with mindfulness meditation. It is delivered in a group setting for eight weekly sessions. The therapy was originally developed to prevent relapse of symptoms among people with recurring depression, as an alternative to ongoing medication treatment. It has been proven effective in multiple studies, and has been applied to other conditions such as anxiety and chronic pain.

To conduct their study, researchers identified 10,633 individuals who received group-based mindfulness-based [cognitive therapy](#) between 2003 and 2010, based on billing records from the Ontario Health Insurance Plan (OHIP). The therapy was delivered by 24 specially trained psychiatrists or family doctors. Among these patients, 4,851 (46 per cent) were considered high health service users, having more than five visits to a [primary care physician](#), emergency department or other specialist in a year.

For comparison, researchers identified 29,795 who received [group therapy](#), such as cognitive-behaviour or interpersonal psychotherapy, without a mindfulness component, and who were matched for age, sex and neighbourhood income; 13,274 of these controls were high service users. For both groups, non-[mental health](#) care visits were examined one year before the therapy, and one year after it ended.

"Primary care physicians play a large role in managing patients with

distress, and they often report feeling overwhelmed and unable to effectively deal with cases of medically unexplained symptoms," says Dr. Kurdyak. "This study shows the potential of [mindfulness-based cognitive therapy](#) to help both patients and their doctors."

Provided by Centre for Addiction and Mental Health

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