

Mindfulness for Anxiety, Depression & Wellness

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Meta-analysis: MBI's for anxiety and depression

- Allows multiple studies to be combined to quantify treatment effect
- 39 studies met criteria for the analysis, primarily MBSR and MBCT studies
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- Two types of studies: anxiety or depressive disorders, and other clinical disorders such as chronic pain and cancer

Meta-analysis cont'd

Effect sizes showed MBI's were moderately effective

| | Effect Size | |
|----------------------|----------------|-------------------|
| | <u>Anxiety</u> | <u>Depression</u> |
| All studies | .63 | .59 |
| | | |
| Specific populations | .97 | .93 |

Hoffman et al. 2010

Depression treatment & relapse

- Treatment guidelines recommend antidepressant treatment for 6-12 mos. beyond remission of symptoms, but often not followed or patients stop treatment
- Majority of patients have incomplete response, non-response, recurrence, or drop out of treatment
- With each recurrence likelihood of future recurrence increases

MBCT

- Segal, Williams, Teasdale research on depression relapse:
 - *Cognitive reactivity* to sad moods was a predictor of recurrence
 - With each recurrence, milder sadness and ruminative thinking could trigger recurrence

MBCT

- Format similar to MBSR :
 - 8-week classes of 2.5 hrs/wk,
 - Participatory psychoeducational group
 - Classroom and home practice, 1-day retreat
 - Mindfulness practices

MBCT

- Adaptations
 - ↑ emphasis on cognitions – decentering, seeing thoughts as passing mental events, how they influence feelings and behaviors
 - Explicit instructions to practice acceptance rather than judgment or avoidance
 - Classroom discussion focus on depression rather than stress or pain

MBCT

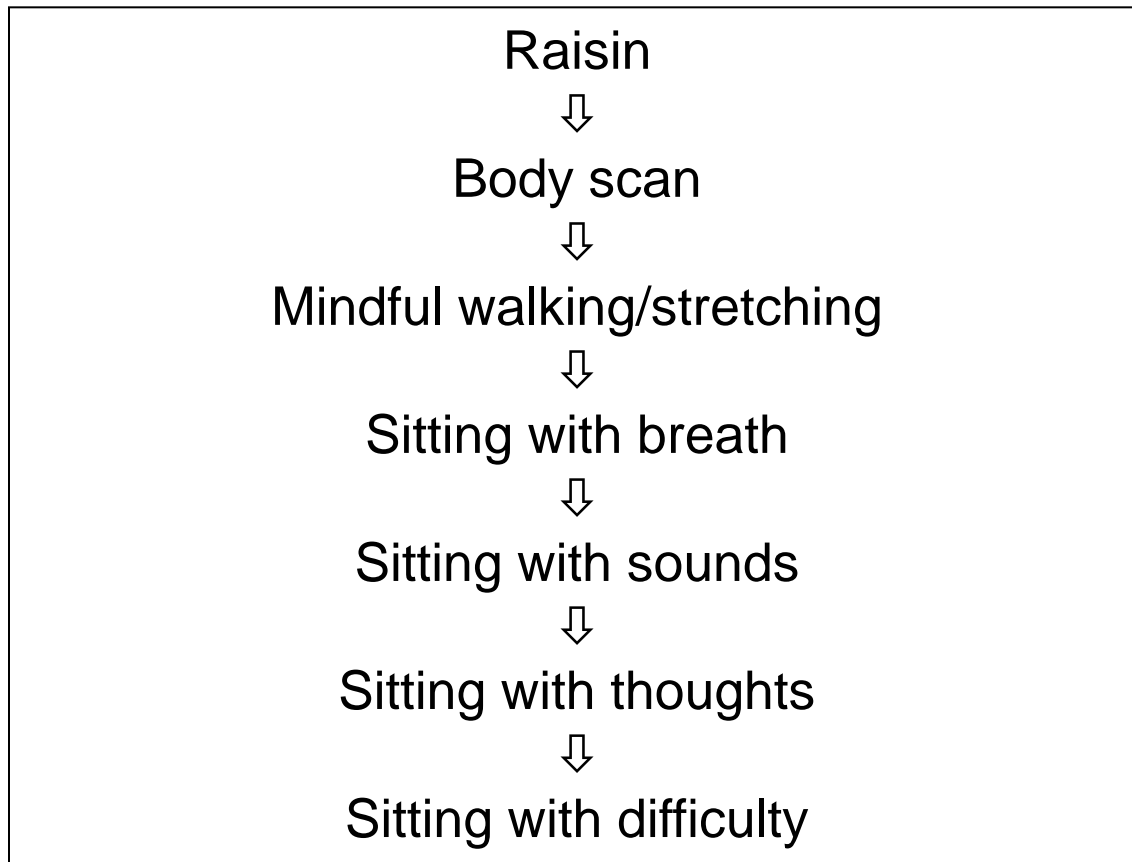
- Adaptations
 - Relapse Prevention Action Plan – awareness of signs of relapse, more flexible, deliberate responses when they arise
 - 3-minute breathing space –facilitate practicing present moment awareness in upsetting everyday situations

MBCT

| Depression patterns | MBCT skills |
|-----------------------------|-----------------------|
| Automatic mode | Intentional mode |
| Avoidance | Curiosity, acceptance |
| Thinking about implications | Direct experience |
| Judging/fixing | Non-doing |

MBCT

Developing ability to directly experience difficulties



Mindfulness-based cognitive therapy (MBCT)

ORIGINAL ARTICLE

Antidepressant Monotherapy vs Sequential Pharmacotherapy and Mindfulness-Based Cognitive Therapy, or Placebo, for Relapse Prophylaxis in Recurrent Depression

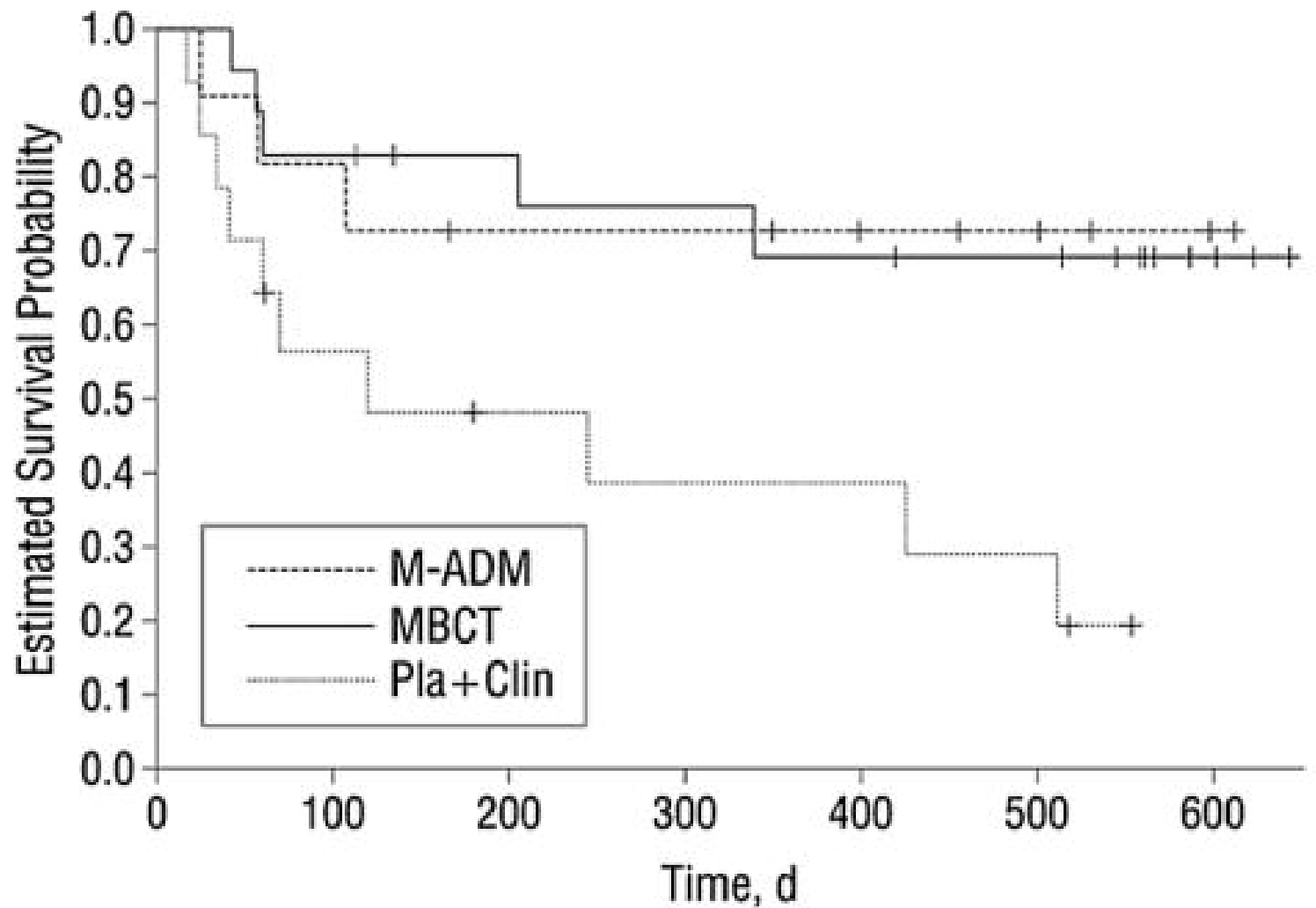
Zindel V. Segal, PhD; Peter Bieling, PhD; Trevor Young, MD; Glenda MacQueen, MD; Robert Cooke, MD; Lawrence Martin, MD; Richard Bloch, MA; Robert D. Levitan, MD

Segal, et al 2010

- N = 160 with > 2 MDE's
- 2-step antidepressant treatment algorithm
- Maintenance phase: remitters (52.5%) assigned to 1 of 3 study conditions:
 - M-ADM
 - MBCT + ADM taper
 - Pla + Clin
- 18 month follow-up

Segal, et al 2010

- Significant interaction between persistent depressive sx in remission and prevention of relapse $p=.03$
- Patients with HAM-D > 7 in remission, response to MBCT and M-ADM comparable – 73% decrease compared to placebo $p=.03$.
- Patients who were asymptomatic in remission had no difference



No. at Risk

| | | | | | | | |
|----------|----|----|----|----|----|---|---|
| M-ADM | 11 | 9 | 7 | 7 | 6 | 4 | 1 |
| MBCT | 18 | 14 | 11 | 11 | 10 | 9 | 2 |
| Pla+Clin | 14 | 7 | 5 | 4 | 4 | 2 | 0 |

MBCT for prevention of recurrence

- Evidence-based practice
- Comparable to maintenance Rx
- Included in the UK's National Institute for Clinical Excellence Clinical Practice Guidelines for Depression

Wellness

- Chronic or repeated activation of the stress response leads to health problems and reduces quality of life
- Wellness involves self-knowledge and self-education about one's health and active engagement in activities to promote health
- Improved emotional well-being and quality of life

Wellness

- Learning to pay attention and be present with experience –
 - Decreases automatic reactions and stress
 - Encourages health-promoting behavior changes – informed exercise, nutritional awareness, and improved sleep
 - Promotes changes in unhealthy behaviors – smoking, emotional eating, and alcohol/drug use

MBI's for health behaviors

- MB-EAT
- MBRP
- Mindfulness training for smoking cessation
- MBT-I Mindfulness-based therapy for insomnia

Mindfulness-based approach to wellness

- Holistic – physical, mental and spiritual
- Strength-based –inner resources to promote one's own well-being
- Participatory – consistent with person-centered planning partnership in supporting a “culture of wellness” for all stakeholders

References

Hofmann, S. G., Sawyer, A. T., Witt, A. A., & Oh, D. (2010). The effect of mindfulness-based therapy on anxiety and depression: A meta-analytic review. *Journal of Consulting and Clinical Psychology, 78*(2), 169-183.

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Segal, Z.V., Bieling, P., Young, T., MacQueen, G. Cooke, R. et al. (2010). Antidepressant Monotherapy vs Sequential Pharmacotherapy and Mindfulness-Based Cognitive Therapy, or Placebo, for Relapse Prophylaxis in Recurrent Depression. *Archives of General Psychiatry, 67*(12), 1256-1264.

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The Mindful Way through Depression: Freeing Yourself from Chronic Unhappiness by J. Mark G. Williams, John D. Teasdale, Zindel V. Segal, and Jon Kabat-Zinn, New York: Guilford. 2007.