

# Prevention of Relapse in Recurrent Depression with Mindfulness-Based Cognitive Therapy

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Supported by the Canadian Institutes of Health Research / NIMH



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# Depression: Course and Outcome

Well				
Symptom				
Syndrome				
Treatment Phases	Acute	Continuation	Maintenance	

Kupfer DJ. J Clin Psychiatry 1991

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# Time to Recurrence after Recovery from an Index Episode of Major Depressive Disorder

(N= 380; Mueller et al., 1999 - *AJP*)

Week After Recovery	Proportion Well
0	1.00
52	0.75
104	0.60
156	0.50
208	0.45
260	0.40
312	0.35
364	0.32
416	0.30
468	0.28
520	0.26
572	0.25
624	0.24
676	0.23
728	0.22
780	0.21

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### Incidence of MDD by Cognitive Diathesis and Adversity, N= 1,507

DYSFUNCTIONAL ATTITUDES

		HIGH	LOW
# LIFE EVENTS	HIGH	.27*	.16
	LOW	.10	.08

Lewinsohn et al., 2001

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- ### What Exactly is Being Triggered?
- In depression, negative concepts and events are rehearsed and elaborated throughout semantic memory.
  - Activation of part of such mnemonic structures activate other parts making negative material more salient.
  - These cognitive networks may contains links to feeling states such as sadness.

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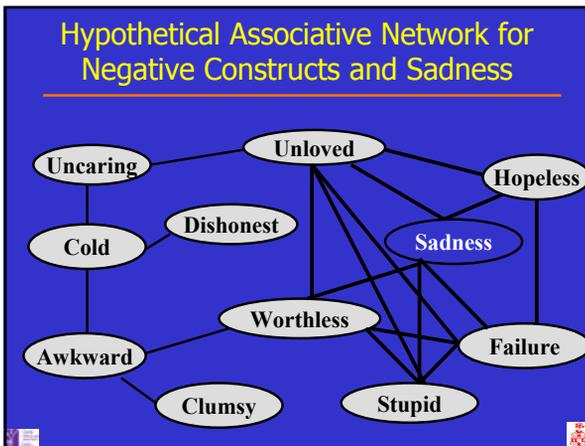
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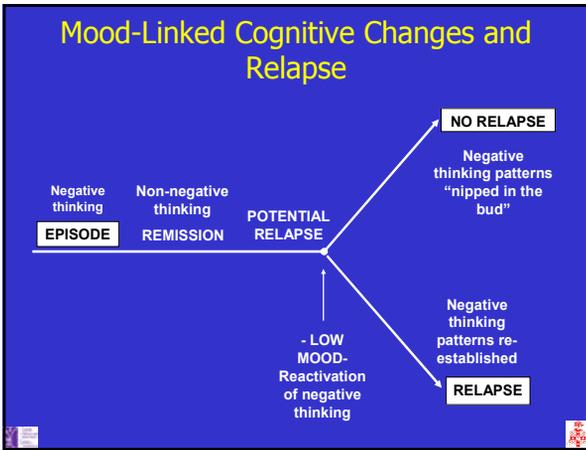
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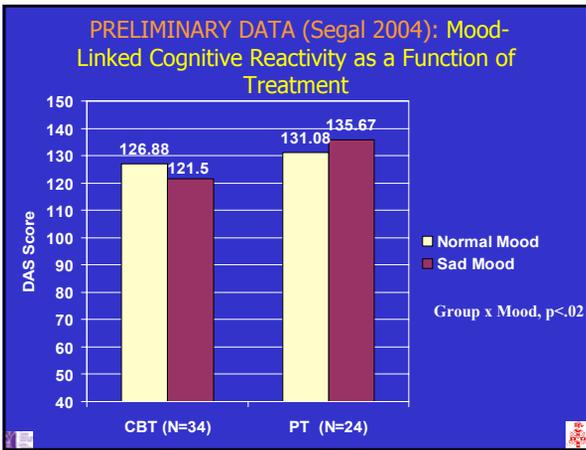
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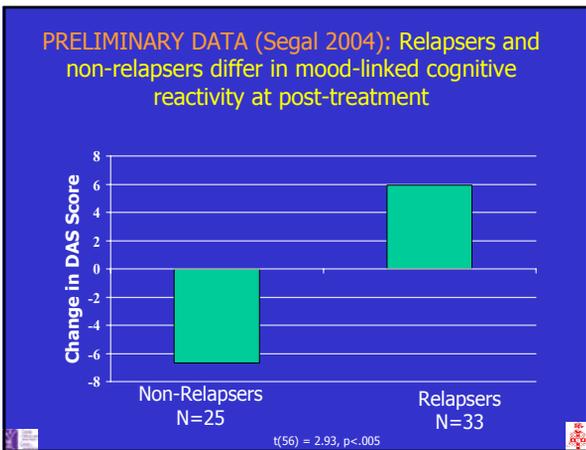
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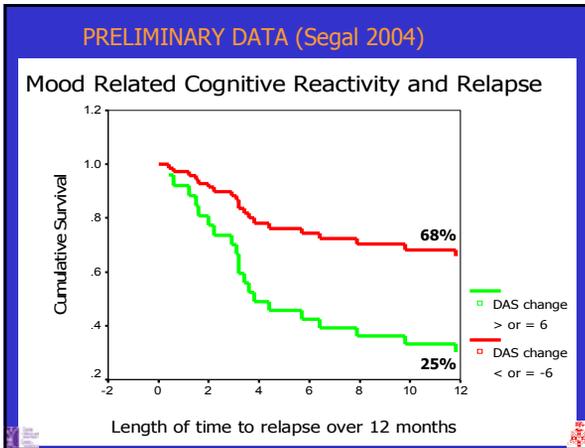
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### MINDFULNESS-BASED COGNITIVE THERAPY: RATIONALE

- Interventions which aim to reduce the risk of relapse in depression should lead to a change in the patterns of cognitive processing that become active in states of mild sadness.
- It is not essential, or even desirable, that treatment should aim to eliminate the experience of sadness.
- The aim should be to normalize the pattern of cognitive activity in unhappiness so that these moods remain mild or transient and do not escalate to more severe affective states.

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### Description of MBCT Interventions

- **FORMAT:**
  - 8 X 2 hour weekly sessions + 4 follow up meetings
  - daily homework
  - groups of up to 12 recovered depressed patients
- **FORMAL PRACTICE:**
  - Body Scan
  - Mindful Stretching/Yoga
  - Mindfulness of breath/body/sounds/thoughts
- **INFORMAL PRACTICE:**
  - 3 minute breathing space, regular/coping
  - Mindfulness of everyday activities

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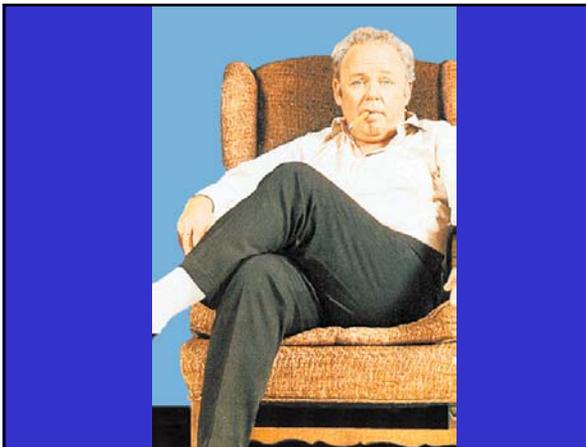
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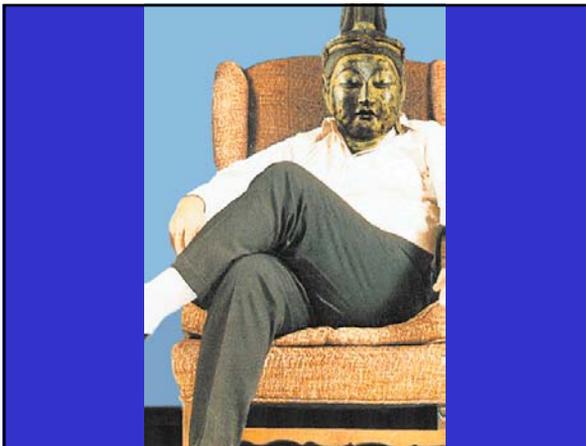
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### Similarities between MBCT and CBT

- Content that is common to both:
  - Education about depression
  - Use of Pleasant Events and Unpleasant Events Schedule
  - Use of Automatic Thoughts Questionnaire to
    - explain about frequency of self talk and differing degrees of belief in such thoughts
    - explain how degree of belief fluctuates depending on mood
  - Ratings of Mastery and Pleasure

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### How MBCT differs from CBT

- Assumptions about current practice of therapist.
- Little emphasis on distinguishing thoughts as positive or negative.
- Way of being and generic strategies for coping with pain and distress.
- No attempts to induce or expose to problematic situations.
- "Answering back" vs "noticing" thoughts.
- Observational skills, non-analytic vs. external data gathering.

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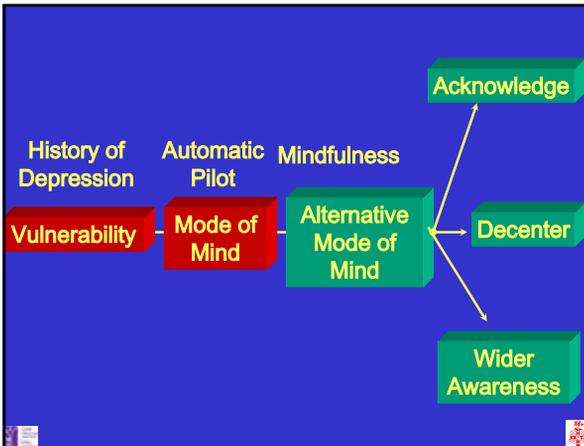
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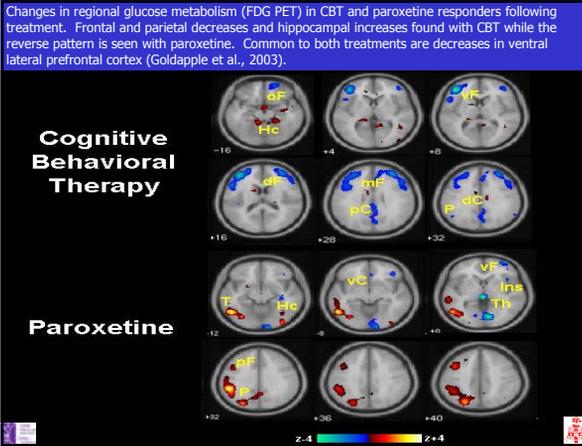
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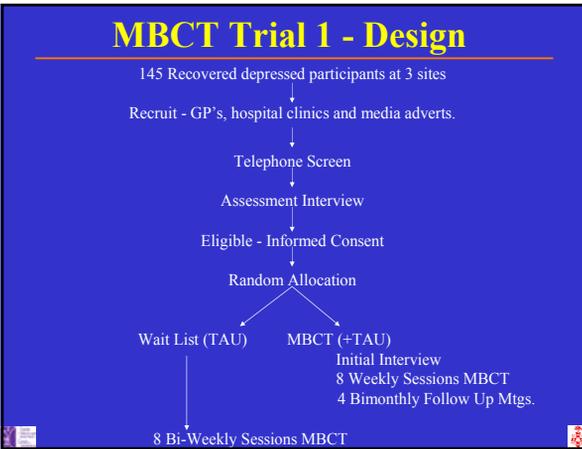
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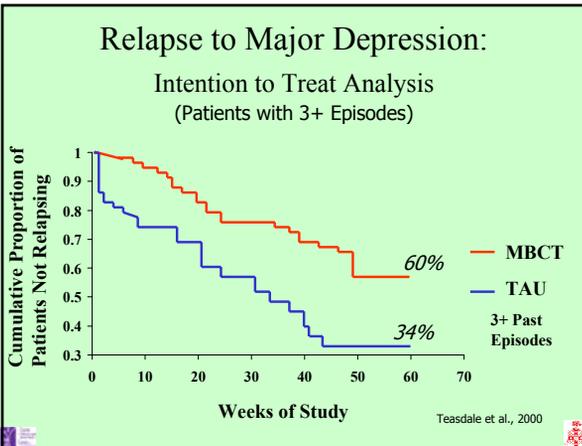
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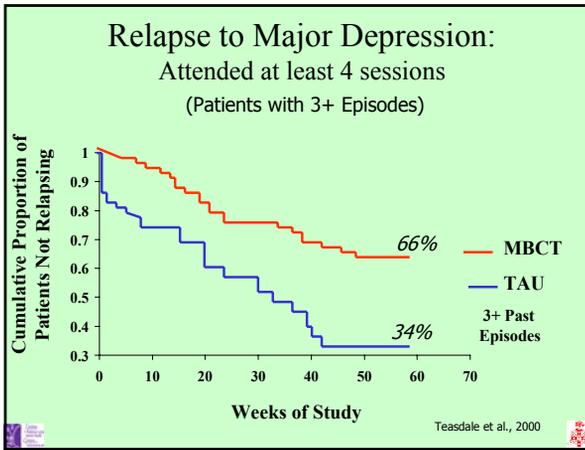
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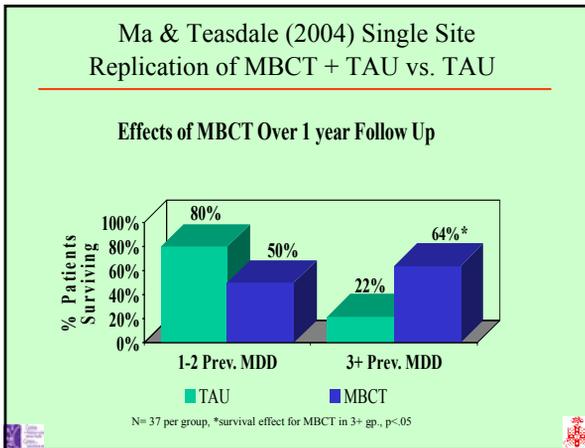
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### Effects of MBCT in 3+ Episodes Not Due to Greater Compliance With Medication

No. or % using antidepressant medication at any point during the follow-up period:

Intention-to-treat

TAU	46% (20/24)
MBCT	40% (19/47)

Per protocol:

TAU	46% (20/24)
MBCT	33% (14/42)

Teasdale et al., 2000

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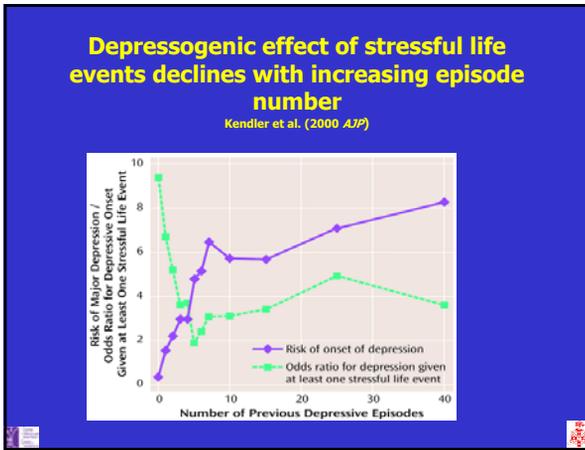
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### Stress Provoked Relapses in Patients with 1 or 2 Past Episodes

(Ma & Teasdale, 2004)

Relapse	Life event	TAU 1 or 2 episodes (n = 10)		TAU 3+ episodes (n = 27)	
		N	%	n	%
Yes	No	0	0	7	26
	Borderline	0	0	12	44
	Significant	2	20	2	7
No		8	80	6	22

Fisher's p < .03

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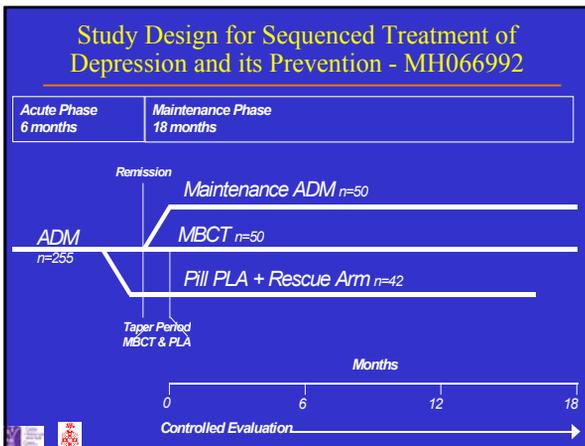
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