

Practitioner-supported mindfulness-based cognitive therapy aids depression

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Practitioner-supported, mindfulness-based cognitive therapy self-help

(MBCT-SH) is superior to standard recommended treatment for mild-to-moderate depression, according to a study published online March 22 in *JAMA Psychiatry*.

Clara Strauss, Ph.D., D.Clin.Psy., from Sussex Partnership NHS Foundation Trust in Falmer, England, and colleagues examined whether MBCT-SH is superior to practitioner-supported cognitive behavioral therapy self-help (CBT-SH) at reducing depressive symptom severity at 16 weeks among 410 patients with mild-to-moderate [depression](#). Copies of either an MBCT-SH or CBT-SH workbook were given to the participants, and they were also offered six support sessions with a trained practitioner.

The researchers found that at 16 weeks postrandomization, practitioner-supported MBCT-SH led to significantly greater reductions in depression symptom severity versus practitioner-supported CBT-SH (between-group difference of -1.5 Patient Health Questionnaire points). The probability of MBCT-SH being cost-effective exceeded 95 percent versus CBT-SH. Three [serious adverse events](#) were reported, but deemed not study-related.

"In [conclusion](#), this study found that a novel intervention, practitioner-supported MBCT-SH, was clinically superior in targeting depressive symptom severity at postintervention and cost-effective compared with the criterion standard of practitioner-supported CBT-SH for adults experiencing mild-to-moderate depression," the authors write. "If study findings are translated into routine practice, this would see many more people recovering from depression while costing [health services](#) less money."

More information: Clara Strauss et al, Clinical Effectiveness and Cost-Effectiveness of Supported Mindfulness-Based Cognitive Therapy Self-help Compared With Supported Cognitive Behavioral Therapy Self-help

for Adults Experiencing Depression, *JAMA Psychiatry* (2023). [DOI: 10.1001/jamapsychiatry.2023.0222](https://doi.org/10.1001/jamapsychiatry.2023.0222)

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