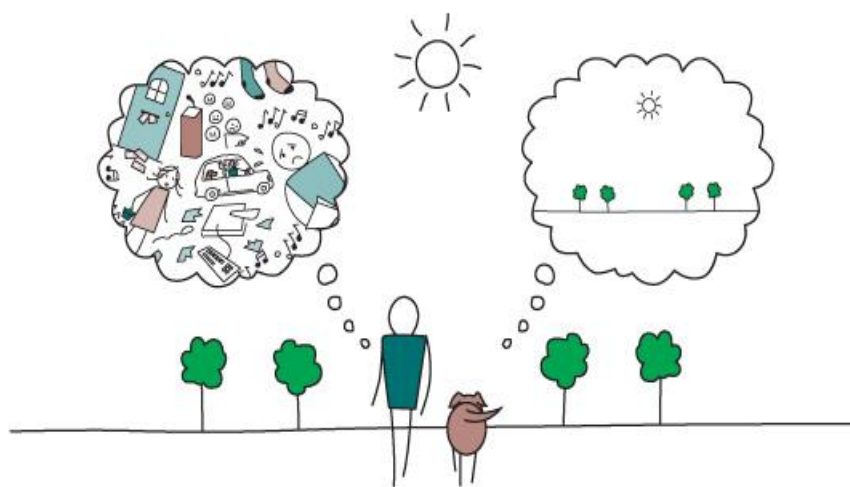


Mindfulness-Based Interventions for People Diagnosed with a Current Episode of an Anxiety or Depressive Disorder: A Meta-Analysis of randomised Controlled Trials



Mind Full, or Mindful?

2016.8.2

臨床心理師 譚詠暄

臨床現況與疑問

◆ 近幾年，正念對臨床個案有幫助嗎？

◆ 療效如何？

◆ 療效是甚麼？

◆ 哪類個案較有效？



Introduction

- **Mindfulness** refers to a state of consciousness that is characterised by the self-regulation of attention towards present moment experiences coupled with an accepting, non-judgemental stance towards these experiences.
- **Mindfulness-based interventions (MBIs)** are usually brief interventions (typically 8 sessions) delivered in a group setting and which incorporate mindfulness meditation practice and principles.



Introduction

1. For people with a current episode of an anxiety or depressive disorder their **current experiences are likely to include** aversive automatic thoughts and unpleasant feelings of low mood or anxious arousal, which may be difficult for the individual to attend to or accept.
2. **Rumination, worry and attentional biases** are characteristic of depression and anxiety.
3. There are motivational and concentration difficulties. **regulating attention can be difficult.**

步驟 1：系統性文獻回顧探討的問題為何？

研究族群 / 問題

(Population/ Problem)

People experiencing an acute episode of depression or anxiety

介入措施

(Intervention)

Mindfulness-based interventions(MBCT, MBSR, PBCT)

比較

(Comparison)

1. CBT, psychoeducation,
2. TAU, wait-list, aerobic exercise

結果

(Outcomes)

1. symptom severity for the target clinical problem
2. anxiety and depression symptom severity

步驟 2：系統性文獻回顧的品質如何？(FAITH)

F - 研究是否找到 (Find) 所有的相關證據？

最好的狀況是？
良好的文獻搜尋至少應包括二個主要的資料庫(如：Medline, Cochrane考科藍實證醫學資料庫, EMBASE 等)，並且加上文獻引用檢索(參考文獻中相關研究、Web of Science, Scopus或 Google Scholar)、試驗登錄資料等。文獻搜尋應不只限於英文，並且應同時使用 MeSH字串及一般檢索詞彙(text words)。

Search Strategy

Titles and abstracts from the following databases were searched: MEDLINE, Web of Science, Scopus, ProQuest and PsycINFO for published or unpublished studies from the first available year of publishing until 4 July 2013. Reference sections of identified papers were searched manually. The following search terms were used: [(mindfulness or MBCT or MBSR) combined with (anxi* or depress* or OCD or “obsessive compulsive” or “post-traumatic stress disorder” or PTSD or agoraphobia or “panic disorder” or “acute stress disorder” or “acute stress reaction” or phobi*) combined with (random* or RCT)].

In order to conduct a replicable search for unpublished data, three leading clinical trial registers (www.clinicaltrialsregister.eu, clinicaltrials.gov and www.controlled-trials.com/isrctn) were searched to identify completed clinical trials of MBIs that had not been published. The trial registers were searched with the term ‘mindfulness’ (multiple search terms were not possible) with no restrictions placed on the search. All identified research team members from relevant clinical trials were contacted by email for details of their findings. In the event of failing to respond to email requests a further two emails were sent.

步驟 2：系統性文獻回顧的品質如何？(FAITH)

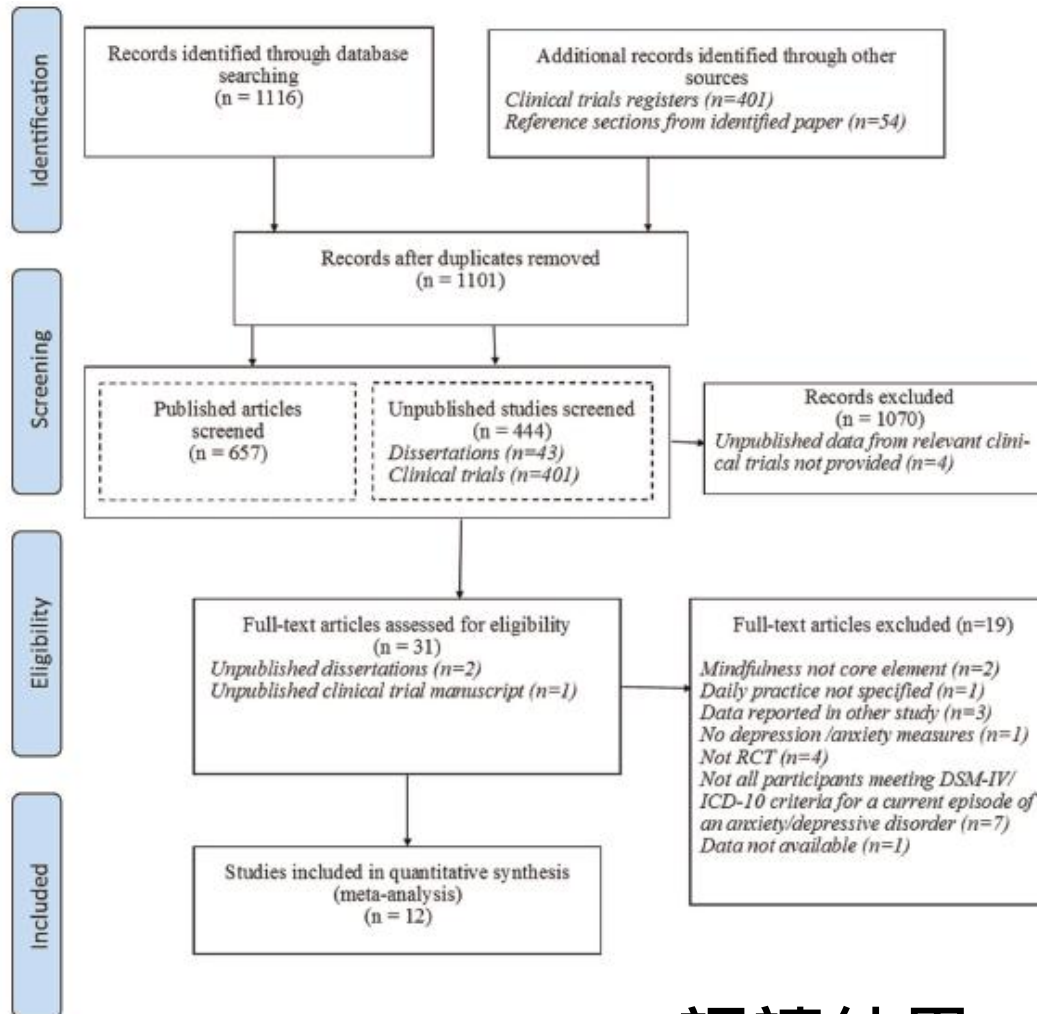


Figure 1. PRISMA (2009) Flow Diagram.
doi:10.1371/journal.pone.0096110.g001

評讀結果：v 是 □否 □不清楚

步驟 2：系統性文獻回顧的品質如何(FAITH)²

A - 文獻是否經過嚴格評讀 (Appraisal) ?

最好的狀況是？

應根據不同臨床問題的文章類型，選擇適合的評讀工具，並說明每篇研究的品質(如針對治療型的臨床問題，選用隨機分配、盲法、及完整追蹤的研究類型)。

The Jadad rating scale [38] was used to establish the quality of each study using the following criteria: (a) the study was described as randomized; (b) the method of randomization was appropriate; (c) the study was described as double-blind, (d) the method of double blinding was appropriate; and, (e) the study includes information about all drop-outs and withdrawals. Each criterion was awarded 1 point with a maximum score of 5.

Table 1. Details of included studies.

Study	Diagnostic Criteria (age: mean and sd/ years) [psychotropic medication/%]	MBI (baseline n) Control (baseline n)	Primary Outcome Measure	Depression Outcome Measure	Anxiety Outcome Measure	Attrition from MBI (typically defined as <50% sessions)	Data Type	Jadad Score (0-5)
Arch et al. (2013)	Participants met DSM-IV criteria for an anxiety disorder based on the MINI interview. (m = 45.9 yrs, sd = 13.68) [84.62%]	MBSR (45) CBT (60)	MASQ-AA	BDI-II	MASQ-Anxious Arousal Scale	38%	Completer	3
Asmaee Majid et al. (2012)	Participants met DSM-IV criteria for generalised anxiety disorder on a SCID interview. (m = 32.19 yrs, sd = 2.21) [medication use not reported]	MBSR (16) Control (15)	PSWQ	BDI-II	PSWQ	<7% (not reported by group)	Completer	2
Chiesa et al. (2012)	Participants met DSM-IV criteria for major depressive disorder and score 8 or above on the HAMD. (All 18+ yrs - specific age information not provided) [100%]	MBCT (9) Group Psychoed (9)	HAMD	HAMD	BAI	11%	ITT	3
Jazaieri et al. (2012)	Participants met criteria for a principal DSM-IV diagnosis of generalised social anxiety disorder based on an ADIS-IV-L interview. (m = 32.8 yrs, sd = 8.4) [21.4%]	MBSR (31) Aerobic Exercise (25)	LSAS-SR	BDI-II	LSAS-SR	16%	Completer	3
Kearney et al. (2013)	Participants were veterans meeting DSM-IV PTSD diagnosis confirmed through case notes. (MBSR: m = 52 yrs, sd = 13.4 TAU: m = 52 yrs, sd = 11.7) [>64% (multiple medications reported)]	MBCT (25) TAU (22)	PCL	PHQ-9	PCL	8% (study drop out)/ITT		5

評讀結果：□ 是 □否 v不清楚⁸

步驟 2：系統性文獻回顧的品質如何(FAITH)

I - 是否只納入 (included) 具良好效度的文章？

最好的狀況是？

僅進行文獻判讀是不足夠，系統性文獻回顧只納入至少要有一項研究結果是極小偏誤的試驗。

P5

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評讀結果：v 是 ☐否 ☐不清楚

步驟 2：系統性文獻回顧的品質如何(FAITH)

T - 作者是否以表格和圖表「總結」(total up) 試驗結果？

最好的狀況是？應該用至少 1 個摘要表格呈現所納入的試驗結果。若結果相近，可針對結果進行統合分析(meta-analysis)，並以「森林圖」(forest plot)呈現研究結果，最好再加上異質性分析。

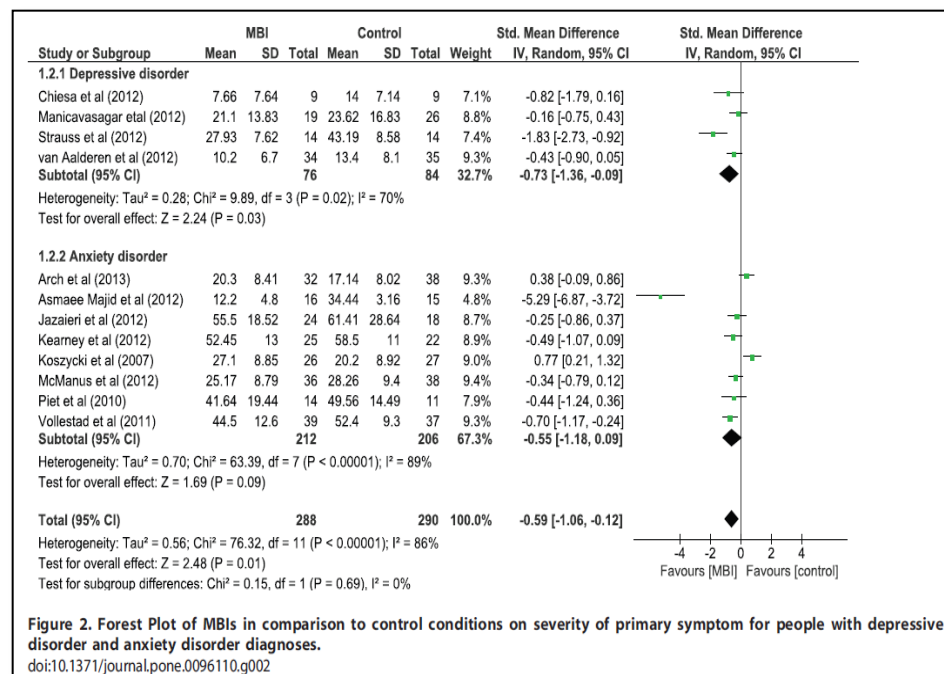


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Chiesa et al. (2012)	Participants met DSM-IV criteria for major depressive disorder and score 8 or above on the HAM-D. (All 18+ yrs - specific age information not provided) [100%]	MBCT (9) Group Psychoed (9)	HAMD	HAMD	BAI	11%	ITT	3
Jazaieri et al. (2012)	Participants met criteria for a principal DSM-IV diagnosis of generalised social anxiety disorder based on an ADIS-IV-L interview. (m = 32.8 yrs, sd = 8.4) [21.4%]	MBSR (31) Aerobic Exercise (25)	LSAS-SR	BDI-II	LSAS-SR	16%	Completer	3
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評讀結果：v 是 □否 □不清楚

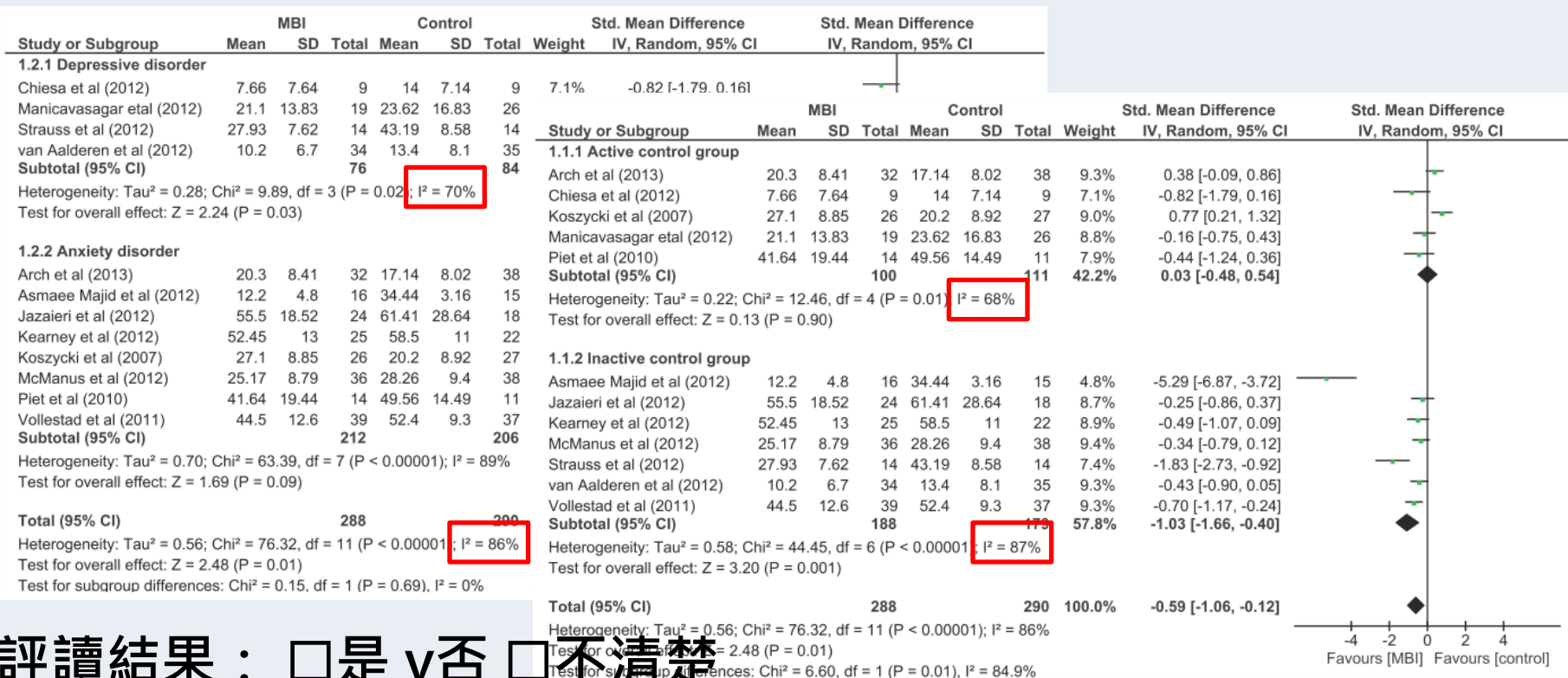
步驟 2：系統性文獻回顧的品質如何(FAITH)

H - 試驗的結果是否相近 - 異質性 (Heterogeneity) ?

最好的狀況是？

在理想情況下，各個試驗的結果應相近或具同質性，若具有異質性，作者應評估差異是否顯著(卡方檢定)。根據每篇個別研究中不同的PICO及研究方法，探討造成異質性的原因。

例如



評讀結果：□是 v 否 □不清楚

系統性文獻回顧的品質

F - 研究是否找到 (Find) 所有的相關證據？

Yes

A - 文獻是否經過嚴格評讀 (Appraisal)？

Unclear

I - 是否只納入 (included) 具良好效度的文章？

Yes

T - 作者是否以表格和圖表「總結」 (total up) 試驗結果？

Yes

H - 試驗的結果是否相近 - 異質性 (Heterogeneity)？

No

Results

- Effect of MBI on primary symptom severity.
- Primary symptom effect size as function of primary diagnosis.

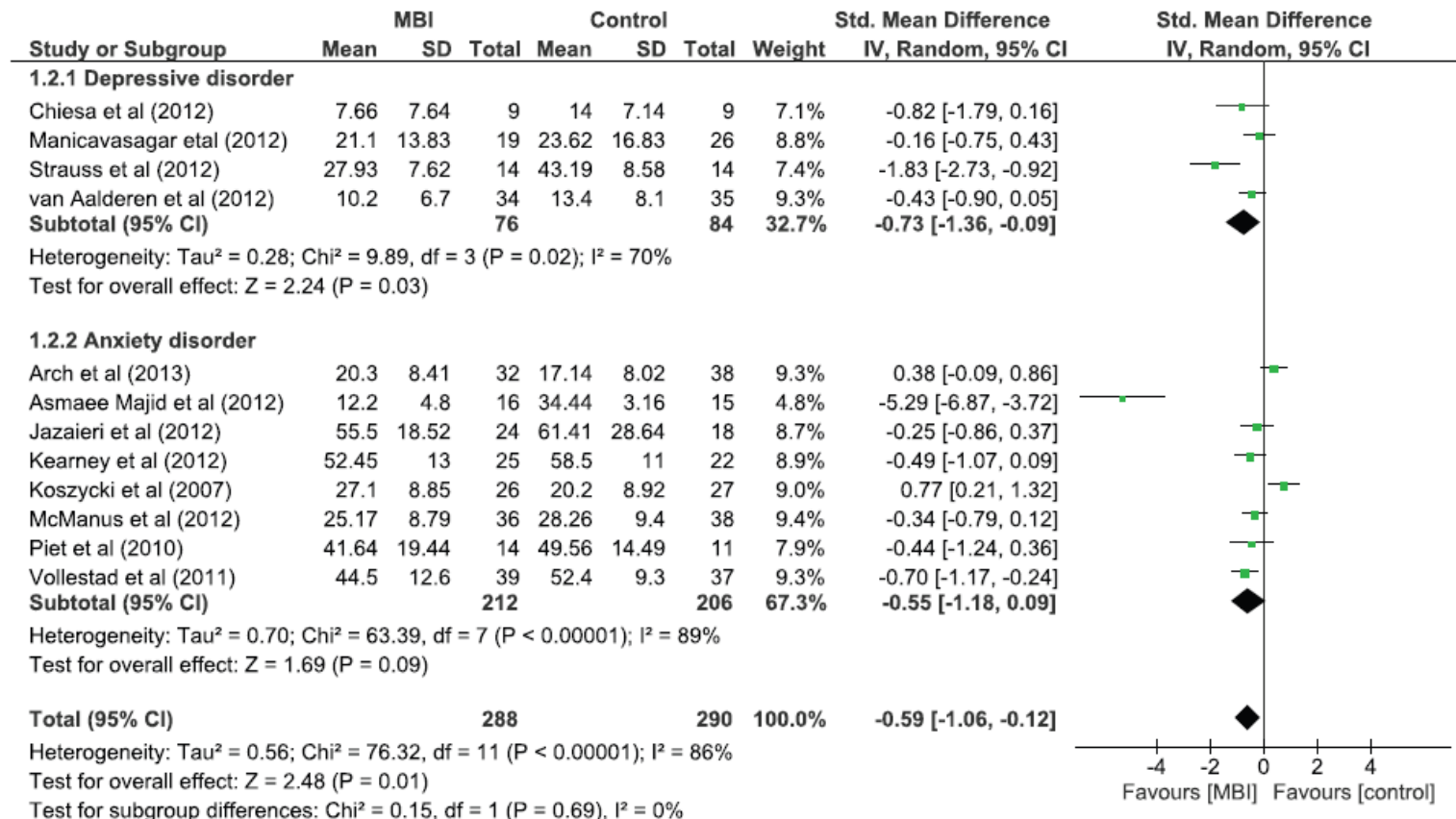


Figure 2. Forest Plot of MBIs in comparison to control conditions on severity of primary symptom for people with depressive disorder and anxiety disorder diagnoses.

doi:10.1371/journal.pone.0096110.g002

Results

Primary symptom effect size as function of control condition type.

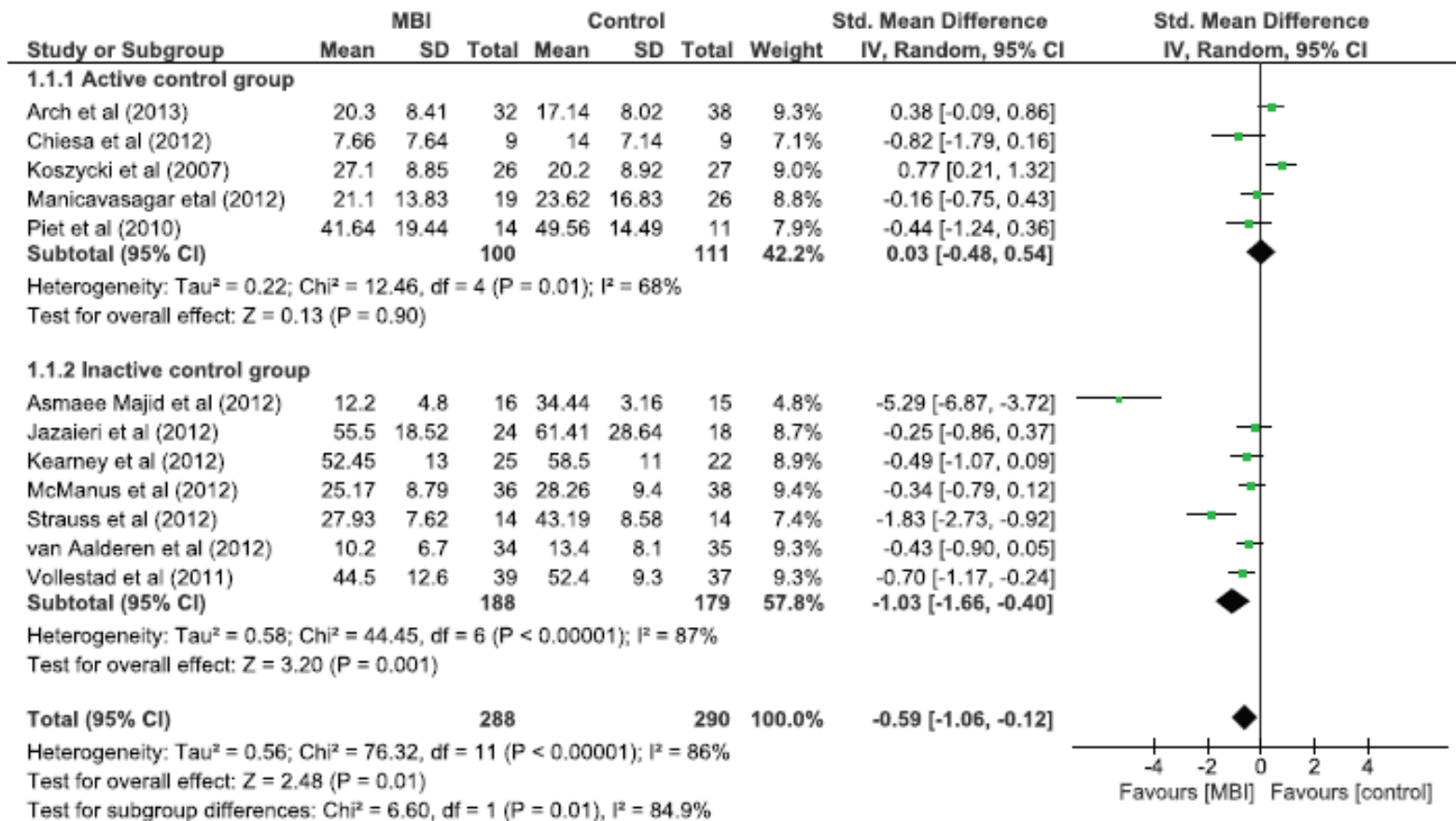


Figure 3. Forest Plot of the effect of MBIs in comparison to control conditions on primary symptom severity by control condition type (active versus inactive) for people with depressive disorder and anxiety disorder diagnoses.

doi:10.1371/journal.pone.0096110.g003

Results

Primary symptom effect size as function of intervention type (MBCT or MBSR).

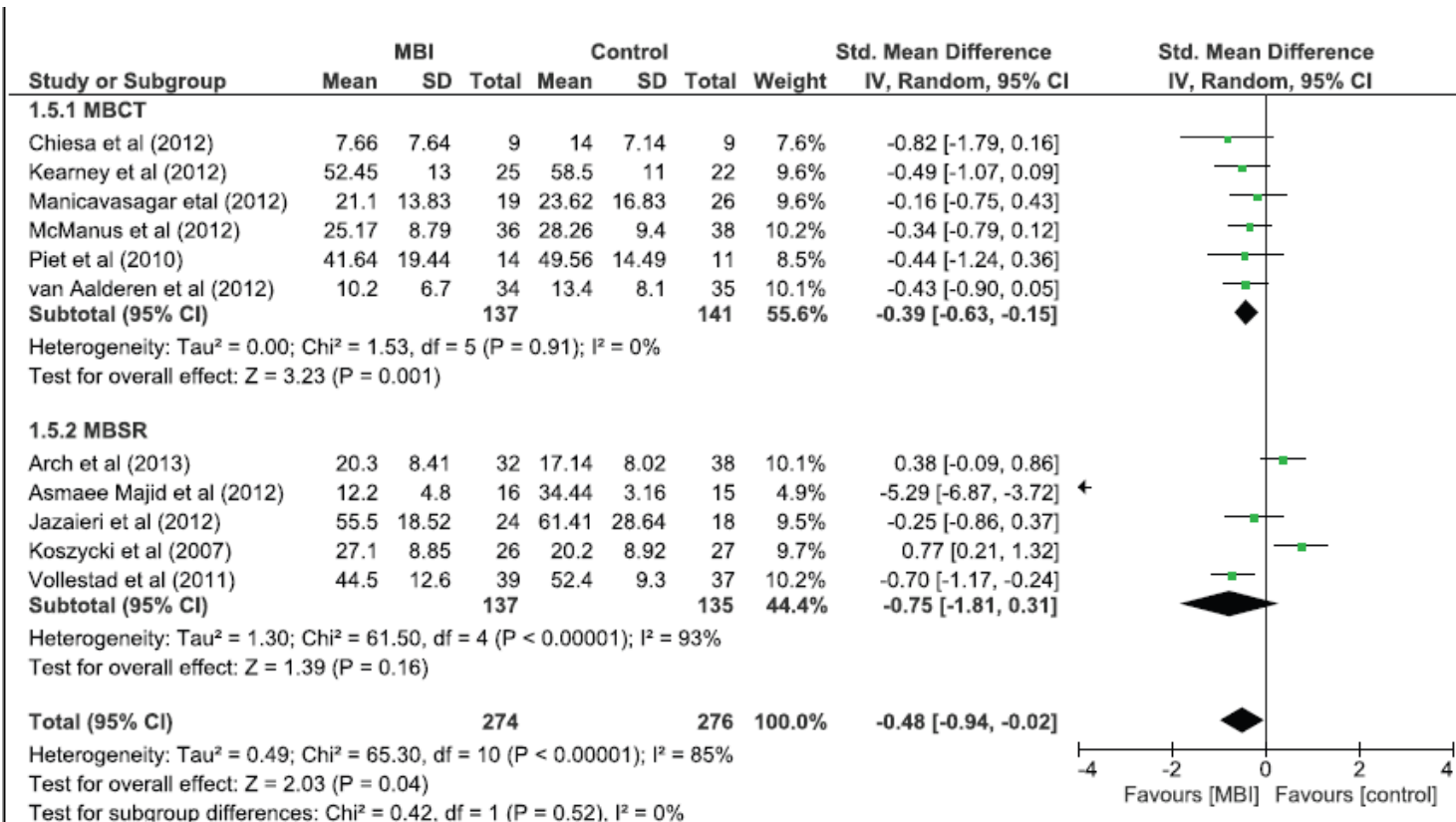


Figure 4. Forest Plot of the effect of MBIs in comparison to control conditions on primary symptom severity by intervention type (MBCT versus MBSR) for people with depressive disorder and anxiety disorder diagnoses.

doi:10.1371/journal.pone.0096110.g004

Results

Effect of MBI on depressive and anxiety symptom severity (irrespective of diagnosis).

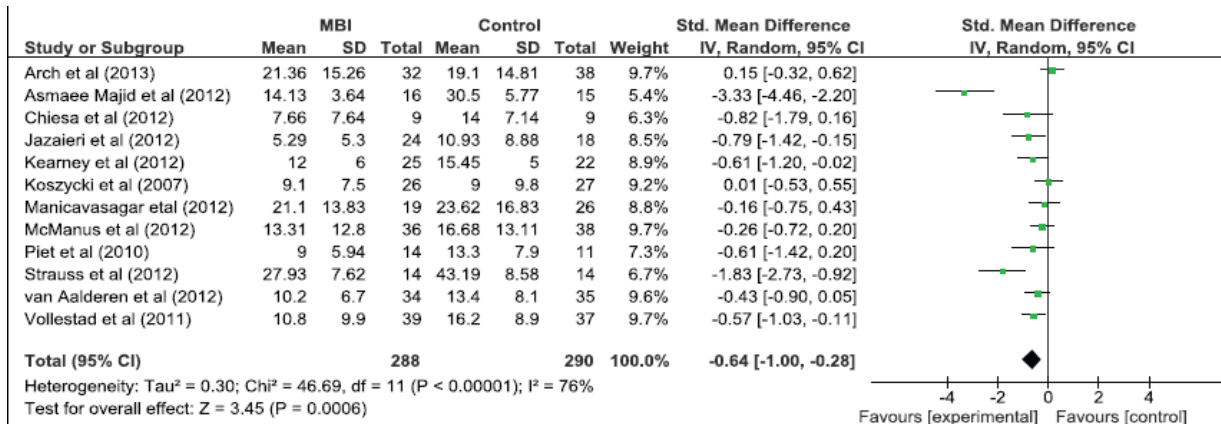


Figure 5. Forest Plot of the effect of MBIs in comparison to control conditions on depressive symptom severity for people with depressive disorder and anxiety disorder diagnoses.
 doi:10.1371/journal.pone.0096110.g005

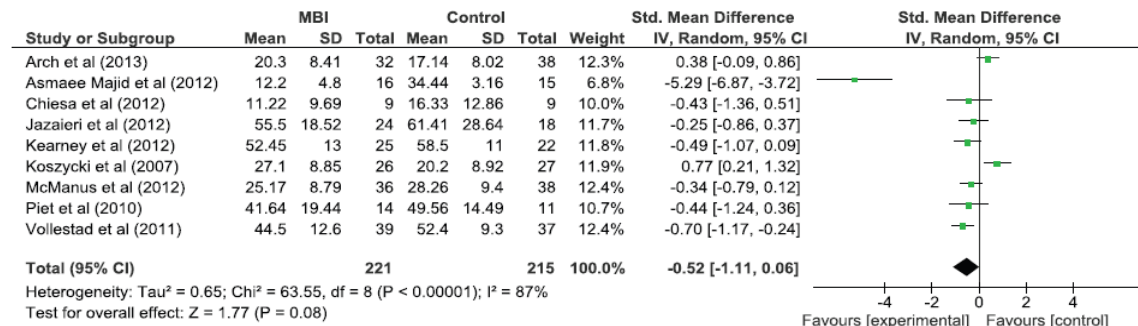


Figure 6. Forest Plot of the effect of MBIs in comparison to control conditions on anxiety symptom severity for people with depressive disorder and anxiety disorder diagnoses.
 doi:10.1371/journal.pone.0096110.g006

Conclusion ¹

Results from our meta-analysis show

研究族群 / 問題 (Population/ Problem)	People experiencing an acute episode of depression or anxiety
介入措施 (Intervention)	Mindfulness-based interventions (MBCT, MBSR, PBCT)
比較 (Comparison)	1. CBT, psychoeducation (=) 2. TAU, wait-list, aerobic exercise (+)
結果 (Outcomes)	1. symptom severity for the target clinical problem (+) 2. Anxiety (?) and depression (+) symptom severity

Conclusion ²

- Significant benefits relative to control conditions for primary symptom severity for people experiencing a current episode of depression following MBIs (namely MBCT or PBCT).
- MBIs may produce similar outcomes to group CBT
 - MBCT or PBCT may be offered



- 正念療法可用於憂鬱症病人減輕症狀？

(綠) 同意：18

(黃) 懷疑：23

(紅) 不同意：0



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2016.08.02.

INSTAGRAM

謝謝您的耐心聆聽~

