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Brief report

Mindfulness-based Cognitive Therapy (MBCT) in bipolar disorder: Preliminary evaluation of immediate effects on between-episode functioning

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Abstract

Background: Bipolar disorder is highly recurrent and rates of comorbidity are high. Studies have pointed to anxiety comorbidity as one factor associated with risk of suicide attempts and poor overall outcome. This study aimed to explore the feasibility and potential benefits of a new psychological treatment (Mindfulness-based Cognitive Therapy: MBCT) for people with bipolar disorder focusing on between-episode anxiety and depressive symptoms.
Methods: The study used data from a pilot randomized trial of MBCT for people with bipolar disorder in *remission,* focusing on between-episode anxiety and depressive symptoms. Immediate effects of MBCT versus waitlist on levels of anxiety and depression were compared between unipolar and bipolar participants.
Results: The results suggest that MBCT led to improved immediate outcomes in terms of anxiety which were specific to the bipolar group. Both bipolar and unipolar participants allocated to MBCT showed reductions in residual depressive symptoms relative to those allocated to the waitlist condition.
Limitations: Analyses were based on a small sample, limiting power. Additionally the study recruited participants with suicidal ideation or behaviour so the findings cannot immediately be generalized to individuals without these symptoms.
Conclusions: The study, although preliminary, suggests an immediate effect of MBCT on anxiety and depressive symptoms among bipolar participants with suicidal ideation or behaviour, and indicates that further research into the use of MBCT with bipolar patients may be warranted.

Keywords: Bipolar disorder; Unipolar depression; Mindfulness-based Cognitive Therapy; Anxiety; Remission

1. Introduction

Pharmacological treatment has been the treatment of choice for patients with bipolar disorder for many years. However, even with good maintenance medication, 73% of patients relapse within 5 years (Gitlin et al., 1995). Poorer overall outcome is associated with a high rate of

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comorbidity (Sasson et al., 2003), particularly with anxiety disorders, which are present in approximately 64% of bipolar patients (Simon et al., 2005). Therefore, psychological interventions have assumed increasing interest as a way of improving mood stability. Cognitive Behaviour Therapy (CBT) has had the clearest claims to be a specific intervention based broadly on Beck's ideas about how cognitions shape mood (Scott and Colom, 2005). However, initially promising findings (Lam et al., 2003) have not been confirmed in what was intended to be a definitive trial (Scott et al., 2006).

Recently, our group has been investigating the usefulness of a new psychological treatment for patients with a history of suicidality. Mindfulness-based Cognitive Therapy (MBCT) combines aspects of cognitive therapy with training in meditation. MBCT teaches people skills that enable them to become more aware of their thoughts without judgment, viewing negative (positive and neutral) thoughts as passing mental events rather than as facts. MBCT has proven effective in preventing relapse in recurrent depression (Ma and Teasdale, 2004; Teasdale et al., 2000). The treatment is closely based on an approach that is known to be helpful in the treatment of anxiety disorders (Mindfulness-based Stress Reduction: Miller et al., 1995), so this study provides an opportunity to evaluate its impact on between-episode anxiety in bipolar patients.

Our research has been concerned with the application of MBCT to those patients who become suicidal when depressed. Because bipolar disorder carries a high risk of suicide, we included patients with this diagnosis in a randomized controlled trial we were conducting. It has been estimated that between 10% and 15% of hospitalized bipolar patients die from suicide (Hawton et al., 2005) and the risk factors include depression and anxiety comorbidity. This suggests that therapeutic efforts to target any of these correlates might have an impact on the illness morbidity (Leverich et al., 2003) and perhaps mortality.

In summary, this study aimed to explore the feasibility and potential benefits of MBCT for people with bipolar disorder, using data collected from a pilot randomized controlled trial of MBCT for people with a history of suicidal ideation or behaviour. The study hypothesis was that MBCT would improve between-episode anxiety and depressive symptoms.

2. Method

2.1. Sample

The sample was recruited as part of preliminary randomized controlled trial that aimed to examine the acceptability and mechanisms of action of Mindfulness-based Cognitive Therapy (MBCT) delivered to patients in remission, but with a history of serious suicidal ideation or behaviour. Participants aged between 18 and 65 who met inclusion criteria (at least one prior episode of major depression accompanied by serious suicidal ideation) were recruited from general practitioners and local psychologists/psychiatrists and from the community. All participants were required to meet NIMH criteria for recovery at the time of participation (no more than one week of minimal depressive symptoms in the past 8 weeks), and to have experienced no manic episodes for at least 6 months.

One hundred and twenty eight people who contacted the group on time and were interested in the study were screened; only 83 were eligible. A further 15 participants did not attend their first assessment or withdrew after the first assessment. The final sample included 68 participants who were randomly allocated (concealed from trial team) to immediate treatment with MBCT (24 unipolar, 9 bipolar) or to waiting list control condition (27 unipolar, 8 bipolar). Follow-up data were available from 21 unipolar and 7 bipolar participants in the MBCT group and from 20 unipolar and 7 bipolar participants in the waitlist group.

2.2. Procedure

Participants were interviewed using the Mini International Neuropsychiatric Interview MINI (Sheehan et al., 1998) to establish psychiatric history. Following this, participants completed a number of other assessment measures. These measures were completed again at the end of treatment or waitlist; those of relevance to the current study are described below. Randomization was concealed by use of sealed envelopes prepared by an individual outside the research team.

2.3. Questionnaires

2.3.1. Beck Depression Inventory (BDI-II) (Beck et al., 1996)

The BDI-II is a well established 21-item self report questionnaire used to measure the severity of depressive symptoms.

2.3.2. Beck Anxiety Inventory (BAI) (Beck and Steer, 1990)

The BAI is a 21-item self report questionnaire that measures the common symptoms of anxiety. The scale is reliable and valid and is able to differentiate anxiety from depression.