

Q. What is mindfulness-based cognitive therapy?

A. Mindfulness-based cognitive therapy (MBCT) for depression is designed to treat patients who have re-occurring depressive episodes. MBCT combines components of cognitive therapy with meditative practices that include mindfulness meditation, imagery and experiential exercises. MBCT uses mindfulness techniques as the primary change agent to help patients become more aware of and less reactive to negative thinking patterns that can trigger a depressive episode (Segal, Williams, & Teasdale, 2002).

Q. What is the treatment model underlying MBCT?

A. MBCT is based on the same underlying theory of cognitive theory that identifies the central role of negative thinking patterns in triggering depressive states. MBCT focuses on the relapse and recurrence of major depressive episodes, recognizing that individuals with previous depressive episodes may have a tendency to reactivate automatic and negative thinking patterns that can trigger a new depressive episode (Felder, Dimidjian, & Segal, 2012). MBCT aims to help patients become more aware of when these thoughts and feelings are beginning to occur, and to practice mindfulness techniques that help the patient become more detached and less reactive to these negative thinking patterns (Teasdale et al., 2000).

Q. Is MBCT for depression recommended in the Military Health System (MHS)?

A. **Yes.** The 2016 VA/DoD Clinical Practice Guideline for the Management of Major Depressive Disorder give the highest strength of recommendation (Strong For) for MBCT for uncomplicated mild to moderate major depressive disorder (MDD). Additionally, the CPG gives the highest strength of recommendation (Strong For) for MBCT for patients at high risk for relapse of depression (e.g., two or more prior episodes, unstable remission status). MBCT has met the burden of evidence required by the most recent VA/DoD publications and is recommended as a first-line treatment.

The MHS relies on the VA/DoD clinical practice guidelines (CPGs) to inform best clinical practices. The CPGs are developed under the purview of clinical experts and are derived through a transparent and systematic approach that includes, but is not limited to, systematic reviews of the literature on a given topic and development of recommendations using a graded system that takes into account the overall quality of the evidence and the magnitude of the net benefit of the recommendation. A further description of this process and CPGs on specific topics can be found on the VA clinical practice guidelines website.

Q. Do other authoritative reviews recommend MBCT for MDD?

A. **No.** Other authoritative reviews have not substantiated the use of MBCT for treating MDD.

Several other recognized organizations conduct systematic reviews and evidence syntheses on psychological health topics using similar grading systems as the VA/DoD CPGs. These include the Agency for Healthcare Research and Quality (AHRQ) Systematic Review Repository and the Cochrane Database of Systematic Reviews.

- Cochrane: Systematic reviews of third wave cognitive and behavioral therapies for depression did not find any eligible studies including MBCT (Churchill et al., 2013; Hunot et al., 2013).
- AHRQ: A comparative effectiveness review of pharmacological and psychological treatments for depression did not find any eligible studies of MBCT (Gartlehner et al., 2015).

Q. What conclusions can be drawn about MBCT as a treatment for MDD in the MHS?

A. MBCT is recommended as a front-line treatment for MDD. Clinicians should consider several factors when choosing an evidence-based treatment for their patients. Treatment decisions should incorporate clinical judgment and expertise, patient characteristics and treatment history, and patient preferences that might influence treatment engagement and retention.

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