

Rumination-focused therapy for Treatment resistant depression

Review information

Authors

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Citation example: [Empty name]. Rumination-focused therapy for Treatment resistant depression. Cochrane Database of Systematic Reviews [Year], Issue [Issue].

Contact person

[Empty name]

Dates

Assessed as Up-to-date:	
Date of Search:	
Next Stage Expected:	
Protocol First Published:	Not specified
Review First Published:	Not specified
Last Citation Issue:	Not specified

What's new

Date / Event	Description
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History

Date / Event	Description
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Abstract

Background

Objectives

Search methods

Selection criteria

Data collection and analysis

Main results

Authors' conclusions

Plain language summary

[Summary title]

[Summary text]

Background

Description of the condition

Description of the intervention

How the intervention might work

Why it is important to do this review

Objectives

Methods

Criteria for considering studies for this review

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Types of interventions

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Assessment of reporting biases

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Description of studies

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Risk of bias in included studies

Allocation (selection bias)

Blinding (performance bias and detection bias)

Incomplete outcome data (attrition bias)

Selective reporting (reporting bias)

Other potential sources of bias

Effects of interventions

Discussion

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Overall completeness and applicability of evidence

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Authors' conclusions

Implications for practice

Implications for research

Acknowledgements

Contributions of authors

Declarations of interest

Differences between protocol and review

Published notes

Characteristics of studies

Characteristics of included studies

CladderMicus 2018

Methods	Study design: Randomized controlled trial Study grouping: Parallel group
Participants	Baseline Characteristics MBCT + TAU <ul style="list-style-type: none"> ● <i>Gender (female):</i> TAU <ul style="list-style-type: none"> ● <i>Gender (female):</i> Overall <ul style="list-style-type: none"> ● <i>Gender (female):</i> 62% <p>Included criteria: Inclusion criteria were (a) age ≥ 18, (b) current depressive episode according to DSM-IV criteria with a duration of ≥ 12 months, (c) moderate to high levels of depressive symptoms (Inventory of Depressive Symptomatology-Self-Report [IDS-SR] ≥ 21), (d) at least one adequate trial of antidepressant medication during the current episode (defined as appropriate doses of antidepressant medication for ≥ 4 weeks or patient's refusal to use medication contrary to the advice of a psychiatrist), and (e) previous psychological treatment during the current episode (defined as ≥ 10 sessions of CBT or IPT or < 10 sessions if discontinued because of patient's withdrawal).</p> <p>Excluded criteria: Exclusion criteria were as follows: (a) current psychotic symptoms; (b) lifetime bipolar disorder; (c) current alcohol or drug dependence; (d) recent electro convulsive therapy (< 3 months ago); (e) current somatic disorder partly explaining depressive symptoms; (f) physical, linguistic, cognitive, or intellectual impairments, which might interfere with participation in MBCT or assessments; and (g) previous MBCT training.</p> <p>Pretreatment: No group differences in gender, age, level of education, marital status., previous depressive episodes, age of onset, duration of episode, comorbidity, treatment resistance, childhood trauma or depressive symptoms.</p>
Interventions	Intervention Characteristics MBCT + TAU <ul style="list-style-type: none"> ● <i>MBCT was based on the manual by Segal, Williams, and Teasdale.</i> : n = 49 ● <i>Treatment-as-usual/TAU was a naturalistic condition consisting of:</i> n = 49 TAU <ul style="list-style-type: none"> ● <i>MBCT was based on the manual by Segal, Williams, and Teasdale.</i> : n = 57 ● <i>Treatment-as-usual/TAU was a naturalistic condition consisting of:</i> n = 57
Outcomes	<i>Inventory of Depressive Symptoms - Self Report (IDS-SR)</i> <ul style="list-style-type: none"> ● Outcome type: Continuous Outcome ● Reporting: Fully reported ● Scale: 30 items, 3 point and 2 point likert scales ● Range: 0-84 ● Unit of measure: 1

	<ul style="list-style-type: none"> ● Direction: Lower is better ● Data value: Change from baseline <p><i>Remission</i></p> <ul style="list-style-type: none"> ● Outcome type: DichotomousOutcome ● Reporting: Fully reported ● Scale: depression module of the MINI ● Range: na ● Unit of measure: 0-1 ● Direction: Lower is better ● Data value: Change from baseline <p><i>Rumination</i></p> <ul style="list-style-type: none"> ● Outcome type: ContinuousOutcome ● Reporting: Fully reported ● Direction: Lower is better ● Data value: Change from baseline <p><i>Quality of life (WHOQoL-BREF)</i></p> <ul style="list-style-type: none"> ● Outcome type: ContinuousOutcome ● Reporting: Fully reported ● Direction: Higher is better ● Data value: Change from baseline
Identification	<p>Sponsorship source: Fonds Psychische Gezondheid, Grant/AwardNumber:20116630</p> <p>Country: The Netherlands.</p> <p>Setting: University Hospital</p> <p>Comments:</p> <p>Authors name: Mira B. Cladder-Micus</p> <p>Institution: Behavioural Science Institute, Radboud UniversityNijmegen, Depression Expertise Centre, Pro Persona, Department of Psychiatry, Radboud University</p> <p>Email: m.cladder-micus@psych.ru.nl</p> <p>Address: Department ofPsychiatry, Radboud UniversityMedical Center,P.O. Box 9101, InternalPostal Code 966, 6500HB, Nijmegen, The Netherlands.</p>
Notes	<p>stine bjerrum moeller on 26/10/2019 01:23</p> <p>Select</p> <p>Der er anvendt > 1 år for kronisk og 1 præparat, så den smutter faktisk lige igennem vores net, da det enten er 2 år eller 2 præparater</p> <p>stine bjerrum moeller on 03/11/2019 23:12</p> <p>Excluded</p> <p>Man kunne overveje om den skulle inkluderes?</p> <p>stine bjerrum moeller on 06/11/2019 01:03</p> <p>Select</p> <p>Vi drøftede denne på arbejdsgruppemøde i går og blev enige om at inkludere</p> <p>krista straarup on 21/11/2019 09:39</p> <p>Outcomes</p> <p>jeg blev lige i tvivl om det var ITT eller PP analyse .. tog ITT analyse som udgangspunkt</p>

Risk of bias table

Bias	Authors' judgement	Support for judgement
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Random sequence generation (selection bias)	Low risk	Judgement Comment: v After completion of the baseline measures, participants were randomized to MBCT + TAU or TAU only by means of a web-based application that was specifically designed for this study by an independent statistician. Randomization was 1:1 to MBCT + TAU or TAU only, stratified for treatment center, and minimized for the severity of depressive symptoms (IDS-SR: 21-31; 32- 39; > 40) and chronicity (1-2 years, ≥ 2 ears),without using block randomization.
Allocation concealment (selection bias)	Low risk	Judgement Comment: web based allocation
Blinding of participants and personnel (performance bias)	High risk	Judgement Comment: Participants and personel are aware of the intervention arm
Blinding of outcome assessment (detection bias)	High risk	Judgement Comment: With MINI the raters were not blinded for which treatment the patient got.With the self-report measures the patients knows which treatment he got.
Incomplete outcome data (attrition bias)	High risk	Judgement Comment: Posttreatment IDS-SR scores were missing for 10 participants (9.4%, TAU: n=5,MBCT+TAU: n=5).For two patients without posttreatment scores, follow-up scores were used. Same in both arms.Sensitivity analyses were performed by imputing missing data according to the last observation carried forward (LOCF) technique.More data is missing for secondary outcomes, however not accounted for.
Selective reporting (reporting bias)	Low risk	Judgement Comment: Protocol available: Cladder-Micus et al. BMC Psychiatry (2015) 15:275 DOI 10.1186/s12888-015-0647-y
Other bias	Low risk	

Footnotes

Characteristics of excluded studies

Barnhofer 2009

Reason for exclusion	Wrong patient population
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Chiesa 2012

Reason for exclusion	Wrong patient population
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Cladder Micus 2019

Reason for exclusion	Wrong outcomes
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Eisendrath 2008

Reason for exclusion	Wrong study design
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Eisendrath 2016

Reason for exclusion	Wrong comparator
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Ekkers 2011

Reason for exclusion	Wrong patient population
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Feldman 2014

Reason for exclusion	Wrong comparator
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Fissler 2017

Reason for exclusion	Wrong intervention
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Fryer 2015

Reason for exclusion	Wrong outcomes
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Vrijzen 2018

Reason for exclusion	Wrong intervention
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Watkins 2011

Reason for exclusion	Wrong patient population
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Footnotes

Characteristics of studies awaiting classification

Footnotes

Characteristics of ongoing studies

Footnotes

Summary of findings tables**Additional tables****References to studies****Included studies****CladderMicus 2018**

Cladder-Micus, Mira B.; Speckens, Anne E. M.; Vrijzen, Janna N.; T. Donders, A. Rogier; Becker, Eni S.; Spijker, Jan; Cladder-Micus, Mira B.. Mindfulness-based cognitive therapy for patients with chronic, treatment-resistant depression: A pragmatic randomized controlled trial. *Depression & Anxiety* (1091-4269) 2018;35(10):914-924. [DOI: 10.1002/da.22788]

Excluded studies**Barnhofer 2009**

Barnhofer, Thorsten; Crane, Catherine; Hargus, Emily; Amarasinghe, Myanthi; Winder, Rosie; Williams, J.. Mindfulness-based cognitive therapy as a treatment for chronic depression: A preliminary study. *Behaviour research and therapy* 2009;47(5):366-373. [DOI:]

Chiesa 2012

Chiesa, A.; Mandelli, L.; Serretti, A.. Mindfulness-based cognitive therapy versus psycho-education for patients with major depression who did not achieve remission following antidepressant treatment: a preliminary analysis. *J Altern Complement Med* 2012;18(8):756-60. [DOI: 10.1089/acm.2011.0407]

Cladder Micus 2019

Cladder-Micus, M. B.; Becker, E. S.; Spijker, J.; Speckens, A. E. M.; Vrijzen, J. N.. Effects of Mindfulness-Based Cognitive Therapy on a Behavioural Measure of Rumination in Patients with Chronic, Treatment-Resistant Depression. *Cognit Ther Res* 2019;43(4):666-678. [DOI:]

Eisendrath 2008

Eisendrath, S. J.; Delucchi, K.; Bitner, R.; Fenimore, P.; Smit, M.; McLane, M.. Mindfulness-based cognitive therapy for treatment-resistant depression: a pilot study. *Psychother Psychosom* 2008;77(5):319-20. [DOI: 10.1159/000142525]

Eisendrath 2016

Eisendrath, S. J.; Gillung, E.; Delucchi, K. L.; Segal, Z. V.; Nelson, J. C.; McInnes, L. A.; Mathalon, D. H.; Feldman, M. D.. A Randomized Controlled Trial of Mindfulness-Based Cognitive Therapy for Treatment-Resistant Depression. *Psychother Psychosom* 2016;85(2):99-110. [DOI: 10.1159/000442260]

Ekkers 2011

Ekkers, Wilfried; Korrelboom, Kees; Huijbrechts, Irma; Smits, Niels; Cuijpers, Pim; van der Gaag, Mark. Competitive Memory Training for treating depression and rumination in depressed older adults: A randomized controlled trial. *Behaviour research and therapy* 2011;49(10):588-596. [DOI:]

Feldman 2014

Feldman, M. D.; Gillung, E. P.; Delucchi, K.; Eisendrath, S. J.. Mindfulness based cognitive therapy versus a health enhancement program for treatment resistant depression: a randomized controlled trial. *Journal of General Internal Medicine* 2014;29:S150-S151. [DOI:]

Fissler 2017

Fissler, M.; Winnebeck, E.; Schroeter, T. A.; Gumbertsbach, M.; Huntenburg, J. M.; Gartner, M.; Barnhofer, T.. Brief training in mindfulness may normalize a blunted error-related negativity in chronically depressed patients. *Cogn Affect Behav Neurosci* 2017;17(6):1164-1175. [DOI: 10.3758/s13415-017-0540-x]

Fryer 2015

Fryer, S. L.; Eisendrath, S. J.; Ferri, J.; Segal, Z. V.; Roach, B. J.; Gillung, E.; Mathalon, D. H.. Mindfulness-based cognitive therapy modulates resting state functional brain connectivity in treatment-resistant depression: a randomized controlled study. *Biol Psychiatry* 2015;77(9):161S-. [DOI:]

Vrijzen 2018

Vrijzen, J. N.; Fischer, V. S.; Muller, B. W.; Scherbaum, N.; Becker, E. S.; Rinck, M.; Tendolkar, I.. Cognitive bias modification as an add-on treatment in clinical depression: Results from a placebo-controlled, single-blinded randomized control trial. *J Affect Disord* 2018;238:342-350. [DOI: 10.1016/j.jad.2018.06.025]

Watkins 2011

Watkins, E. R.; Mullan, E.; Wingrove, J.; Rimes, K.; Steiner, H.; Bathurst, N.; Eastman, R.; Scott, J.. Rumination-focused cognitive-behavioural therapy for residual depression: phase II randomised controlled trial. *Br J Psychiatry* 2011;199(4):317-22. [DOI: 10.1192/bjp.bp.110.090282]

Studies awaiting classification**Ongoing studies****Other references****Additional references****Other published versions of this review**

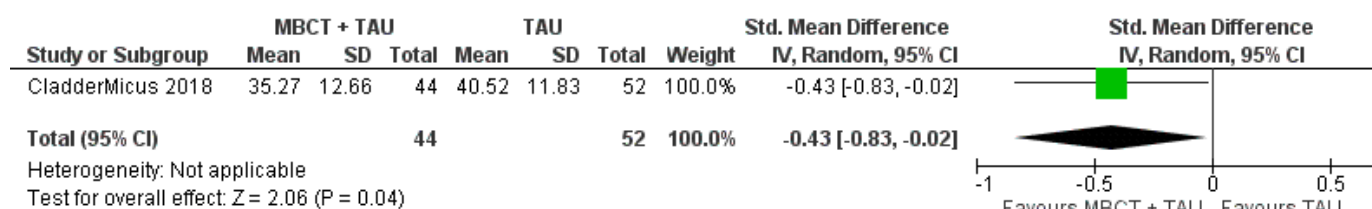
Data and analyses

1 MBCT + TAU vs TAU

Outcome or Subgroup	Studies	Participants	Statistical Method	Effect Estimate
1.1 Inventory of Depressive Symptoms - Self Report (IDS-SR)	1	96	Std. Mean Difference (IV, Random, 95% CI)	-0.43 [-0.83, -0.02]
1.2 Rumination	1	90	Std. Mean Difference (IV, Random, 95% CI)	-0.38 [-0.80, 0.05]
1.3 Quality of life (WHOQoL-BREF)	1	90	Std. Mean Difference (IV, Random, 95% CI)	0.45 [0.03, 0.88]
1.4 Remission	1	92	Risk Ratio (IV, Random, 95% CI)	1.58 [0.81, 3.11]

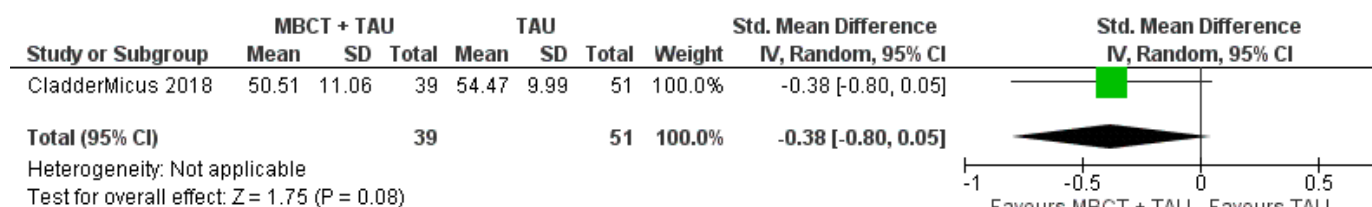
Figures

Figure 1 (Analysis 1.1)



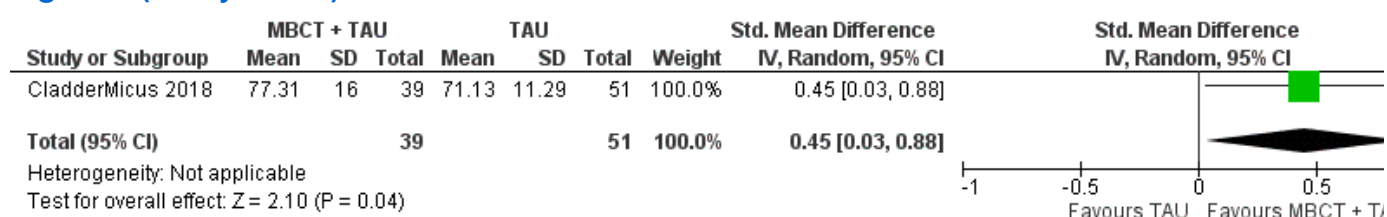
Forest plot of comparison: 1 MBCT + TAU vs TAU, outcome: 1.1 Inventory of Depressive Symptoms - Self Report (IDS-SR).

Figure 2 (Analysis 1.2)



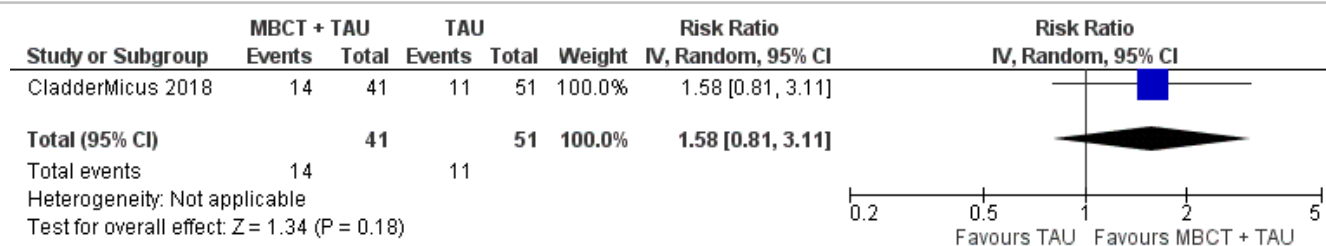
Forest plot of comparison: 1 MBCT + TAU vs TAU, outcome: 1.2 Rumination.

Figure 3 (Analysis 1.3)



Forest plot of comparison: 1 MBCT + TAU vs TAU, outcome: 1.3 Quality of life (WHOQoL-BREF).

Figure 4 (Analysis 1.4)



Forest plot of comparison: 1 MBCT + TAU vs TAU, outcome: 1.4 Remission.

Sources of support

Internal sources

- No sources of support provided

External sources

- No sources of support provided

Feedback

Appendices