

## **MINDFULNESS-BASED PSYCHO THERAPY WITH RANDOMIZED CONTROLLED TRIALS FOR PATIENTS WITH TREATMENT-RESISTANT DEPRESSION**

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### **ABSTRACT**

In this paper, we study the effects of Mindfulness-based psychotherapy with randomized controlled trials for patients with treatment-resistant depression. Moreover, we concluded that more mindfulness based psychotherapy and usual treatment participants were observed to have achieved partial active treatment and mindfulness based psychotherapy and usual treatment participants reported fewer ruminations and improved quality of life, consciousness and self-compassion especially in comparison to only usual treatment's patients. Our results will improve the analysis in the existing literature.

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**Keywords:** Mindfulness, Psychotherapy, Resistant, Depression

### **1. INTRODUCTION**

Mindfulness-based psychotherapy is an approach to therapy that integrates principles and practices of mindfulness into the therapeutic process. It combines traditional psychotherapy techniques with mindfulness meditation and awareness exercises to promote emotional healing and psychological well-being. It cultivates an attitude of openness, curiosity, and acceptance toward one's experiences, including thoughts, emotions, and sensations. It is often used to treat a range of mental health issues, including anxiety, depression, stress-related disorders, substance abuse, and trauma. In mindfulness-based psychotherapy, therapists guide clients in developing mindfulness skills and incorporating them into their daily lives. These skills can help individuals become more aware of their automatic thought patterns, emotional reactions, and behavioral tendencies. By recognizing these patterns, clients can gain insight into the underlying causes of their distress and develop more adaptive ways of coping. Mindfulness-based approaches can be applied to various therapeutic modalities, such as cognitive-behavioral therapy (CBT), dialectical behavior therapy (DBT), and acceptance and commitment therapy (ACT). It is

often used to treat a range of mental health issues, including anxiety, depression, stress-related disorders, substance abuse, and trauma.

## **2. REVIEW OF LITERATURE**

Rush et al. in 2006 and Trevino et al. in 2014 published the research that many clinical studies are immune to psychotic syndrome medication if multiple antidepressant clinical studies have been ineffective. The whole interpretation, however, contrasts with interdisciplinary recommendations for care, which specify that even a combination of psycho pharmacological therapies should be provided to patients with moderate to severe depressive symptoms. In 2014, Trevino analyzed that it is quite Interesting that there is no standardized concept of therapeutically ineffective distress. The broad range of biological treatment processes is primarily based on current staging approaches to assess therapy resistance. A new organizing technique for estimating treatment resistance was therefore developed, called the 'Dutch Measure for the Quantification of Treatment Resistance in Depression' by Peeter et al. in the year 2016. With the exception of standard approaches of staging studied by Fekadu et al. in 2009; Petersen et al. in 2005 and by Souery et al. in 1999 that the Dutch Measure for the quantification of treatment resistant depression focuses not only on biological interventions, as well as on psychosocial interventions based on empirical evidence. We specifically chose the Dutch quantification method for treatment resistance in the proposed investigation for such rationales. Segal et al. in the year 2012, analyzed that Psychotherapy based on consciousness is an approximately 2 months training segment that encompasses conscious awareness strategies with psychodynamic psychotherapy aspects.

## **3. METHOD OF ASESMENT**

Mindfulness-based psychotherapy consisted of approximately 3-hour regular sessions and one day of work (day of silence). Participants were enrolled in MBCT classes as part of a routine recovery program for depressive disorders patients. The average number of study participants was 3.12 (SD=2.01) per MBP group of 10 to 15 patients. Mindfulness trainers were informed of the enrolment of the participants in the study, but were urged to adopt the same framework and methodology for all patients. Members of the group also weren't notified about the involvement of individual fellow members in the analysis, but participants were, of course, allowed to share this information on their own initiative.

**Framework:** Anxiety which is persistent and highly resistant to therapy presents serious psychological issues. Psychotherapy based on mindfulness (*MBP*) is an effectual treatment for patients who have received remitted and are now depressed and anxious. It's indeed uncertain, though, whether *MBP* is successful in chronically extremely resistant patients with depression.

**Technique:** Approximately 84 chronically depressed outpatients previously undergoing physiotherapy (for minimum one month) and psychological therapy (Minimum Twelve sessions) a comprehensive controlled, multi-centered analysis contrasting usual treatment with mindfulness-based psychotherapy and treatment as usual was managed to perform.

**Design:** This analysis was indeed a randomized controlled trials with transparent labels evaluating two groups:

1. Mindfulness Based Psychotherapy and Ordinary Treatment
2. Ordinary Treatment.

The techniques and strategies of the procedure are completely illustrated and are summarized herein. The research was approved and all participants gave their permission to conduct the study.

**Participants:** Respondents (Sample size=84) were selected from a local mental health institution at various locations. Mental health professionals have also been specifically asked to screen their caseload for potentially relevant patients for the research studies. As the analysis done by Spijker in the year 2002 it is observed that symptoms lasted for about 1.2 years, then episodes of depression was identified as "severe or chronic" since studies has shown that likelihood of improvement significant reduces dramatically after this duration.

**Procedure:** Patients who were interested received a letter with more information and were contacted by phone. The Mini International Neuropsychiatric Interview (MINI, Sheehan et al., 1998) was used during a subsequent preliminary investigation to diagnose severe depression, nervousness, psychopathic, and psychiatric conditions using DSM-IV criteria. In addition, socio - demographic and clinical attributes, such as treatment response and psychological issues, were evaluated. The DM-TRD incorporates aspects such as psychiatric condition severity and duration, recurrent depression and anxiety, impaired functioning, prior behavioral therapies, and prior psychiatric therapies.

Participants were randomized to Mindfulness based psychotherapy and ordinary treatment or ordinary treatment only by means of a social media framework that was explicitly developed by an impartial statistician for this study after completion of the baseline assessment. Random sampling was same in proportion for Mindfulness based psychotherapy and ordinary treatment or ordinary treatment only alone, stratification for both the health clinic and reduced without the need for estimation by determining the severity of depressive symptoms is used. If the time between the baseline assessment and the start of Mindfulness based psychotherapy extended five weeks due to scheduling constraints, a subsequent baseline evaluation was completed prior to the commencement of Mindfulness based psychotherapy.

#### 4. DATA ANALYSIS & INTERPRETATION

TABLE 1

**Average majority of individuals and mean number of therapeutic relationships as normal and psychiatric drug shifts from standard to post-treatment**

<b>Mindfulness Based Psychotherapy and Usual Treatment (n = 36)</b>				
	<b>Sample size</b>	<b>%</b>	<b>Mean</b>	<b>Standard Deviation</b>
<b>therapy sessions</b>				
Psychoanalyst	15	41.2	3.96	5.6
Psychotherapist	9	24.6	0.65	1.28
<i>Nurses who were Clinical Specialist</i>	4	12.1	0.98	2.82
Patients who were under Day care treatment	2	5.6	7.5	5.2
<b>Usual Treatment Only (n=48)</b>				
	<b>Sam ple size</b>	<b>%</b>	<b>Mean</b>	<b>Standard Deviation</b>
<b>therapy sessions</b>				
Psychoanalyst	24	48.26	3.28	2.37
Psychotherapist	16	33.12	1.05	1.98
<i>Nurses who were clinical specialist</i>	8	17.6	1.65	2.94
Patients who were under Day care treatment	1	2.25	9.98	0.01

**Interpretation:**

Depression levels were conducted individually. The mindfulness-based psychotherapy and usual treatment condition showed significantly lower symptoms of depression than only usual condition in both evaluations, with midsized sample. In comparative analysis to usual treatment, a much greater proportion of mindfulness-based psychotherapy and usual

treatment participants obtained active treatment. Even so, the majority of cases were classified as partial remission, with only a few cases classified as complete remission. Controlling for baseline cores, the mindfulness-based psychotherapy and usual treatment condition showed significantly fewer rumination and considerably higher standard of living at post-treatment especially in comparison to only usual treatment. Furthermore, mindfulness-based psychotherapy and usual treatment participants demonstrated significantly higher levels of mindfulness and self-compassion than usual treatment only participants.

The observation that the reduction in symptoms of depression was significant only in the per-protocol assessment and not in the intention-to-treat assessment can be partly explained by the significantly higher percentage of patients who did not complete *MBP*. And while the proportion appears to be larger than in research focusing on patients with treatment - resistant depressive episodes, it is equivalent to certain other analyses on *MBP* in persistent or pharmacology resistant depressed individuals. Non-completers had a shorter contemporary depressed episode and were much more likely to be unemployed than comparison group. This could suggest that a longer period of time increases psychological stress, motivating patients to learn new abilities. Implementing mindfulness abilities into everyday life may also benefit from a regular regimen. However, the majority of individual in this sample is insufficient to draw definite conclusions. Although one may anticipate the most chronically ill patients to drop out of therapy, there was no difference in the severity of depression symptoms, the amount of previous episodes, or the age of beginning between non-completers and completers. Physical issues, on the other hand, were cited by a significant number of non-completers as a determinant in their inability to terminate participating in *MBP*.

## 5. CONCLUSION

This study was designed to investigate the efficacy of mindfulness-based psychotherapy and usual treatment in patients with severely resistant depressed conditions who have not only advancements all through preceding psychotherapy as well as in psychiatric treatments. The experiment study did not support that anxiety and depression are anticipated to be decreased. However, mindfulness-based psychotherapy and usual treatment completers showed a substantial significant reduction in depressive symptoms especially in comparison to only usual treatment. Moreover, more mindfulness-based

psychotherapy and usual treatment participants were observed to have achieved partial active treatment and mindfulness-based psychotherapy and usual treatment participants reported fewer ruminations and improved quality of life, consciousness and self-compassion especially in comparison to only usual treatment's patients.

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