

The effectiveness and cost-effectiveness of mindfulness-based cognitive therapy compared with maintenance antidepressant treatment in the prevention of depressive relapse/recurrence: results of a randomised controlled trial (the PREVENT study)

Willem Kuyken,^{1*} Rachel Hayes,² Barbara Barrett,³ Richard Byng,⁴ Tim Dalgleish,⁵ David Kessler,⁶ Glyn Lewis,⁷ Edward Watkins,⁸ Nicola Morant,⁹ Rod S Taylor² and Sarah Byford³

¹Department of Psychiatry, Warneford Hospital, University of Oxford, Oxford, UK

²Exeter Medical School, University of Exeter, Exeter, UK

³Centre for the Economics of Mental and Physical Health, Institute of Psychiatry, King's College London, London, UK

⁴Primary Care Group, Plymouth University Peninsula Schools of Medicine and Dentistry, Plymouth, UK

⁵Medical Research Council Cognition and Brain Sciences Unit, Cambridge, UK

⁶School of Social and Community Medicine, University of Bristol, Bristol, UK

⁷Division of Psychiatry, University College London, London, UK

⁸Mood Disorders Centre, University of Exeter, Exeter, UK

⁹Department of Psychology, University of Cambridge, Cambridge, UK

*Corresponding author

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Plain English summary

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Plain English summary

Research has shown that people who have had three or more episodes of depression have a high risk of becoming depressed again; however, this risk can be reduced if antidepressants are taken for 2 years after recovery or if patients attend a course of mindfulness-based cognitive therapy (MBCT).

The PREVENT trial was designed to find out if over 24 months MBCT with support to taper/stop antidepressants (MBCT-TS) reduced the number of relapses/recurrences compared with continuing antidepressants for patients who had experienced three or more previous episodes of depression. In total, 424 people took part and half were randomly allocated to attend an MBCT-TS course and stop taking antidepressants and half were allocated to stay on their antidepressants.

Our results suggest that MBCT-TS is not better than antidepressants at preventing depression recurring; at the end of the 24-month period the number of people who had become depressed again was very similar in both groups (MBCT-TS 44%, antidepressants 47%). It would seem that both treatments were relatively effective at keeping people well. We did not find a difference between the two treatments in terms of cost. However, we did find that for people who are at a higher risk of relapse/recurrence MBCT-TS may in fact be more effective than antidepressants and we recommend that further research is carried out to explore this relationship in more depth.

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