

INPLASY PROTOCOL

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None declared.

Effects of mindfulness-based cognitive therapy on current depressive symptoms in older adults: a meta-analysis

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Review question / Objective: The aim of this literature review study was to examine the effectiveness of MBCT in older adults with late-life depression.

Rationale: Mindfulness-based cognitive therapy (MBCT), a combination of mindfulness-based stress reduction and cognitive behavioral therapy, has been designed to prevent relapse for elderly patients with depression in remission. The benefits of MBCT for younger adults in recovering from depression are indicated by its use in clinical practice and numerous empirical studies. However, no recent systematic review has explored the effectiveness of MBCT for use with older adults with depression.

INPLASY registration number: This protocol was registered with the International Platform of Registered Systematic Review and Meta-Analysis Protocols (INPLASY) on 26 January 2022 and was last updated on 26 January 2022 (registration number INPLASY202210121).

INTRODUCTION

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patients with depression in remission. The benefits of MBCT for younger adults in recovering from depression are indicated by its use in clinical practice and numerous empirical studies. However, no recent systematic review has explored the effectiveness of MBCT for use with older adults with depression.

Condition being studied: Effects of mindfulness-based cognitive therapy on current depressive symptoms in older

adults. There are related equipment and personnel support.

METHODS

Participant or population: Participants aged 60 years and older who is suffering from depression.

Intervention: Mindfulness-based cognitive therapy (MBCT).

Comparator: Active or passive control for comparison will both be considered.

Study designs to be included: Randomized controlled study and pre-post study.

Eligibility criteria: Being diagnosed with light to sever depression.

Information sources: Electronic databases, trial registers and manual search of identified systematic review.

Main outcome(s): The effect measures included symptom-specific depression scales such as the Patient Health Questionnaire-9 (PHQ-9) and the Beck Depression Inventory (BDI-II). We also included those using measures of general (rather than specific) depressive symptoms, such as the Depression Anxiety Stress Scales.

Quality assessment / Risk of bias analysis: Due to the variety of study designs, the methodological quality and risk of bias across the included studies were assessed by checking certain items: (a) method of treatment adherence reporting and (b) outcome measurements at follow-up. For controlled studies, we also extracted data on (a) type of data analyses, (b) research design method, (c) whether assessors were blinded regarding the group allocations, and (d) whether the amount of time in treatment was equal across groups.

Strategy of data synthesis: Heterogeneity analysis will be evaluated by Q and I² indicators, if Q is significant and I² ≥ 75%, it indicates that there is non-negligible heterogeneity between studies, we will

choose a random effect model to synthesize, or with a fixed effect model. All data will be analyzed using Comprehensive Meta-Analysis software (CMA). Using means, standard deviations, and sample size to calculate Hedge's g as the effect size.

Subgroup analysis: Not Available.

Sensitivity analysis: Not Available.

Language: English only.

Country(ies) involved: China.

Keywords: depression; mindfulness-based cognitive therapy (MBCT); older adults.

Contributions of each author:

Author 1 - Chenxin Wu - The author drafted the manuscript and participated in data collection and process.

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