

Mindfulness-Based Cognitieve Therapie bij de bipolaire stoornis

Kenbis Klinisch Wetenschappelijke vergadering

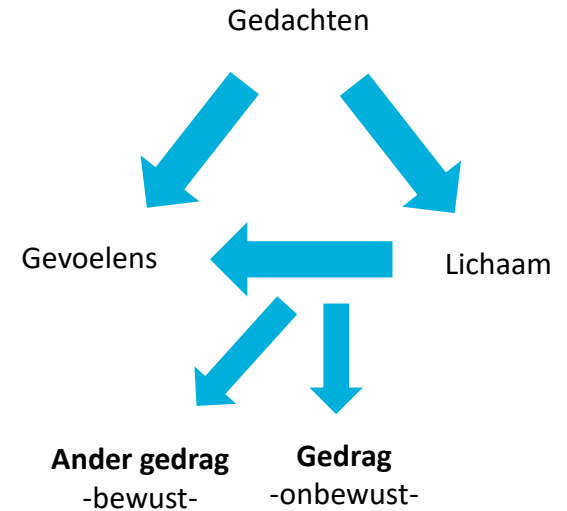
24-09-2021

Imke Hanssen

Radboudumc

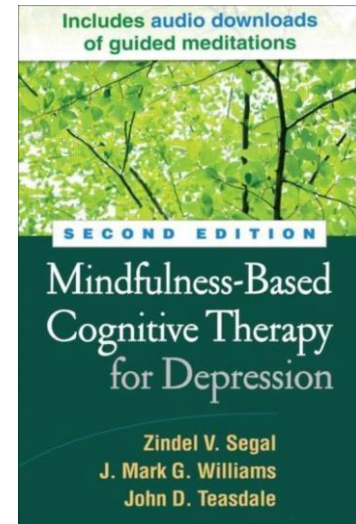
Mindfulness

- Aandacht in dit moment
- Zonder oordeel
- Keuzevrijheid



Mindfulness-Based Cognitieve Therapie (MBCT)

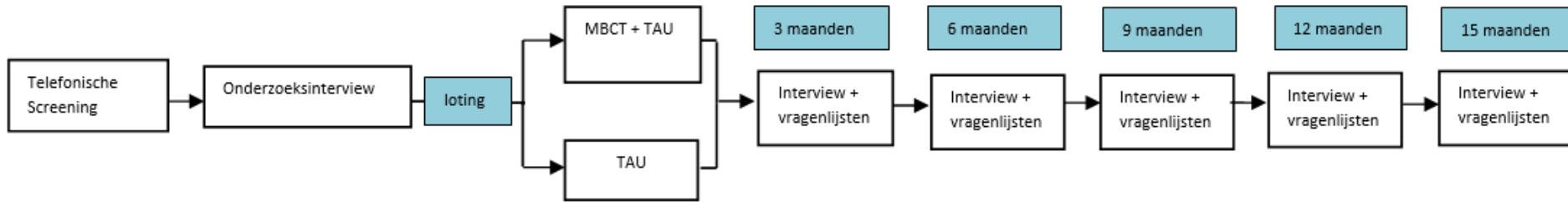
- Integratie van mindfulness & CGT
- Groepsverband, 8 sessies van 2,5 uur + stiltedag
- ± dagelijks 45 minuten oefenen
 - Formele/informele meditaties
 - CGT elementen



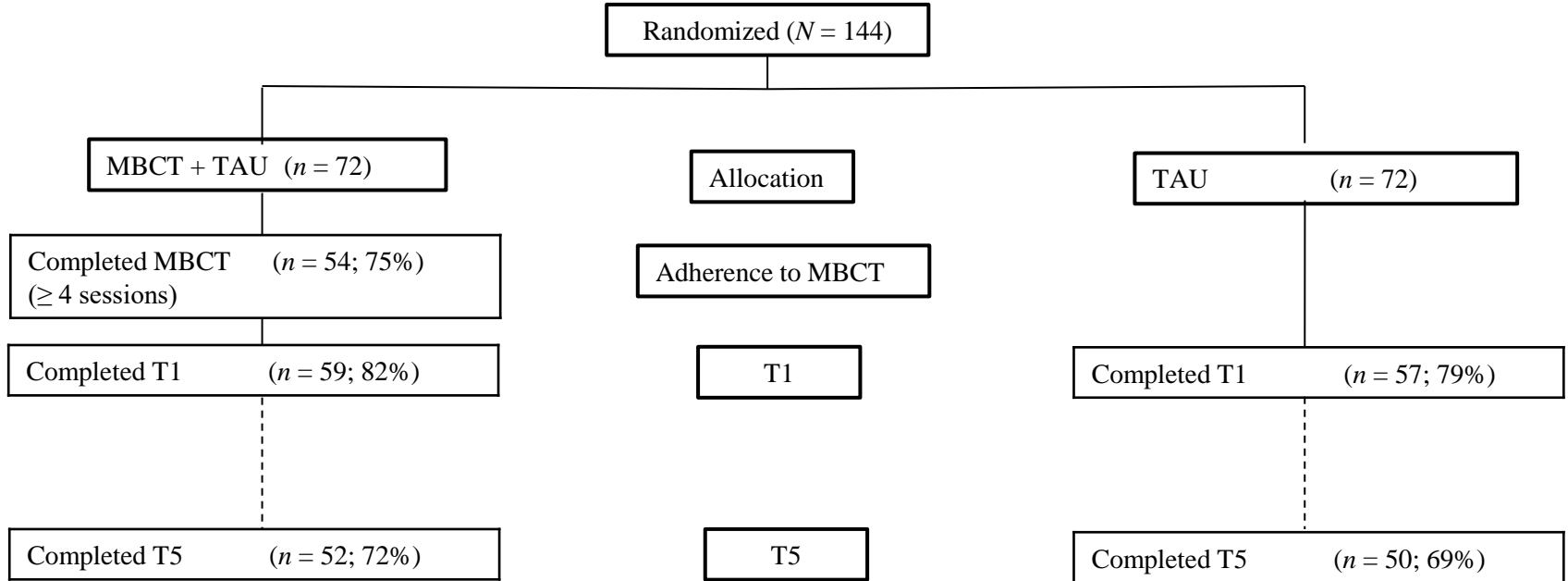
Waarom MBCT bij de bipolaire stoornis?

- Minder hoge pieken en diepe dalen
 - Terugvalpreventie
 - Zelfzorg
 - Kwaliteit van leven
-
- Overtuigende evidentie bij recidiverende depressie
 - Weinig evidentie bij bipolaire stoornis

Balans-onderzoek

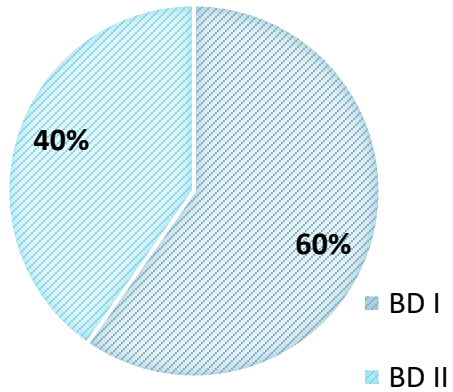


Balans-onderzoek

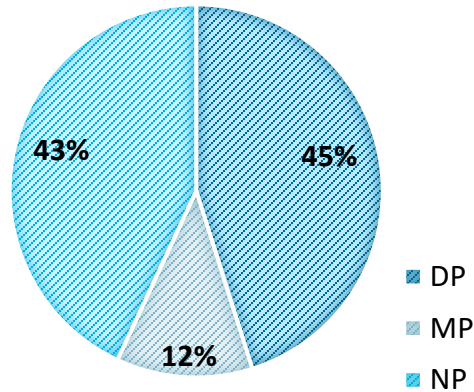


Deelnemers

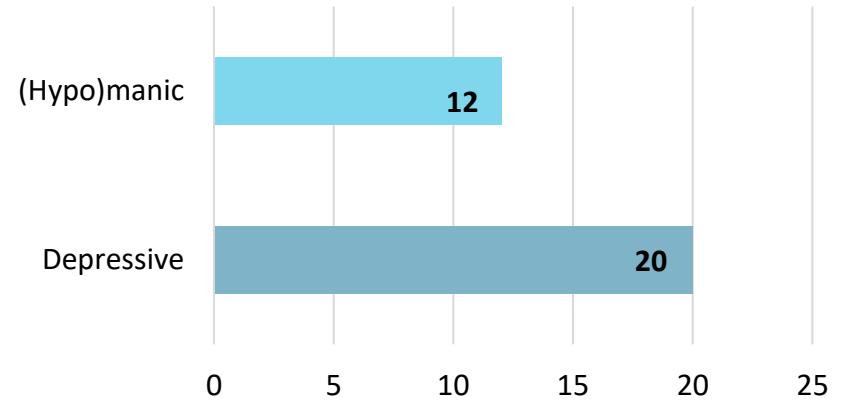
SUBTYPE BD



POLARITY

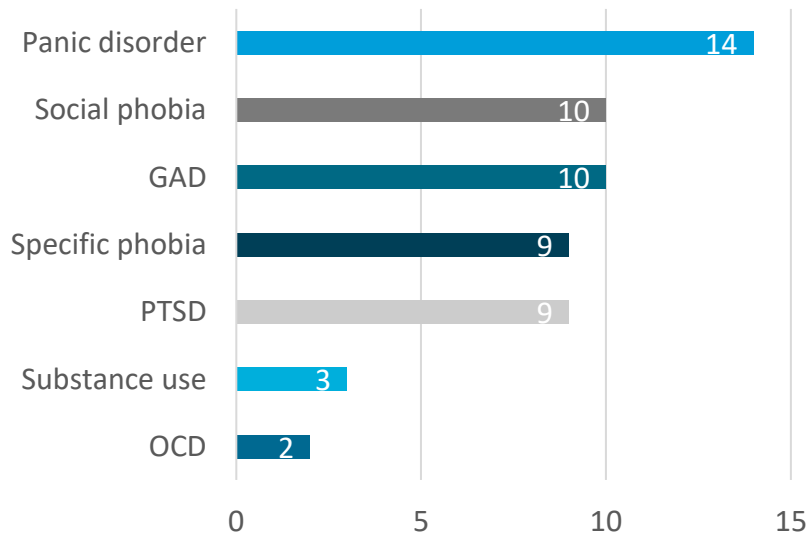


NUMBER OF MOOD EPISODES

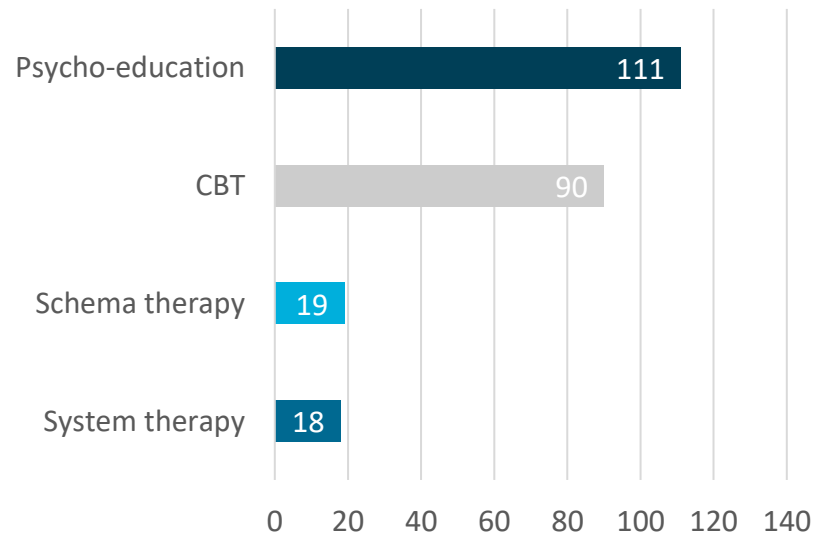


Deelnemers

COMORBIDITY

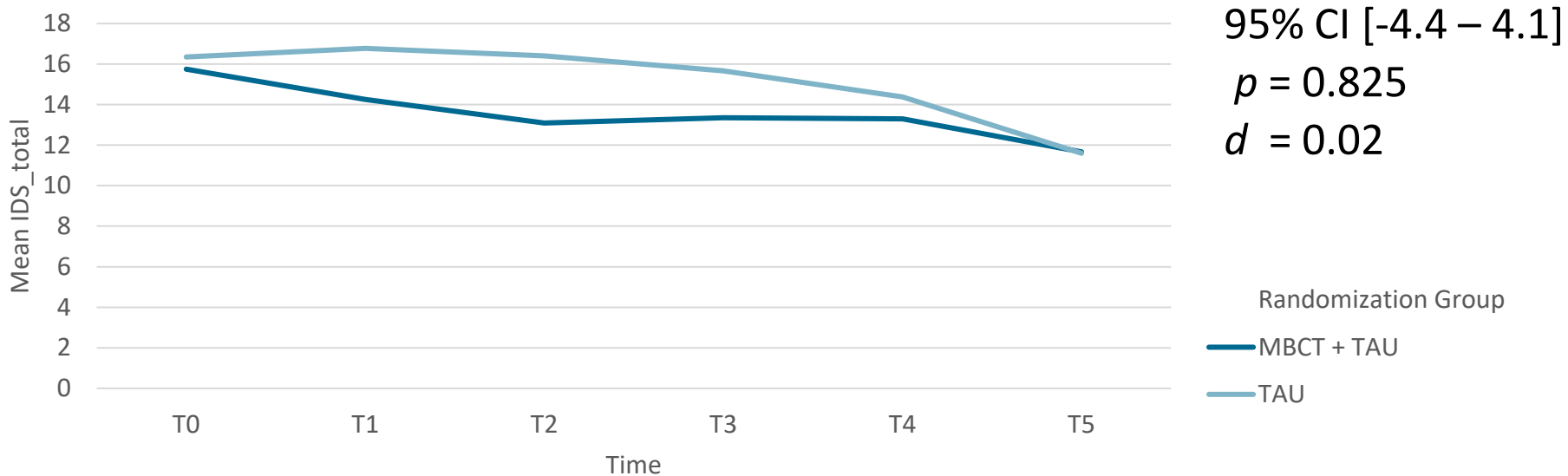


PREVIOUS TREATMENT

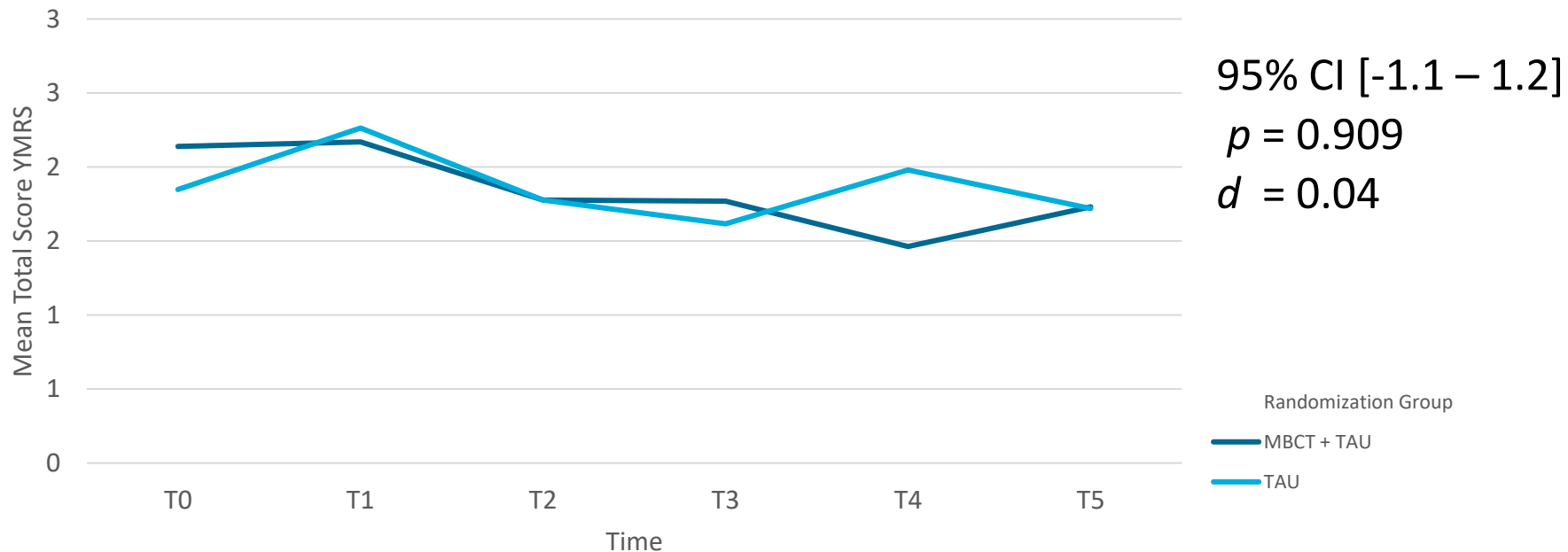


Resultaten

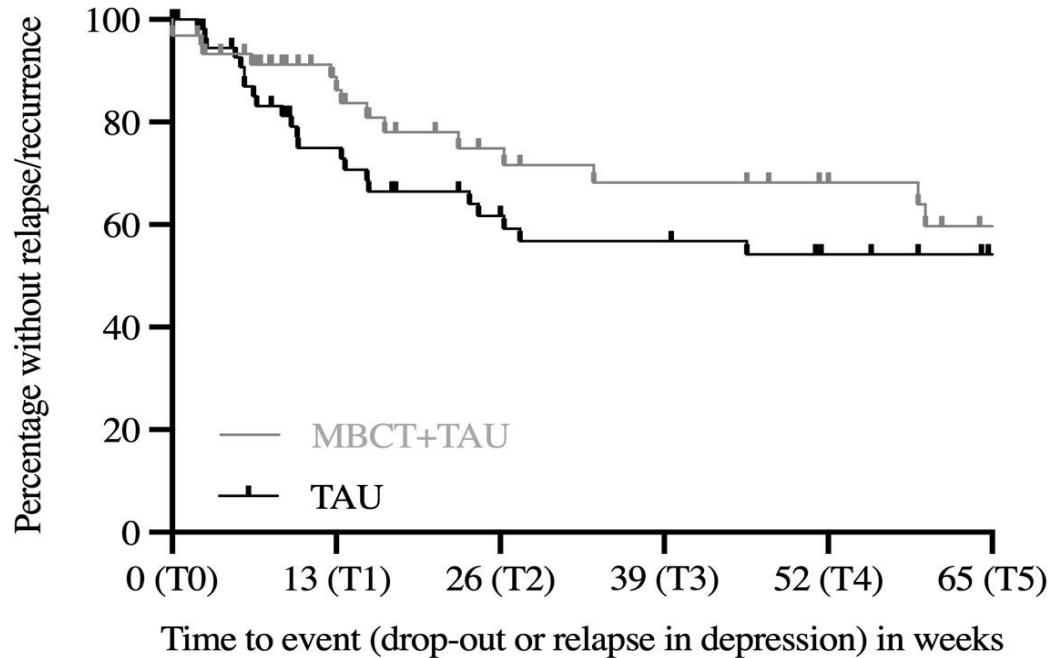
Huidige depressie (IDS-C)



Huidige (hypo)manie (YMRS)

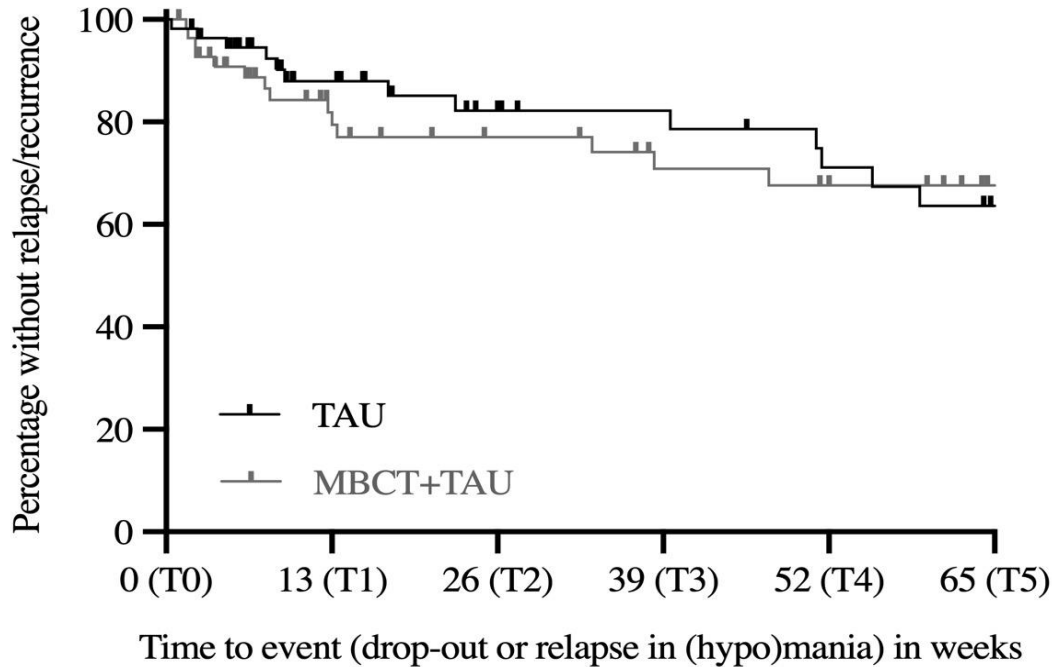


Terugval depressie



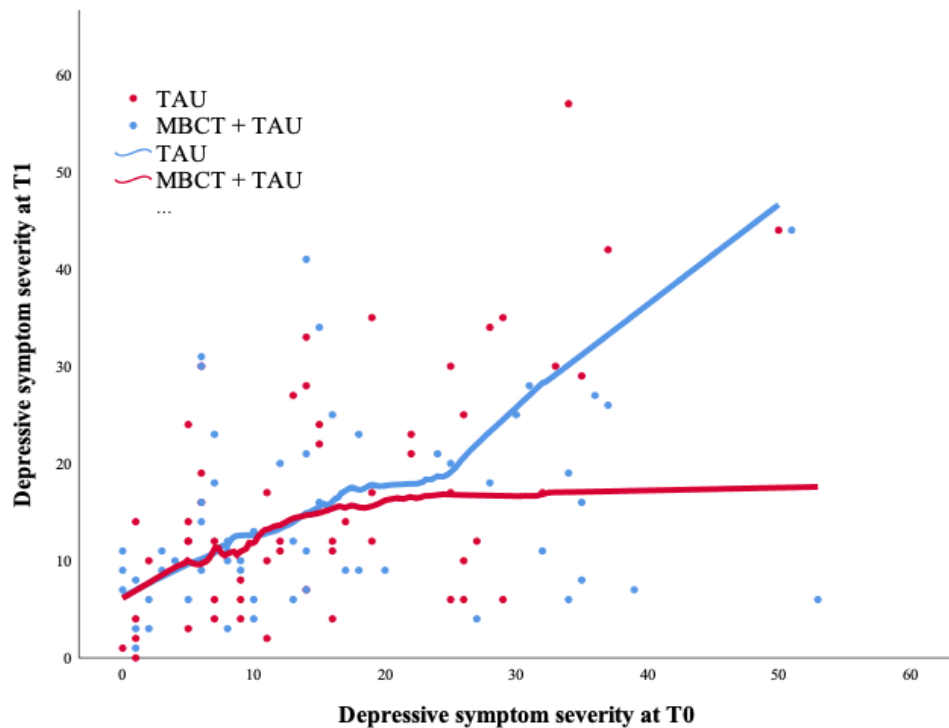
hazard ratio = 1.06
95% CI [0.56 – 1.99]
 $p = 0.863$

Terugval (hypo)manie



hazard ratio = 1.19
95% CI [0.42 – 1.93]
 $p = 0.787$

Moderatie – depressie (IDS-C)

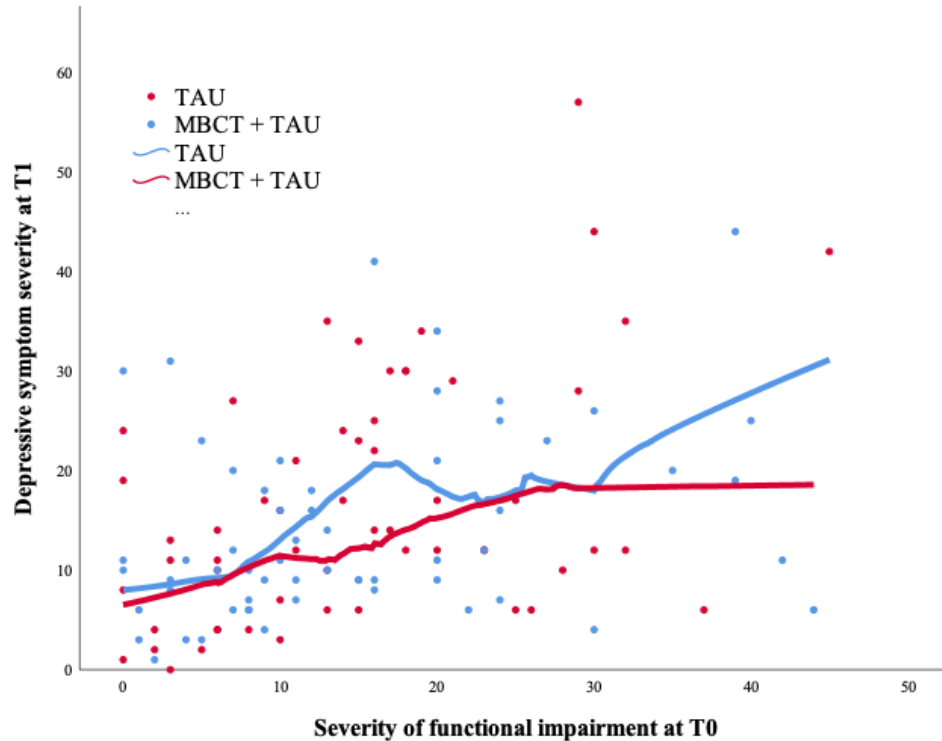


95% CI [2.35 – 14.80]

$d = 0.46$

$p = 0.007$

Moderatie – disfunctioneren (FAST)



95% CI [0.00 – 0.67]

$d = 0.34$

$p = .048$

Conclusies

- Geen effect van MBCT op
 - Huidige depressie of (hypo)manie
 - Terugvalpreventie
- Wel effect van MBCT bij deelnemers met
 - Meer depressieve symptomen
 - Hogere mate van disfunctioneren



Meer onderzoek!