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Meditation for Depression

A Systematic Review of Mindfulness-Based Cognitive Therapy for Major Depressive Disorder

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Preface

Depression is a prevalent psychological health condition, and clinical diagnoses such as major depressive disorder (MDD) are associated with significant burden for patients and society in terms of reduced quality of life, lower productivity, increased rates of other health conditions, and increased health care costs. While several evidence-based treatments are included as front-line treatments for MDD in clinical practice guidelines, these interventions vary in their effectiveness, safety, and acceptability to different patient populations. Complementary and alternative medicine approaches to MDD treatment are becoming more common, and a number of military treatment facilities offer these services, including meditation therapies. However, the efficacy and effectiveness of meditation for treating MDD remains unclear.

The Defense Centers of Excellence for Psychological Health and Traumatic Brain Injury is interested in determining the efficacy and comparative effectiveness of integrative medicine approaches for psychological health conditions. This report describes a systematic review of mindfulness-based cognitive therapy in the treatment of MDD, conducted during a two-year project on integrative medicine approaches for psychological health conditions. Key questions guiding this work focused on the efficacy and effectiveness of meditation for improving MDD symptoms and quality of life, as well as on describing the occurrence of adverse events related to meditation among MDD populations. This report should be of interest to health care providers and clinical policymakers interested in the treatment of MDD or the use of meditation.

A version of this report was provided to the committee for review in May 2015; we reproduce that version here, with minor editorial updates. None of the authors has any conflict of interest to declare.

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Abstract

Depression is a prevalent psychological health condition, and clinical diagnoses such as major depressive disorder (MDD) are associated with significant burden in terms of reduced quality of life, lower productivity, increased prevalence of other conditions, and increased health care costs. Several meditation approaches, including mindfulness-based cognitive therapy (MBCT), have shown promise in treating depression and preventing relapse. We conducted a systematic review of randomized controlled trials (RCTs) that assessed the efficacy and safety of MBCT for treating patients diagnosed with MDD.

We searched the databases PubMed, CINAHL, PsycINFO, Web of Science, Embase, CDSR, CENTRAL, DARE, clinicaltrials.gov, and PILOTS for English-language RCTs published through May 2015. Two independent reviewers screened retrieved publications using a set of inclusion and exclusion criteria, abstracted study-level data, and assessed the quality of included studies. Meta-analysis was performed using the Hartung-Knapp-Sidik-Jonkman method for random-effects models. Quality of evidence was assessed using the GRADE approach.

Seventeen studies met inclusion criteria. Adjunctive MBCT reduced depressive symptoms compared with a mix of comparators in patients with MDD (SMD −0.77; 95% CI −1.21, −0.34; 7 RCTs) and in patients with MDD or a history of MDD (SMD −0.70; 95% CI −1.10, −0.29; 12 RCTs), but there was substantial heterogeneity. MBCT plus treatment as usual (TAU) reduced depressive symptoms more than TAU alone (SMD −0.92; 95% CI −1.57, −0.27; 5 RCTs); based on two identified RCTs, MBCT compared with CBT without mindfulness meditation did not show statistically significant differences (SMD −0.06, 95% CI −1.01, 0.89; 2 RCTs). MBCT was more effective than other comparators, particularly TAU, in the prevention of relapse in patients with a history of MDD (RR 0.72; 95% CI 0.56, 0.93; 6 RCTs). Five RCTs addressed adverse events; three reported that no adverse events occurred, and two reported adverse events that were deemed not related to the intervention. Differences in quality of life between MBCT and other interventions did not show statistically significant effects (SMD −0.46; 95% CI 0.97, 0.05; 5 RCTs), nor did the use of antidepressants (RR −0.01; 95% CI −0.34, 0.32; 5 RCTs). Very few studies assessed monotherapy MBCT, and the evidence was insufficient to determine its effect.

The MBCT evidence base is growing, and data exist for relapse and depressive symptom reduction. MBCT is more effective than TAU alone, but intervention-specific effects of MBCT—for example, compared with cognitive behavioral therapy without mindfulness meditation components—have to be investigated further.

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Introduction

Depression is a prevalent psychological health condition, and clinical diagnoses such as major depressive disorder (MDD) are associated with significant burden for patients and society in terms of reduced quality of life, lower productivity, increased prevalence of other conditions, and increased health care costs. Meditation is a mind-body technique that refers to a broad variety of practices with the general goal of training the mind through regulation of attention and/or emotion to affect body functions, symptoms, and state of being. Meditation practice has recently been embedded in existing therapeutic approaches, particularly mindfulness-based cognitive therapy (MBCT). MBCT is a standardized training program that combines cognitive therapy with mindfulness meditation. This review summarizes the current state of the evidence from randomized controlled trials (RCTs) testing the efficacy and safety of MBCT for patients diagnosed with MDD. Specifically, this systematic review aimed to answer the following primary key questions (KQs) and subquestions:

- KQ 1: Is meditation, as a monotherapy, more effective than treatment as usual (TAU), waitlists, no treatment, or other active treatments in reducing depressive symptoms in adults with MDD?
  - KQ 1a: Among publications that address monotherapy meditation as a treatment for adults with MDD, how common and severe are adverse events?
  - KQ 1b: Does the efficacy differ depending on the type of meditation used?
- KQ 2: Is meditation, as an adjunctive therapy, more effective than TAU, waitlists, no treatment, or other active treatments in reducing depressive symptoms in adults with MDD?
  - KQ 2a: Among publications that address adjunctive meditation as a treatment for adults with MDD, how common and severe are adverse events?
  - KQ 2b: Does the efficacy differ depending on the type of meditation used?
- KQ 3: Is meditation, as a monotherapy, more effective than TAU, waitlists, no treatment, or other active treatments in decreasing relapse rates in adults with MDD?[1]
  - KQ 3a: Does the efficacy differ depending on the type of meditation used?
- KQ 4: Is meditation, as an adjunctive therapy, more effective than TAU, waitlists, no treatment, or other active treatments in decreasing relapse rates in adults with MDD?

[1] A *relapse* occurs when a patient previously in remission experiences another episode of MDD less than a year after the previous episode; a *recurrence* occurs when a patient experiences a subsequent episode of major depression at least a year after the previous episode. Here we use the term *relapse* to include both relapses and recurrences.

- KQ 4a: Does the efficacy differ depending on the type of meditation used?

In addition, we aimed to answer the following secondary key questions:

- KQ 5: Is meditation, as a monotherapy, more effective than TAU, waitlists, no treatment, or other active treatments in improving health-related quality of life symptoms in adults with MDD?
- KQ 6: Is meditation, as an adjunctive therapy, more effective than TAU, waitlists, no treatment, or other active treatments in improving health-related quality of life symptoms in adults with MDD?
- KQ 7: Is meditation, as a monotherapy, more effective than TAU, waitlists, no treatment, or other active treatments in reducing antidepressant use in adults with MDD?
- KQ 8: Is meditation, as an adjunctive therapy, more effective than TAU, waitlists, no treatment, or other active treatments in reducing antidepressant use in adults with MDD?

Methods

To address our key questions, we conducted a systematic search of databases—PubMed, CINAHL (Cumulative Index to Nursing and Allied Health Literature), PsycINFO, Web of Science, Embase, CDSR (Cochrane Database of Systematic Reviews), CENTRAL (Cochrane Central Register of Controlled Trials), DARE (Database of Abstracts of Reviews of Effects), clinicaltrials.gov, and PILOTS (Published International Literature on Traumatic Stress)—for English-language RCTs published through May 2015 testing the efficacy and safety of the meditation intervention MBCT, either as monotherapy or as adjunctive therapy, to treat adults with MDD or to prevent relapse of MDD. In addition, we screened bibliographies of prior systematic reviews and included studies.

Two independent reviewers used pre-established eligibility criteria to screen identified studies, abstract study-level information, and assess the quality of included studies. Outcomes of interest included depressive symptoms, relapse, health-related quality of life, and adverse events. Meta-analysis was performed with the Hartung-Knapp-Sidik-Jonkman method for random-effects models, a method suitable when the number of pooled studies is small and there is evidence of heterogeneity. The quality of evidence was assessed using the Grades of Recommendation, Assessment, Development, and Evaluation (or GRADE) approach.

Results

A total of 17 studies met the inclusion criteria for our review.

Key Question 1

We did not identify any study in patients with a current diagnosis of MDD that reported on the effectiveness of MBCT offered as monotherapy.

We identified one study in patients in full or partial remission that explicitly assessed MBCT as monotherapy and reported on depressive symptoms. The study reported a significantly greater reduction in depressive symptoms compared with waitlist (standardized mean difference [SMD] −1.11; 95% confidence interval [CI] −2.07, −0.15; 1 RCT).

Given the paucity of relevant studies, we cannot sufficiently answer the review question.

Key Question 1a

Only two studies explicitly assessed MBCT as monotherapy. One of the studies addressed adverse events and reported that none occurred; the other study did not report on adverse events.

Key Question 1b

There was insufficient information to determine whether the efficacy differs depending on the type of meditation used.

Key Question 2

Seven RCTs reported on depressive symptoms in adults with current MDD. There was moderate quality evidence of MBCT reducing depressive symptoms in patients with MDD compared with all comparators (SMD −0.77; 95% CI −1.21, −0.34; I^2 63%; 7 RCTs).

Twelve RCTs examined adjunctive MBCT on depressive symptom scores. There was moderate evidence in support of the use of adjunctive MBCT over all interventions (SMD −0.72; 95% CI −1.14, −0.30; I^2 85%; 12 RCTs). There was moderate evidence of its efficacy compared with TAU (SMD −0.92; 95% CI −1.57, −0.27; I^2 80%; 5 RCTs). The evidence suggested that MBCT had no significant effect on residual depressive symptom scores among those with a history of depression, but not currently depressed (SMD −0.57; 95% CI −1.67, 0.53; I^2 92%; 5 RCTs).

Key Question 2a

Five out of 15 studies addressed adverse events; of those, three reported that none occurred. One study reported that the adverse events were not related to the intervention; another study reported two adverse events, one of which occurred in the intervention arm of the study.

Key Question 2b

There was insufficient evidence to answer this question. A meta-regression analyzing differences between studies that followed the original MBCT manual versus studies that used a modified MBCT intervention indicated that deviations were not significantly associated with MBCT results. In individuals with recurrent depression, one study found a weak correlation between the amount of formal meditation practiced outside the class and change in depressive symptom score during MBCT.

Key Question 3

Only one study assessed whether monotherapy MBCT reduces relapse rates compared with two control groups: (1) antidepressants and (2) placebo plus clinical management in a sample of participants in remission with a history of at least three previous episodes of depression. Overall, there were no significant differences in relapse rates between either MBCT and antidepressants (relative risk [RR] 0.80; 95% CI 0.39, 1.62) or between monotherapy MBCT and placebo plus clinical management (RR 0.65; 95% CI 0.34, 1.62). Thus, there is insufficient evidence to draw any conclusions on this question.

Key Question 3a

There was insufficient evidence to answer this question.

Key Question 4

We identified no study in adults with MDD that reported long-term effects. Six studies addressed MBCT as an adjunct treatment that included an assessment of relapse. There was moderate quality evidence that adjunctive MBCT reduces relapse rates compared with all controls (RR 0.72; 95% CI 0.56, 0.93; I^2 25%; 6 RCTs) and compared with TAU (RR 0.70; 95% CI 0.50, 0.98; I^2 39%; 5 RCTs). Among patients with at least three prior episodes of depression in at least partial recovery, there was moderate evidence of the impact of adjunctive MBCT on relapse rates (RR 0.66; 95% CI 0.48, 0.90; I^2 47%; 6 RCTs). However, the evidence does not support that MBCT reduces relapse rates among individuals with one or two previous depressive episodes (RR 1.96; 95% CI 0.31, 12.29; I^2 0%; 2 RCTs].

Key Question 4a

There was insufficient evidence to answer this question. A meta-regression analyzing differences between studies that followed the original MBCT manual versus studies that used a modified MBCT intervention indicated that deviations were not significantly associated with relapse. A study of individuals with recurrent depression found that relapse rates were higher among individuals with more body scan practice six to 12 months after MBCT, but found no associations with other forms of practice. Another study of individuals with recurrent depression found no difference in relapse rates between two trained MBCT instructors of different backgrounds.

Key Question 5

We did not identify any study that assessed whether monotherapy MBCT was associated with improved health-related quality of life among adults with MDD.

Key Question 6

Five studies examined the effect of adjunctive MBCT on health-related quality of life; TAU was the only comparator used in more than one study. Overall, there was very low quality evidence of the effect of MBCT on health-related quality of life. The pooled estimate showed no significant differences in quality of life in the MBCT groups compared with control (SMD −0.42; 95% CI −0.70, −0.14; I^2 71%; 5 RCTs).

Key Question 7

No studies addressed this question.

Key Question 8

We identified six studies of good and fair quality that examined the impact of adjunctive MBCT on antidepressant use or antidepressant costs. The pooled estimate of the four studies that examined use showed no statistically significant differences in antidepressant use in the MBCT groups compared with control (RR −0.01; 95% CI −0.34, 0.32; I^2 18%; 4 RCTs). A fifth study found no statistically significant differences in changes in antidepressant use, and the sixth study focused on costs. There is moderate evidence that MBCT does not affect antidepressant use.

Conclusions

The evidence supports the use of *adjunctive* MBCT to reduce depressive symptoms among those currently depressed. The evidence also supports the use of *adjunctive* MBCT to reduce relapse among those with a history of at least three previous depressive episodes, but not among those with a previous history of one or two previous depressive episodes. This issue warrants additional research.

Evidence on the use of monotherapy MBCT is insufficient to draw conclusions about its efficacy, either to reduce depressive symptoms among those currently depressed or among those with a history of depression to reduce relapse. These are areas where additional studies are needed. There is also insufficient evidence on the effect of MBCT on health-related quality of life. Few studies examined the effect of MBCT on measures of health-related quality of life, and there was a lack of consistency in comparators used and the measures of health-related quality of life included. Further exploration of this is warranted.

The reported occurrence of adverse events was infrequent and did not appear to be related to MBCT. However, only six of the included studies (one monotherapy and five adjunctive) reported on adverse events.

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Abbreviations

BDI	Beck Depression Inventory
CBT	cognitive behavioral therapy
CDSR	Cochrane Database of Systematic Reviews
CENTRAL	Central Register of Controlled Trials
CI	confidence interval
CINAHL	Cumulative Index to Nursing and Allied Health Literature
CPE	cognitive psychological education
DARE	Database of Abstracts of Reviews of Effects
DoD	U.S. Department of Defense
DSM	Diagnostic and Statistical Manual of Mental Disorders
GRADE	Grades of Recommendation, Assessment, Development, and Evaluation
HRSD	Hamilton Rating Scale for Depression
ICD	International Classification of Diseases
ITT	intention-to-treat
KQ	key question
MBCT	mindfulness-based cognitive therapy
MDD	major depressive disorder
PICOTSS	populations, interventions, comparators, outcomes, timing, setting, study design
PILOTS	Published International Literature on Traumatic Stress
RCT	randomized control trial
RR	relative risk
SMD	standardized mean difference
TAU	treatment as usual
VA	U.S. Department of Veterans Affairs
WHO	World Health Organization

Chapter One: Introduction

Major depressive disorder (MDD) is a prevalent condition associated with significant burden for patients and society in terms of reduced quality of life, lower productivity, increased rates of other health conditions, and increased health care costs. In the general population of the United States, epidemiological studies of MDD suggest lifetime prevalence estimates between 13 and 16 percent and 12-month prevalence estimates between 5 and 7 percent among adults (Hasin et al., 2005; Kessler, Berglund, et al., 2003). Military service members and veterans with a history of combat exposure in the context of a deployment have been found to have elevated rates of probable MDD relative to the general population (Hoge et al., 2004; Schell and Marshall, 2008; Vaughan et al., 2011; Wells et al., 2010). Although the majority of individuals who develop MDD will experience remission of the major depressive episode within a year of onset (Coryell et al., 1994; Spijker et al., 2002), the probability of experiencing a recurrent episode is high. Roughly 80 percent of individuals who experience one episode of depression will experience another episode in the future (Judd, 1997). MDD is associated with significant medical, social, and economic consequences, including increased risk of various physical conditions, relationship problems, lost productivity, and health care costs (Donohue and Pincus, 2007; Kessler, 2012).

Several evidence-based treatments for MDD exist and are highlighted as front-line treatments for MDD in the U.S. Department of Veterans Affairs (VA) and U.S. Department of Defense (DoD) *Clinical Practice Guidelines for Management of Major Depressive Disorder* (Management of Major Depressive Disorder Working Group, 2009). However, these interventions vary in their effectiveness, safety, and acceptability to different patient populations, and many individuals who would benefit from treatment do not receive depression-related care (Tylee and Jones, 2005). The literature has documented a wide variety of barriers to mental health care among military personnel and veterans, including stigma, beliefs about mental health and mental health treatment, and access to mental health providers (Ben-Zeev et al., 2012; Vogt, 2011; Zinzow et al., 2012). Individuals with depression may use complementary and alternative medicine therapies (Kessler, Soukup, et al., 2001). One popular type of complementary and alternative medicine treatment that has been used in treating MDD is meditation (Su and Lifeng, 2011). Meditation is a mind-body technique that refers to a broad variety of practices with the general goal of training the mind through regulation of attention and/or emotion to affect body functions, symptoms, and state of being (Nash and Newberg, 2013; National Center for Complementary and Alternative Medicine, 2001, 2005). Meditation practice can also be embedded in a broader approach that includes movement (e.g., yoga, tai chi)—that is, movement meditation (Cahn and Polich, 2006; Goyal et al., 2014).

The only form of meditation specifically addressed in the current VA/DoD *Clinical Practice Guideline on Management of Major Depressive Disorder* is mindfulness-based cognitive therapy

(MBCT), which is a standardized training program that combines the principles of cognitive therapy with the practice of mindfulness meditation. The guideline indicates that MBCT may be employed for patients at high risk of relapse during the treatment continuation phase and comments on the lack of research comparing mindfulness-based interventions with control groups, medication, and psychotherapy during initial treatment (Management of Major Depressive Disorder Working Group, 2009).

This review seeks to examine the current state of the evidence regarding the efficacy and safety of MBCT for MDD.

Key Questions

We conducted a systematic review to identify randomized control trials (RCTs) testing the efficacy and safety of meditation to treat individuals with MDD. Specifically, this systematic review aimed to answer the following primary key questions (KQs) and subquestions:

- KQ 1: Is meditation, as a monotherapy, more effective than treatment as usual (TAU), waitlists, no treatment, or other active treatments in reducing depressive symptoms in adults with MDD?
  - KQ 1a: Among publications that address monotherapy meditation as a treatment for adults with MDD, how common and severe are adverse events?
  - KQ 1b: Does the efficacy differ depending on the type of meditation used?
- KQ 2: Is meditation, as an adjunctive therapy, more effective than TAU, waitlists, no treatment, or other active treatments in reducing depressive symptoms in adults with MDD?
  - KQ 2a: Among publications that address adjunctive meditation as a treatment for adults with MDD, how common and severe are adverse events?
  - KQ 2b: Does the efficacy differ depending on the type of meditation used?
- KQ 3: Is meditation, as a monotherapy, more effective than TAU, waitlists, no treatment, or other active treatments in decreasing relapse rates in adults with MDD?[2]
  - KQ 3a: Does the efficacy differ depending on the type of meditation used?
- KQ 4: Is meditation, as an adjunctive therapy, more effective than TAU, waitlists, no treatment, or other active treatments in decreasing relapse rates in adults with MDD?
  - KQ 4a: Does the efficacy differ depending on the type of meditation used?

[2] A relapse occurs when a patient previously in remission experiences another episode of MDD less than a year after the previous episode; a recurrence occurs when a patient experiences a subsequent episode of major depression at least a year after the previous episode. Here we use the term relapse to include both relapses and recurrences.

In addition, we aimed to answer the following secondary key questions:

- KQ 5: Is meditation, as a monotherapy, more effective than TAU, waitlists, no treatment, or other active treatments in improving health-related quality of life symptoms in adults with MDD?
- KQ 6: Is meditation, as an adjunctive therapy, more effective than TAU, waitlists, no treatment, or other active treatments in improving health-related quality of life symptoms in adults with MDD?
- KQ 7: Is meditation, as a monotherapy, more effective than TAU, waitlists, no treatment, or other active treatments in reducing antidepressant use in adults with MDD?
- KQ 8: Is meditation, as an adjunctive therapy, more effective than TAU, waitlists, no treatment, or other active treatments in reducing antidepressant use in adults with MDD?

Chapter Two: Methods

Search Strategy

We searched the databases PubMed, CINAHL (Cumulative Index to Nursing and Allied Health Literature), PsycINFO, Web of Science, Embase, CDSR (Cochrane Database of Systematic Reviews), CENTRAL (Cochrane Central Register of Controlled Trials), DARE (Database of Abstracts of Reviews of Effects), and PILOTS (Published International Literature on Traumatic Stress) for meditation studies published through January 2015. We performed an updated search in May 2015 that focused on MBCT. In addition, we screened studies included in prior systematic reviews related to this topic. We also searched Clinicaltrials.gov and contacted authors of all relevant, completed trials for which published data were not available to invite the submission of in-press publications.

The search strategy was developed by a reference librarian for RAND's Knowledge Services and was informed by search results of existing reviews. The search strings are described in Appendix A.

Eligibility Criteria

The inclusion and exclusion criteria we applied to retrieved publications were developed using the framework of participants, interventions, comparators, outcomes, timing, settings, and study design, or PICOTSS.

- *Participants*: Studies were limited to those that focused on adults, male and female, who are at least 18 years of age and have been diagnosed with MDD. MDD was defined as meeting the criteria for a clinical diagnosis of MDD according to the *Diagnostic and Statistical Manual of Mental Disorders* (DSM; American Psychiatric Association, 2013) or International Classification of Diseases, 9th revision, Clinical Modification (ICD-9-CM; National Center for Health Statistics, 2010) criteria. We included studies of populations with a history of MDD if they reported data on depressive symptoms or relapse.
- *Interventions*: Studies were included that examined the effect of MBCT. We included studies reporting deviations from the original MBCT protocol (Segal, Williams, and Teasdale, 2002) if MBCT was clearly referred to.
- *Comparators*: Studies that utilized TAU, waitlist control, attention control, no treatment, or other active treatments as the comparator were included. Studies that exclusively compared MBCT with other forms of complementary and alternative medicine (e.g., acupuncture) were excluded.
- *Outcomes*: Studies that reported one or more of the following outcomes were included: depression symptoms, treatment response, remission, relapse/recurrence, and health-related quality of life.

- *Timing*: Studies could involve any treatment duration and follow-up period.
- *Setting*: Studies were not limited by setting.
- *Study design*: Included studies were limited to individually- or cluster-randomized controlled trials only.
- *Other limiters*: Studies had to be published in English to be eligible. Data reported only in conference proceedings or abstracts were excluded.

Inclusion Screening

Two independent reviewers screened titles and abstracts of retrieved citations following a pilot exercise to ensure similar interpretation of the inclusion and exclusion criteria. Citations judged to be potentially eligible by at least one reviewer were obtained as full text. Two independent reviewers screened full-text studies against predefined inclusion and exclusion criteria; any disagreements between the reviewers were resolved through discussion within the review team. The flow of citations throughout this process was documented in an electronic database, and reasons for exclusion of publications that underwent full-text screening were recorded in the database.

Data Extraction

Each publication was abstracted by two reviewers using electronic data collection forms designed by the project lead, with input from the project team. Reviewers pilot-tested the data collection forms on a few well-reported studies, modified the forms, and performed a final pilot of the forms on a random selection of included studies to ensure agreement of interpretation. The reviewers then independently abstracted study-level data in an electronic database. All discrepancies were resolved by PhD-level staff with input from both reviewers in a group setting.

Study-level data were abstracted for the following information:

- *Participants*: gender, age, method of depression identification, baseline depression scores
- *Interventions*: type of meditation, dosage (intensity, frequency, duration), and co-intervention(s)
- *Comparators*: type of comparator
- *Outcomes* (depressive symptom score, response to treatment,[3] remission, relapse, health-related quality of life, adverse events) for each follow-up point of measurement: domain, method of measurement, metric of data expression (e.g., means, proportions)
- *Timing*: timing of outcome assessment(s)
- *Setting*: country where the trial occurred
- *Study design*: purpose, inclusion and exclusion criteria, starting and ending sample size, items relevant to risk of bias and quality ratings

[3] *Response to treatment* is at least a 50-percent reduction in the Hamilton Rating Scale for Depression (HRSD) score.

When different reports existed for the same study, descriptions of participants were compared to ensure that data from the same study populations were included in the review only once.

Risk of Bias

Project leaders assessed the risk of bias of included RCTs using the Cochrane Risk of Bias tool (Higgins et al., 2011). Specifically, the reviewers assessed risk of bias related to the following: random sequence generation (selection bias), allocation concealment (selection bias), blinding of participants (performance bias), blinding of outcome assessors (detection bias), completeness of reporting outcome data (attrition bias), and selective outcome reporting (reporting bias). Other biases related to the U.S. Preventive Services Task Force's criteria for internal validity of included studies were also assessed, namely those related to equal distribution among groups of potential confounders at baseline; cross-overs or contamination between groups; equal, reliable, and valid outcome measurement; clear definitions of interventions; and intention-to-treat (ITT) analysis (U.S. Preventive Services Task Force, 2008). These criteria were used to rate the quality of evidence of individual included studies using the following guidelines (Lewin Group and ECRI Institute, 2014; U.S. Preventive Services Task Force, 2008):

- *Good*: Comparable groups are initially assembled and maintained throughout the study with at least 80-percent follow-up; reliable, valid measurement is used and applied equally to all groups; interventions are clearly described; all important outcomes are considered; appropriate attention is given to confounders in analysis; ITT analysis is used.
- *Fair*: One or more of the following issues is found in the study: some though not major differences between groups exist at follow-up; measurement instruments are acceptable but not ideal, though are generally applied equally; some but not all important outcomes are considered; some but not all potential confounders are accounted for in analyses. ITT analysis is used.
- *Poor*: One or more of the following "fatal flaws" is found in the study: initially assembled groups are not comparable or maintained throughout the study; unreliable or invalid measurements are used or applied unequally across groups; key confounders are given little to no attention in analyses; ITT is not used.

Data Synthesis

The primary aim of this systematic review was to identify whether meditation in the format of MBCT is effective in improving MDD symptoms and preventing relapse. A secondary outcome was adverse events. Results are described separately for MBCT delivered as monotherapy versus adjunctive therapy. We differentiated patients who had a clinical diagnosis of MDD, were experiencing a depressive episode, or had residual symptoms when they enrolled in the study from patients with prior MDD but who were in remission.

Treatment effects for continuous outcomes were computed as standardized mean differences (SMDs) together with their 95-percent confidence intervals (CIs) to ensure comparability of effect sizes across studies using different outcome measures. Relative risks (RRs) were computed for dichotomous variables (i.e., relapse). Results are reported such that SMDs less than zero and RRs less than one favor MBCT.

We used meta-analysis to pool results across included studies for depressive symptoms, relapse, and health-related quality of life. We used the Hartung- Knapp-Sidik-Jonkman method for random effects models (Hartung, 1999; Hartung and Knapp, 2001; Sidik and Jonkman, 2007). This method may be preferred when the number of studies pooled is small and when there is evidence of heterogeneity (IntHout, Ioannidis, and Borm, 2014). It produces more-robust error rates than the DerSimonian and Laird method (Sánchez-Meca and Marín-Martínez, 2008).

We calculated treatment effects at postintervention or the closest follow-up point to postintervention reported in the individual studies. When multiple depression measures were available, we used HRSD scores to assess treatment effects on depression symptoms, followed by the Beck Depression Inventory (BDI). When multiple health-related quality of life domains were reported, we used the psychological domain (rather than physical or social). Outcome data were based on ITT analyses reported in the included studies. In the absence of ITT data, we used the number of patients at follow-up. When studies reported on more than one comparator, the pooled analyses used a passive comparator where possible (e.g., waitlist, TAU). We also investigated publication bias for all main analyses with sufficient data using Begg's rank correlation test for funnel plot asymmetry (Begg and Mazumdar, 1994) and Egger's test for funnel plot asymmetry (Egger et al., 1997).

Subgroup analyses grouped studies by comparator. Meta-regression was used to determine the effect of effect modifiers.

Quality of Evidence

The quality of evidence was assessed for major outcomes using the Grades of Recommendation, Assessment, Development, and Evaluation (or GRADE) approach, in which the body of evidence was assessed based on the following dimensions: study limitations (low, medium, or high), directness (direct or indirect), consistency (consistent, inconsistent, or unknown), and precision (precise or imprecise).

The quality of evidence was graded on a four-item scale:

- *High* indicates that the review authors are very confident that the effect estimate lies close to the true effect for a given outcome, as the body of evidence has few or no deficiencies. As such, the reviewers believe the findings are stable: i.e., further research is very unlikely to change confidence in the effect estimate.
- *Moderate* indicates that the review authors are moderately confident that the effect estimate lies close to the true effect for a given outcome, as the body of evidence has some deficiencies. As such, the reviewers believe that the findings are likely to be stable,

but further research may change confidence in the effect estimate and may even change the estimate.

- *Low* indicates that the review authors have limited confidence that the effect estimate lies close to the true effect for a given outcome, as the body of evidence has major or numerous (or both) deficiencies. As such, the reviewers believe that additional evidence is needed before concluding either that the findings are stable or that the effect estimate lies close to the true effect.
- *Very low* indicates that the review authors have very little confidence that the effect estimate lies close to the true effect for a given outcome, as the body of evidence has very major deficiencies. As such, the true effect is likely to be substantially different from the estimated effect; thus, any estimate of effect is very uncertain.

Protocol Deviations

In order to provide more-targeted information to answer the review questions, we did not apply the depression scale cut-offs as described in the systematic review protocol, but limited included studies to those that reported a clinical diagnosis of MDD. An initial screen of the identified literature indicated substantial clinical diversity; depression is a symptom relevant to a number of mental disorders, patient characteristics vary, and it is unclear whether and how treatment effects will translate to patients with MDD.

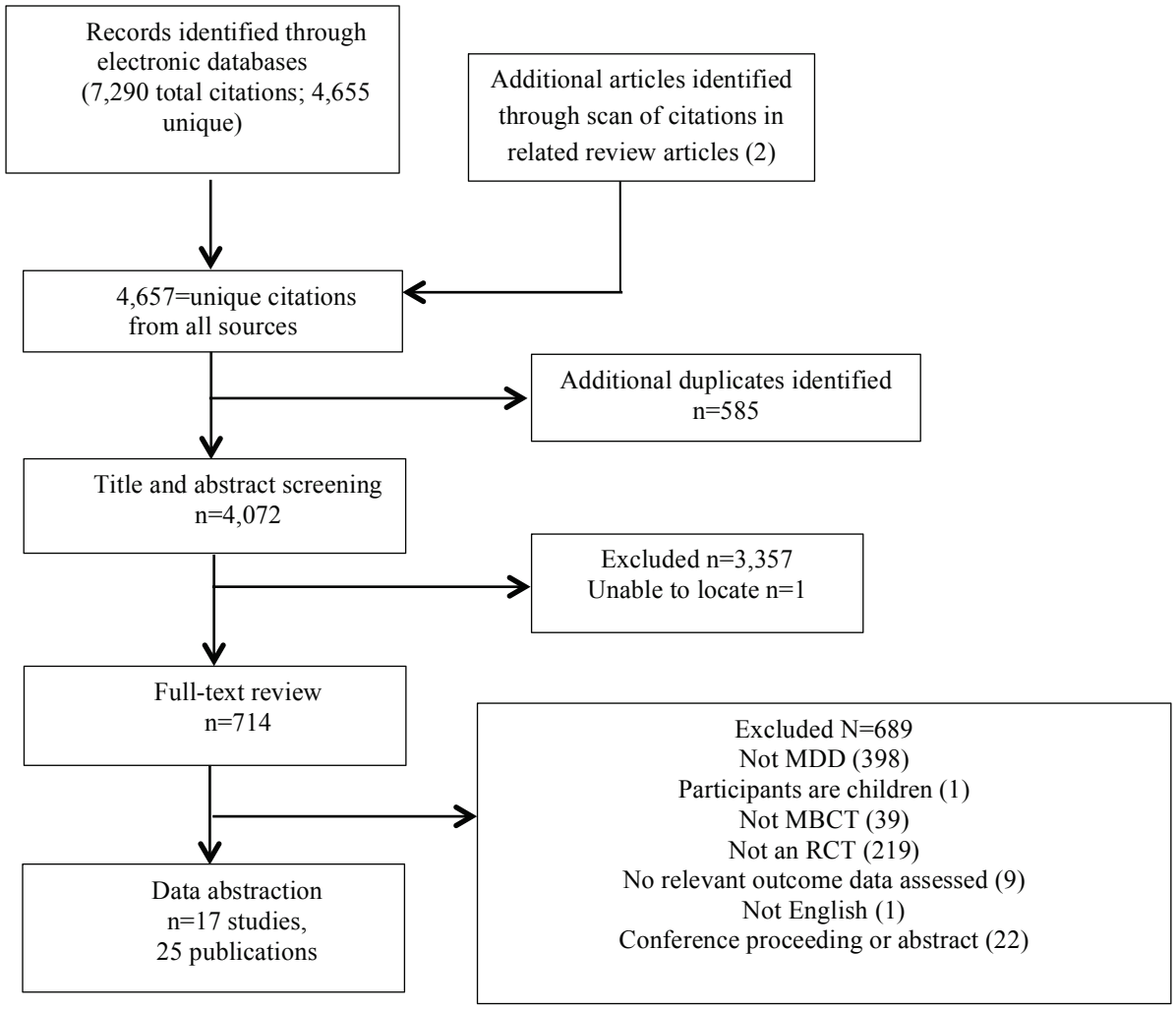
In addition, we restricted the systematic review to MBCT in order to be able to provide clear effectiveness statements. The initial searches indicated that the effect of other interventions—such as person-based cognitive therapy, compassion-mindfulness therapy, mindfulness meditation, mantra meditation, mindfulness training, miscellaneous group meditation formats, Chan-based mind-body intervention, Buddhist walking meditation, tai chi, diverse yoga approaches, or qigong interventions—have been investigated in only a very small number of studies in patients with a clinical diagnosis of MDD. Furthermore, test searches indicated that for each known intervention, because of the lack of standardization of the intervention description, including the name of the intervention (e.g., “tai chi,” tai-chi,” “tai ji,” “tai-ji,” “taiji,” “t’ai chi,” “t’ ai chi,” “taijiquan,” OR “shadow boxing”), multiple searches in multiple sources would need to be undertaken to ensure that all relevant studies were found. Meditation is an element in a variety of very diverse approaches, which requires extensive and exhaustive literature searches, and multiple systematic reviews are necessary to summarize the effect of each of the diverse existing meditation interventions, which exceeds the resources of this project.

Chapter Three: Results

Results of Literature Searches

Our search of the electronic databases identified 7,290 publications; two additional studies were found by scanning citations (see Figure 3.1). After duplicates were removed, 4,072 publications were included for title and abstract screening, of which 3,357 were excluded because one or more of the exclusion criteria were met. An additional 690 publications were excluded during full-text review (listed in Appendix B). A total of 25 publications describing 17 unique RCTs of MBCT were identified and met the inclusion criteria for our review (described in Table 3.1).

Figure 3.1. Publication Review and Inclusion



Key Question

For KQ 1 on the effect of MBCT as monotherapy for depressive symptoms, we identified one RCT that reported on the effect of treatment on depressive symptoms using standardized scales (Britton et al., 2010). The study did not examine response to treatment (i.e., at least a 50-percent reduction in depressive symptom score on a standardized scale) or remission.

For KQ 1a, one study provided information on the frequency and severity of adverse events that occurred with monotherapy MBCT (Britton et al., 2010).

For KQ 2 on the effect of MBCT as adjunctive therapy for depressive symptoms, we identified 12 RCTs[4] that reported depressive symptom scores using standardized scales (Barnhofer et al., 2009; Batink et al., 2013; Bondolfi et al., 2010; Chiesa, Mandelli, and Serretti, 2012; Forkmann et al., 2014; Geschwind et al., 2012; Godfrin and van Heeringen, 2010; Hepburn et al., 2009; Jermann et al., 2013; Keune et al., 2011; Kuyken, Byford, et al., 2008; Ma and Teasdale, 2004; Manicavasgar, Parker, and Perich, 2011; Omidi et al., 2013; Shahar et al., 2010; van Aalderen et al., 2012). One study examined response to treatment (Barnhofer et al., 2009).

For KQ 2a, we found six studies that provided information on the frequency and severity of adverse events with adjunctive MBCT used to treat MDD (Barnhofer et al., 2009; Forkmann et al., 2014; Geschwind et al., 2012; Godfrin and van Heeringen, 2010; Kuyken, Byford, et al., 2008; Shahar et al., 2010; Williams, Crane, et al., 2014).

For KQ 3, we identified one RCT that examined relapse after monotherapy MBCT (Segal et al., 2010), and for KQ 4, we identified six studies that examined relapse after adjunctive MBCT (Godfrin and van Heeringen, 2010; Jermann et al., 2013; Kuyken, Byford, et al., 2008; Ma and Teasdale, 2004; Teasdale, Segal, et al., 2000; Williams, Crane, et al., 2014).

We found no monotherapy MBCT studies that provided information on health-related quality of life for KQ 5. For KQ 6, we found five adjunctive MBCT studies that provided information on health-related quality of life (Chiesa, Mandelli, and Serretti, 2012; Godfrin and van Heeringen, 2010; Kuyken, Byford, et al., 2008; Manicavasgar, Parker, and Perich, 2011; van Aalderen et al., 2012).

We did not identify any RCTs that assessed reductions in antidepressant use following monotherapy MBCT (KQ 7), but we did identify six RCTs that investigated antidepressant use or costs of antidepressants for adjunctive MBCT (KQ 8) (Barnhofer et al., 2009; Bondolfi et al., 2010; Godfrin and van Heeringen, 2010; Kuyken, Byford, et al., 2008; Ma and Teasdale, 2004; Teasdale, Segal, et al., 2000).

[4] The number of citations may be larger than the number of RCTs identified. This occurs when more than one publication on the same RCT reported analyses relevant and unique to the review.

Table 3.1. Evidence Base for Key Questions

Key Question		Number of Studies
1	Is meditation, as a monotherapy, more effective than TAU, waitlists, no treatment, or other active treatments in reducing depressive symptoms in adults with MDD?	1 RCT of monotherapy MBCT with efficacy data
1a	Among publications that address monotherapy meditation as a treatment for adults with MDD, how common and severe are adverse events?	1 RCT of monotherapy MBCT with safety data
1b	Does the efficacy differ depending on the type of meditation used (e.g., MBCT, mindfulness-based stress reduction, yoga, tai chi)?	1 RCT of monotherapy MBCT with efficacy data
2	Is meditation, as an adjunctive therapy, more effective than TAU, waitlists, no treatment, or other active treatments in reducing depressive symptoms in adults with MDD?	12 RCTs of adjunctive MBCT with efficacy data
2a	Among publications that address adjunctive meditation as a treatment for adults with MDD, how common and severe are adverse events?	5 RCTs of adjunctive MBCT with safety data
2b	Does the efficacy differ depending on the type of meditation used?	12 RCTs of adjunctive meditation with efficacy data
3	Is meditation, as a monotherapy, more effective than TAU, waitlists, no treatment, or other active treatments in decreasing relapse rates in adults with MDD?	1 RCT of monotherapy MBCT with relapse data
3a	Does the efficacy differ depending on the type of meditation used?	1 RCT of monotherapy MBCT with relapse data
4	Is meditation, as an adjunctive therapy, more effective than TAU, waitlists, no treatment, or other active treatments in decreasing relapse rates in adults with MDD?	6 RCTs of adjunctive MBCT with relapse data
4a	Does the efficacy differ depending on the type of meditation used?	6 RCTs of adjunctive MBCT with relapse data
5	Is meditation, as a monotherapy, more effective than TAU, waitlists, no treatment, or other active treatments in improving health-related quality of life in adults with MDD?	0 RCTs of monotherapy MBCT with health-related quality of life data
6	Is meditation, as an adjunctive therapy, more effective than TAU, waitlists, no treatment, or other active treatments in improving health-related quality of life in adults with MDD?	5 RCTs of adjunctive MBCT with health-related quality of life data
7	Is meditation, as a monotherapy, more effective than TAU, waitlists, no treatment, or other active treatments in reducing antidepressant use in adults with MDD?	0 RCTs of monotherapy MBCT with antidepressant use
8	Is meditation, as an adjunctive therapy, more effective than TAU, waitlists, no treatment, or other active treatments in reducing antidepressant use in adults with MDD?	6 RCTs of adjunctive MBCT with antidepressant use

Design

Nine RCTs randomized participants by using a block randomization design, seven studies randomized individual participants rather than clusters of participants, and one study assigned participants to groups and randomized the groups. The studies included in this review varied widely in size, ranging from 18 to 274 enrolled participants. Three RCTs included fewer than 50 participants; eight enrolled between 50 and 100 participants; four included 100 to 200 participants; and two studies enrolled more than 200 participants. Six reported an *a priori* power calculation with a target sample size, nine studies reported insufficient power for post-hoc analyses, and two studies did not report information about power. Fifteen studies were two-arm RCTs, while two were three-arm RCTs.

Location

The studies were performed in a variety of countries—two in the United States, five in the United Kingdom, two in the Netherlands, and one in each of the following countries: Australia, Belgium, Canada, Germany, Iran, Italy, and Switzerland. One study had sites in both Canada and the United Kingdom.

Participants

The average age of participants ranged from 32 to 49 years in the studies that reported patient characteristics. One study did not report information about age of participants. The proportion of men in the studies ranged from 16 to 37 percent.

Interventions

Studies occurring after 2002 reported using the MBCT manual developed by Segal, Williams, and Teasdale (2002). While all reported having eight weekly sessions, the length of the sessions varied from two to three hours. Studies reported holding up to four follow-up sessions after the completion of the MBCT intervention. Three studies reported modifying the MBCT program. Two made adjustments to address suicidality and acute symptoms (Barnhofer et al., 2009; Williams, Crane, et al., 2014). One study removed the yoga component (Manicavasgar, Parker, and Perich, 2011).

Comparators

Comparators in the studies varied. Monotherapy studies used waitlist, antidepressants, and antidepressant placebo plus clinical management as comparators. For adjunctive MBCT studies, the most common comparators were TAU (ten studies) and antidepressants (four studies) controls.

Outcome Measures

The length of follow-up ranged from immediately postintervention to 15 months after treatment was completed. Thirteen studies reported depressive symptom scores as an outcome. Seven of the studies assessed relapse. Five studies reported measures of health-related quality of life. Seven studies reported adverse events or side effects.

Risk of Bias

Table 3.2 summarizes the authors' assessment of the risk of bias for the included studies using the Cochrane Risk of Bias tool for RCTs. Four studies were assigned a "good" quality rating (Barnhofer et al., 2009; Batink et al., 2013; Bondolfi et al., 2010; Ma and Teasdale, 2004; Teasdale, Segal, et al., 2000), five studies were rated "fair" quality (Chiesa, Mandelli, and Serretti, 2012; Geschwind et al., 2012; Godfrin and van Heeringen, 2010; Kuyken, Byford, et al.,

2008; Segal et al., 2010), and eight studies were rated "poor" quality (Britton et al., 2010; Hepburn et al., 2009; Keune et al., 2011; Manicavasgar, Parker, and Perich, 2011; Omidi et al., 2013; Shahar et al., 2010; van Aalderen et al., 2012; Williams, Crane, et al., 2014). In addition, seven studies had an overall rating of poor because of a lack of ITT analysis.

Random sequence generation. Two studies had unclear selection bias because they did not report their method for randomizing study participants (Hepburn, et al., 2009; Omidi et al., 2013). Of the remaining studies, 14 were rated as low risk because they reported adequate random sequence generation methods (Barnhofer et al., 2009; Batink et al., 2013; Bondolfi et al., 2010; Britton et al., 2010; Chiesa, Mandelli, and Serretti, 2012; Geschwind et al., 2012; Godfrin and van Heeringen, 2010; Keune et al., 2011; Kuyken, Byford, et al., 2008; Ma and Teasdale, 2004; Segal et al., 2010; Shahar et al., 2010; Teasdale, Segal, et al., 2000; van Aalderen et al., 2012; Williams, Holmes, et al., 2013; Williams, Crane, et al., 2014). One study was at high risk for selection bias because of inadequate randomization methods (Manicavasgar, Parker, and Perich, 2011).

Allocation concealment. Five studies had unclear selection bias because they did not report their allocation concealment method (Chiesa, Mandelli, and Serretti, 2012; Hepburn et al., 2009; Kuyken, Byford, et al., 2008; Omidi et al., 2013; van Aalderen et al., 2012). Twelve other studies did describe their method of allocation concealment and were rated as low risk (Barnhofer et al., 2009; Batink et al., 2013; Bondolfi et al., 2010; Britton et al., 2010; Forkmann et al., 2014; Geschwind et al., 2012; Godfrin and van Heeringen, 2010; Jermann et al., 2013; Keune et al., 2011; Ma and Teasdale, 2004; Manicavasgar, Parker, and Perich, 2011; Segal et al., 2010; Shahar et al., 2010; Teasdale, Segal, et al., 2000; Williams, Crane, et al., 2014).

Blinding of participants. Two studies had unclear selection bias because they did not report the approach for ensuring blinding of participants (Chiesa, Mandelli, and Serretti, 2012; Omidi et al., 2013). Fifteen studies did not report adequate blinding approaches and were rated as high risk (Barnhofer et al., 2009; Batink et al., 2013; Bondolfi et al., 2010; Britton et al., 2010; Forkmann et al., 2014; Geschwind et al., 2012; Godfrin and van Heeringen, 2010; Jermann et al., 2013; Keune et al., 2011; Kuyken, Byford, et al., 2008; Ma and Teasdale, 2004; Manicavasgar, Parker, and Perich, 2011; Segal et al., 2010; Shahar et al., 2010; Teasdale, Segal, et al., 2000; van Aalderen et al., 2012; Williams, Crane, et al., 2014).

Blinding of outcome assessors. Three studies had unclear risk of detection bias because they did not report whether outcome assessors were blind to participation allocation to study arms (Manicavasgar, Parker, and Perich, 2011; Omidi et al., 2013; van Aalderen et al., 2012). Fourteen studies reported the outcome assessors were blinded to intervention assignment or the study outcomes were self-reported instruments and were low risk (Barnhofer et al., 2009; Bondolfi et al., 2010; Britton et al., 2010; Chiesa, Mandelli, and Serretti, 2012; Forkmann et al., 2014; Geschwind et al., 2012; Godfrin and van Heeringen, 2010; Hepburn et al., 2009; Jermann et al., 2013; Keune et al., 2011; Kuyken, Byford, et al., 2008; Ma and Teasdale, 2004; Segal et al., 2010; Shahar et al., 2010; Teasdale, Segal, et al., 2000; Williams, Crane, et al., 2014).

Incomplete outcome data. Seven studies had low risk of attrition bias (Barnhofer et al., 2009; Batink et al., 2013; Bondolfi et al., 2010; Forkmann et al., 2014; Geschwind et al., 2012; Jermann et al., 2013; Ma and Teasdale, 2004; Omidi et al., 2013; Teasdale, Segal, et al., 2000; Williams, Crane, et al., 2014). Nine studies were at high risk for attrition bias (Britton et al., 2010; Chiesa, Mandelli, and Serretti, 2012; Godfrin and van Heeringen, 2010; Hepburn et al., 2009; Keune et al., 2011; Kuyken, Byford, et al., 2008; Manicavasgar, Parker, and Perich, 2011; Segal et al., 2010; Shahar et al., 2010). One study was unclear (van Aalderen et al., 2012).

Selective outcome reporting. Six studies had low risk of reporting bias because we were able to identify an *a priori* trial registration entry (Godfrin and van Heeringen, 2010; Keune et al., 2011; Kuyken, Byford, et al., 2008; Segal et al., 2010; van Aalderen et al., 2012; Williams, Crane, et al., 2014). Ten studies had unclear risk of reporting bias because we were unable to identify such an entry (Barnhofer et al., 2009; Batink et al., 2013; Bondolfi et al., 2010; Britton et al., 2010; Chiesa, Mandelli, and Serretti, 2012; Forkmann et al., 2014; Geschwind et al., 2012; Hepburn et al., 2009; Jermann et al., 2013; Ma and Teasdale, 2004; Manicavasgar, Parker, and Perich, 2011; Omidi et al., 2013; Shahar et al., 2010; van Aalderen et al., 2012). One study was high risk because we identified a trial registration entry and the study did not report on all identified outcomes (Teasdale, Segal, et al., 2000).

Other. One study did not provide an adequate description of the study to be able to determine whether other risk to biases existed (Godfrin and van Heeringen, 2010). Five studies were low risk for other biases because no other issues were identified (Bondolfi et al., 2010; Chiesa, Mandelli, and Serretti, 2012; Kuyken, Byford, et al., 2008; Ma and Teasdale, 2004; Teasdale, Segal, et al., 2000). The remainder of the studies suffered from one or more potential biases (Barnhofer et al., 2009; Batink et al., 2013; Britton et al., 2010; Geschwind et al., 2012; Hepburn et al., 2009; Keune et al., 2011; Manicavasgar, Parker, and Perich, 2011; Omidi et al., 2013; Segal et al., 2010; Shahar et al., 2010; van Aalderen et al., 2012; Williams, Crane, et al., 2014).

Table 3.2. Study Quality/Risk of Bias for Each MBCT Randomized Controlled Trial

Study	Random Sequence Generation (selection bias)	Allocation Concealment (selection bias)	Blinding of Participants (performance bias)	Blinding of Outcome Assessors (detection bias)	Completeness of Reporting Outcome Data (attrition bias)	Selective Outcome Reporting (reporting bias)	Other Biases[a]	USPSTF Quality Rating[b]
Barnhofer et al., 2009	Low risk	Low risk	High risk	Low risk	Low risk	Unclear	Differences in chronic depression among completers at baseline	Good
Batink et al. 2013 Geschwind et al., 2012; Forkmann et al., 2014	Low risk	Low risk	High risk	Low risk	Low risk	Unclear	Differences in employment and comorbid anxiety disorder; marginal differences in gender and use of antidepressants at baseline	Fair
Bondolfi et al., 2010; Jermann et al., 2013	Low risk	Low risk	High risk	Low risk	Low risk	Unclear	None	Good
Britton et al., 2010	Low risk	Low risk	High risk	Low risk	High risk	Unclear	Differential dropout between arms; no ITT analysis	Poor
Chiesa, Mandelli, and Serretti 2012	Low risk	Unclear	Unclear	Low risk	High risk	Unclear	None	Fair
Godfrin and van Heeringen, 2010	Low risk	Low risk	High risk	Low risk	High risk	Low risk	Unclear	Fair
Hepburn et al., 2009; Crane et al., 2008	Unclear	Unclear	High risk	Low risk	High risk	Unclear	No ITT analysis; non-completers were significantly younger than completers	Poor
Keune et al., 2011 Bostanov et al., 2012	Low risk	Low risk	High risk	Low risk	High risk	Low risk	No ITT analysis	Poor

Study	Random Sequence Generation (selection bias)	Allocation Concealment (selection bias)	Blinding of Participants (performance bias)	Blinding of Outcome Assessors (detection bias)	Completeness of Reporting Outcome Data (attrition bias)	Selective Outcome Reporting (reporting bias)	Other Biases[a]	USPSTF Quality Rating[b]
Kuyken, Byford, et al., 2008 Kuyken, Watkins, et al., 2010	Low risk	Unclear	High risk	Low risk	High risk	Low risk	None	Fair
Ma and Teasdale, 2004	Low risk	Low risk	High risk	Low risk	Low risk	Unclear	None	Good
Manicavasgar, Parker, and Perich, 2011	High risk	Low risk	High risk	Unclear	High risk	Unclear	No ITT analysis	Poor
Omidi et al., 2013	Unclear	Unclear	Unclear	Unclear	Low risk	Unclear	Substantive differences between arms at baseline	Poor
Segal et al., 2010	Low risk	Low risk	High risk	Low risk	High risk	Low risk	Differences in any axis-2 comorbidity at baseline	Fair
Shahar et al., 2010	Low risk	Low risk	High risk	Low risk	High risk	Unclear	No ITT analysis	Poor
Teasdale, Segal, et al., 2000; Teasdale, Moore, et al., 2002; Williams, Teasdale, et al., 2000	Low risk	Low risk	High risk	Low risk	Low risk	High risk	None	Good
Van Aalderen et al., 2012	Low risk	Unclear	High risk	Unclear	Unclear	Low risk	No ITT analysis; differential dropout	Poor
Williams, Crane, et al., 2014	Low risk	Low risk	High risk	Low risk	Low risk	Low risk	No ITT analysis; non-completers were significantly younger than completers	Poor

[a] Other biases include balance of confounders, cross-overs/contamination, measurement, intervention definition, and ITT analysis.
[b] The USPSTF criteria (U.S. Preventive Services Task Force, 2008) for study quality involve assessment of various factors related to the internal validity of the study. “Good” is the highest ranking, which involves comparable groups with low attrition, with outcomes being reliably and validly measured and analyzed. “Fair” is the next highest rating and involves studies with one or a few potential concerns (e.g., some though not major differences between groups exist at follow-up), though intention-to-treat analysis was performed. “Poor” is the lowest ranking and involves studies with one or more “fatal flaws” (e.g., no intention-to-treat analysis).

KQ 1: Is Meditation, as a Monotherapy, More Effective Than TAU, Waitlists, No Treatment, or Other Active Treatments in Reducing Depressive Symptoms in Adults with MDD?

We did not identify any study in patients with a current diagnosis of MDD that reported on the effectiveness of MBCT given as monotherapy.

We identified one study in patients in full or partial remission that explicitly assessed MBCT as monotherapy and reported on depressive symptoms. The RCT with 26 enrolled participants (Britton et al., 2010) was rated poor quality due to not performing ITT analyses and having unequal dropout in the study arms. The intervention consisted of eight weekly sessions and a one-day retreat. Study participants had a history of at least three depressive episodes. The study reported significantly greater reductions in depressive symptom scores in the MBCT arm compared with waitlist (SMD −1.11; 95% CI −2.07, −0.15; 1 RCT).

Three studies (Keune et al., 2011; Manicavasgar, Parker, and Perich, 2011; Shahar et al., 2010) were identified that did not indicate systematic co-interventions, such as antidepressants or TAU as recommended by their primary health care provider. Combined with the explicit monotherapy study, the pooled effect indicated that MBCT is potentially associated with reductions in depressive symptom scores versus other comparators, including waitlist or cognitive behavioral therapy (CBT) without mindfulness meditation (SMD −1.07, 95% CI −2.21, 0.08; I^2 80%; 4 RCTs). A meta-regression indicated no statistically significant differences in the results between the monotherapy (p=0.49) and unclear (p=0.26) studies compared with adjunctive MBCT studies. Results from another meta-regression showed that unclear studies were possibly different from monotherapy studies (p=0.06). Thus, the unclear studies were included in the analyses with adjunctive MBCT studies.

KQ 1a: Among Publications That Address Monotherapy Meditation as a Treatment for Adults with MDD, How Common and Severe Are Adverse Events?

Only two studies explicitly assessed MBCT as monotherapy (one reporting on depressive symptoms, one on relapse). One of the two reported that no adverse events occurred during the trial (Britton et al., 2010), but it did not report whether there was systematic monitoring for adverse events or which events were assessed.

KQ 1b: Does the Efficacy Differ Depending on the Type of Monotherapy Meditation Used (e.g., MBCT, mindfulness-based stress reduction, yoga, tai chi)?

The only identified explicit monotherapy study followed the standard MBCT program. The study reported on meditation practice and reported no correlation between depression scale scores and mindfulness meditation practice outside of class (Britton et al., 2010).

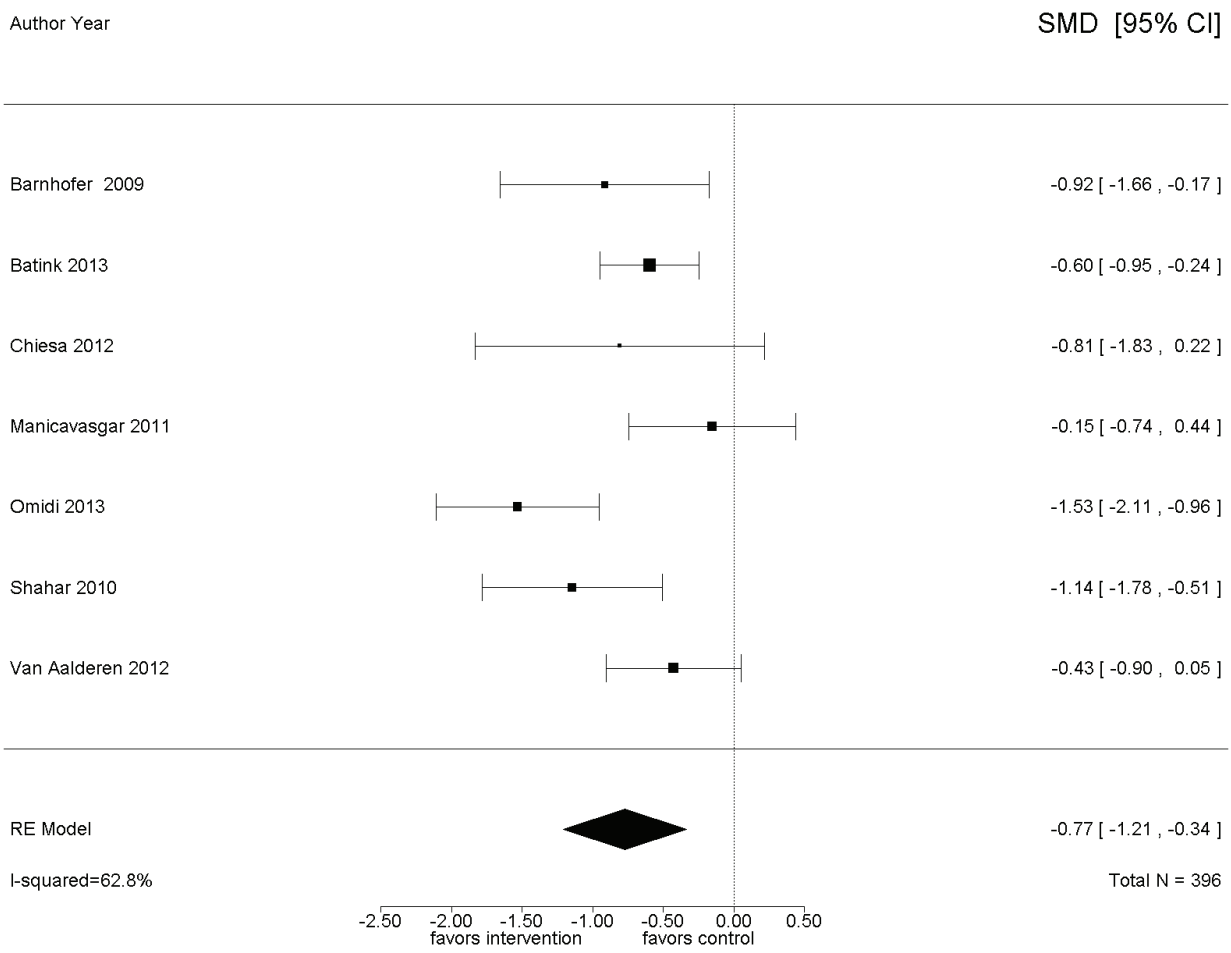
KQ 2: Is Meditation, as an Adjunctive Therapy, More Effective Than TAU, Waitlists, No Treatment, or Other Active Treatments in Reducing Depressive Symptoms in Adults with MDD?

Participants in seven studies had a clinical diagnosis of MDD, were experiencing a depressive episode, or had residual symptoms when they enrolled in the study, which we refer to as active depression (Barnhofer et al., 2009; Batink et al., 2013; Chiesa, Mandelli, and Serretti, 2012; Geschwind et al., 2012; Manicavasgar, Parker and Perich, 2011; Omidi et al., 2013; Shahar et al., 2010; van Aalderen et al., 2012). Studies compared MBCT with waitlist, TAU alone, psycho-education, or CBT without mindfulness meditation. The pooled analysis across these studies showed significantly greater improvement for MBCT than comparators (SMD −0.77; 95% CI −1.21, −0.34; I^2 63%; 7 RCTs). There was substantial heterogeneity in study results (see Figure 3.2).

The effect estimate was similar when excluding two studies (Manicavasgar, Parker, and Perich, 2011; Shahar et al., 2010) that did not report a systematic co-intervention or that explicitly referred to ongoing TAU (SMD −0.83; 95% CI −1.38, −0.27; I^2 61%; 5 RCTs).

One of the studies with participants who had a clinical diagnosis of MDD, were experiencing a depressive episode, or had residual symptoms when they enrolled in the study also examined response to treatment (i.e., at least a 50-percent reduction in depressive symptom score on a standardized scale) (Barnhofer et al., 2009). Participants were assigned to either MBCT and TAU or TAU alone. The reponse rate was not statistically significantly different between the MBCT group and TAU alone (RR 0.18; 95% CI 0.02, 1.31).

Figure 3.2. Efficacy of Adjunctive MBCT on Depressive Symptoms in Active Depression

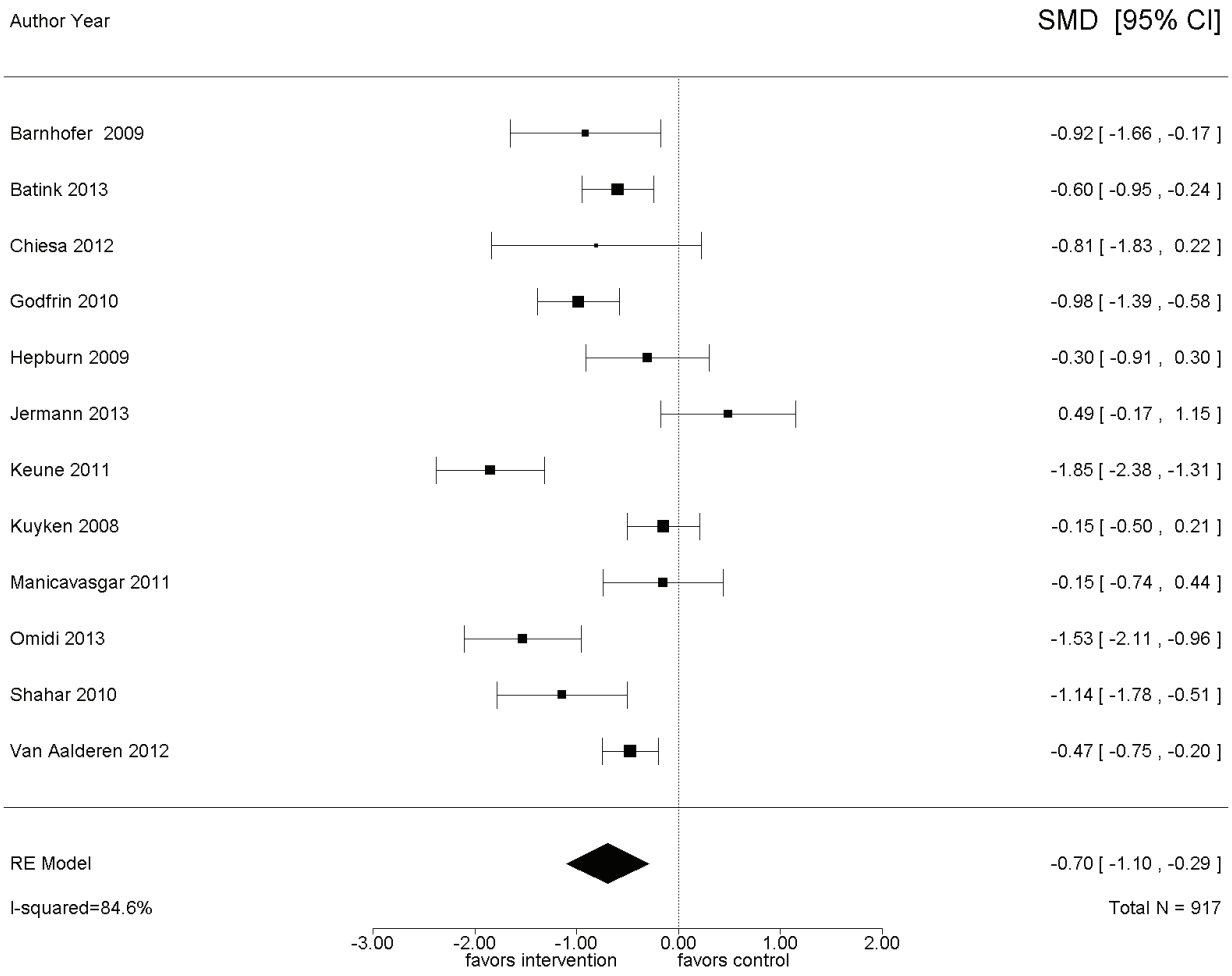


We identified 12 RCTs in total that examined the effect of adjunctive MBCT on depressive symptom scores (Barnhofer et al., 2009; Batink et al., 2013; Chiesa, Mandelli, and Serretti, 2012; Forkmann et al., 2014; Godfrin and van Heeringen, 2010; Jermann et al., 2013; Keune et al., 2011; Kuyken, Byford, et al., 2008; Manicavasgar, Parker, and Perich, 2011; Omidi et al., 2013; Shahar et al., 2010; van Aalderen et al., 2012). Studies included patients with current MDD or patients with a history of MDD but currently in remission. The primary treatment was TAU in seven studies (Barnhofer et al., 2009; Batink et al., 2013; Geschwind et al., 2012; Godfrin and van Heeringen, 2010; Manicavasgar, Parker, and Perich, 2011; Omidi et al., 2013; van Aalderen et al., 2012), TAU without antidepressants in one study (Bondolfi et al., 2010), and antidepressants in four studies (Chiesa, Mandelli, and Serretti, 2012; Keune et al., 2011; Kuyken, Byford, et al., 2008; Shahar et al., 2010). The most common comparator was TAU (seven studies) (Barnhofer et al., 2009; Batink et al., 2013; Bondolfi et al., 2010; Geschwind et al., 2012; Godfrin and van Heeringen, 2010; Omidi et al., 2013; van Aalderen et al., 2012). The comparator for three studies was antidepressants either alone (Kuyken, Byford, et al., 2008), with waitlist (Keune et al., 2011), or with psycho-education (Chiesa, Mandelli, and Serretti, 2012).

Two studies included CBT comparators (Manicavasgar, Parker, and Perich, 2011; Omidi et al., 2013).

The pooled analysis across the 12 studies indicated statistically significantly greater improvement in the MBCT group than for the comparator interventions (SMD −0.72; 95% CI −1.14, −0.30; I^2 85%; 12 RCTs) (see Figure 3.3). However, there was substantial heterogeneity. We found no evidence of publication bias for relapse (Egger's test: p=0.80; Begg's test: p=1.00).

Figure 3.3. Efficacy of Adjunctive MBCT on Depressive Symptoms in MDD and Prior MDD



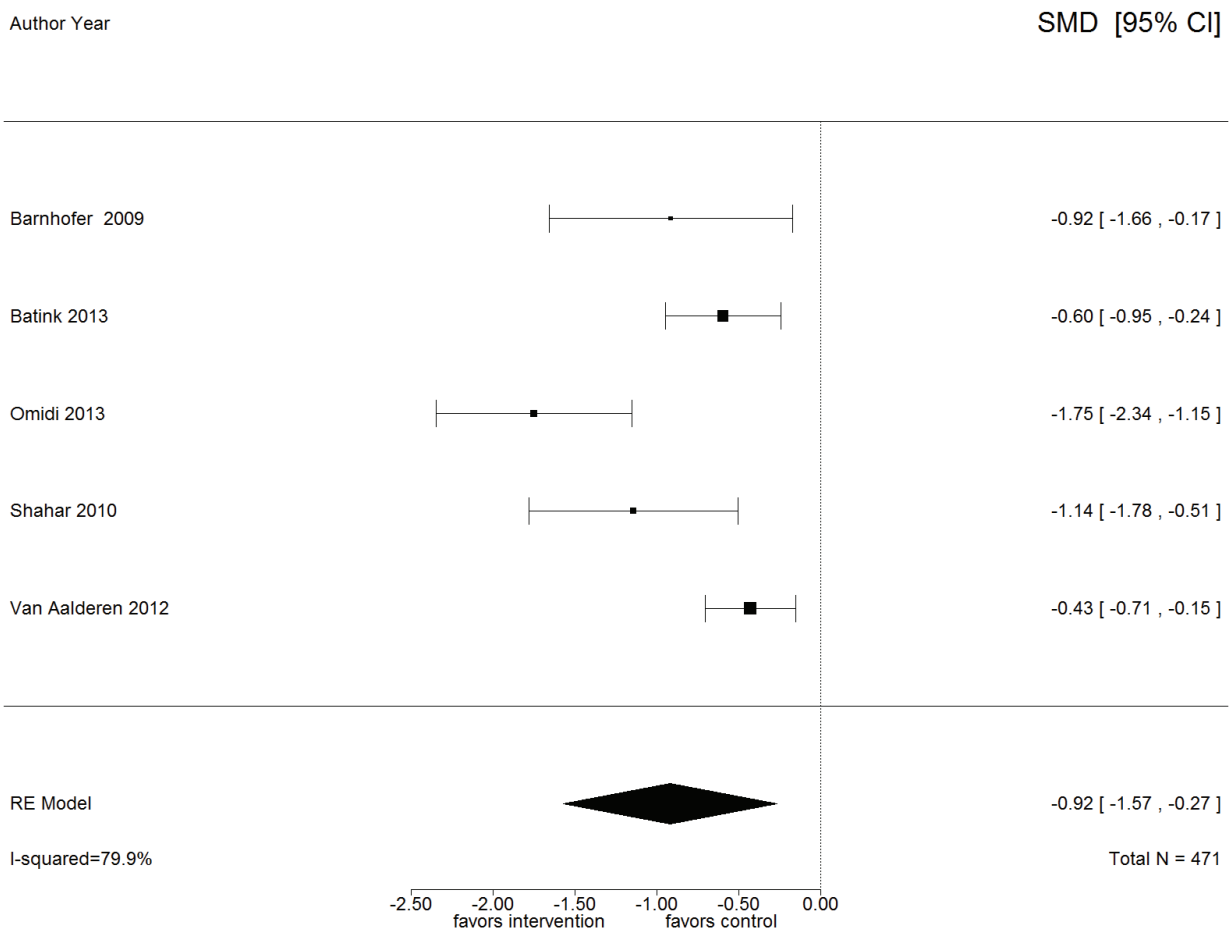
of note, the effect of adjunctive MBCT was less consistent among the five studies focused on those participants with a history of MDD who were not currently experiencing residual depressive symptoms. The primary treatment was TAU in three studies (Barnhofer et al., 2009; Batink et al., 2013; Geschwind et al., 2012; Godfrin and van Heeringen, 2010; Manicavasgar, Parker, and Perich, 2011; Omidi et al., 2013; van Aalderen et al., 2012) and antidepressants in two studies (Chiesa, Mandelli, and Serretti, 2012; Keune et al., 2011; Kuyken, Byford, et al., 2008; Shahar et al., 2010). The most common comparator was TAU (three studies) (Barnhofer et

al., 2009; Batink et al., 2013; Bondolfi et al., 2010; Geschwind et al., 2012; Godfrin and van Heeringen, 2010; Omidi et al., 2013; van Aalderen et al., 2012). The comparator for two studies was antidepressants either alone (Kuyken, Byford, et al., 2008) or with waitlist (Keune et al., 2011). Pooled across all studies, there was no statistically significant differences between MBCT and comparator interventions among studies whose participants had a history of depression but were not currently depressed (SMD −0.57; 95% CI −1.67, 0.53; I^2 92%; 5 RCTs), and there was substantial heterogeneity across studies.

MBCT Plus TAU Versus TAU

Five studies of mixed quality with 471 enrolled participants with current MDD or residual depressive symptoms reported a comparison of MBCT plus TAU and TAU alone. All studies showed significantly greater improvement among those receiving MBCT (Barnhofer et al., 2009; Forkmann et al., 2014; Omidi et al., 2013; Shahar et al., 2010; van Aalderen et al., 2012). The pooled effect showed MBCT plus TAU to be statistically significantly superior to TAU alone in reducing depressive symptoms (SMD −0.92; 95% CI −1.57, −0.27; I^2 80%; 5 RCTs). However, there was substantial heterogeneity across studies, see Figure 3.4.

Figure 3.4. Adjunctive MBCT Versus TAU on Depressive Symptoms



MBCT Plus Antidepressants Versus Antidepressants Alone

One fair quality study with 123 enrolled participants compared adjunctive MBCT plus tapered maintenance antidepressants with antidepressants alone (Kuyken, Byford, et al., 2008) in a sample of individuals who had experienced three or more previous depressive episodes. The tapering of antidepressants started in week four or five of the eight-week MBCT intervention. There were no statistically significant differences in the change in residual depressive symptoms between the MBCT plus antidepressant group and the antidepressant alone group a month after the intervention using the HRSD (SMD −0.30; 95% CI −0.66, 0.05), and there were marginal difference using the BDI (SMD −0.36; 95% CI −0.72, 0.00) in ITT analyses. There also were not statistically significant differences at 15 months after baseline in either the HRSD (SMD −0.23; 95% CI −0.58, 0.13) or BDI (SMD −0.33; 95% CI −0.69, 0.03).

MBCT Plus TAU Versus CBT Plus TAU

Two poor quality studies with 159 enrolled participants compared adjunctive MBCT to adjunctive CBT (Manicavasgar, Parker, and Perich, 2011; Omidi et al., 2013). Among currently depressed patients, both MBCT and CBT were associated with significant improvements in depressive symptoms over the eight-week study period, with no differences in improvement between the two groups in one study (Manicavasgar, Parker, and Perich, 2011); there were also no statistically significant differences between MBCT and CBT at the six-month and 12-month follow-ups. In a sample of currently depressed individuals that were randomized to MBCT, TAU, or CBT, Omidi et al. (2013) also reported no statistically significant difference in improvement in depressive symptom scores between the MBCT and CBT groups. The pooled result was an SMD of −0.06 (95% CI −1.01, 0.89; I^2 0%; 2 RCTs), indicating that mindfulness meditation did not statistically significantly improve depression scores compared with traditional CBT.

MBCT Plus Antidepressants Versus Psycho-Education Plus Antidepressants

A single fair quality study with 18 enrolled participants with major depression who did not achieve remission following at least eight weeks of antidepressant treatment compared MBCT with a psycho-education intervention that focused on the criteria for MDD and underlying cognitive dysfunctions, as well as with pharmacologic and psychological treatments for MDD (Chiesa, Mandelli, and Serretti, 2012). There was no statistically significant difference in HRSD scores at the end of the intervention compared with the psycho-education intervention (SMD −0.81; 95% CI −1.83, 0.22).

KQ 2a: Among Publications That Address Adjunctive Meditation as a Treatment for Adults with MDD, How Common and Severe Are Adverse Events?

Five MBCT RCTs of mixed quality addressed adverse events (Barnhofer et al., 2009; Geschwind et al., 2012; Kuyken, Byford, et al., 2008; Shahar et al., 2010; Williams, Crane, et al., 2014). Three studies reported that no adverse events occurred (Geschwind et al., 2012; Kuyken, Byford, et al., 2008; Shahar et al., 2010). One study reported that none of the adverse events was deemed to be related to the treatment, but one participant in the MBCT group contacted the therapist during a suicidal crisis and after crisis intervention was referred to his or her psychiatrist (Barnhofer et al., 2009). One MBCT study (Williams, Crane, et al., 2014) reported that 15 serious adverse events occurred, only one of which was thought to be related to the study interventions (the event occurred in the cognitive psychological education [CPE] arm). None of the studies stated whether the occurrence of adverse events was systematically assessed.

KQ 2b: Does the Efficacy Differ Depending on the Type of Adjunctive Meditation Used?

There was insufficient evidence to answer this question. A meta-regression analyzing differences between studies that followed the original MBCT manual and studies that used a modified MBCT intervention indicated that deviations were not significantly associated with MBCT results (p=0.70).

One study of patients with a history of at least three previous depressive episodes, some of whom were experiencing depression at the time of the study, found a weak correlation between the amount of formal meditation practiced outside the class and change in depressive symptom score during MBCT (r=0.26, p<.05).

KQ 3: Is Meditation, as a Monotherapy, More Effective Than TAU, Waitlists, No Treatment, or Other Active Treatments in Decreasing Relapse Rates in Adults with MDD?

One fair quality study with 84 participants compared the effect on relapse rates at 18 months following treatment of MBCT with two control groups: (1) antidepressants and (2) placebo plus clinical management in a sample of participants in remission with a history of at least three previous episodes of depression (Segal et al., 2010). The intervention consisted of eight weekly sessions, as well as an all-day retreat. In addition, participants had daily homework exercises. Overall, there were no statistically significant differences in relapse rates between either MBCT and antidepressants (RR 0.80; 95% CI 0.39, 1.62) or between monotherapy MBCT and antidepressant placebo plus clinical management (RR 0.65; 95% CI 0.34, 1.62). Among those in stable remission, there were no statistically significant differences in relapse rates between either MBCT and antidepressants (RR 1.25; 95% CI 0.60, 2.59) or between monotherapy MBCT and antidepressant placebo plus clinical management (RR 1.06; 95% CI 0.54, 2.07). Among those in unstable remission, MBCT was associated with statistically significantly lower relapse rate compared with antidepressant placebo plus clinical management (RR 0.39; 95% CI 0.17, 0.88), but not compared with antidepressants (RR 1.02; 95% CI 0.30, 3.45). There were not enough studies to test for publication bias.

KQ 3a: Does the Efficacy Differ Depending on the Type of Monotherapy Meditation Used?

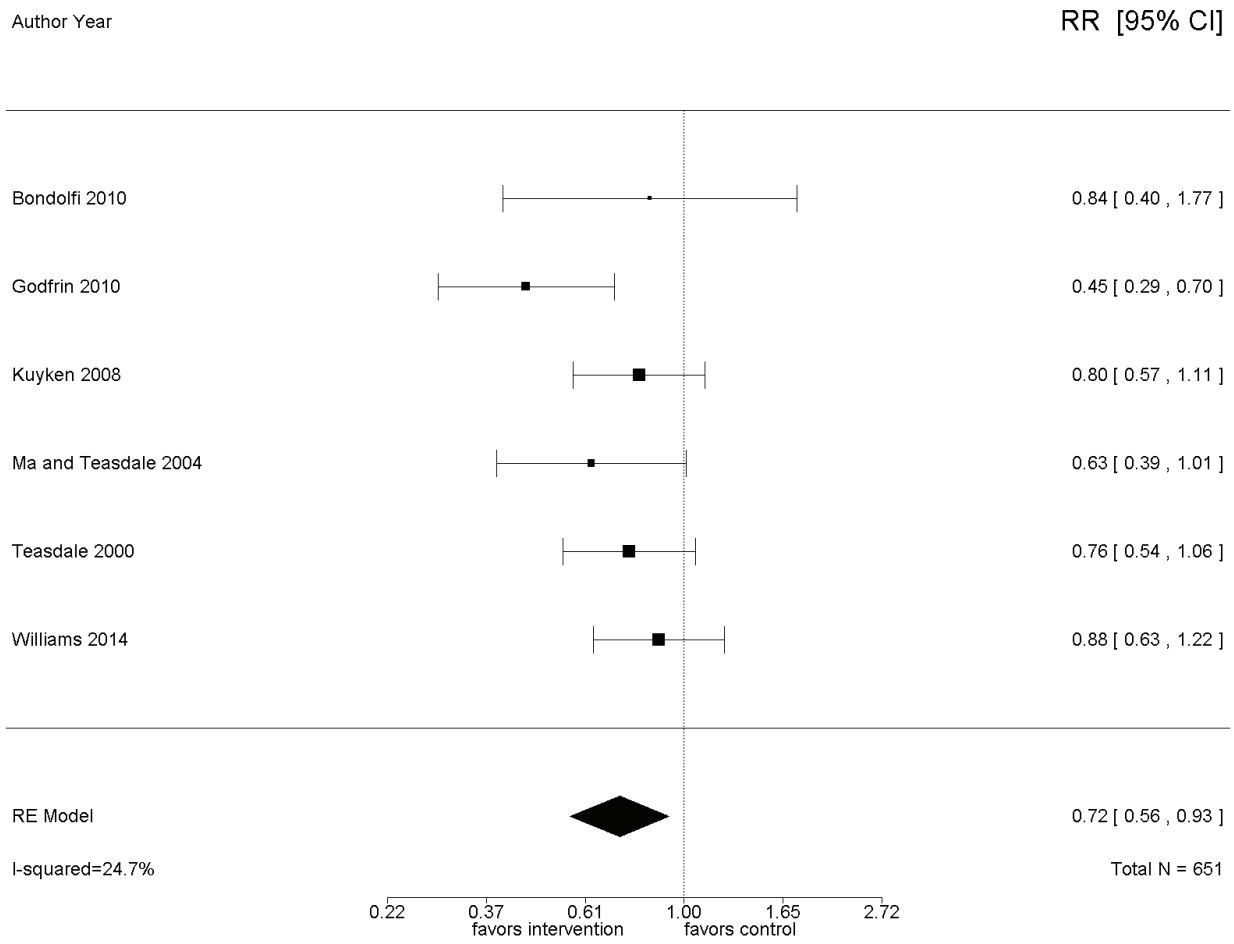
The monotherapy study that reported on depression relapse followed the standard MBCT protocol and did not report on associations between meditation characteristics (e.g., frequency outside of class) and the occurrence of relapse. Hence, there is insufficient evidence to address this question.

KQ 4: Is Meditation, as an Adjunctive Therapy, More Effective Than TAU, Waitlists, No Treatment, or Other Active Treatments in Decreasing Relapse Rates in Adults with MDD?

We did not identify any study that randomized patients with MDD to an MBCT intervention and reported on long-term follow-up to assess later relapse after initial treatment response.

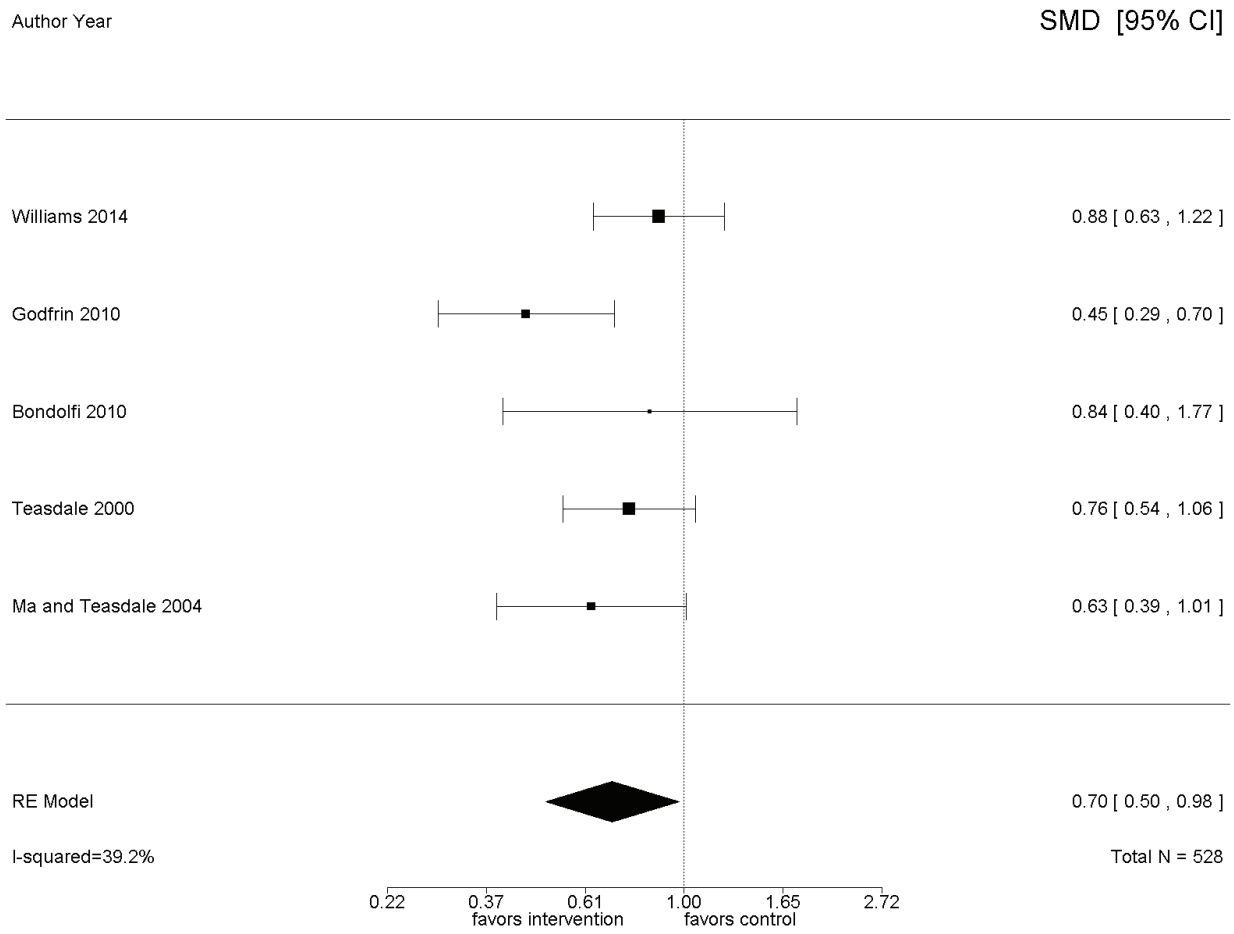
We identified six RCTs that addressed MBCT as an adjunct treatment for patients with a history of MDD that included an assessment of relapse (Bondolfi et al., 2010; Godfrin and van Heeringen, 2010; Kuyken, Byford, et al., 2008; Ma and Teasdale, 2004; Teasdale, Segal, et al., 2000; Williams, Crane, et al., 2014). The studies enrolled 651 participants with a history of multiple previous depressive episodes. These studies were mostly good or fair quality. Two of the studies required at least two previous depressive episodes (Ma and Teasdale, 2004; Teasdale, Segal, et al., 2000), while four required at least three previous depressive episodes (Bondolfi et al., 2010; Godfrin and van Heeringen, 2010; Kuyken, Byford, et al., 2008; Williams, Crane, et al., 2014) to be included in the trial. Four of the studies provided MBCT adjunctive to TAU, and the comparator was TAU. In the fifth study, MBCT was adjunctive to TAU and compared with two groups: TAU alone or CPE. The sixth study was adjunctive to and compared with maintenance antidepressants (Kuyken, Byford, et al., 2008). The pooled estimate showed a statistically significant reduction of relapse rate for MBCT compared with control (RR 0.72; 95% CI 0.56, 0.93; I^2 25%; 6 RCTs) (see Figure 3.5). We found no evidence of publication bias for relapse (Egger's test: p=0.55; Begg's test: p=0.27).

Figure 3.5. Adjunctive MBCT and Relapse



The pooled estimate for the five studies that compared MBCT plus TAU with TAU showed a statistically significant reduction of relapse rate for MBCT (RR 0.70; 95% CI 0.50, 0.98; I^2 39%; 5 RCTs) (see Figure 3.6).

Figure 3.6. Adjunctive MBCT Versus TAU on Relapse



Several studies indicated that treatment effects were stronger among patients with at least three prior episodes of depression in at least partial recovery. In one study, significantly fewer patients receiving MBCT plus TAU showed relapse compared with patients receiving TAU alone (RR 0.45; 95% CI 0.29, 0.70), and the mean time to first relapse was longer (39.5 weeks versus 53.7; $p<0.001$) (Godfrin and van Heeringen, 2010). Similarly, another study demonstrated a reduction in the risk of relapse among participants receiving MBCT plus TAU compared with TAU alone (RR 0.61; 95% CI 0.41, 0.89) (Teasdale, Segal, et al., 2000). Two studies found no statistically significant differences in relapse rates among recurrently depressed patients receiving MBCT plus TAU compared with either TAU alone (RR 0.88; 95% CI 0.63, 1.22) (Williams, Crane, et al., 2014), maintenance medication (RR 0.80; 95% CI 0.57, 1.11) (Kuyken, Byford, et al., 2008), or CPE (RR 0.93; 95% CI 0.70, 1.24) (Williams, Crane, et al., 2014). One study showed no statistically significant differences in relapse rates among patients receiving MBCT plus TAU compared with TAU alone (RR 0.84; 95% CI 0.40, 1.77), but it did find a significant reduction in the time to relapse in the intervention group compared with TAU alone

(204 days versus 68 days; p=0.006) (Bondolfi et al., 2010). The pooled estimate for subgroups of participants with at least three or more previous depressive episodes had an RR of 0.66 (95% CI 0.48, 0.90; I^2 47%; 6 RCTs). In contrast, two studies found that adjunctive MBCT did not reduce risk of relapse among patients with two prior episodes of depression (Ma and Teasdale, 2004; RR 2.50; 95% CI 0.60, 10.34) (Teasdale, Segal, et al., 2000; RR 1.80; 95% CI 0.77, 4.19). The pooled estimate for the subgroup of participants with two previous episodes had an RR of 1.96 (95% CI 0.31, 12.29; I^2 0%; 2 RCTs). A meta-regression indicated that the number of depressive episodes is potentially associated with the treatment success, but the results were not statistically significant (p=0.07).

KQ 4a: Does the Efficacy Differ Depending on the Type of Adjunctive Meditation Used?

There was insufficient evidence to answer this question. A meta-regression analyzing differences between studies that followed the original MBCT manual versus studies that used a modified MBCT intervention indicated that deviations were not significantly associated with relapse (p=0.33).

Two studies reported an analysis of the effect of meditation characteristics on relapse rates. One study examined the relationship between maintenance of regular practice during the intervention, the six months following the intervention, and six to 12 months after the intervention by patients who had experienced at least three previous depressive episodes but were in remission at the time of the study and relapse. The amount of sitting meditation, three-minute breathing space, and informal space did not differ during any time period for those who did and did not relapse. Individuals who relapsed were engaged in significantly more body scan practice six to 12 months after completing MBCT (Bondolfi et al., 2010).

One study explored whether depression relapse among patients with recurrent depression was associated with an MBCT instructor, a clinical psychologist, and an occupational therapist. Both instructors had participated in a training program and run pilot MBCT groups with supervision. An independent MBCT therapist reviewed videotapes of the MBCT sessions and confirmed the competency of both instructors. There was no significant difference in relapse rates across the therapists or the groups they led (Kuyken, Byford, et al., 2008).

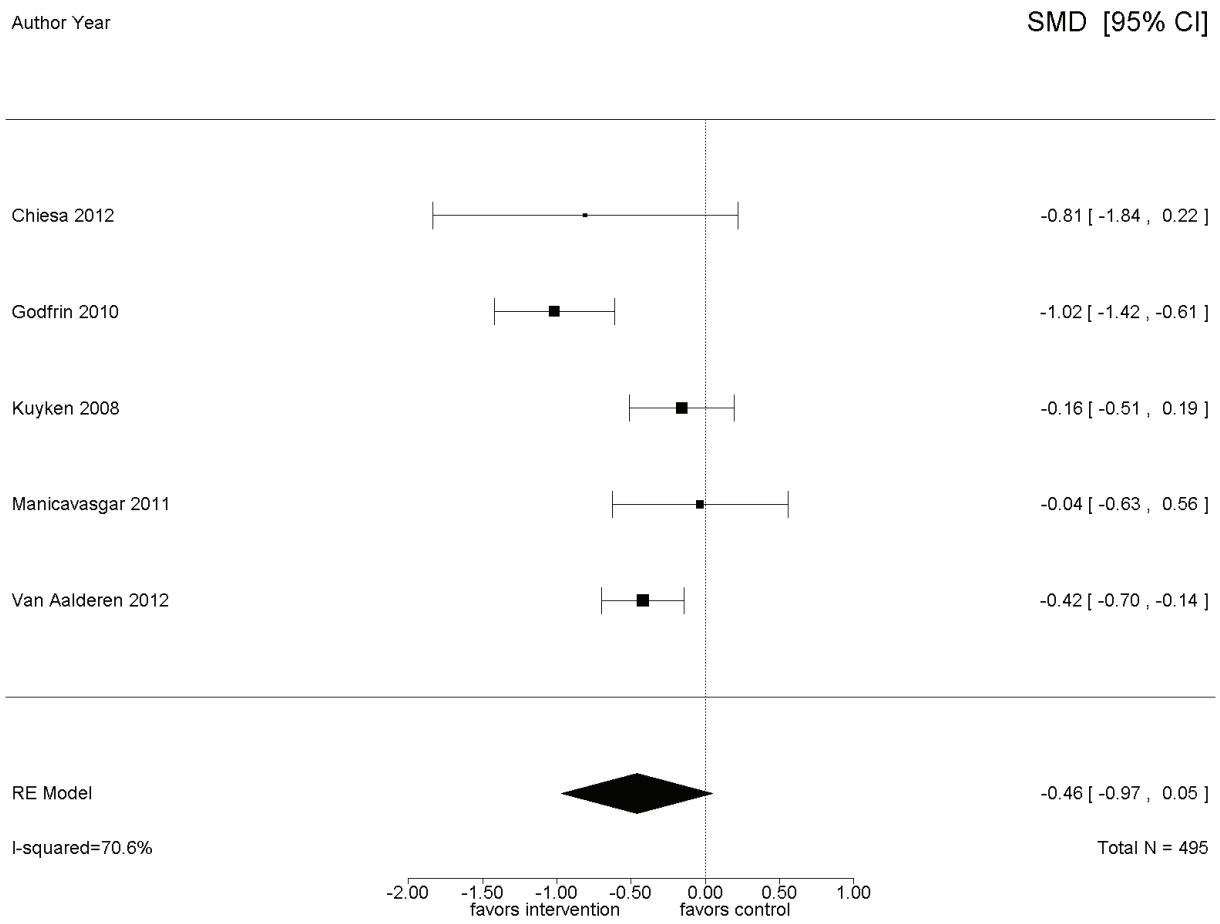
KQ 5: Is Meditation, as a Monotherapy, More Effective Than TAU, Waitlists, No Treatment, or Other Active Treatments In Improving Health-Related Quality of Life in Adults with MDD?

We did not identify any study that assessed whether monotherapy MBCT was associated with improved health-related quality of life among adults with MDD.

KQ 6: Is Meditation, as an Adjunctive Therapy, More Effective Than TAU, Waitlists, No Treatment, or Other Active Treatments in Improving Health-Related Quality of Life in Adults with MDD?

Five studies assessed whether adjunctive MBCT was associated with improved health-related quality of life among adults with MDD. Three of the studies included individuals experiencing a depressive episode or residual depressive symptoms (Chiesa, Mandelli, and Serretti, 2012; Manicavasgar, Parker, and Perich, 2011; van Aalderen et al., 2012), while two focused on individuals with a history of depression who were not experiencing residual symptoms (Godfrin and van Heeringen, 2010; Kuyken, Byford, et al., 2008). The pooled estimate showed no significant differences in quality of life in the MBCT groups compared with control (SMD −0.42; 95% CI −0.70, −0.14; I^2 71%; 5 RCTs) (see Figure 3.7).

Figure 3.7. Adjunctive MBCT and Health-Related Quality of Life



MBCT Plus TAU Versus TAU Alone

Two studies (one fair and one poor quality) with 325 enrolled participants compared MBCT with TAU on quality-of-life measures. In a study comparing MBCT with TAU among recurrently depressed (defined as at least three prior episodes) patients, MBCT was associated with better scores on the World Health Organization (WHO) Quality of Life psychological subscale compared with TAU (SMD −0.38; 95% CI −0.66, −0.11), but not the physical (SMD −0.42; 95% CI −0.70, −0.14) or social (SMD −0.09; 95% CI −0.36, 0.18) subscales. In a subgroup of patients who were currently depressed (n=69), scores also favored MBCT compared with TAU on the psychological subscale (SMD −0.49; 95% CI −0.77, −0.21), but not on the physical (SMD −0.17; 95% CI −0.44, 0.11) or social (SMD 0.26; 95% CI −0.53, 0.02) subscales (van Aalderen et al., 2012). In a second study among currently remitted patients with at least three prior depressive episodes, MBCT was associated with better health-related quality of life as measured by the Quality of Life in Depression Scale compared with TAU at 8 weeks (SMD −1.02; 95% CI −1.42, −0.61), 8 months (SMD −0.67; 95% CI −1.06, −0.28) and 14 months (SMD −0.68; 95% CI −1.07, −0.29) after baseline (Godfrin and van Heeringen, 2010).

MBCT Plus Maintenance Antidepressants Versus Maintenance Antidepressants Alone

One fair quality study of MBCT versus maintenance antidepressants with 123 enrolled participants compared health-related quality of life for currently remitted patients with at least three prior depressive episodes (Kuyken, Byford, et al., 2008). There were not significant differences in quality of life at one month post-treatment between MBCT and maintenance antidepressants in the physical (SMD −0.10; 95% CI −0.46, 0.25), psychological (SMD −0.16; 95% CI −0.51, 0.19), or social (SMD −0.21; 95% CI −0.56, 0.15) domains of the WHO Quality of Life scale (Kuyken, Byford, et al., 2008).

MBCT Plus Antidepressants Versus Psycho-Education Plus Antidepressants

In a fair quality study of 18 patients with major depression who did not achieve remission following at least eight weeks of antidepressant treatment, there was not a significant difference in health-related quality of life measured by the Psychological General Well-Being Index in the MBCT group compared with a psycho-education control group (SMD −0.81; 95% CI −1.84, −0.22) (Chiesa, Mandelli, and Serretti, 2012).

MBCT Plus Antidepressants Versus CBT Plus Antidepressants

One poor quality study with 69 currently depressed patients compared changes in health-related quality of life as measured by the Social and Occupational Functioning Scale (SOFAS) in a group receiving MBCT with changes in a group receiving CBT (Manicavasgar, Parker, and Perich, 2011). There was no significant difference in health-related quality of life between groups (SMD 0.04; 95% CI −0.63, 0.56).

KQ 7: Is Meditation, as a Monotherapy, More Effective Than TAU, Waitlists, No Treatment, or Other Active Treatments in Reducing Antidepressant Use in Adults with MDD?

None of the monotherapy studies examined the effect of interventions on the use of antidepressants.

KQ 8: Is Meditation, as an Adjunctive Therapy, More Effective Than TAU, Waitlists, No Treatment, or Other Active Treatments in Reducing Antidepressant Use in Adults with MDD?

We identified six studies of good and fair quality that examined the impact of adjunctive MBCT on antidepressant use. Five studies found no significant differences in reductions, changes, or reinstatement of antidepressant use over time or between groups (Barnhofer et al., 2009; Bondolfi et al., 2010; Godfrin and van Heeringen, 2010; Ma and Teasdale, 2004; Teasdale, Segal, et al., 2000), while one study found that the cost of antidepressants was significantly lower in the MBCT group (Kuyken, Byford, et al., 2008). In one study among patients who had a history of recurrent depression, had a history of treatment by a recognized antidepressant, were currently off antidepressant medication, and were in at least partial remission, there were no significant differences in the proportion of patients using antidepressants at any time over the 52-week follow-up period between the MBCT plus TAU group compared with the TAU alone group (40 percent versus 45 percent, p=0.10) (Teasdale, Segal, et al., 2000). In a similar patient sample, another study found no difference between adjunctive MBCT and TAU alone in the use or dosage of antidepressants over a 60-week study period (Ma and Teasdale, 2004). Another study of adjunctive MBCT among patients with a history of at least three prior depressive episodes currently in at least partial remission (as defined by the study) (Godfrin and van Heeringen, 2010) similarly found no significant differences in antidepressant medication use over a 14-month follow-up period between patients receiving MBCT plus TAU (baseline: 73 percent; 14-month follow-up: 64 percent) compared with TAU alone (baseline: 61 percent; 14-month follow-up: 62 percent). A study of individuals who were in remission, had a history of recurrent major depression, and had at least two depressive episodes in the past five years found no difference in antidepressant reinstatement during the study between MBCT plus TAU (36 percent) and TAU alone (31 percent). The pooled estimate showed no significant differences in antidepressant use in the MBCT groups compared with control (RR −0.01; 95% CI −0.34, 0.32; I^2 18%; 4 RCTs). A fifth study of patients with current MDD or residual symptoms following an MDD episode found differences that approached statistical significance in the percentage of participants with changes in their antidepressant use during the study period (14 percent in MBCT plus TAU versus 50 percent in TAU alone group, p=0.052) (Barnhofer et al., 2009).

The sixth study included participants with a history of three or more episodes of depression on maintenance antidepressants. Over a 15-month follow-up period, this study found that the cost of antidepressants was $103 less (95% CI −$191 to −$14) in the MBCT group than the maintenance antidepressant group (Kuyken, Byford, et al., 2008).

Chapter Four: Discussion

Summary of Findings

The evidence on the efficacy of MBCT for MDD has expanded in recent years. We identified 17 relevant studies investigating MBCT for preventing relapse and reducing depression symptoms. Data on quality of life remains sparse, and adverse events have not been systematically assessed.

KQ 1: Is Meditation, as a Monotherapy, More Effective Than TAU, Waitlists, No Treatment, or Other Active Treatments in Reducing Depressive Symptoms in Adults with MDD?

We did not identify any study in patients with a current diagnosis of MDD that reported on the effectiveness of MBCT given as monotherapy. We identified one study in patients in full or partial remission that explicitly assessed MBCT as monotherapy and reported on depressive symptoms. There was very low quality evidence that MBCT reduces depressive symptoms more than waitlist control (SMD −1.11; 95% CI −2.07, −0.15; 1 RCT).

KQ 1a: Among Publications That Address Monotherapy Meditation as a Treatment for Adults with MDD, How Common and Severe Are Adverse Events?

Only two studies explicitly assessed MBCT as monotherapy (one reporting on depressive symptoms, one on relapse). One of the two addressed adverse events and reported that no adverse events occurred during the trial (Britton et al., 2010), but did not report whether there was systematic monitoring for adverse events.

KQ 1b: Does the Efficacy Differ Depending on the Type of Meditation Used (e.g., MBCT, mindfulness-based stress reduction, yoga, tai chi)?

The only identified monotherapy study followed the standard MBCT program. The study reported on meditation practice and reported no correlation between depression scale scores and mindfulness meditation practice outside of class.

KQ 2: Is Meditation, as an Adjunctive Therapy, More Effective Than TAU, Waitlists, No Treatment, or Other Active Treatments in Reducing Depressive Symptoms in Adults with MDD?

There was moderate quality evidence of MBCT reducing depressive symptoms in patients with MDD compared with all comparators (SMD −0.77; 95% CI −1.21, −0.34; I^2 63%; 7 RCTs).

Twelve RCTs examined adjunctive MBCT on depressive symptom scores. There was moderate evidence in support of using adjunctive MBCT over all interventions (SMD −0.72; 95% CI −1.14, −0.30; I^2 85%; 12 RCTs). There was moderate evidence of its efficacy compared with TAU (SMD −0.92; 95% CI −1.57, −0.27; I^2 80%; 5 RCTs). The evidence suggested that MBCT had no significant effect on residual depressive symptom scores among those with a history of depression but not currently depressed (SMD −0.57; 95% CI −1.67, 0.53; I^2 92%; 5 RCTs).

KQ 2a: Among Publications That Address Adjunctive Meditation as a Treatment for Adults with MDD, How Common and Severe Are Adverse Events?

Five MBCT studies reported on adverse events, and three stated that no adverse events occurred. One study reported that none of the adverse events was deemed to be related to the treatment, but one participant in the MBCT group contacted the therapist during a suicidal crisis and, after crisis intervention, was referred to his or her psychiatrist. The fifth study reported that 15 serious adverse events occurred, only one of which was thought to be related to the study interventions (the event occurred in the CBT arm). None of the studies stated whether the occurrence of adverse events was systematically assessed. The lack of systematic assessment of adverse events and the small sample size of individual studies reduces the ability to draw conclusions, however, because rare adverse events are unlikely to be reported.

KQ 2b: Does the Efficacy Differ Depending on the Type of Meditation Used?

There was insufficient evidence to answer this question. A meta-regression analyzing differences between studies that followed the original MBCT manual versus studies that used a modified MBCT intervention indicated that deviations were not significantly associated with MBCT results. One study showed that relapse rates did not differ between therapists of different backgrounds who were trained in MBCT and determined to be competent instructors.

In individuals with recurrent depression, one study found a weak correlation between the amount of formal meditation practiced outside the class and a change in depressive symptom score during MBCT. Another study of individuals with recurrent depression found that relapse rates were higher among individuals with more body scan practice six to 12 months after MBCT, but found no associations with other forms of practice.

KQ 3: Is Meditation, as a Monotherapy, More Effective Than TAU, Waitlists, No Treatment, or Other Active Treatments in Decreasing Relapse Rates in Adults with MDD?

One fair quality study with 84 participants compared the effect on relapse rates at 18 months following treatment of MBCT with two control groups: (1) antidepressants and (2) placebo plus clinical management in a sample of participants in remission with a history of at least three previous episodes of depression. Overall, there were no significant differences in relapse rates

between either MBCT plus antidepressants (RR 0.80; 95% CI 0.39, 1.62) or monotherapy MBCT and placebo plus clinical management (RR 0.65; 95% CI 0.34, 1.62). Among those in stable remission, there were no significant differences in relapse rates between either MBCT plus antidepressants (RR 1.25; 95% CI 0.60, 2.59) or monotherapy MBCT and placebo plus clinical management (RR 1.06; 95% CI 0.54, 2.07). Among those in unstable remission, MBCT was associated with lower relapse rates compared with placebo plus clinical management (RR 0.39; 95% CI 0.17, 0.88), but not compared with antidepressants (RR 1.02; 95% CI 0.30, 3.45).

KQ 3a: Does the Efficacy Differ Depending on the Type of Meditation Used?

The monotherapy study that reported on depression relapse followed the standard MBCT protocol and did not report on associations between meditation characteristics (e.g., frequency outside of class) and the occurrence of relapse. Hence, there is insufficient evidence to address this question.

KQ 4: Is Meditation, as an Adjunctive Therapy, More Effective Than TAU, Waitlists, No Treatment, or Other Active Treatments in Decreasing Relapse Rates in Adults with MDD?

We did not identify any study that reported on patients with MDD at the time of enrollment who were randomized to MBCT and that reported on long-term follow-up to assess later relapse after initial treatment response. We identified six RCTs that addressed MBCT as an adjunct treatment and that included an assessment of relapse. There was moderate quality evidence that adjunctive MBCT reduces relapse rates compared with all controls (RR 0.72; 95% CI 0.56, 0.93; I^2 25%; 6 RCTs) and compared with TAU (RR 0.70; 95% CI 0.50, 0.98; I^2 39%; 5 RCTs). Only one study compared relapse rates of MBCT with those of maintenance medication (RR 0.80; 95% CI 0.57, 1.11) or CPE (RR 0.93; 95% CI 0.70, 1.24). Among patients with at least three prior episodes of depression in at least partial recovery, there was moderate evidence of the impact of adjunctive MBCT on relapse rates (RR 0.66; 95% CI 0.48, 0.90; I^2 47%; 6 RCTs). However, the evidence does not support that MBCT reduces relapse rates among individuals with one or two previous depressive episodes (RR 1.96; 95% CI 0.31, 12.29; I^2 0%; 2 RCTs].

KQ 4a: Does the Efficacy Differ Depending on the Type of Meditation Used?

There was insufficient evidence to answer this question. A meta-regression analyzing differences between studies that followed the original MBCT manual versus studies that used a modified MBCT intervention indicated that deviations were not significantly associated with MBCT results. A study of individuals with recurrent depression found that relapse rates were higher among individuals with more body scan practice six to 12 months after MBCT, but found no associations with other forms of practice. Another study of individuals with recurrent depression found no difference in relapse rates among two trained MBCT instructors of different backgrounds, a clinical psychologist, and an occupational therapist.

KQ 5: Is Meditation, as a Monotherapy, More Effective Than TAU, Waitlists, No Treatment, or Other Active Treatments in Improving Health-Related Quality of Life Symptoms in Adults with MDD?

We did not identify any study that assessed whether monotherapy MBCT was associated with improved health-related quality of life among adults with MDD.

KQ 6: Is Meditation, as an Adjunctive Therapy, More Effective Than TAU, Waitlists, No Treatment, or Other Active Treatments in Improving Health-Related Quality of Life Symptoms in Adults with MDD?

Five studies examined the effect of adjunctive MBCT on health-related quality of life; TAU was the only comparator used in more than one study. Overall, there was very low quality evidence of the effect of MBCT on health-related quality of life. The pooled estimate showed no significant differences in quality of life in the MBCT groups compared with control (SMD −0.42; 95% CI −0.70, −0.14; I^2 71%; 5 RCTs).

KQ 7: Is Meditation, as a Monotherapy, More Effective Than TAU, Waitlists, No Treatment, or Other Active Treatments in Reducing Antidepressant Use in Adults with MDD?

None of the monotherapy studies examined the effect of MBCT on the use of antidepressants.

KQ 8: Is Meditation, as an Adjunctive Therapy, More Effective Than TAU, Waitlists, No Treatment, or Other Active Treatments in Reducing Antidepressant Use in Adults with MDD?

We identified six studies of good and fair quality that examined the impact of adjunctive MBCT on antidepressant use. Four studies found no significant differences in use or reinstatement of antidepressants over time or between groups. The pooled estimate showed no statistically significant differences in antidepressant use in the MBCT groups compared with control (RR −0.01; 95% CI −0.34, 0.32; I^2 18%; 4 RCTs). A fifth study found no statistically significant differences in changes in antidepressant use compared with TAU alone (14 percent in MBCT plus TAU group; 50 percent in TAU alone group). There is moderate evidence that MBCT does not affect antidepressant use. The sixth study found that the cost of antidepressants was $103 less (95% CI −$191 to −$14) in the MBCT group than the maintenance antidepressant group over a 15-month period.

Table 4.1. Summary of Findings and Quality of Evidence

Outcome	Study Design (number of RCTs and participants)	Findings (direction and magnitude of effect)	Study Limitations (study quality; risk of bias)	Inconsistency	Indirectness	Imprecision	GRADE of Evidence for Outcome
KQ 1: Monotherapy meditation and depressive symptoms							
Comparison: MBCT versus waitlist (Britton et al., 2010)	1 RCT; 26 enrolled, 20 completed	Study showed greater reduction in depressive symptoms in MBCT compared with waitlist; SMD −1.11; 95% CI −2.07, −0.15	1 poor quality study (−2)	No replication (−1)	Direct	Precise	Very Low
KQ 1a: Monotherapy meditation and adverse events							
Comparison: MBCT versus waitlist	1 RCT; 26 enrolled, 20 completed	No adverse events occurred	1 poor quality study (−2); study size too small to detect rare events	No replication (−1)	Direct	Imprecise (−1)	Very low
KQ 1b. Does the efficacy differ depending on the characteristics of monotherapy meditation used?							
Comparison: Amount of mindfulness meditation practice outside of MBCT class	1 RCT; 26 enrolled, 20 completed	The study reported no correlation between depression scale scores and mindfulness meditation practice outside of class	1 poor quality study (−2)	No replication (−1)	Indirect	Unclear	Insufficient
KQ 2: Adjunctive meditation and depressive symptoms							
Comparison: MBCT versus all comparators, MDD	7 RCTs; 609 enrolled, 554 completed	SMD −0.80; 95% CI −1.29, −0.31	Mixed quality	Mostly positive results, but substantial heterogeneity (−1)	Direct	Precise	Moderate
Comparison: MBCT versus all comparators, current MDD and history of MDD	12 RCTs; 1,057 enrolled, 910 completed	SMD −0.72; 95% CI −1.14, −0.30	Mixed quality	Mostly consistent in direction, but substantial heterogeneity (−1)	Direct	Precise	Moderate
Comparison: MBCT versus all comparators, history of MDD	5 RCTs; 518 enrolled, 430 completed	SMD −0.57; 95% CI −1.67, 0.53	Mixed, but mostly poor quality studies (−1)	Mostly consistent in direction, but substantial heterogeneity (−1)	Direct	Imprecise (−1)	Very low

Outcome	Study Design (number of RCTs and participants)	Findings (direction and magnitude of effect)	Study Limitations (study quality; risk of bias)	Inconsistency	Indirectness	Imprecision	GRADE of Evidence for Outcome
Comparison: MBCT plus TAU versus TAU, MDD	5 RCTs; 522 enrolled, 493 completed	SMD −0.92; 95% CI −1.57, −0.27	Mixed, but mostly poor quality studies (−1)	Substantial heterogeneity (−1)	Direct	Precise	Low
Comparison: MBCT plus antidepressants versus antidepressants	1 RCT; 123 enrolled, 104 completed	SMD of HRSD not significant; SMD −0.30; 95% CI −0.66, 0.05	1 fair quality study (−1)	No replication (−1); Mixed results depending on measure of depression (HRSD significant; BDI not significant)	Direct	Imprecise (−1)	Very low
Comparison: MBCT plus TAU versus CBT plus TAU	2 RCTs; 159 enrolled, 135 completed	No differences between groups in either study; Pooled SMD −0.06; 95% CI −1.01, 0.89	2 poor quality studies (−1)	Consistent	Direct	Imprecise (−1)	Very low
Comparison: MBCT plus antidepressant versus psycho-education plus antidepressant	1 RCT; 18 enrolled, 16 completed	No difference between groups; SMD −0.81; 95% CI −1.83, 0.22	1 fair quality study (−1)	No replication (−1)	Direct	Imprecise (−1)	Very low
KQ 2a: Adjunctive meditation and adverse events							
Comparison: MBCT versus all comparators	5 RCTs; 610 enrolled, 581 completed	3 RCTs reported that no adverse events occurred. 1 RCT reported that none of the adverse events was related to the intervention. 1 RCT reported 15 adverse events, but only one in a comparator arm was potentially related to the study.	Mostly fair and poor quality studies (−1); studies do not state whether occurrences of adverse events were systematically assessed	Consistent	Direct	Imprecise; studies too small to detect rare events (−1)	Low

Outcome	Study Design (number of RCTs and participants)	Findings (direction and magnitude of effect)	Study Limitations (study quality; risk of bias)	Inconsistency	Indirectness	Imprecision	GRADE of Evidence for Outcome
KQ 2b: Does the efficacy differ depending on the type of adjunctive meditation used?							
Comparison: Interventions with deviations from MBCT manual versus no deviations	15 RCTs; 1,551 enrolled, 1,370 completed	A meta-regression did not indicate that manual deviations were associated with treatment results. One study found a weak correlation between the amount formal meditation practiced outside the class and change in depressive symptom scores. Another study found that relapse rates were higher among individuals with more body scan practice six to 12 months after MBCT, but found no associations with other forms of practice.	Not systematically assessed (−1)	Unclear (−1)	Indirect	Imprecise (−1)	Insufficient
KQ 3: Monotherapy meditation and depression relapse							
Comparison: MBCT versus placebo plus clinical management	1 RCT; 56 enrolled, 56 completed	No significant differences between groups; RR 0.65; 95% CI 0.34, 1.62	1 fair quality study (−1)	No replication (−1)	Direct	Imprecise (−1)	Very low
Comparison: MBCT versus antidepressants	1 RCT; 54 enrolled, 54 completed	No significant differences between groups; RR 0.80; 95% CI 0.39, 1.62	1 fair quality study (−1)	No replication (−1)	Direct	Imprecise (−1)	Very low
KQ 4: Adjunctive meditation and depression relapse							
Comparison: MBCT versus all comparators	6 RCTs; 783 enrolled, 695 completed	RR 0.72; 95% CI 0.56, 0.93	Mix of good, fair, and poor quality studies (−1)	Consistent	Direct	Precise	Moderate
Comparison: MBCT versus all TAU	5 RCTs; 550 enrolled, 488 completed	RR 0.70; 95% CI 0.50, 0.98	Mix of good, fair, and poor quality studies (−1)	Consistent	Direct	Precise	Moderate
Comparison: MBCT versus maintenance antidepressant	1 RCT; 123 enrolled, 104 completed	RR 0.80; 95% CI 0.57, 1.11	1 fair quality study (−1)	No replication (−1)	Direct	Precise	Low
Comparison: MBCT versus CPE	1 RCT; 218 enrolled, 202 completed	RR 0.93; 95% CI 0.70, 1.24	1 poor quality study (−2)	No replication (−1)	Direct	Precise	Very low

Outcome	Study Design (number of RCTs and participants)	Findings (direction and magnitude of effect)	Study Limitations (study quality; risk of bias)	Inconsistency	Indirectness	Imprecision	GRADE of Evidence for Outcome
KQ 5: Monotherapy meditation and health-related quality of life							
MBCT versus all comparators	0 RCTs	NA	NA	NA	NA	NA	No evidence
KQ 6: Adjunctive meditation and health-related quality of life							
Comparison: MBCT versus all comparators	5 RCTs; 535 enrolled, 446 completed	Mixed results; SMD −0.42; 95% CI −0.70, −0.14	Fair and poor quality studies (−1)	Inconsistent (−1)	Direct	Imprecise (−1)	Very low
Comparison: MBCT versus TAU	2 RCTs; 325 enrolled, 281 completed	One study found MBCT associated with improved quality of life (SMD −1.02; 95% CI −1.42, −0.61). The other study found that MBCT was associated with better scores on the WHO Quality of Life psychological subscale compared with TAU (SMD −0.38; 95% CI −0.66, −0.11), but not the physical subscale (SMD −0.42; 95% CI −0.70, −0.14) or social subscale (SMD −0.09; 95% CI −0.36, 0.18).	1 poor and 1 fair quality study (−1)	Inconsistent (−1); Mixed results	Direct	Imprecise (−1)	Very low
Comparison: MBCT versus psycho-education	1 RCT; 18 enrolled, 16 completed	Significantly larger improvements in health-related quality of life with MBCT; SMD −0.81; 95% CI −1.84, −0.22	1 fair quality study (−1)	No replication (−1)	Direct	Imprecise (−1)	Very low
Comparison: MBCT versus CBT	1 RCT; 69 enrolled, 45 completed	No significant differences between MBCT and CBT; SMD 0.04; 95% CI −0.63, 0.56	1 poor quality study (−2)	No replication (−1)	Direct	Imprecise (−1)	Very low

Outcome	Study Design (number of RCTs and participants)	Findings (direction and magnitude of effect)	Study Limitations (study quality; risk of bias)	Inconsistency	Indirectness	Imprecision	GRADE of Evidence for Outcome
Comparison: MBCT versus maintenance antidepressants	1 RCT; 123 enrolled 104 completed	There were not significant differences in quality of life at 1 month post-treatment between MBCT and maintenance antidepressants in the physical (SMD −0.10; 95% CI −0.46, 0.25), psychological (SMD −0.16; 95% CI −0.51, 0.19), or social (SMD −0.21; 95% CI −0.56, 0.15) domains of the WHO Quality of Life scale.	1 fair quality study (−1)	No replication (−1)	Direct	Imprecise (−1)	Very low
KQ 7: Monotherapy meditation and reduction in antidepressant use							
Comparison: MBCT versus all comparators	0 RCTs	NA	NA	NA	NA	NA	No evidence
KQ 8: Adjunctive meditation and antidepressant use							
Comparison: MBCT versus TAU	5 RCTs; 417 enrolled, 364 completed	Four studies compared antidepressant use between an MBCT group and controls. There were no significant differences in use of antidepressants between MBCT and controls; RR −0.01; 95% CI −0.34, 0.32. One study compared antidepressant changes between MBCT plus TAU versus TAU (14 percent in MBCT plus TAU versus 50 percent in TAU group; p=0.052).	4 good and 1 fair quality studies	Consistent	Direct	Imprecise (−1)	Moderate

NA = not applicable.

Other Reviews in This Area

Previous reviews of MBCT (Chiesa and Serretti, 2011; Coelho, Canter, and Ernst, 2007) included a smaller number of studies, which reflects the emerging evidence base related to MBCT. Coelho, Canter, and Ernst (2007) focused on whether MBCT could reduce depression relapse among individuals with three or more previous episodes of depression. The review by Chiesa and Serretti (2011) examined both relapse and depressive symptoms, but did not restrict the included studies to those focusing on an MDD sample. Consistent with our findings, both reviews concluded that MBCT in addition to usual care can reduce major depression relapse among those with at least three previous depressive episodes compared with usual care alone. Also consistent with our findings, Chiesa and Serretti (2011) concluded that adjunctive MBCT could reduce residual depressive symptoms in patients with MDD. We expanded on previous reviews by analyzing data separately for monotherapy and adjunctive MBCT, as well as by separately examining available information for those with active depression and those in remission.

Strengths and Limitations

This review has a number of strengths, including a comprehensive search of electronic databases, the use of two independent reviewers to perform study selection and data abstraction, and the assessment of risk of bias and quality of evidence to develop the review's conclusions. Furthermore, we contacted investigators of recently completed registered trials to inquire about completed work that had not yet been published. In addition, this review systematically documents the available evidence on MBCT for MDD, the condition that is the focus of the VA/DoD clinical guidelines (Management of Major Depressive Disorder Working Group, 2008), rather than depressive disorders more broadly, and this review assesses the quality of evidence by specific outcomes. However, there are also some limitations worth noting. We did not request study authors to provide data beyond what was contained in publications or in-press manuscripts. Many of the articles had small samples and were of poor quality, largely due to lack of ITT analysis, poor follow-up, or baseline differences between study arms. Thus, the poor quality of the underlying studies limits the ability to draw strong conclusions about the effect of MBCT on depression.

Implications for Future Research and Practice

The existing evidence is primarily based on adjunctive therapy studies. The evidence on the use of monotherapy MBCT is insufficient to make conclusions about its efficacy, either to reduce depressive symptoms among those who are currently depressed or to reduce relapse among those with a history of depression. These are areas where additional studies are needed.

There is also insufficient evidence on the effect of MBCT on health-related quality of life. Few studies examined the effect of MBCT on measures of health-related quality of life, and there was a lack of consistency in comparators used and the measures of health-related quality of life included. In addition, there is a lack of standardized reporting of adverse events.

Future studies should improve on the weaknesses pervasive in the current body of work, including suboptimal participant retention and a lack of true ITT analyses. Further research examining the effect of MBCT on depression should include samples large enough to allow results to be stratified by disease severity, include measures of health-related quality of life, and systematically assess adverse events.

Appendix A: Search Strategy

Our search strategy for each database used the key words presented in Chapter Two. Here, we present our original search strategy specifications. In May 2015, we performed an updated search that focused on MBCT, and these search strategy specifications are also presented.

PubMed

Limits: English; Not: Editorial or Comment; through January 2015

(depress* OR depression[MeSH] OR "depressive disorder"[MeSH] OR "mood disorders"[MeSH] OR "mood disorder" OR "Mood disorders" OR "depressive disorder" OR "depressive disorders" OR ("mood" [Title/Abstract] AND "disturbance"[Title/Abstract]) OR "affective disorders" OR "affective disorder")

AND

(Meditation OR "mental training" OR "open monitoring meditation" OR "mindfulness" OR "mindful" OR "mindfulness-based stress reduction" OR Zen OR Vipassana OR Sahaja OR "Mindfulness-based cognitive therapy" OR "mindfulness based relapse prevention" OR "mindful attention")

OR

("focused"[Title/abstract] AND "attention"[Title/Abstract] AND ("meditations"[Title/Abstract] OR "meditation"[Title/Abstract])) OR "compassion meditation" OR "loving kindness" OR metta OR tonlen OR "qigong" OR "Qi Gong")

OR

("automatic" [Title/abstract] AND "self-transcending" [Title/abstract] AND "meditation" [Title/abstract]) OR ("Mantra"[Title/abstract] AND ("meditations" [Title/abstract] OR "mantra meditation" [Title/abstract]) OR ("mantram" [Title/abstract] AND "repetition" [Title/abstract] AND "program" [Title/abstract]) OR "transcendental meditation" OR "relaxation response training")

OR

("movement"[Title/Abstract] AND ("meditation"[Title/Abstract] OR "meditations"[Title/Abstract])) OR yoga OR "tai chi" OR "meditative movement" OR yoga[MeSH])

OR

(zazen OR ("one-pointed"[Title/Abstract] AND "meditation"[Title/Absract]) OR "progressive muscle relaxation")

Web of Science

Refined by: Languages=(ENGLISH) AND [excluding] Document Types=(EDITORIAL MATERIAL OR LETTER OR NEWS ITEM OR BOOK REVIEW)
Timespan=2014-2015. Databases=SCI-EXPANDED, SSCI, A&HCI.

depress* OR "mood disorder" OR "Mood disorders" OR "depressive disorder" OR "depressive disorders" OR "mood disturbance" OR "affective disorders" OR "affective disorder"

AND

Meditation OR "mental training" OR "open monitoring meditation" OR mindfulness OR mindful OR "mindfulness-based stress reduction" OR Zen OR Vipassana OR Sahaja OR "Mindfulness-based cognitive therapy" OR "mindfulness based relapse prevention" OR "mindful attention"

OR

"focused attention meditations" OR "focused attention meditation" OR "compassion meditation" OR "compassion meditations" OR "loving kindness" OR metta OR tonlen OR qigong OR "Qi Gong"

OR

"automatic self-transcending meditations" OR "automatic self-transcending meditation" OR "Mantra meditations" OR "mantra meditation" OR "mantram repetition program" OR "transcendental meditation" OR "relaxation response training"

OR

"movement meditation" OR "movement meditations" OR yoga OR "tai chi" OR "meditative movement"

OR

zazen OR "one-pointed meditation" OR "progressive muscle relaxation"

Embase

English; not ('conference abstract'/it OR 'conference review'/it OR 'editorial'/it OR 'letter'/it OR 'note'/it)

depress* OR "mood disorder" OR "Mood disorders" OR "depressive disorder" OR "depressive disorders" OR "mood disturbance" OR "affective disorders" OR "affective disorder"

AND

Meditation OR "mental training" OR "open monitoring meditation" OR mindfulness OR mindful OR "mindfulness-based stress reduction" OR Zen OR Vipassana OR Sahaja OR "Mindfulness-based cognitive therapy" OR "mindfulness based relapse prevention" OR "mindful attention"

OR

"focused attention meditations" OR "focused attention meditation" OR "compassion meditation" OR "compassion meditations" OR "loving kindness" OR metta OR tonlen OR qigong OR "Qi Gong"

OR

"automatic self-transcending meditations" OR "automatic self-transcending meditation" OR "Mantra meditations" OR "mantra meditation" OR "mantram repetition program" OR "transcendental meditation" OR "relaxation response training"

OR

"movement meditation" OR "movement meditations" OR yoga OR "tai chi" OR "meditative movement"

OR

zazen OR "one-pointed meditation" OR "progressive muscle relaxation"

CINAHL (Cumulative Index to Nursing and Allied Health Literature)

English; Academic Journals

depress* OR "mood disorder" OR "Mood disorders" OR "depressive disorder" OR "depressive disorders" OR "mood disturbance" OR "affective disorders" OR "affective disorder"

AND

Meditation OR "mental training" OR "open monitoring meditation" OR mindfulness OR mindful OR "mindfulness-based stress reduction" OR Zen OR Vipassana OR Sahaja OR "Mindfulness-based cognitive therapy" OR "mindfulness based relapse prevention" OR "mindful attention"

OR

"focused attention meditations" OR "focused attention meditation" OR "compassion meditation" OR "compassion meditations" OR "loving kindness" OR metta OR tonlen OR qigong OR "Qi Gong"

OR

"automatic self-transcending meditations" OR "automatic self-transcending meditation" OR "Mantra meditations" OR "mantra meditation" OR "mantram repetition program" OR "transcendental meditation" OR "relaxation response training"

OR

"movement meditation" OR "movement meditations" OR yoga OR "tai chi" OR "meditative movement"

OR

zazen OR "one-pointed meditation" OR "progressive muscle relaxation"

PsycInfo

English; Peer Reviewed Journals

depress* OR “mood disorder” OR “Mood disorders” OR “depressive disorder” OR “depressive disorders” OR “mood disturbance” OR “affective disorders” OR “affective disorder”

AND

OM

Meditation OR “mental training” OR “open monitoring meditation” OR mindfulness OR mindful OR “mindfulness-based stress reduction” OR Zen OR Vipassana OR Sahaja OR “Mindfulness-based cognitive therapy” OR “mindfulness based relapse prevention” OR “mindful attention”

OR

“focused attention meditations” OR “focused attention meditation” OR “compassion meditation” OR “compassion meditations” OR “loving kindness” OR metta OR tonlen OR qigong OR “Qi Gong”

OR

“automatic self-transcending meditations” OR “automatic self-transcending meditation” OR “Mantra meditations” OR “mantra meditation” OR “mantram repetition program” OR “transcendental meditation” OR “relaxation response training”

OR

“movement meditation” OR “movement meditations” OR yoga OR “tai chi” OR “meditative movement”

OR

zazen OR “one-pointed meditation” OR “progressive muscle relaxation”

Cochrane Databases (CDSR, CENTRAL, DARE)

Abstract, Title, Keyword search

depress* OR “mood disorder” OR “Mood disorders” OR “depressive disorder” OR “depressive disorders” OR “mood disturbance” OR “affective disorders” OR “affective disorder”

AND

OM

Meditation OR “mental training” OR “open monitoring meditation” OR mindfulness OR mindful OR “mindfulness-based stress reduction” OR Zen OR Vipassana OR Sahaja OR “Mindfulness-based cognitive therapy” OR “mindfulness based relapse prevention” OR “mindful attention”

OR

"focused attention meditations" OR "focused attention meditation" OR "compassion meditation" OR "compassion meditations" OR "loving kindness" OR metta OR tonlen OR qigong OR "Qi Gong"

OR

"automatic self-transcending meditations" OR "automatic self-transcending meditation" OR "Mantra meditations" OR "mantra meditation" OR "mantram repetition program" OR "transcendental meditation" OR "relaxation response training"

OR

"movement meditation" OR "movement meditations" OR yoga OR "tai chi" OR "meditative movement"

OR

zazen OR "one-pointed meditation" OR "progressive muscle relaxation"

PILOTS (Published International Literature on Traumatic Stress)

depress* OR "mood disorder" OR "Mood disorders" OR "depressive disorder" OR "depressive disorders" OR "mood disturbance" OR "affective disorders" OR "affective disorder"

AND

Meditation OR "mental training" OR "open monitoring meditation" OR mindfulness OR mindful OR "mindfulness-based stress reduction" OR Zen OR Vipassana OR Sahaja OR "Mindfulness-based cognitive therapy" OR "mindfulness based relapse prevention" OR "mindful attention"

OR

"focused attention meditations" OR "focused attention meditation" OR "compassion meditation" OR "compassion meditations" OR "loving kindness" OR metta OR tonlen OR qigong OR "Qi Gong"

OR

"automatic self-transcending meditations" OR "automatic self-transcending meditation" OR "Mantra meditations" OR "mantra meditation" OR "mantram repetition program" OR "transcendental meditation" OR "relaxation response training"

OR

"movement meditation" OR "movement meditations" OR yoga OR "tai chi" OR "meditative movement"

OR

zazen OR "one-pointed meditation" OR "progressive muscle relaxation"

Updated Search Focusing on Mindfulness-Based Cognitive Therapy

Update 15 May 2015

PubMed

Filters: Randomized Controlled Trial; Publication date from 2006/01/01 to 2014/12/31; English

"mbct" OR "m-bct" OR "mindfulness based cognitive therapy" OR "mindfulness-based CT" OR mindfulness based cognitive therapy
AND
(depress* OR depression[MeSH] OR "depressive disorder"[MeSH] OR "mood disorders"[MeSH] OR "mood disorder" OR "Mood disorders" OR "depressive disorder" OR "depressive disorders" OR ("mood" [Title/Abstract] AND "disturbance"[Title/Abstract]) OR "affective disorders" OR "affective disorder")

Results: 84; duplicates=0

Web of Science

Refined by: [excluding] DOCUMENT TYPES: (EDITORIAL MATERIAL OR LETTER OR BOOK REVIEW) Indexes=SCI-EXPANDED, SSCI, A&HCI Timespan=2006-2014

"mbct" OR "m-bct" OR "mindfulness based cognitive therapy" OR "mindfulness-based CT" OR mindfulness based cognitive therapy
AND
depress* OR "mood disorder" OR "Mood disorders" OR "depressive disorder" OR "depressive disorders" OR "mood disturbance" OR "affective disorders" OR "affective disorder"

Results: 458; duplicates = 41

Embase

[english]/lim AND [embase]/lim AND [2006-2014]/py
"mbct" OR "m-bct" OR "mindfulness based cognitive therapy" OR "mindfulness-based CT" OR mindfulness based cognitive therapy
AND
depress* OR "mood disorder" OR "Mood disorders" OR "depressive disorder" OR "depressive disorders" OR "mood disturbance" OR "affective disorders" OR "affective disorder"

Results: 219; duplicates = 5

CINAHL (Cumulative Index to Nursing and Allied Health Literature)

Date of Publication: 20060101-20141231; Exclude MEDLINE records; Language: English

"mbct" OR "m-bct" OR "mindfulness based cognitive therapy" OR "mindfulness-based CT" OR mindfulness based cognitive therapy
AND
depress* OR "mood disorder" OR "Mood disorders" OR "depressive disorder" OR "depressive disorders" OR "mood disturbance" OR "affective disorders" OR "affective disorder"

Results: 12; duplicates = 0

PsycInfo

Limiters - Date of Publication: 20060101-20141231; Publication Type: Peer Reviewed Journal; Language: English
"mbct" OR "m-bct" OR "mindfulness based cognitive therapy" OR "mindfulness-based CT" OR mindfulness based cognitive therapy
AND
depress* OR "mood disorder" OR "Mood disorders" OR "depressive disorder" OR "depressive disorders" OR "mood disturbance" OR "affective disorders" OR "affective disorder"

Results: 200; duplicates = 4

Cochrane Databases (CDSR, CENTRAL, DARE)

Publication Year from 2006 to 2014

"mbct" OR "m-bct" OR "mindfulness based cognitive therapy" OR "mindfulness-based CT" OR mindfulness based cognitive therapy
AND
depress* OR "mood disorder" OR "Mood disorders" OR "depressive disorder" OR "depressive disorders" OR "mood disturbance" OR "affective disorders" OR "affective disorder"

Results: 139; duplicates = 6
(CDSR: 2; DARE: 8; CENTRAL: 127)

PILOTS (Published International Literature on Traumatic Stress)

Limits: 2006-2014

"mbct" OR "m-bct" OR "mindfulness based cognitive therapy" OR "mindfulness-based CT" OR mindfulness based cognitive therapy
AND
depress* OR "mood disorder" OR "Mood disorders" OR "depressive disorder" OR "depressive disorders" OR "mood disturbance" OR "affective disorders" OR "affective disorder"

Results:11; duplicates = 1

ClinicalTrials.gov

("mbct" OR "m-bct" OR "mindfulness based cognitive therapy" OR "mindfulness-based CT" OR mindfulness based cognitive therapy)
AND
(depress* OR "mood disorder" OR "Mood disorders" OR "depressive disorder" OR "depressive disorders" OR "mood disturbance" OR "affective disorders" OR "affective disorder")

Results: 55

Appendix B: Excluded Full-Text Articles

Reason Excluded: Abstract Only

Dempsey, C., M. Chesney, L. Lao, P. Vegella, T. Magyari, M. B. Robertson, B. Berman, and E. Kimbrough, "Acupuncture and Mindfulness-Based Stress Reduction Among Female Child Abuse Survivors: A Randomized Waitlist-Controlled Pilot Study," *Journal of Alternative and Complementary Medicine,* Vol. 20, No. 5, 2014, p. A87.

Feldman, M. D., E. P. Gillung, K. Delucchi, and S. J. Eisendrath, "Mindfulness Based Cognitive Therapy Versus a Health Enhancement Program for Treatment Resistant Depression: A Randomized Controlled Trial," *Journal of General Internal Medicine,* Vol. 29, April 2014, pp. S150–S151.

Felteau, M. M., and R. B. Gainer, "Mindfulness-Based Cognitive Therapy for TBI Reduces Symptoms of Depression: Results from a Randomized Controlled Trial," *Archives of Physical Medicine and Rehabilitation,* Vol. 95, No. 10, 2014, p. e11.

Jain, F. A., and A. F. Leuchter, "Pilot Feasibility Study of Central Meditation and Imagery Therapy for Major Depressive Disorder," *Psychosomatic Medicine,* Vol. 76, No. 3, April 2014, pp. A31.

Reason Excluded: Background

Friedberg, M. W., "Mindfulness-Based Cognitive Therapy: A Potential New Alternative to Medication for Recurrent Depression," *Journal of Clinical Outcomes Management,* Vol. 16, No. 2, 2009, pp. 63–64.

Jonsson, U., I. Alaie, T. Parling, and F. K. Arnberg, "Reporting of Harms in Randomized Controlled Trials of Psychological Interventions for Mental and Behavioral Disorders: A Review of Current Practice," *Contemporary Clinical Trials,* Vol. 38, No. 1, 2014, pp. 1–8.

Kangas, M., "The Evolution of Mindfulness-Based Cognitive Therapy," *Australian Psychologist,* Vol. 49, No. 5, October 2014, pp. 280–282.

Lynn, S. J., and L. P. Condon, "Review of Experimental and Quasi-Experimental Studies Finds That Mindfulness-Based Interventions Are More Effective Than Standard Care for Reducing Depressive Symptoms in Adults with Mental Disorders," *Evidence-Based Nursing,* Vol. 16, No. 1, January 2013, pp. 12–13.

"Mindfulness May Prevent Depression Recurring," *Occupational Health,* Vol. 64, No. 10, 2012, p. 4.

Noonan, S., "Mindfulness-Based Stress Reduction," *Canadian Veterinary Journal,* Vol. 55, No. 2, 2014, pp. 134–135.

Posadzki, P., "Tai Chi Chih Improves Inflammatory Markers, Cognition, and Quality of Life Scores in Elderly Depressed Patients," *Focus on Alternative & Complementary Therapies,* Vol. 18, No. 1, 2013, pp. 39–40. doi: 10.1111/fct.12009

Shonin, E., W. V. Gordon, and M. D. Griffiths, "Are There Risks Associated with Using Mindfulness in the Treatment of Psychopathology?" *Clinical Practice,* Vol. 11, No. 4, 2014, pp. 389–392.

Williams, J. M. G., and W. Kuyken, "Mindfulness-Based Cognitive Therapy: A Promising New Approach to Preventing Depressive Relapse," *British Journal of Psychiatry,* Vol. 200, No. 5, 2012, pp. 359–360. doi.org/10.1192/bjp.bp.111.104745

Yoga Better for Chronic Back Pain and Associated Depression, *BackCare Journal*, Vol. 4, Winter 2009, p. 4.

Reason Excluded: Background or Commentary

Evans, S., "Review: Mindfulness-Based Therapies Effective for Anxiety and Depression," *Evididence Based Mental Health,* Vol. 13, No. 4, November 2010, p. 116. doi: 10.1136/ebmh.13.4.116

Schnare, S. M., "Complementary and Alternative Medicine: A Primer," *Clinical Obstetrics and Gynecology,* Vol. 43, No. 1, 2000, pp. 157–161. doi: 10.1097/00003081-200003000-00017

Reason Excluded: Case Report

Deatherage, G., "The Clinical Use of 'Mindfulness' Meditation Techniques in Short-Term Psychotherapy," *Journal of Transpersonal Psychology,* Vol. 7, No. 2, 1975, pp. 133–143.

Jain, F. A., M. Gitlin, and H. Lavretsky, "Rapid Response of Major Depressive Disorder and Comorbid Eating Disorder Nos to a Novel Meditation Intervention," *Psychosomatics,* Vol. 53, No. 4, July–August, 2012, pp. 401–402. doi: 10.1016/j.psym.2012.03.006

Naveen, G. H., M. G. Rao, V. Vishal, J. Thirthalli, S. Varambally, and B. N. Gangadhar, "Development and Feasibility of Yoga Therapy Module for Out-Patients with Depression in India," *Indian Journal of Psychiatry,* Vol. 55, Suppl. 3, July 2013, pp. S350–356. doi: 10.4103/0019-5545.116305

Williams, J. M., D. S. Duggan, C. Crane, and M. J. Fennell, "Mindfulness-Based Cognitive Therapy for Prevention of Recurrence of Suicidal Behavior," *Journal of Clinical Psychology,* Vol. 62, No. 2, February 2006, pp. 201–210. doi: 10.1002/jclp.20223

St. Louis, E. K., and E. P. Lansky, "Meditation and Epilepsy: A Still Hung Jury," *Medical Hypotheses,* Vol. 67, No. 2, 2006, pp. 247–250.

Varghese, S. P., M. M. Koola, R. I. Eiger, and M. Devens, "Opioid Use Remits, Depression Remains," *Current Psychiatry,* Vol. 13, No. 8, 2014, pp. 45–50.

Reason Excluded: Children Only

Carei, T. R., A. L. Fyfe-Johnson, C. C. Breuner, and M. A. Brown, "Randomized Controlled Clinical Trial of Yoga in the Treatment of Eating Disorders," *Journal of Adolescent Health,* Vol. 46, No. 4, April 2010, pp. 346–351. doi: 10.1016/j.jadohealth.2009.08.007

Reason Excluded: Conference Proceeding

Bedard, M., M. Felteau, S. Marshall, S. Dubois, B. Weaver, C. Gibbons, K. Morris, S. Ross, and B. Parker, "Mindfulness-Based Cognitive Therapy Reduces Depression Symptoms in People with a Traumatic Brain Injury: Results from a Pilot Study," *European Psychiatry,* Vol. 23, April 2008, p. S243. doi: 10.1080/0963828031000090489

Bertolin-Guillen, J. M., and M. Bertolin-Colilla, "Effectiveness of Mindfulness-Based Therapies as an Alternative or Adjuvant of Antidepressants in the Treatment of Depression," *European Neuropsychopharmacology,* Vol. 21, September 2011, pp. S367–S368.

Bertschy, G. B., F. Jermann, L. Bizzini, B. Weber-Rouget, M. Myers-Arrazola, and M. van der Linden, "Mindfulness Based Cognitive Therapy: A Randomized Controlled Study on Its Efficiency to Reduce Depressive Relapse/Recurrence," *Journal of Affective Disorders,* Vol. 107, March 2008, pp. S59–S60. doi: 10.1016/j.jad.2007.12.023

Bostanov, V., M. Hautzinger, and B. Kotchoubey, "Event-Related Potentials Validate Attentional Changes After Mindfulness Training in Chronic Depression," *Psychophysiology,* Vol. 44, 2007, pp. S28–S29.

Capecelatro, M., A. C. Brown, J. Bond, A. Rosenfeld, E. Kurtz-Nelson, C. Anderson, and W. Britton, "Linguistic Markers of Positive Treatment Response to Mindfulness-Based Cognitive Therapy for Depression," *International Journal of Behavioral Medicine,* Vol. 17, August 2010, p. 141.

Chu, I. H., and Y. J. Lin, "Effects of Yoga on Depressive Symptoms and Cardiac Autonomic Control in Women," *Psychophysiology,* Vol. 50, September 2013, p. S101.

Foulk, M. A., B. Ingersoll-Dayton, J. Kavanagh, E. A. Robinson, and H. Kales, "Adapting Mindfulness-Based Cognitive Therapy (MBCT) for Depression in Later Life: Modifications and Pre/Post Outcomes," *Gerontologist,* Vol. 52, November 2012, pp. 429–429.

Hudson, F., "Mindfulness Based Cognitive Therapy (MBCT) and Occupational Therapy in Mental Health," *Mental Health Occupational Therapy,* Vol. 14, No. 2, 2009, pp. 82–83.

Keune, P. M., V. Bostanov, B. Kotchoubey, and M. Hautzinger, "Psychophysiological Effects of Enhanced Sustained Attention in Recurrently Depressed Patients After Mindfulness Training," *Psychophysiology,* Vol. 46, September 2009, p. S125.

Manzaneque, J. M., F. M. Vera, Y. A. Godoy, N. S. Ramos, F. M. Rodriguez, M. J. Blanca, A. Fernandez, A. Enguix, and M. R. Iglesias, "Immunomodulatory Effects in Anxious and Depressed Patients After a Mindfulness Meditation Program," *International Journal of Behavioral Medicine,* Vol. 17, August 2010, p. 179.

Michalsen, A., P. Grossman, A. Acil, R. Lüdtke, J. Langhorst, and G. J. Dobos, "Effects of 3 Months Intensified Lyengar Yoga on Emotional and Physical Well-Being in Women with Mental Distress... 12th Annual Symposium on Complementary Health Care—Abstracts: 19th–21st September 2005, Exeter, UK," *Focus on Alternative & Complementary Therapies,* Vol. 10, 2005, p. 37.

O'Doherty, V., A. Carr, A. Kehoe, and I. Graham, "Evaluating Mindfulness Based Cognitive Behavioural Group Intervention for Patients with Coronary Heart Disease and Depression," *Psychology & Health,* Vol. 24, 2009, p. 294.

Omidi, A., P. Mohammakhani, A. Poorshahbaz, and B. Dolatshahi, "Efficiency of Combined Mindfulness Based Cognitive Therapy with Cognitive Behavior Therapy in Major Depressive Disorder," *Psychology & Health,* Vol. 24, 2009, p. 297.

Omidi, A., S. A. Sazvar, H. Akbari, and L. Heidarinasab, "Efficacy of Combined Mindfulness Based Cognitive Therapy with CBT and Traditional Cognitive Behaviour Therapy in Reduction of Global Severity Index (GSI) of Patients with Major Depressive Disorder," *Psychology & Health,* Vol. 25, August 2010, p. 292.

Raison, C. L., "Buddhists Meet Mind Scientists in Conference on Meditation and Depression," *Psychiatric Times,* Vol. 25, No. 3, 2008, pp. 12–13.

Tang, Y. Y., "Neurobiological Mechanisms of a Mindfulness-Based Integrative Body-Mind Training Intervention on Depression," *Psychophysiology,* Vol. 49, September 2012, p. S22.

Tsang, H. W. H., "Neurophysiological Effects of Qigong Exercise Program on Depressed Elderly with Chronic Medical Illness," *Psychophysiology,* Vol. 46, September 2009, pp. S156–S157.

Tze-Chun, T., S. Huang, and J. Liu, "Short Mindfulness-Based Cognitive Therapy (MBCT) to Depression, Fatigue, and Disability in Breast Cancer Patients: A Preliminary Randomized Control Study," *Neuro-Oncology,* Vol. 14, September 2012, p. 20.

Reason Excluded: Does Not Report Data for MDD

Ades, P. A., P. Savage, M. E. Cress, M. Brochu, N. M. Lee, and E. T. Poehlman, "Resistance Training on Physical Performance in Disabled Older Female Cardiac Patients," *Medicine and Science in Sports and Exercise,* Vol. 35, No. 8, August 2003, pp. 1265–1270. doi: 10.1249/01.mss.0000079044.21828.0e

Ades, P. A., P. D. Savage, M. Brochu, M. D. Tischler, N. M. Lee, and E. T. Poehlman, "Resistance Training Increases Total Daily Energy Expenditure in Disabled Older Women with Coronary Heart Disease," *Journal of Applied Physiology,* Vol. 98, No. 4, April 2005, pp. 1280–1285. doi: 10.1152/japplphysiol.00360.2004

Afonso, R. F., H. Hachul, E. H. Kozasa, S. Oliveira Dde, V. Goto, D. Rodrigues, S. Tufik, and J. R. Leite, "Yoga Decreases Insomnia in Postmenopausal Women: A Randomized Clinical Trial," *Menopause,* Vol. 19, No. 2, February 2012, pp. 186–193. doi: 10.1097/gme.0b013e318228225f

Ahmadi, A., A. A. Arastoo, M. Nikbakht, S. Zahednejad, and M. Rajabpour, "Comparison of the Effect of 8 Weeks Aerobic and Yoga Training on Ambulatory Function, Fatigue, and Mood Status in MS Patients," *Iranian Red Crescent Medical Journal,* Vol. 15, No. 6, 2013, pp. 449–454. As of October 27, 2015: http://ircmj.com/23168.pdf

Altschuler, A., E. Rosenbaum, P. Gordon, S. Canales, and A. L. Avins, "Audio Recordings of Mindfulness-Based Stress Reduction Training to Improve Cancer Patients' Mood and Quality of Life—A Pilot Feasibility Study," *Supportive Care in Cancer,* Vol. 20, No. 6, June 2012, pp. 1291–1297.

Ando, M., T. Morita, T. Akechi, S. Ito, M. Tanaka, Y. Ifuku, and T. Nakayama, "The Efficacy of Mindfulness-Based Meditation Therapy on Anxiety, Depression, and Spirituality in Japanese Patients with Cancer," *Journal of Palliative Medicine,* Vol. 12, No. 12, December 2009, pp. 1091–1094. doi: 10.1089/jpm.2009.0143

Arch, J. J., C. R. Ayers, A. Baker, E. Almklov, D. J. Dean, and M. G. Craske, "Randomized Clinical Trial of Adapted Mindfulness-Based Stress Reduction Versus Group Cognitive Behavioral Therapy for Heterogeneous Anxiety Disorders," *Behaviour Research and Therapy,* Vol. 51, No. 4–5, May 2013, pp. 185–196. doi: 10.1016/j.brat.2013.01.003

Artemiadis, A. K., A. A. Vervainioti, E. C. Alexopoulos, A. Rombos, M. C. Anagnostouli, and C. Darviri, "Stress Management and Multiple Sclerosis: A Randomized Controlled Trial," *Archives of Clinical Neuropsychology,* Vol. 27, No. 4, June 2012, pp. 406–416. doi: 10.1093/arclin/acs039

Asbury, E. A., N. Kanji, E. Ernst, M. Barbir, and P. Collins, "Autogenic Training to Manage Symptomology in Women with Chest Pain and Normal Coronary Arteries," *Menopause: The*

Journal of the North American Menopause Society, Vol. 16, No. 1, January–February 2009, pp. 60–65. doi: 10.1097/gme.0b013e318184762e

Astin, J. A., B. M. Berman, B. Bausell, W. L. Lee, M. Hochberg, and K. L. Forys, "The Efficacy of Mindfulness Meditation Plus Qigong Movement Therapy in the Treatment of Fibromyalgia: A Randomized Controlled Trial," *Journal of Rheumatology,* Vol. 30, No. 10, October 2003, pp. 2257–2262.

Banerjee, B., H. S. Vadiraj, A. Ram, R. Rao, M. Jayapal, K. S. Gopinath, B. S. Ramesh, N. Rao, A. KuMarch, N. Raghuram, S. Hegde, H. R. Nagendra, and M. P. Hande, "Effects of an Integrated Yoga Program in Modulating Psychological Stress and Radiation-Induced Genotoxic Stress in Breast Cancer Patients Undergoing Radiotherapy," *Integrative Cancer Therapies,* Vol. 6, No. 3, September 2007, pp. 242–250. doi: 10.1177/1534735407306214

Barling, N. R., and S. J. Raine, "Some Effects of Hypnosis on Negative Affect and Immune System Response," *Australian Journal of Clinical and Experimental Hypnosis,* Vol. 33, No. 2, 2005, pp. 160–177.

Barnhofer, T., T. Chittka, H. Nightingale, C. Visser, and C. Crane, "State Effects of Two Forms of Meditation on Prefrontal EEG Asymmetry in Previously Depressed Individuals," *Mindfulness (N Y),* Vol. 1, No. 1, March 2010, pp. 21–27. doi: 10.1007/s12671-010-0004-7

Barnhofer, T., D. Duggan, C. Crane, S. Hepburn, M. J. Fennell, and J. M. Williams, "Effects of Meditation on Frontal Alpha-Asymmetry in Previously Suicidal Individuals," *Neuroreport,* Vol. 18, No. 7, May 7, 2007, pp. 709–712. doi: 10.1097/WNR.0b013e3280d943cd

Barrow, D. E., A. Bedford, G. Ives, L. O'toole, and K. S. Channer, "An Evaluation of the Effects of Tai Chi Chuan and Chi Kung Training in Patients with Symptomatic Heart Failure: A Randomised Controlled Pilot Study," *Postgraduate Medical Journal,* Vol. 83, No. 985, 2007, pp. 717–721. doi: 10.1136/pgmj.2007.061267

Bauer-Wu, S., A. M. Sullivan, E. Rosenbaum, M. J. Ott, M. Powell, M. Mcloughlin, and M. W. Healey, "Facing the Challenges of Hematopoietic Stem Cell Transplantation with Mindfulness Meditation: A Pilot Study," *Integrative Cancer Therapies,* Vol. 7, No. 2, June 2008, pp. 62–69. doi: 10.1177/1534735408319068

Bedard, M., M. Felteau, S. Marshall, N. Cullen, C. Gibbons, S. Dubois, H. Maxwell, D. Mazmanian, B. Weaver, L. Rees, R. Gainer, R. Klein, and A. Moustgaard, "Mindfulness-Based Cognitive Therapy Reduces Symptoms of Depression in People with a Traumatic Brain Injury: Results from a Randomized Controlled Trial," *Journal of Head Trauma Rehabilitation*, Vol. 29, No. 4, July–August 2014, pp. E13–E22.

Bedard, M., Felteau, M., Marshall, S., Dubois, S., Weaver, B., Gibbons, C., K. Morris, S. Ross, and B. Parker, "Mindfulness-Based Cognitive Therapy Reduces Depression Symptoms in

People with a Traumatic Brain Injury: Results from a Pilot Study," *European Psychiatry*, Vol. 23, 2008, pp. S243–S243. doi: 10.1016/j.eurpsy.2008.01.464

Berman, B. M., and B. B. Singh, "Chronic Low Back Pain: An Outcome Analysis of a Mind-Body Intervention," *Complementary Therapies in Medicine,* Vol. 5, No. 1, 1997, pp. 29–35.

Blanchard, E. B., F. Andrasik, D. D. Evans, D. F. Neff, and K. A. Appelbaum, "Behavioral Treatment of 250 Chronic Headache Patients: A Clinical Replication Series," *Behavior Therapy,* Vol. 16, No. 3, 1985, pp. 308–327.

Bock, B. C., J. L. Fava, R. Gaskins, K. M. Morrow, D. M. Williams, E. Jennings, B. M. Becker, G. Tremont, and B. H. Marcus, "Yoga as a Complementary Treatment for Smoking Cessation in Women," *Journal of Women's Health (Larchmt),* Vol. 21, No. 2, February 2012, pp. 240–248. doi: 10.1089/jwh.2011.2963

Bormann, J. E., A. L. Gifford, M. Shively, T. L. Smith, L. Redwine, A. Kelly, S. Becker, M. Gershwin, P. Bone, and W. Belding, "Effects of Spiritual Mantram Repetition on HIV Outcomes: A Randomized Controlled Trial," *Journal of Behavioral Medicine,* Vol. 29, No. 4, August 2006, pp. 359–376. doi: 10.1007/s10865-006-9063-6

Bormann, J. E., S. R. Thorp, J. L. Wetherell, S. Golshan, and A. J. Lang, "Meditation-Based Mantram Intervention for Veterans with Posttraumatic Stress Disorder: A Randomized Trial," *Psychological Trauma-Theory Research Practice and Policy,* Vol. 5, No. 3, May 2013, pp. 259–267. doi: 10.1037/a0027522

Bower, J. E., D. Garet, B. Sternlieb, P. A. Ganz, M. R. Irwin, R. Olmstead, and G. Greendale, "Yoga for Persistent Fatigue in Breast Cancer Survivors: A Randomized Controlled Trial," *Cancer,* Vol. 118, No. 15, August 1, 2012, pp. 3766–3775. doi: 10.1002/cncr.26702

Braehler, C., A. Gumley, J. Harper, S. Wallace, J. Norrie, and P. Gilbert, "Exploring Change Processes in Compassion Focused Therapy in Psychosis: Results of a Feasibility Randomized Controlled Trial," *British Journal of Clinical Psychology,* Vol. 52, June 2013, pp. 199–214. doi: 10.1111/bjc.12009

Branstrom, R., P. Kvillemo, and J. T. Moskowitz, "A Randomized Study of the Effects of Mindfulness Training on Psychological Well-Being andSymptoms of Stress in Patients Treated for Cancer at 6-Month Follow-Up," *International Journal of Behavioral Medicine,* Vol. 19, No. 4, December 2012, pp. 535–542. doi: 10.1007/s12529-011-9192-3

Brazier, A., K. Cooke, and V. Moravan, "Using Mixed Methods for Evaluating an Integrative Approach to Cancer Care: A Case Study," *Integrative Cancer Therapies,* Vol. 7, No. 1, 2008, pp. 5–17. doi: 10.1177/1534735407313395

Britton, W. B., P. L. Haynes, K. W. Fridel, and R. R. Bootzin, "Mindfulness-Based Cognitive Therapy Improves Polysomnographic and Subjective Sleep Profiles in Antidepressant Users

with Sleep Complaints," *Psychotherapy and Psychosomatics,* Vol. 81, No. 5, 2012, pp. 296–304. doi: 10.1159/000332755000332755

Brooker, J., J. Julian, L. Webber, J. Chan, F. Shawyer, and G. Meadows, "Evaluation of an Occupational Mindfulness Program for Staff Employed in the Disability Sector in Australia," *Mindfulness,* Vol. 4, No. 2, 2013, pp. 122–136. doi: 10.1007/s12671-012-0112-7

Brooks, J. S., and T. Scarano, "Transcendental Meditation in the Treatment of Post-Vietnam Adjustment," *Journal of Counseling & Development,* Vol. 64, No. 3, 1985, pp. 212–215.

Broota, A., and R. Dhir, "Efficacy of Two Relaxation Techniques in Depression," *Journal of Personality and Clinical Studies,* Vol. 6, No. 1, 1990, pp. 83–90.

Brotto, L. A., R. Basson, and M. Luria, "A Mindfulness-Based Group Psychoeducational Intervention Targeting Sexual Arousal Disorder in Women," *Journal of Sexual Medicine,* Vol. 5, No. 7, July 2008, pp. 1646–1659. doi: 10.1111/j.1743-6109.2008.00850.x

Brotto, L. A., J. R. Heiman, B. Goff, B. Greer, G. M. Lentz, E. Swisher, H. Tamimi, and A. Van Blaricom, "A Psychoeducational Intervention for Sexual Dysfunction in Women with Gynecologic Cancer," *Archives of Sexual Behavior,* Vol. 37, No. 2, April 2008, pp. 317–329. doi: 10.1007/s10508-007-9196-x

Burini, D., B. Farabollini, S. Iacucci, C. Rimatori, G. Riccardi, M. Capecci, L. Provinciali, and M. G. Ceravolo, "A Randomised Controlled Cross-Over Trial of Aerobic Training Versus Qigong in Advanced Parkinson's Disease," *Europa Medicophysica,* Vol. 42, No. 3, September 2006, pp. 231–238.

Burns, J. L., R. M. Lee, and L. J. Brown, "The Effect of Meditation on Self-Reported Measures of Stress, Anxiety, Depression, and Perfectionism in a College Population," *Journal of College Student Psychotherapy,* Vol. 25, No. 2, 2011, pp. 132–144.

Butler, L. D., L. C. Waelde, T. A. Hastings, X. H. Chen, B. Symons, J. Marshall, A. Kaufman, T. F. Nagy, C. M. Blasey, E. O. Seibert, and D. Spiegel, "Meditation with Yoga, Group Therapy with Hypnosis, and Psychoeducation for Long-Term Depressed Mood: A Randomized Pilot Trial," *Journal of Clinical Psychology,* Vol. 64, No. 7, July 2008, pp. 806–820. doi: 10.1002/jclp.20496

Carei, T. R., C. C. Breuner, and A. Fyfe-Johnson, "The Evaluation of Yoga in the Treatment of Eating Disorders," *Journal of Adolescent Health,* Vol. 40, No. 2, 2007, pp. S31–S32.

Carlson, L. E., and S. N. Garland, "Impact of Mindfulness-Based Stress Reduction (MBSR) on Sleep, Mood, Stress and Fatigue Symptoms in Cancer Outpatients," *International Journal of Behavioral Medicine,* Vol. 12, No. 4, 2005, pp. 278–285. doi: 10.1207/s15327558ijbm1204_9

Cavanagh, K., C. Strauss, F. Cicconi, N. Griffiths, A. Wyper, and F. Jones, "A Randomised Controlled Trial of a Brief Online Mindfulness-Based Intervention," *Behaviour Research and Therapy,* Vol. 51, No. 9, September 2013, pp. 573–578. doi: 10.1016/j.brat.2013.06.003

Chambers, S. K., D. P. Smith, M. Berry, S. J. Lepore, E. Foley, S. Clutton, R. McDowall, S. Occhipinti, M. Frydenberg, and R. A. Gardiner, "A Randomised Controlled Trial of a Mindfulness Intervention for Men with Advanced Prostate Cancer," *BMC Cancer*, Vol. 13, 2013, p. 89. doi: 10.1186/1471-2407-13-89.

Chan, E. S., D. Koh, Y. C. Teo, R. Hj Tamin, A. Lim, and S. Fredericks, "Biochemical and Psychometric Evaluation of Self-Healing Qigong as a Stress Reduction Tool Among First Year Nursing and Midwifery Students," *Complementary Therapies in Clinical Practice,* Vol. 19, No. 4, November 2013, pp. 179–183. doi: 10.1016/j.ctcp.2013.08.001

Chan, J. S., R. T. Ho, C. W. Wang, L. P. Yuen, J. S. Sham, and C. L. Chan, "Effects of Qigong Exercise on Fatigue, Anxiety, and Depressive Symptoms of Patients with Chronic Fatigue Syndrome-Like Illness: A Randomized Controlled Trial," *Evidence-Based Complementary and Alternative Medicine,* 2013, p. 485341. doi: 10.1155/2013/485341

Chan, W., M. A. Immink, and S. Hillier, "Yoga and Exercise for Symptoms of Depression and Anxiety in People with Poststroke Disability: A Randomized, Controlled Pilot Trial," *Alternative Therapies in Health and Medicine,* Vol. 18, No. 3, May–June 2012, pp. 34–43.

Chandwani, K. D., B. Thornton, G. H. Perkins, B. Arun, N. V. Raghuram, H. R. Nagendra, Q. Wei, and L. Cohen, "Yoga Improves Quality of Life and Benefit Finding in Women Undergoing Radiotherapy for Breast Cancer," *Journal of the Society for Integrative Oncology,* Vol. 8, No. 2, Spring 2010, pp. 43–55.

Chen, K. M., M. H. Chen, M. H. Lin, J. T. Fan, H. S. Lin, and C. H. Li, "Effects of Yoga on Sleep Quality and Depression in Elders in Assisted Living Facilities," *Journal of Nursing Research,* Vol. 18, No. 1, March 2010, pp. 53–61. doi: 10.1097/JNR.0b013e3181ce5189

Chen, K. W., C. C. Berger, D. Gandhi, E. Weintraub, and C. W. Lejuez, "Adding Integrative Meditation with Ear Acupressure to Outpatient Treatment of Cocaine Addiction: A Randomized Controlled Pilot Study," *Journal of Alternative and Complementary Medicine,* Vol. 19, No. 3, March 2013, pp. 204–210. doi: 10.1089/acm.2011.0311

Chen, K.-M., M.-H. Chen, H.-C. Chao, H.-M. Hung, H.-S. Lin, and C.-H. Li, "Sleep Quality, Depression State, and Health Status of Older Adults After Silver Yoga Exercises: Cluster Randomized Trial," *International Journal of Nursing Studies,* Vol. 46, No. 2, 2009, pp. 154–163.

Chen, Y., X. Yang, L. Wang, and X. Zhang, "A Randomized Controlled Trial of the Effects of Brief Mindfulness Meditation on Anxiety Symptoms and Systolic Blood Pressure in Chinese

Nursing Students," *Nurse Education Today,* Vol. 33, No. 10, October 2013, pp. 1166–1172. doi: 10.1016/j.nedt.2012.11.014

Cheng, S. T., P. K. Chow, E. C. Yu, and A. C. Chan, "Leisure Activities Alleviate Depressive Symptoms in Nursing Home Residents with Very Mild or Mild Dementia," *American Journal of Geriatric Psychiatry,* Vol. 20, No. 10, October 2012, pp. 904–908. doi: 10.1097/JGP.0b013e3182423988

Cheon, S. M., B. K. Chae, H. R. Sung, G. C. Lee, and J. W. Kim, "The Efficacy of Exercise Programs for Parkinson's Disease: Tai Chi Versus Combined Exercise," *Journal of Clinical Neurology (Seoul, Korea),* Vol. 9, No. 4, October 2013, pp. 237–243. doi: 10.3988/jcn.2013.9.4.237

Cheung, B. M., J. L. Lo, D. Y. Fong, M. Y. Chan, S. H. Wong, V. C. Wong, K. S. Lam, C. P. Lau, and J. P. Karlberg, "Randomised Controlled Trial of Qigong in the Treatment of Mild Essential Hypertension," *Journal of Human Hypertension,* Vol. 19, No. 9, September 2005, pp. 697–704. doi: 10.1038/sj.jhh.1001884

Chhatre, S., D. S. Metzger, I. Frank, J. Boyer, E. Thompson, S. Nidich, L. J. Montaner, and R. Jayadevappa, "Effects of Behavioral Stress Reduction Transcendental Meditation Intervention in Persons with HIV," *AIDS Care,* Vol. 25, No. 10, 2013, pp. 1291–1297. doi: 10.1080/09540121.2013.764396

Chou, K.-L., P. W. H. Lee, E. C. S. Yu, D. Macfarlane, Y.-H. Chen, S. S. C. Chan, and I. Chi, "Effect of Tai Chi on Depressive Symptoms Amongs Chinese Older Patients with Depressive Disorders: A Randomized Clinical Trial," *International Journal of Geriatric Psychology,* Vol. 19, 2004, pp. 1105–1107.

Christman, N. J., and L. B. Cain, "The Effects of Concrete Objective Information and Relaxation on Maintaining Usual Activity During Radiation Therapy," *Oncology Nursing Forum,* Vol. 31, No. 2, March–April, 2004, pp. E39–E45.

Cohen, G. E., and E. Shamus, "Depressed, Low Self-Esteem: What Can Exercise Do for You?" *Internet Journal of Allied Health Sciences & Practice,* Vol. 7, No. 2, 2009, p. 5p.

Cohen, L., C. Warneke, R. T. Fouladi, M. A. Rodriguez, and A. Chaoul-Reich, "Psychological Adjustment and Sleep Quality in a Randomized Trial of the Effects of a Tibetan Yoga Intervention in Patients with Lymphoma," *Cancer,* Vol. 100, No. 10, May 15, 2004, pp. 2253–2260. doi: 10.1002/cncr.20236

Cole, B. S., C. M. Hopkins, J. Spiegel, J. Tisak, S. Agarwala, and J. M. Kirkwood, "A Randomised Clinical Trial of the Effects of Spiritually Focused Meditation for People with Metastatic Melanoma," *Mental Health, Religion & Culture,* Vol. 15, No. 2, 2012, pp. 161–174. doi: 10.1080/13674676.2011.562492

Collinge, W., J. Kahn, and R. Soltysik, "Promoting Reintegration of National Guard Veterans and Their Partners Using a Self-Directed Program of Integrative Therapies: A Pilot Study," *Military Medicine,* Vol. 177, No. 12, December 2012, pp. 1477–1485.

Collins, J. A., and V. H. Rice, "Effects of Relaxation Intervention in Phase II Cardiac Rehabilitation: Replication and Extension," *Heart and Lung,* Vol. 26, No. 1, January–February, 1997, pp. 31–44.

Courbasson, C. M., Y. Nishikawa, and L. B. Shapira, "Mindfulness-Action Based Cognitive Behavioral Therapy for Concurrent Binge Eating Disorder and Substance Use Disorders," *Eat Disorders,* Vol. 19, No. 1, January–February, 2011, pp. 17–33. doi: 10.1080/10640266.2011.533603

Cox, C. E., L. S. Porter, P. J. Buck, M. Hoffa, D. Jones, B. Walton, C. L. Hough, and J. M. Greeson, "Development and Preliminary Evaluation of a Telephone-Based Mindfulness Training Intervention for Survivors of Critical Illness," *Annals of the American Thoracic Society*, December 4, 2013. doi: 10.1513/AnnalsATS.201308-283OC

Culos-Reed, S. N., L. E. Carlson, L. M. Daroux, and S. Hately-Aldous, "A Pilot Study of Yoga for Breast Cancer Survivors: Physical and Psychological Benefits," *Psycho-Oncology,* Vol. 15, No. 10, October 2006, pp. 891–897. doi: 10.1002/pon.1021

Curtis, K., A. Osadchuk, and J. Katz, "An Eight-Week Yoga Intervention Is Associated with Improvements in Pain, Psychological Functioning and Mindfulness, and Changes in Cortisol Levels in Women with Fibromyalgia," *Journal of Pain Research,* Vol. 4, 2011, pp. 189–201. doi: 10.2147/jpr.s22761

Cusens, B., G. B. Duggan, K. Thorne, and V. Burch, "Evaluation of the Breathworks Mindfulness-Based Pain Management Programme: Effects on Well-Being and Multiple Measures of Mindfulness," *Clinical Psychology & Psychotherapy,* Vol. 17, No. 1, January–February, 2010, pp. 63–78.

Danhauer, S. C., S. L. Mihalko, G. B. Russell, C. R. Campbell, L. Felder, K. Daley, and E. A. Levine, "Restorative Yoga for Women with Breast Cancer: Findings from a Randomized Pilot Study," *Psycho-Oncology,* Vol. 18, No. 4, April 2009, pp. 360–368. doi: 10.1002/pon.1503

Danhauer, S. C., J. A. Tooze, D. F. Farmer, C. R. Campbell, R. P. Mcquellon, R. Barrett, and B. E. Miller, "Restorative Yoga for Women with Ovarian or Breast Cancer: Findings from a Pilot Study," *Journal of the Society for Integrative Oncology,* Vol. 6, No. 2, Spring 2008, pp. 47–58.

Danucalov, M. A., E. H. Kozasa, K. T. Ribas, J. C. Galduroz, M. C. Garcia, I. T. Verreschi, K. C. Oliveira, L. Romani De Oliveira, and J. R. Leite, "A Yoga and Compassion Meditation Program Reduces Stress in Familial Caregivers of Alzheimer's Disease Patients," *Evidence-*

Based Complementary and Alternative Medicine, Vol. 2013, 2013, p. 513149. doi: 10.1155/2013/513149

DeBerry, S., "The Effects of Meditation-Relaxation on Anxiety and Depression in a Geriatric Population," *Psychotherapy,* Vol. 19, No. 4, 1982, pp. 512–521.

DeBerry, S., S. Davis, and K. E. Reinhard, "A Comparison of Meditation-Relaxation and Cognitive/Behavioral Techniques for Reducing Anxiety and Depression in a Geriatric Population," *Journal of Geriatric Psyhiatry,* Vol. 22, No. 2, 1989, pp. 231–247.

Degi, C. L., and T. Szilagy, "Mindfulness-Based Stress Reduction Intervention in Romanian Breast Cancer Inpatients," *Cognition, Brain, Behavior: An Interdisciplinary Journal,* Vol. 17, No. 2, 2013, pp. 135–148.

Dhananjai, S., Sadashiv, S. Tiwari, K. Dutt, and R. KuMarch, "Reducing Psychological Distress and Obesity Through Yoga Practice," *International Journal of Yoga,* Vol. 6, No. 1, January 2013, pp. 66–70. doi: 10.4103/0973-6131.105949

Dobkin, P. L., and Q. Zhao, "Increased Mindfulness—The Active Component of the Mindfulness-Based Stress Reduction Program?" *Complementary Therapies in Clinical Practice,* Vol. 17, No. 1, February 2011, pp. 22–27. doi: 10.1016/j.ctcp.2010.03.002

Donesky, D., M. Melendez, H. Q. Nguyen, and V. Carrieri-Kohlman, "A Responder Analysis of the Effects of Yoga for Individuals with COPD: Who Benefits and How?" *International Journal of Yoga Therapy*, No. 22, 2012, pp. 23–36.

Duncan, L. G., and N. Bardacke, "Mindfulness-Based Childbirth and Parenting Education: Promoting Family Mindfulness During the Perinatal Period," *Journal of Child and Family Studies,* Vol. 19, No. 2, April 2010, pp. 190–202. doi: 10.1007/s10826-009-9313-7

Duncan, L. G., J. T. Moskowitz, T. B. Neilands, S. E. Dilworth, F. M. Hecht, and M. O. Johnson, "Mindfulness-Based Stress Reduction for HIV Treatment Side Effects: A Randomized, Wait-List Controlled Trial," *Journal of Pain and Symptom Management,* Vol. 43, No. 2, February 2012, pp. 161–171. doi: 10.1016/j.jpainsymman.2011.04.007

Dunn, C., E. Hanieh, R. Roberts, and R. Powrie, "Mindful Pregnancy and Childbirth: Effects of a Mindfulness-Based Intervention on Women's Psychological Distress and Well-Being in the Perinatal Period," *Archives of Women's Mental Health,* Vol. 15, No. 2, April 2012, pp. 139–143. doi: 10.1007/s00737-012-0264-4

Elavsky, S., and E. Mcauley, "Lack of Perceived Sleep Improvement After 4-Month Structured Exercise Programs," *Menopause,* Vol. 14, No. 3, Pt. 1, May–June 2007, pp. 535–540. doi: 10.1097/01.gme.0000243568.70946.d4

Eller, L. S., "Effects of Two Cognitive-Behavioral Interventions on Immunity and Symptoms in Persons with HIV," *Annals of Behavioral Medicine,* Vol. 17, No. 4, Fall 1995, pp. 339–348.

Ernst, S., J. Welke, C. Heintze, R. Gabriel, A. Zollner, S. Kiehne, U. Schwantes, and T. Esch, "Effects of Mindfulness-Based Stress Reduction on Quality of Life in Nursing Home Residents: A Feasibility Study," *Forsch Komplementmed,* Vol. 15, No. 2, April 2008, pp. 74–81. doi: 10.1159/000121479

Evans, S., M. Moieni, K. Lung, J. Tsao, B. Sternlieb, M. Taylor, and L. Zeltzer, "Impact of Iyengar Yoga on Quality of Life in Young Women with Rheumatoid Arthritis," *Clinical Journal of Pain,* Vol. 29, No. 11, November 2013, pp. 988–997. doi: 10.1097/AJP.0b013e31827da381

Fals-Stewart, W., A. P. Marks, and J. Schafer, "A Comparison of Behavioral Group Therapy and Individual Behavior Therapy in Treating Obsessive-Compulsive Disorder," *Journal of Nervous and Mental Disease,* Vol. 181, No. 3, March 1993, pp. 189–193.

Fan, J. T., and K. M. Chen, "Using Silver Yoga Exercises to Promote Physical and Mental Health of Elders with Dementia in Long-Term Care Facilities," *International Psychogeriatrics,* Vol. 23, No. 8, October 2011, pp. 1222–1230. doi: 10.1017/s1041610211000287

Fang, W., R. Zhang, Y. Lin, L. Hong, Y. Zhao, Q. Ni, L. Zhang, W. Wang, Isiiyasutomo, Tutiutitakuya, Kosikawafusako, Kisitaiti, Havukiyutaka, and Suzukiakio, "Clinical Observation on Physiological and Psychological Effects of Eight-Section Brocade on Type 2 Diabetic Patients," *Journal of Traditional Chinese Medicine,* Vol. 28, No. 2, June 2008, pp. 101–105.

Faucher, M. A., "Mindfulness Yoga Improves Scores on Depression Scales and Fosters Maternal–Fetal Attachment," *Journal of Midwifery & Women's Health,* Vol. 58, No. 1, 2013, pp. 111–112.

Ferguson, P., and J. Gowan, "TM: Some Preliminary Findings," *Journal of Humanistic Psychology,* Vol. 16, No. 3, 1976, pp. 51–60.

Fergusson, L. C., A. J. Bonshek, and J.-M. Boudigues, "Personality and Health Characteristics of Cambodian Undergraduates: A Case for Student Development," *Journal of Instructional Psychology,* Vol. 22, No. 4, December 1995, pp. 308–319.

Fish, J. A., K. Ettridge, G. R. Sharplin, B. Hancock, and V. E. Knott, "Mindfulness-Based Cancer Stress Management: Impact of a Mindfulness-Based Programme on Psychological Distress and Quality of Life," *European Journal of Cancer Care (English Language Edition)*, October 10, 2013. doi: 10.1111/ecc.12136

Fjorback, L. O., "Mindfulness and Bodily Distress," *Danish Medical Journal,* Vol. 59, No. 11, November 2012, p. B4547.

Fledderus, M., E. T. Bohlmeijer, F. Smit, and G. J. Westerhof, "Mental Health Promotion as a New Goal in Public Mental Health Care: A Randomized Controlled Trial of an Intervention Enhancing Psychological Flexibility," *American Journal of Public Health,* Vol. 100, No. 12, December 2010, pp. 2372–2378. doi: 10.2105/ajph.2010.196196

Foley, E., A. Baillie, M. Huxter, M. Price, and E. Sinclair, "Mindfulness-Based Cognitive Therapy for Individuals Whose Lives Have Been Affected by Cancer: A Randomized Controlled Trial," *Journal of Consulting and Clinical Psychology,* Vol. 78, No. 1, February 2010, pp. 72–79. doi: 10.1037/a0017566

Fortney, L., C. Luchterhand, L. Zakletskaia, A. Zgierska, and D. Rakel, "Abbreviated Mindfulness Intervention for Job Satisfaction, Quality of Life, and Compassion in Primary Care Clinicians: A Pilot Study," *Annals of Family Medicine,* Vol. 11, No. 5, September–October 2013, pp. 412-420. doi: 10.1370/afm.1511

Foureur, M., K. Besley, G. Burton, N. Yu, and J. Crisp, "Enhancing the Resilience of Nurses and Midwives: Pilot of a Mindfulness-Based Program for Increased Health, Sense of Coherence and Decreased Depression, Anxiety and Stress," *Contemporary Nurse,* Vol. 45, No. 1, August 2013, pp. 114–125. doi: 10.5172/conu.2013.45.1.114

Fox, S. D., E. Flynn, and R. H. Allen, "Mindfulness Meditation for Women with Chronic Pelvic Pain: A Pilot Study," *Journal of Reproductive Medicine,* Vol. 56, No. 3–4, March–April, 2011, pp. 158–162.

Franco, C., I. Manas, A. J. Cangas, E. Moreno, and J. Gallego, "Reducing Teachers' Psychological Distress Through a Mindfulness Training Program," *Spanish Journal of Psychology,* Vol. 13, No. 2, November 2010, pp. 655–666.

Fredrickson, B. L., M. A. Cohn, K. A. Coffey, J. Pek, and S. M. Finkel, "Open Hearts Build Lives: Positive Emotions, Induced Through Loving-Kindness Meditation, Build Consequential Personal Resources," *Journal of Personality and Social Psychology,* Vol. 95, No. 5, November 2008, pp. 1045–1062. doi: 10.1037/a0013262

Galantino, M. L., T. M. Bzdewka, J. L. Eissler-Russo, M. L. Holbrook, E. P. Mogck, P. Geigle, and J. T. Farrar, "The Impact of Modified Hatha Yoga on Chronic Low Back Pain: A Pilot Study," *Alternative Therapies in Health and Medicine,* Vol. 10, No. 2, March–April 2004, pp. 56–59.

Galhardo, A., M. Cunha, and J. Pinto-Gouveia, "Mindfulness-Based Program for Infertility: Efficacy Study," *Fertility and Sterility,* Vol. 100, No. 4, 2013, pp. 1059–1067. doi: 10.1016/j.fertnstert.2013.05.036

Gallegos, A. M., M. Hoerger, N. L. Talbot, J. A. Moynihan, and P. R. Duberstein, "Emotional Benefits of Mindfulness-Based Stress Reduction in Older Adults: The Moderating Roles of

Age and Depressive Symptom Severity," *Aging & Mental Health,* Vol. 17, No. 7, 2013, pp. 823–829. doi: 10.1080/13607863.2013.799118

Ganpat, T. S., and H. R. Nagendra, "Integrated Yoga Therapy for Improving Mental Health in Managers," *Industrial Psychiatry Journal,* Vol. 20, No. 1, January 2011, pp. 45–48. doi: 10.4103/0972-6748.98415

Garland, S. N., R. Tamagawa, S. C. Todd, M. Speca, and L. E. Carlson, "Increased Mindfulness Is Related to Improved Stress and Mood Following Participation in a Mindfulness-Based Stress Reduction Program in Individuals with Cancer," *Integrative Cancer Therapies,* Vol. 12, No. 1, January 2013, pp. 31–40. doi: 10.1177/1534735412442370

Gayner, B., M. J. Esplen, P. Deroche, J. Wong, S. Bishop, L. Kavanagh, and K. Butler, "A Randomized Controlled Trial of Mindfulness-Based Stress Reduction to Manage Affective Symptoms and Improve Quality of Life in Gay Men Living with HIV," *Journal of Behavioral Medicine,* Vol. 35, No. 3, June 2012, pp. 272–285. doi: 10.1007/s10865-011-9350-8

Gerard, S., B. H. Smith, and J. A. Simpson, "A Randomized Controlled Trial of Spiritual Healing in Restricted Neck Movement," *Journal of Alternative and Complementary Medicine,* Vol. 9, No. 4, August 2003, pp. 467–477. doi: 10.1089/107555303322284758

Geschwind, N., F. Peeters, M. Drukker, J. Van Os, and M. Wichers, "Mindfulness Training Increases Momentary Positive Emotions and Reward Experience in Adults Vulnerable to Depression: A Randomized Controlled Trial," *Journal of Consulting and Clinical Psychology,* Vol. 79, No. 5, October 2011, pp. 618–628. doi: 10.1037/a0024595

Gold, E., A. Smith, I. Hopper, D. Herne, G. Tansey, and C. Hulland, "Mindfulness-Based Stress Reduction (MBSR) for Primary School Teachers," *Journal of Child and Family Studies,* Vol. 19, No. 2, April 2010, pp. 184–189. doi: 10.1007/s10826-009-9344-0

Gonzalez-Garcia, M., M. J. Ferrer, X. Borras, J. A. Munoz-Moreno, C. Miranda, J. Puig, N. Perez-Alvarez, J. Soler, A. Feliu-Soler, B. Clotet, and C. R. Fumaz, "Effectiveness of Mindfulness-Based Cognitive Therapy on the Quality of Life, Emotional Status, and CD4 Cell Count of Patients Aging with HIV Infection," *AIDS and Behavior*, Vol. 18, No. 4, September 28, 2013. doi: 10.1007/s10461-013-0612-z

Green, S. M., and P. J. Bieling, "Expanding the Scope of Mindfulness-Based Cognitive Therapy: Evidence for Effectiveness in a Heterogeneous Psychiatric Sample," *Cognitive and Behavioral Practice,* Vol. 19, No. 1, 2012, pp. 174–180. doi:10.1016/j.cbpra.2011.02.006

Groessl, E. J., K. R. Weingart, K. Aschbacher, L. Pada, and S. Baxi, "Yoga for Veterans with Chronic Low-Back Pain," *Journal of Alternative and Complementary Medicine,* Vol. 14, No. 9, November 2008, pp. 1123–1129. doi: 10.1089/acm.2008.0020

Groessl, E. J., K. R. Weingart, N. Johnson, and S. Baxi, "The Benefits of Yoga for Women Veterans with Chronic Low Back Pain," *Journal of Alternative and Complementary Medicine,* Vol. 18, No. 9, September 2012, pp. 832–838. doi: 10.1089/acm.2010.0657

Gross, C. R., M. J. Kreitzer, M. Reilly-Spong, M. Wall, N. Y. Winbush, R. Patterson, M. Mahowald, and M. Cramer-Bornemann, "Mindfulness-Based Stress Reduction Versus Pharmacotherapy for Chronic Primary Insomnia: A Randomized Controlled Clinical Trial," *Explore: The Journal of Science and Healing,* Vol. 7, No. 2, 2011, pp. 76–87.

Gross, C. R., M. J. Kreitzer, V. Russas, C. Treesak, P. A. Frazier, and M. I. Hertz, "Mindfulness Meditation to Reduce Symptoms After Organ Transplant: A Pilot Study," *Advances in Mind-Body Medicine,* Vol. 20, No. 2, Summer 2004, pp. 20–29.

Gross, C. R., M. J. Kreitzer, M. Reilly-Spong, M. Wall, N. Y. Winbush, R. Patterson, M. Mahowald, and M. Cramer-Bornemann, "Mindfulness-Based Stress Reduction Versus Pharmacotherapy for Chronic Primary Insomnia: A Randomized Controlled Clinical Trial," *Explore: The Journal of Science and Healing,* Vol. 7, No. 2, 2011, pp. 76–87. doi: 10.1016/j.explore.2010.12.003

Grossman, P., L. Kappos, H. Gensicke, M. D'souza, D. C. Mohr, I. K. Penner, and C. Steiner, "MS Quality of Life, Depression, and Fatigue Improve After Mindfulness Training: A Randomized Trial," *Neurology,* Vol. 75, No. 13, September 28, 2010, pp. 1141–1149. doi: 10.1212/WNL.0b013e3181f4d80d

Grossman, P., U. Tiefenthaler-Gilmer, A. Raysz, and U. Kesper, "Mindfulness Training as an Intervention for Fibromyalgia: Evidence of Postintervention and 3-Year Follow-Up Benefits in Well-Being," *Psychotherapy and Psychosomatics,* Vol. 76, No. 4, 2007, pp. 226–233. doi: 10.1159/000101501

Grover, P., V. K. Varma, S. K. Verma, and D. Pershad, "Relationship Between the Patient's Attitude Towards Yoga and the Treatment Outcome," *Indian Journal of Psychiatry,* Vol. 29, No. 3, July 1987, pp. 253–258.

Gupta, P. K., M. KuMarch, R. Kumari, and J. M. Deo, "Anuloma-Viloma Pranayama and Anxiety and Depression Among the Aged," *Journal of the Indian Academy of Applied Psychology,* Vol. 36, No. 1, 2010, pp. 159–164.

Gyllensten, A. L., C. Ekdahl, and L. Hansson, "Long-Term Effectiveness of Basic Body Awareness Therapy in Psychiatric Outpatient Care: A Randomized Controlled Study," *Advances in Physiotherapy,* Vol. 11, No. 1, 2009, pp. 2–12.

Haag, S., W. Senf, S. Tagay, M. Langkafel, U. Braun-Lang, A. Pietsch, G. Heuft, N. J. Talley, and G. Holtmann, "Is There a Benefit from Intensified Medical and Psychological Interventions in Patients with Functional Dyspepsia Not Responding to Conventional

Therapy?" *Alimentary Pharmacology and Therapeutics,* Vol. 25, No. 8, April 15, 2007, pp. 973–986. doi: 10.1111/j.1365-2036.2007.03277.x

Hamilton, K. E., J. L. Wershler, S. D. Macrodimitris, B. J. Backs-Dermott, L. E. Ching, and K. J. Mothersill, "Exploring the Effectiveness of a Mixed-Diagnosis Group Cognitive Behavioral Therapy Intervention Across Diverse Populations," *Cognitive and Behavioral Practice,* Vol. 19, No. 3, August 2012, pp. 472–482. doi: 10.1016/j.cbpra.2011.12.002

Harner, H., A. L. Hanlon, and M. Garfinkel, "Effect of Iyengar Yoga on Mental Health of Incarcerated Women: A Feasibility Study," *Nursing Research,* Vol. 59, No. 6, November–December, 2010, pp. 389–399. doi: 10.1097/NNR.0b013e3181f2e6ff

Hartmann, M., S. Kopf, C. Kircher, V. Faude-Lang, Z. Djuric, F. Augstein, H. C. Friederich, M. Kieser, A. Bierhaus, P. M. Humpert, W. Herzog, and P. P. Nawroth, "Sustained Effects of a Mindfulness-Based Stress-Reduction Intervention in Type 2 Diabetic Patients: Design and First Results of a Randomized Controlled Trial (the Heidelberger Diabetes and Stress-Study)," *Diabetes Care,* Vol. 35, No. 5, May 2012, pp. 945–947. doi: 10.2337/dc11-1343

Hassed, C., S. De Lisle, G. Sullivan, and C. Pier, "Enhancing the Health of Medical Students: Outcomes of an Integrated Mindfulness and Lifestyle Program," *Advances in* Health *Sciences Education : Theory and Practice,* Vol. 14, No. 3, August 2009, pp. 387–398. doi: 10.1007/s10459-008-9125-3

Hawley, L. L., D. Schwartz, P. J. Bieling, J. Irving, K. Corcoran, N. a. S. Farb, A. K. Anderson, and Z. V. Segal, "Mindfulness Practice, Rumination and Clinical Outcome in Mindfulness-Based Treatment," *Cognitive Therapy and Research*, Vol. 38, No. 1, 2013, pp. 1–9.

Hayes-Skelton, S. A., L. Roemer, and S. M. Orsillo, "A Randomized Clinical Trial Comparing an Acceptance-Based Behavior Therapy to Applied Relaxation for Generalized Anxiety Disorder," *Journal of Consulting and Clinical Psychology,* Vol. 81, No. 5, October 2013, pp. 761–773. doi: 10.1037/a0032871

Heeren, A., N. Van Broeck, and P. Philippot, "The Effects of Mindfulness on Executive Processes and Autobiographical Memory Specificity," *Behaviour Research and Therapy,* Vol. 47, No. 5, May 2009, pp. 403–409.

Heeren, A., and P. Philippot, "Changes in Ruminative Thinking Mediate the Clinical Benefits of Mindfulness: Preliminary Findings," *Mindfulness,* Vol. 2, No. 1, 2011, pp. 8–13.

Henderson, V. P., L. Clemow, A. O. Massion, T. G. Hurley, S. Druker, and J. R. Hebert, "The Effects of Mindfulness-Based Stress Reduction on Psychosocial Outcomes and Quality of Life in Early-Stage Breast Cancer Patients: A Randomized Trial," *Breast Cancer Research and Treatment,* Vol. 131, No. 1, January 2012, pp. 99–109. doi: 10.1007/s10549-011-1738-1

Henderson, V. P., A. O. Massion, L. Clemow, T. G. Hurley, S. Druker, and J. R. Hebert, "A Randomized Controlled Trial of Mindfulness-Based Stress Reduction for Women with Early-Stage Breast Cancer Receiving Radiotherapy," *Integrative Cancer Therapies,* Vol. 12, No. 5, September 2013, pp. 404–413. doi: 10.1177/1534735412473640

Hernandez-Reif, M., T. Field, J. Krasnegor, and H. Theakston, "Lower Back Pain Is Reduced and Range of Motion Increased After Massage Therapy," *International Journal of Neuroscience,* Vol. 106, No. 3–4, 2001, pp. 131–145.

Hernandez-Reif, M., T. Field, J. Krasnegor, H. Theakston, Z. Hossain, and I. Burman, "High Blood Pressure and Associated Symptoms Were Reduced by Massage Therapy," *Journal of Bodywork and Movement Therapies,* Vol. 4, No. 1, 2000, pp. 31–38.

Hidderley, M., and M. Holt, "A Pilot Randomized Trial Assessing the Effects of Autogenic Training in Early Stage Cancer Patients in Relation to Psychological Status and Immune System Responses," *European Journal of Oncology Nursing,* Vol. 8, No. 1, March 2004, pp. 61–65. doi: 10.1016/j.ejon.2003.09.003

Hill, K., R. Smith, M. Fearn, M. Rydberg, and R. Oliphant, "Physical and Psychological Outcomes of a Supported Physical Activity Program for Older Carers," *Journal of* Aging *and Physical Activity,* Vol. 15, No. 3, July 2007, pp. 257–271.

Holland, J. C., G. R. Morrow, A. Schmale, L. Derogatis, M. Stefanek, S. Berenson, P. J. Carpenter, W. Breitbart, and M. Feldstein, "A Randomized Clinical Trial of Alprazolam Versus Progressive Muscle Relaxation in Cancer Patients with Anxiety and Depressive Symptoms," *Journal of Clinical Oncology,* Vol. 9, No. 6, June 1991, pp. 1004–1011.

Holloway, E. A., and R. J. West, "Integrated Breathing and Relaxation Training (the Papworth Method) for Adults with Asthma in Primary Care: A Randomised Controlled Trial," *Thorax,* Vol. 62, No. 12, December 2007, pp. 1039–1042. doi: 10.1136/thx.2006.076430

Horrigan, B. J., "New Studies Support the Therapeutic Value of Meditation," *Explore: The Journal of Science and Healing*, Vol. 3, No. 5, 2007, pp. 449–452. doi: 10.1016/j.explore.2007.07.003

Hosseinzadeh, N., and U. Barahmand, "Effectiveness of Mindfulness-Based Cognitive Therapy for Co-Morbid Depression in Drug-Dependent Males," *Archives of Psychiatric Nursing,* Vol. 28, 2014, pp. 314–318.

Hou, R. J., S. Y. Wong, B. H. Yip, A. T. Hung, H. H. Lo, P. H. Chan, C. S. Lo, T. C. Kwok, W. K. Tang, W. W. Mak, S. W. Mercer, and S. H. Ma, "The Effects of Mindfulness-Based Stress Reduction Program on the Mental Health of Family Caregivers: A Randomized Controlled Trial," *Psychotherapy and Psychosomatics,* Vol. 83, No. 1, November 19, 2013, pp. 45–53. doi: 10.1159/000353278

Hsieh, C., "Enhancing Self-Management of Depression Risk Through the Integration of Mindfulness Practice and Personal Music Usage," *International Journal of Psychology,* Vol. 47, 2012, pp. 429–429.

Huffziger, S., U. Ebner-Priemer, C. Eisenbach, S. Koudela, I. Reinhard, V. Zamoscik, P. Kirsch, and C. Kuehner, "Induced Ruminative and Mindful Attention in Everyday Life: An Experimental Ambulatory Assessment Study," *Journal of Behavior Therapy and Experimental Psychiatry,* Vol. 44, No. 3, September 2013, pp. 322–328. doi: 10.1016/j.jbtep.2013.01.007

Huffziger, S., and C. Kuehner, "Rumination, Distraction, and Mindful Self-Focus in Depressed Patients," *Behaviour Research and Therapy,* Vol. 47, No. 3, March 2009, pp. 224–230. doi: 10.1016/j.brat.2008.12.005

Idusohan-Moizer, H., A. Sawicka, J. Dendle, and M. Albany, "Mindfulness-Based Cognitive Therapy for Adults with Intellectual Disabilities: An Evaluation of the Effectiveness of Mindfulness in Reducing Symptoms of Depression and Anxiety," *Journal of Intellectual Disability Research*, September 10, 2013. doi: 10.1111/jir.12082

Igna, R., "Effectiveness of Mindfulness-Based Interventions in Chronic Pain: A Meta-Analysis. Highlighting the Effectiveness of Mindfulness-Based Interventions in Chronic Pain. A Meta-Analytic Review," *Erdélyi Pszichológiai Szemle,* Vol. 12, No. 1, 2011, pp. 43–57.

Isa, M. R., F. M. Moy, A. H. Abdul Razack, Z. M. Zainuddin, and N. Z. Zainal, "Impact of Applied Progressive Deep Muscle Relaxation Training on the Level of Depression, Anxiety and Stress Among Prostate Cancer Patients: A Quasi-Experimental Study," *Asian Pacific Journal of Cancer Prevention,* Vol. 14, No. 4, 2013, pp. 2237–2242.

Jajvandian, R., S. Nabavi, S. Oryan, S. Samadi, H. Khani, and A. Nikravesh, "Influence of 6-Week Yoga on Depression and Fatigue in Patients with Multiple Sclerosis, North Khorasan, Northeastern Iran," *Journal of Neurology,* Vol. 258, May 2011, pp. 95–96.

Jang, H. S., M. S. Lee, M. J. Kim, and E. S. Chong, "Effects of Qi-Therapy on Premenstrual Syndrome," *International Journal of Neuroscience,* Vol. 114, No. 8, August 2004, pp. 909–921. doi: 10.1080/00207450490450163

Javanbakht, M., M. Morvarid, and R. H. Kenari, "Effect of Yoga on Depression and Anxiety of Women Referred to Yoga Clinic," *European Psychiatry,* Vol. 23, April 2008, pp. S213–S214. doi: 10.1016/j.eurpsy.2008.01.364

Javnbakht, M., R. Hejazi Kenari, and M. Ghasemi, "Effects of Yoga on Depression and Anxiety of Women," *Complementary Therapies in Clinical Practice,* Vol. 15, No. 2, May 2009, pp. 102–104. doi: 10.1016/j.ctcp.2009.01.003

Jayadevappa, R., J. C. Johnson, B. S. Bloom, S. Nidich, S. Desai, S. Chhatre, D. B. Raziano, and R. Schneider, "Effectiveness of Transcendental Meditation on Functional Capacity and Quality of Life of African Americans with Congestive Heart Failure: A Randomized Control Study," *Ethnicity and Disease,* Vol. 17, No. 1, Winter 2007, pp. 72–77. doi: 10.1002/jclp.21863

Jin, P., "Changes in Heart Rate, Noradrenaline, Cortisol and Mood During Tai Chi," *Journal of Psychosomatic Research,* Vol. 33, No. 2, 1989, pp. 197–206.

John, P. J., N. Sharma, C. M. Sharma, and A. Kankane, "Effectiveness of Yoga Therapy in the Treatment of Migraine Without Aura: A Randomized Controlled Trial," *Headache,* Vol. 47, No. 5, May 2007, pp. 654–661. doi: 10.1111/j.1526-4610.2007.00789.x

Joo, H. M., S. J. Lee, Y. G. Chung, and I. Y. Shin, "Effects of Mindfulness Based Stress Reduction Program on Depression, Anxiety and Stress in Patients with Aneurysmal Subarachnoid Hemorrhage," *Journal of the Korean Neurosurgical Society,* Vol. 47, No. 5, May 2010, pp. 345–351. doi: 10.3340/jkns.2010.47.5.345

Judge, L., A. Cleghorn, K. Mcewan, and P. Gilbert, "An Exploration of Group-Based Compassion Focused Therapy for a Heterogeneous Range of Clients Presenting to a Community Mental Health Team," *International Journal of Cognitive Therapy,* Vol. 5, No. 4, December 2012, pp. 420–429.

Kabat-Zinn, J., L. Lipworth, and R. Burney, "The Clinical Use of Mindfulness Meditation for the Self-Regulation of Chronic Pain," *Journal of Behavioral Medicine,* Vol. 8, No. 2, June 1985, pp. 163–190.

Kabat-Zinn, J., A. O. Massion, J. Kristeller, L. G. Peterson, K. E. Fletcher, L. Pbert, W. R. Lenderking, and S. F. Santorelli, "Effectiveness of a Meditation-Based Stress Reduction Program in the Treatment of Anxiety Disorders," *American Journal of Psychiatry,* Vol. 149, No. 7, July 1992, pp. 936–943.

Kabat-Zinn, J., "Mindfulness-Based Stress Reduction (MBSR)," *Constructivism in the Human Sciences,* Vol. 8, No. 2, 2003, pp. 73–107.

Kang, Y. S., S. Y. Choi, and E. Ryu, "The Effectiveness of a Stress Coping Program Based on Mindfulness Meditation on the Stress, Anxiety, and Depression Experienced by Nursing Students in Korea," *Nurse Education Today,* Vol. 29, No. 5, July 2009, pp. 538–543. doi: 10.1016/j.nedt.2008.12.003

Kaplan, K. H., D. L. Goldenberg, and M. Galvin-Nadeau, "The Impact of a Meditation-Based Stress Reduction Program on Fibromyalgia," *General Hospital Psychiatry,* Vol. 15, No. 5, September 1993, pp. 284–289.

Kashef, Z., "Simple Solutions. Lift Depression with Meditation," *Natural Solutions*, No. 119, 2009, pp. 77–77.

Kaviani, H., F. Javaheri, and N. Hatami, "Mindfulness-Based Cognitive Therapy (MBCT) Reduces Depression and Anxiety Induced by Real Stressful Setting in Non-Clinical Population," *International Journal of Psychology & Psychological Therapy,* Vol. 11, No. 2, 2011, pp. 285–296.

Kaye, V. G., "An Innovative Treatment Modality for Elderly Residents of a Nursing Home," *Clinical Gerontologist: The Journal of Aging and Mental Health,* Vol. 3, No. 4, 1985, pp. 45–51.

Kearney, D. J., C. A. Malte, C. Mcmanus, M. E. Martinez, B. Felleman, and T. L. Simpson, "Loving-Kindness Meditation for Posttraumatic Stress Disorder: A Pilot Study," *Journal of Traumatic Stress,* Vol. 26, No. 4, August 2013, pp. 426–434. doi: 10.1002/jts.21832

Kearney, D. J., K. Mcdermott, C. Malte, M. Martinez, and T. L. Simpson, "Effects of Participation in a Mindfulness Program for Veterans with Posttraumatic Stress Disorder: A Randomized Controlled Pilot Study," *Journal of Clinical Psychology,* Vol. 69, No. 1, January 2013, pp. 14–27. doi: 10.1002/jclp.21911

Kearney, D. J., K. Mcdermott, C. A. Malte, M. E. Martinez, and T. L. Simpson, "Association of Participation in a Mindfulness Program with Measures of PTSD, Depression and Quality of Life in a Veteran Sample," *Journal of Clinical Psychology,* Vol. 68, No. 1, January 2012, pp. 101–116. doi: http://dx.doi.org/10.1002/jclp.20853

Kearney, D. J., M. L. Milton, C. A. Malte, K. A. Mcdermott, M. Martinez, and T. L. Simpson, "Participation in Mindfulness-Based Stress Reduction Is Not Associated with Reductions in Emotional Eating or Uncontrolled Eating," *Nutrition Research,* Vol. 32, No. 6, June, 2012b, pp. 413–420. doi: 10.1016/j.nutres.2012.05.008

Keune, P. M., V. BostaNovember, M. Hautzinger, and B. Kotchoubey, "Approaching Dysphoric Mood: State-Effects of Mindfulness Meditation on Frontal Brain Asymmetry," *Biological Psychology,* Vol. 93, No. 1, April 2013, pp. 105–113. doi: 10.1016/j.biopsycho.2013.01.016

Khalsa, S. B., S. M. Shorter, S. Cope, G. Wyshak, and E. Sklar, "Yoga Ameliorates Performance Anxiety and Mood Disturbance in Young Professional Musicians," *Applied Psychophysiology and Biofeedback,* Vol. 34, No. 4, December 2009, pp. 279–289. doi: 10.1007/s10484-009-9103-4

Khoury, B., T. Lecomte, G. Comtois, and L. Nicole, "Third-Wave Strategies for Emotion Regulation in Early Psychosis: A Pilot Study," *Early Intervention in Psychiatry*, September 30, 2013. doi: 10.1111/eip.12095

Kim, B., S. J. Cho, K. S. Lee, J. Y. Lee, A. Y. Choe, J. E. Lee, T. K. Choi, and S. H. Lee, "Factors Associated with Treatment Outcomes in Mindfulness-Based Cognitive Therapy for Panic Disorder," *Yonsei Medical Journal,* Vol. 54, No. 6, November 2013, pp. 1454–1462. doi: 10.3349/ymj.2013.54.6.1454

Kim, J. H., H. Yang, and S. Schroeppel, "A Pilot Study Examining the Effects of Kouk Sun Do on University Students with Anxiety Symptoms," *Stress and Health,* Vol. 29, No. 2, April 2013, pp. 99–107. doi: 10.1002/smi.2431

Kim, S. H., S. M. Schneider, L. Kravitz, C. Mermier, and M. R. Burge, "Mind-Body Practices for Posttraumatic Stress Disorder," *Journal of Investigative Medicine,* Vol. 61, No. 5, June 2013, pp. 827–834. doi: 10.231/JIM.0b013e3182906862

Kim, Y. H., H. J. Kim, S. D. Ahn, Y. J. Seo, and S. H. Kim, "Effects of Meditation on Anxiety, Depression, Fatigue, and Quality of Life of Women Undergoing Radiation Therapy for Breast Cancer," *Complementary Therapies in Medicine,* Vol. 21, No. 4, August 2013, pp. 379–387. doi: 10.1016/j.ctim.2013.06.005. As of October 27, 2015: http://www.sciencedirect.com/science/article/pii/S0965229913000988

Kim, Y. W., S. H. Lee, T. K. Choi, S. Y. Suh, B. Kim, C. M. Kim, S. J. Cho, M. J. Kim, K. Yook, M. Ryu, S. K. Song, and K. H. Yook, "Effectiveness of Mindfulness-Based Cognitive Therapy as an Adjuvant to Pharmacotherapy in Patients with Panic Disorder or Generalized Anxiety Disorder," *Depression and Anxiety,* Vol. 26, No. 7, 2009, pp. 601–606. doi: 10.1002/da.20552

Kimbrough, E., T. Magyari, P. Langenberg, M. Chesney, and B. Berman, "Mindfulness Intervention for Child Abuse Survivors," *Journal of Clinical Psychology,* Vol. 66, No. 1, January 2010, pp. 17–33. doi: 10.1002/jclp.20624

Kinser, P. A., C. Bourguignon, D. Whaley, E. Hauenstein, and A. G. Taylor, "Feasibility, Acceptability, and Effects of Gentle Hatha Yoga for Women with Major Depression: Findings from a Randomized Controlled Mixed-Methods Study," *Archives Psychiatr Nursing,* Vol. 27, No. 3, 2013, pp. 137–147.

Kinser, P. A., R. Elswick, and S. Kornstein, "Potential Long-Term Effects of a Mind–Body Intervention for Women with Major Depressive Disorder: Sustained Mental Health Improvements with a Pilot Yoga Intervention," *Archives of Psychiatric Nursing,* Vol. 28, No. 6, 2014, pp. 377–383.

Kitsumban, V., D. Thapinta, P. B. Sirindharo, and R. L. Anders, "Effect of Cognitive Mindfulness Practice Program on Depression Among Elderly Thai Women," *Thai Journal of Nursing Research,* Vol. 13, No. 2, 2009, pp. 95–107.

Klein, M. H., "A Comparative Outcome Study of Group Psychotherapy Vs. Exercise Treatments for Depression," *International Journal of Mental Health,* Vol. 13, No. 3–4, 1984, pp. 148–176.

Kluepfel, L., T. Ward, R. Yehuda, E. Dimoulas, A. Smith, and K. Daly, "The Evaluation of Mindfulness-Based Stress Reduction for Veterans with Mental Health Conditions," *Journal of Holistic Nursing,* Vol. 31, No. 4, December 2013, pp. 248–255. doi: 10.1177/0898010113495975

Ko, Y. L., C. L. Yang, C. L. Fang, M. Y. Lee, and P. C. Lin, "Community-Based Postpartum Exercise Program," *Journal of Clinical Nursing,* Vol. 22, No. 15–16, August 2013, pp. 2122–2131. doi: 10.1111/jocn.12117

Kocovski, N. L., J. E. Fleming, L. L. Hawley, V. Huta, and M. M. Antony, "Mindfulness and Acceptance-Based Group Therapy Versus Traditional Cognitive Behavioral Group Therapy for Social Anxiety Disorder: A Randomized Controlled Trial," *Behaviour Research and Therapy,* Vol. 51, No. 12, December 2013, pp. 889–898. doi: 10.1016/j.brat.2013.10.007

Kocovski, N. L., J. E. Fleming, and N. A. Rector, "Mindfulness and Acceptance-Based Group Therapy for Social Anxiety Disorder: An Open Trial," *Cognitive and Behavioral Practice,* Vol. 16, No. 3, August 2009, pp. 276–289.

Kohn, M., U. Persson Lundholm, I. L. Bryngelsson, A. Anderzen-Carlsson, and E. Westerdahl, "Medical Yoga for Patients with Stress-Related Symptoms and Diagnoses in Primary Health Care: A Randomized Controlled Trial," *Evidence-Based Complementary and Alternative Medicine*, 2013, Article ID 215348. doi: 10.1155/2013/215348

Koszycki, D., K. Raab, F. Aldosary, and J. Bradwejn, "A Multifaith Spiritually Based Intervention for Generalized Anxiety Disorder: A Pilot Randomized Trial," *Journal of Clinical Psychology,* Vol. 66, No. 4, April 2010, pp. 430–441. doi: 10.1002/jclp.20663

Kozasa, E. H., R. F. Santos, A. D. Rueda, A. A. Benedito-Silva, F. Ornellas, and J. R. Leite, "Evaluation of Siddha Samadhi Yoga for Anxiety and Depression Symptoms: A Preliminary Study," *Psychological Reports,* Vol. 103, No. 1, August 2008, pp. 271–274.

Kraemer, J. M., and D. X. Marquez, "Psychosocial Correlates and Outcomes of Yoga or Walking Among Older Adults," *Journal of Psychology,* Vol. 143, No. 4, July 2009, pp. 390–404. doi: 10.3200/jrlp.143.4.390-404

Krishnamurthy, M. N., and S. Telles, "Assessing Depression Following Two Ancient Indian Interventions: Effects of Yoga and Ayurveda on Older Adults in a Residential Home," *Journal of Gerontological Nursing,* Vol. 33, No. 2, February 2007, pp. 17–23.

Krusche, A., E. Cyhlarova, S. King, and J. M. Williams, "Mindfulness Online: A Preliminary Evaluation of the Feasibility of a Web-Based Mindfulness Course and the Impact on Stress," *BMJ Open,* Vol. 2, No. 3, 2012. doi: 10.1136/bmjopen-2013-003498

Kubo, A., Y. Y. Hung, and J. Ritterman, "Yoga for Heart Failure Patients: A Feasibility Pilot Study with a Multiethnic Population," *International Journal of Yoga Therapy (IJoY)*, No. 21, 2011, pp. 77–83.

Kuehner, C., S. Huffziger, and K. Liebsch, "Rumination, Distraction, and Mindful Self-Focus: Effects on Mood, Dysfunctional Attitudes, and Cortisol Stress Response," *Psychological Medicine,* Vol. 39, No. 2, February 2009, pp. 219–228. doi: 10.1017/s0033291708003553

Kushner, M. G., R. F. Krueger, M. M. Wall, E. W. Maurer, J. S. Menk, and K. R. Menary, "Modeling and Treating Internalizing Psychopathology in a Clinical Trial: A Latent Variable Structural Equation Modeling Approach," *Psychological Medicine,* Vol. 43, No. 8, August 2013, pp. 1611–1623. doi: 10.1017/s0033291712002772

Kutz, I., J. Leserman, C. Dorrington, C. H. Morrison, J. Z. Borysenko, and H. Benson, "Meditation as an Adjunct to Psychotherapy: An Outcome Study," *Psychotherapy and Psychosomatics,* Vol. 43, No. 4, 1985, pp. 209–218.

Labelle, L. E., T. S. Campbell, and L. E. Carlson, "Mindfulness-Based Stress Reduction in Oncology: Evaluating Mindfulness and Rumination as Mediators of Change in Depressive Symptoms," *Mindfulness*, 2010, pp. 1–13. doi:10.1007/s12671-010-0005-6

Labus, J., A. Gupta, H. K. Gill, I. Posserud, M. Mayer, H. Raeen, R. Bolus, M. Simren, B. D. Naliboff, and E. A. Mayer, "Randomised Clinical Trial: Symptoms of the Irritable Bowel Syndrome Are Improved by a Psycho-Education Group Intervention," *Alimentary Pharmacology and Therapeutics,* Vol. 37, No. 3, February 2013, pp. 304–315.

Lakkireddy, D., D. Atkins, J. Pillarisetti, K. Ryschon, S. Bommana, J. Drisko, S. Vanga, and B. Dawn, "Effect of Yoga on Arrhythmia Burden, Anxiety, Depression, and Quality of Life in Paroxysmal Atrial Fibrillation: The Yoga My Heart Study," *Journal of the American College of Cardiology,* Vol. 61, No. 11, March 19, 2013, pp. 1177–1182. doi: 10.1016/j.jacc.2012.11.060

Lam, L. C., R. C. Chau, B. M. Wong, A. W. Fung, C. W. Tam, G. T. Leung, T. C. Kwok, T. Y. Leung, S. P. Ng, and W. M. Chan, "A 1-Year Randomized Controlled Trial Comparing Mind Body Exercise (Tai Chi) with Stretching and Toning Exercise on Cognitive Function in Older Chinese Adults At Risk of Cognitive Decline," *Journal of the American Medical Directors Association,* Vol. 13, No. 6, July 2012, pp. 568 e15–20. doi: 10.1016/j.jamda.2012.03.008

Lau, M. A., S. R. Bishop, Z. V. Segal, T. Buis, N. D. Anderson, L. Carlson, S. Shapiro, J. Carmody, S. Abbey, and G. Devins, "The Toronto Mindfulness Scale: Development and

Validation," *Journal of Clinical Psychology,* Vol. 62, No. 12, December 2006, pp. 1445–1467. doi: 10.1002/jclp.20326

Lavey, R., T. Sherman, K. T. Mueser, D. D. Osborne, M. Currier, and R. Wolfe, "The Effects of Yoga on Mood in Psychiatric Inpatients," *Psychiatric Rehabilitation Journal,* Vol. 28, No. 4, Spring 2005, pp. 399–402.

Lavretsky, H., E. S. Epel, P. Siddarth, N. Nazarian, N. S. Cyr, D. S. Khalsa, J. Lin, E. Blackburn, and M. R. Irwin, "A Pilot Study of Yogic Meditation for Family Dementia Caregivers with Depressive Symptoms: Effects on Mental Health, Cognition, and Telomerase Activity," *International Journal of Geriatric Psychiatry,* Vol. 28, No. 1, January 2013, pp. 57–65. doi: 10.1002/gps.3790

Lavretsky, H., and M. Irwin, "Meditation Improves Depressive Symptoms, Coping, Cognition, and Inflammation in Family Dementia Caregivers in a Randomized 8-Week Pilot Study," *American Journal of Geriatric Psychiatry,* Vol. 19, No. 3, March 2011, pp. S108–S109.

Lee, E. N., Y. H. Kim, W. T. Chung, and M. S. Lee, "Tai Chi for Disease Activity and Flexibility in Patients with Ankylosing Spondylitis—A Controlled Clinical Trial," *Evidence-Based Complementary and Alternative Medicine,* Vol. 5, No. 4, December 2008, pp. 457–462. doi: 10.1093/ecam/nem048

Lee, E. O., Y. R. Chae, R. Song, A. Eom, P. Lam, and M. Heitkemper, "Feasibility and Effects of a Tai Chi Self-Help Education Program for Korean Gastric Cancer Survivors," *Oncology Nursing Forum,* Vol. 37, No. 1, January 2010, pp. E1–6. doi: 10.1188/10.onf.e1-e6

Lee, K. H., S. Bowen, and B. An-Fu, "Psychosocial Outcomes of Mindfulness-Based Relapse Prevention in Incarcerated Substance Abusers in Taiwan: A Preliminary Study," *Journal of Substance Use,* Vol. 16, No. 6, 2011, pp. 476–483. doi: 10.3109/14659891.2010.505999

Lee, M. S., J. W. Jang, H. S. Jang, and S. R. Moon, "Effects of Qi-Therapy on Blood Pressure, Pain, and Psychological Symptoms in the Elderly: A Randomized Controlled Pilot Trial," *Complementary Therapies in Medicine,* Vol. 11, No. 3, September 2003, pp. 159–164. doi: 10.1016/s0965-2299(03)00088-8. As of October 27, 2015: http://www.sciencedirect.com/science/article/pii/S0965229903000888

Lee, M. S., S. M. Jeong, B. G. Kim, H. Ryu, S. W. Oh, and H. T. Chung, "A Minnesota Multiphasic Personality Inventory Profile of Chundosunbup Qi-Trainees: A Preliminary Study," *American Journal of Chinese Medicine,* Vol. 27, No. 3–4, 1999, pp. 307–313. doi: 10.1142/s0192415x99000355

Lee, S. H., S. C. Ahn, Y. J. Lee, T. K. Choi, K. H. Yook, and S. Y. Suh, "Effectiveness of a Meditation-Based Stress Management Program as an Adjunct to Pharmacotherapy in Patients with Anxiety Disorder," *Journal of Psychosomatic Research,* Vol. 62, No. 2, February 2007, pp. 189–195. doi: 10.1016/j.jpsychores.2006.09.009

Lee, W. K., and H. J. Bang, "The Effects of Mindfulness-Based Group Intervention on the Mental Health of Middle-Aged Korean Women in Community," *Stress and Health,* Vol. 26, No. 4, October 2010, pp. 341–348. doi: 10.1002/smi.1303

Leite, J. R., F. L. D. Ornellas, T. M. Amemiya, A. a. F. De Almeida, A. A. Dias, R. Afonso, S. Little, and E. H. Kozasa, "Effect of Progressive Self-Focus Meditation on Attention, Anxiety, and Depression Scores," *Perceptual and Motor Skills,* Vol. 110, No. 3, June 2010, pp. 840–848.

Lengacher, C. A., V. Johnson-Mallard, J. Post-White, M. S. Moscoso, P. B. Jacobsen, T. W. Klein, R. H. Widen, S. G. Fitzgerald, M. M. Shelton, M. Barta, M. Goodman, C. E. Cox, and K. E. Kip, "Randomized Controlled Trial of Mindfulness-Based Stress Reduction (MBSR) for Survivors of Breast Cancer," *Psycho-Oncology,* Vol. 18, No. 12, December 2009, pp. 1261–1272. doi: 10.1002/pon.1529

Leon-Pizarro, C., I. Gich, E. Barthe, A. Rovirosa, B. Farrus, F. Casas, E. Verger, A. Biete, J. Craven-Bartle, J. Sierra, and A. Arcusa, "A Randomized Trial of The Effect of Training in Relaxation and Guided Imagery Techniques in Improving Psychological and Quality-Of-Life Indices for Gynecologic and Breast Brachytherapy Patients," *Psycho-Oncology,* Vol. 16, No. 11, November 2007, pp. 971–979. doi: 10.1002/pon.1171

Lerman, C., B. Rimer, B. Blumberg, S. Cristinzio, P. F. Engstrom, N. Macelwee, K. O'Connor, and J. Seay, "Effects of Coping Style and Relaxation on Cancer Chemotherapy Side Effects and Emotional Responses," *Cancer Nursing,* Vol. 13, No. 5, October 1990, pp. 308–315.

Li, D. X., X. Y. Zhuang, Y. P. Zhang, H. Guo, Z. Wang, Q. Zhang, Y. M. Feng, and Y. G. Yao, "Effects of Tai Chi on the Protracted Abstinence Syndrome: A Time Trial Analysis," *American Journal of Chinese Medicine,* Vol. 41, No. 1, 2013, pp. 43–57.

Li, F. Z., T. E. Duncan, S. C. Duncan, E. Mcauley, N. R. Chaumeton, and P. Harmer, "Enhancing the Psychological Well-Being of Elderly Individuals Through Tai Chi Exercise: A Latent Growth Curve Analysis," *Structural Equation Modeling-a Multidisciplinary Journal,* Vol. 8, No. 1, 2001, pp. 53–83. doi: 10.1207/s15328007sem0801_4

Litchke, L. G., J. S. Hodges, and R. F. Reardon, "Benefits of Chair Yoga for Persons with Mild to Severe Alzheimer's Disease," *Activities, Adaptation & Aging,* Vol. 36, No. 4, 2012, pp. 317–328. doi: 10.1080/01924788.2012.729185

Little, S. a. S., B. Kligler, P. Homel, S. S. Belisle, and W. Merrell, "Multimodal Mind/Body Group Therapy for Chronic Depression: A Pilot Study," *Explore-the Journal of Science and Healing,* Vol. 5, No. 6, November–December 2009, pp. 330–337. doi: 10.1016/j.explore.2009.08.004

Liu, X., Y. D. Miller, N. W. Burton, and W. J. Brown, "A Preliminary Study of the Effects of Tai Chi and Qigong Medical Exercise on Indicators of Metabolic Syndrome, Glycaemic

Control, Health-Related Quality of Life, and Psychological Health in Adults with Elevated Blood Glucose," *British Journal of Sports Medicine,* Vol. 44, No. 10, August 2010, pp. 704–709. doi: 10.1136/bjsm.2008.051144

Liu, X., L. Vitetta, K. Kostner, D. Crompton, G. Williams, W. J. Brown, A. Lopez, C. C. Xue, T. P. Oei, and G. Byrne, "The Effects of Tai Chi in Centrally Obese Adults with Depression Symptoms," *Evidence-Based Complementary and Alternative Medicine,* 2015.

Ljotsson, B., S. Andreewitch, E. Hedman, C. Ruck, G. Andersson, and N. Lindefors, "Exposure and Mindfulness Based Therapy for Irritable Bowel Syndrome—An Open Pilot Study," *Journal of Behavior Therapy and Experimental Psychiatry,* Vol. 41, No. 3, September 2010, pp. 185–190. doi: 10.1016/j.jbtep.2010.01.001

Ljotsson, B., L. Falk, A. W. Vesterlund, E. Hedman, P. Lindfors, C. Ruck, T. Hursti, S. Andreewitch, L. Jansson, N. Lindefors, and G. Andersson, "Internet-Delivered Exposure and Mindfulness Based Therapy for Irritable Bowel Syndrome—A Randomized Controlled Trial," *Behaviour Research and Therapy,* Vol. 48, No. 6, June 2010, pp. 531–539. doi: 10.1080/16506073.2013.846401

Lloyd, D. P., J. D. Rosow, and M. Hillbrand, "Integrative Medicine Improves Mood in an Inpatient Setting," *Psychiatric Services,* Vol. 63, No. 11, 2012, pp. 1154–1155. doi: 10.1176/appi.ps.1154a

Loizzo, J. J., J. C. Peterson, M. E. Charlson, E. J. Wolf, M. Altemus, W. M. Briggs, L. T. Vandat, and T. A. Caputo, "The Effect of a Contemplative Self-Healing Program on Quality of Life in Women with Breast and Gynecologic Cancers," *Alternative Therapies in Health and Medicine,* Vol. 16, No. 3, May–June 2010, pp. 30–37.

Lolak, S., G. L. Connors, M. J. Sheridan, and T. N. Wise, "Effects of Progressive Muscle Relaxation Training on Anxiety and Depression in Patients Enrolled in an Outpatient Pulmonary Rehabilitation Program," *Psychotherapy and Psychosomatics,* Vol. 77, No. 2, 2008, pp. 119–125. doi: 10.1159/000112889

Lombardi, F., S. Belletti, and A. Lomuscio, "Alternative Therapies in the Treatment of Atrial Fibrillation," *Journal of Atrial Fibrillation,* Vol. 5, No. 6, 2013, pp. 175–181.

Lush, E., P. Salmon, A. Floyd, J. L. Studts, I. Weissbecker, and S. E. Sephton, "Mindfulness Meditation for Symptom Reduction in Fibromyalgia: Psychophysiological Correlates," *Journal of Clinical Psychology in Medical Settings,* Vol. 16, No. 2, 2009, pp. 200–207.

Lyles, J. N., T. G. Burish, M. G. Krozely, and R. K. Oldham, "Efficacy of Relaxation Training and Guided Imagery in Reducing the Aversiveness of Cancer Chemotherapy," *Journal of Consulting and Clinical Psychology*, Vol. 50, No. 4, 1982, pp. 509–524.

Maddali B. S., A. Del Rosso, C. Di Felice, M. Cala, and G. Giambalvo Dal Ben, "Resseguier Method and Qi Gong Sequentially Integrated in Patients with Fibromyalgia Syndrome," *Clinical and Experimental Rheumatology,* Vol. 30, No. 6, Suppl. 74, November–December 2012, pp. 51–58.

Majid, S. A., T. Seghatoleslam, H. A. Homan, A. Akhvast, and H. Habil, "Effect of Mindfulness Based Stress Management on Reduction of Generalized Anxiety Disorder," *Iranian Journal of Public Health,* Vol. 41, No. 10, October 2012, pp. 24–28.

Malarkey, W. B., D. Jarjoura, and M. Klatt, "Workplace Based Mindfulness Practice and Inflammation: A Randomized Trial," *Brain, Behavior, and Immunity,* Vol. 27, No. 1, January 2013, pp. 145–154. doi: 10.1016/j.bbi.2012.10.009

Manjunath, R. B., S. Varambally, J. Thirthalli, I. V. Basavaraddi, and B. N. Gangadhar, "Efficacy of Yoga as an Add-on Treatment for In-Patients with Functional Psychotic Disorder," *Indian Journal of Psychiatry,* Vol. 55, Suppl. 3, July 2013, pp. S374–S378. doi: 10.4103/0019-5545.116314

Manotas, M., C. Segura, M. Eraso, J. Oggins, and K. Mcgovern, "Association of Brief Mindfulness Training with Reductions in Perceived Stress and Distress in Colombian Health Care Professionals," *International Journal of Stress Management*, Vol. 21, No. 2, May 2014, pp. 207–225.

Manzaneque, J. M., F. M. Vera, N. S. Ramos, Y. A. Godoy, F. M. Rodriguez, M. J. Blanca, A. Fernandez, and A. Enguix, "Psychobiological Modulation in Anxious and Depressed Patients After a Mindfulness Meditation Programme: A Pilot Study," *Stress and Health,* Vol. 27, No. 3, August 2011, pp. 216–222. doi: 10.1002/smi.1334

Manzaneque, J. M., F. M. Vera, F. M. Rodriguez, G. J. Garcia, L. Leyva, and M. J. Blanca, "Serum Cytokines, Mood and Sleep After a Qigong Program: Is Qigong an Effective Psychobiological Tool?" *Journal of Health Psychology,* Vol. 14, No. 1, January 2009, pp. 60–67. doi: 10.1177/1359105308097946

Mathew, K. L., H. S. Whitford, M. A. Kenny, and L. A. Denson, "The Long-Term Effects of Mindfulness-Based Cognitive Therapy as a Relapse Prevention Treatment for Major Depressive Disorder," *Behavioural and Cognitive Psychotherapy,* Vol. 38, No. 5, October 2010, pp. 561–576. doi: 10.1017/s135246581000010x

Matousek, R. H., and P. L. Dobkin, "Weathering Storms: A Cohort Study of How Participation in a Mindfulness-Based Stress Reduction Program Benefits Women After Breast Cancer Treatment," *Current Oncology (Toronto, Ont.),* Vol. 17, No. 4, August 2010, pp. 62–70. As of October 27, 2015: http://www.current-oncology.com/index.php/oncology/article/download/572/486

Matousek, R. H., J. C. Pruessner, and P. L. Dobkin, "Changes in the Cortisol Awakening Response (CAR) Following Participation in Mindfulness-Based Stress Reduction in Women Who Completed Treatment for Breast Cancer," *Complementary Therapies in Clinical Practice,* Vol. 17, No. 2, May 2011, pp. 65–70. doi: 10.1016/j.ctcp.2010.10.005

McCallion, E. A., and B. W. Smith, "Reducing Anxiety & Depression Using Mindfulness-Based Stress Reduction in a Hispanic Primary Care Population," *Annals of Behavioral Medicine,* Vol. 47, April 2014, pp. S21–S21.

McMillan, T., I. H. Robertson, D. Brock, and L. Chorlton, "Brief Mindfulness Training for Attentional Problems After Traumatic Brain Injury: A Randomised Control Treatment Trial," *Neuropsychological Rehabilitation,* Vol. 12, No. 2, March 2002, pp. 117–125. doi: 10.1080/09602010143000202

Meadows, G. N., F. Shawyer, J. C. Enticott, A. L. Graham, F. Judd, P. R. Martin, L. Piterman, and Z. Segal, "Mindfulness-Based Cognitive Therapy for Recurrent Depression: A Translational Research Study with 2-Year Follow-Up," *Australian and New Zealand Journal of Psychiatry,* Vol. 48, No. 8, March 4, 2014, pp. 743–755. As of October 27, 2015: http://anp.sagepub.com/content/48/8/743.full.pdf

Meyer, B., T. Berger, F. Caspar, C. G. Beevers, G. Andersson, and M. Weiss, "Effectiveness of a Novel Integrative Online Treatment for Depression (Deprexis): Randomized Controlled Trial," *Journal of Medical Internet Research,* Vol. 11, No. 2, 2009, p. e15. doi: 10.2196/jmir.1151

Michalsen, A., P. Grossman, A. Acil, J. Langhorst, R. Ludtke, T. Esch, G. B. Stefano, and G. J. Dobos, "Rapid Stress Reduction and Anxiolysis Among Distressed Women as a Consequence of a Three-Month Intensive Yoga Program," *Medical Science Monitor,* Vol. 11, No. 12, December 2005, pp. CR555–CR561.

Michalsen, A., M. Jeitler, S. Brunnhuber, R. Ludtke, A. Bussing, F. Musial, G. Dobos, and C. Kessler, "Iyengar Yoga for Distressed Women: A 3-Armed Randomized Controlled Trial," *Evidence-Based Complementary and Alternative Medicine,* 2012, p. 408727. doi: 10.1155/2012/408727

Michalsen, A., H. Traitteur, R. Ludtke, S. Brunnhuber, L. Meier, M. Jeitler, A. Bussing, and C. Kessler, "Yoga for Chronic Neck Pain: A Pilot Randomized Controlled Clinical Trial," *Journal of Pain,* Vol. 13, No. 11, November 2012, pp. 1122–1130. doi: 10.1016/j.jpain.2012.08.004

Milbury, K., A. Chaoul, K. Biegler, T. Wangyal, A. Spelman, C. A. Meyers, B. Arun, J. L. Palmer, J. Taylor, and L. Cohen, "Tibetan Sound Meditation for Cognitive Dysfunction: Results of a Randomized Controlled Pilot Trial," *Psycho-Oncology*, May 9, 2013.

Miller, J. J., K. Fletcher, and J. Kabat-Zinn, "Three-Year Follow-Up and Clinical Implications of a Mindfulness Meditation-Based Stress Reduction Intervention in the Treatment of Anxiety Disorders," *General Hospital Psychiatry,* Vol. 17, No. 3, May 1995, pp. 192–200.

Miller, J. H., "Does the Evidence That Mindfulness-Based Interventions May Assist Counsellors and Their Clients Post-Earthquake Stack Up?" *Counselling Psychology Quarterly,* Vol. 25, No. 3, 2012, pp. 339–342.

Mishra, M., and R. K. Sinha, "Effect of Yogic Practices on Depression and Anxiety," *Journal of Projective Psychology & Mental Health,* Vol. 8, No. 1, 2001, pp. 23–27.

Moody, K., D. Kramer, R. O. Santizo, L. Magro, D. Wyshogrod, J. Ambrosio, C. Castillo, R. Lieberman, and J. Stein, "Helping the Helpers: Mindfulness Training for Burnout in Pediatric Oncology—A Pilot Program," *Journal of Pediatric Oncology Nursing,* Vol. 30, No. 5, September–October 2013, pp. 275–284. doi: 10.1177/1043454213504497. As of October 27, 2015:
http://jpo.sagepub.com/content/30/5/275.full.pdf

Moritz, S., and M. Rufer, "Movement Decoupling: A Self-Help Intervention for the Treatment of Trichotillomania," *Journal of Behavior Therapy and Experimental Psychiatry,* Vol. 42, No. 1, March 2011, pp. 74–80. doi: 10.1016/j.jbtep.2010.07.001

Moynihan, J. A., B. P. Chapman, R. Klorman, M. S. Krasner, P. R. Duberstein, K. W. Brown, and N. L. Talbot, "Mindfulness-Based Stress Reduction for Older Adults: Effects on Executive Function, Frontal Alpha Asymmetry and Immune Function," *Neuropsychobiology,* Vol. 68, No. 1, 2013, pp. 34–43. Doi: 10.1159/000350949

Murthy, P. J. N. V., N. Janakiramaiah, B. N. Gangadhar, and D. K. Subbakrishna, "P300 Amplitude and Antidepressant Response to Sudarshan Kriya Yoga (SKY)," *Journal of Affective Disorders,* Vol. 50, No. 1, 1998, pp. 45–48.

Muzik, M., S. E. Hamilton, K. Lisa Rosenblum, E. Waxler, and Z. Hadi, "Mindfulness Yoga During Pregnancy for Psychiatrically At-Risk Women: Preliminary Results from a Pilot Feasibility Study," *Complementary Therapies in Clinical Practice,* Vol. 18, No. 4, November 2012, pp. 235–240. doi: 10.1016/j.ctcp.2012.06.006

Nakamura, Y., D. L. Lipschitz, R. Kuhn, A. Y. Kinney, and G. W. Donaldson, "Investigating Efficacy of Two Brief Mind-Body Intervention Programs for Managing Sleep Disturbance in Cancer Survivors: A Pilot Randomized Controlled Trial," *Journal of Cancer Survivorship,* Vol. 7, No. 2, June 2013, pp. 165–182. doi: 10.1007/s11764-012-0252-8. As of October 27, 2015:
http://rd.springer.com/article/10.1007%2Fs11764-012-0252-8

Nakamura, Y., D. L. Lipschitz, R. Landward, R. Kuhn, and G. West, "Two Sessions of Sleep-Focused Mind-Body Bridging Improve Self-Reported Symptoms of Sleep and PTSD in

Veterans: A Pilot Randomized Controlled Trial," *Journal of Psychosomatic Research,* Vol. 70, No. 4, April 2011, pp. 335–345. doi: 10.1016/j.jpsychores.2010.09.007

Naveen, G. H., J. Thirthalli, M. G. Rao, S. Varambally, R. Christopher, and B. N. Gangadhar, "Positive Therapeutic and Neurotropic Effects of Yoga in Depression: A Comparative Study," *Indian Journal of Psychiatry,* Vol. 55, Suppl. 3, July 2013, pp. S400–S404. doi: 10.4103/0019-5545.116313

Neece, C. L., "Mindfulness-Based Stress Reduction for Parents of Young Children with Developmental Delays: Implications for Parental Mental Health and Child Behavior Problems," *Journal of applied research in intellectual disabilities : JARID*, July 1, 2013. doi: 10.1111/jar.12064

Netz, Y., and R. Lidor, "Mood Alterations in Mindful Versus Aerobic Exercise Modes," *Journal of Psychology,* Vol. 137, No. 5, September 2003, pp. 405–419. doi: 10.1080/00223980309600624

Nidich, S. I., M. V. Rainforth, D. A. Haaga, J. Hagelin, J. W. Salerno, F. Travis, M. Tanner, C. Gaylord-King, S. Grosswald, and R. H. Schneider, "A Randomized Controlled Trial on Effects of the Transcendental Meditation Program on Blood Pressure, Psychological Distress, and Coping in Young Adults," *American Journal of Hypertension,* Vol. 22, No. 12, December 2009, pp. 1326–1331. doi: 10.1038/ajh.2009.184

Nyklicek, I., S. C. Dijksman, P. J. Lenders, W. A. Fonteijn, and J. J. Koolen, "A Brief Mindfulness Based Intervention for Increase in Emotional Well-Being and Quality of Life in Percutaneous Coronary Intervention (PCI) Patients: The Mindfulheart Randomized Controlled Trial," *Journal of Behavioral Medicine*, November 23, 2012. doi: 10.1007/s10865-012-9475-4. As of October 27, 2015: http://rd.springer.com/article/10.1007%2Fs10865-012-9475-4

O'Connor, M., J. Piet, and E. Hougaard, "The Effects of Mindfulness-Based Cognitive Therapy on Depressive Symptoms in Elderly Bereaved People with Loss-Related Distress: A Controlled Pilot Study," *Mindfulness*, Vol. 5, 2013, pp. 400–409.

Olivo, E. L., B. Dodson-Lavelle, A. Wren, Y. Fang, and M. C. Oz, "Feasibility and Effectiveness of a Brief Meditation-Based Stress Management Intervention for Patients Diagnosed with or At Risk for Coronary Heart Disease: A Pilot Study," *Psychology, Health & Medicine,* Vol. 14, No. 5, October 2009, pp. 513–523. doi: 10.1080/13548500902890087

Ost, L. G., and E. Breitholtz, "Applied Relaxation Vs. Cognitive Therapy in the Treatment of Generalized Anxiety Disorder," *Behaviour Research and Therapy,* Vol. 38, No. 8, August 2000, pp. 777–790. doi: 10.1016/s0005-7967(99)00095-9

Overcash, J., K. M. Will, and D. W. Lipetz, "The Benefits of Medical Qigong in Patients with Cancer: A Descriptive Pilot Study," *Clinical Journal of Oncology Nursing,* Vol. 17, No. 6, December 1, 2013, pp. 654–658. doi: 10.1188/13.cjon.654-658

Pandey, S., N. K. Mahato, and R. Navale, "Role of Self-Induced Sound Therapy: Bhramari Pranayama in Tinnitus," *Audiological Medicine,* Vol. 8, No. 3, 2010, pp. 137–141. doi: 10.3109/1651386X.2010.489694

Park, J., and R. Mccaffrey, "Chair Yoga: Benefits for Community-Dwelling Older Adults with Osteoarthritis," *Journal of Gerontological Nursing,* Vol. 38, No. 5, May 2012, pp. 12–22; quiz 24–15. doi: 10.3928/00989134-20120410-01

Parra-Delgado, M., and J. M. Latorre-Postigo, "Effectiveness of Mindfulness-Based Cognitive Therapy in the Treatment of Fibromyalgia: A Randomised Trial," *Cognitive Therapy and Research,* Vol. 37, No. 5, October 2013, pp. 1015–1026. doi: 10.1007/s10608-013-9538-z

Parswani, M. J., M. P. Sharma, and S. Iyengar, "Mindfulness-Based Stress Reduction Program in Coronary Heart Disease: A Randomized Control Trial," *International Journal of Yoga,* Vol. 6, No. 2, July 2013, pp. 111–117. doi: 10.4103/0973-6131.113405

Paul, N. A., S. J. Stanton, J. M. Greeson, M. J. Smoski, and L. Wang, "Psychological and Neural Mechanisms of Trait Mindfulness in Reducing Depression Vulnerability," *Social Cognitive and Affective Neuroscience,* Vol. 8, No. 1, January 2013, pp. 56–64. doi: 10.1093/scan/nss070. As of October 27, 2015: http://scan.oxfordjournals.org/content/8/1/56.full.pdf

Paulik, G., A. Simcocks, L. Weiss, and S. Albert, "Benefits of a 12-Week Mindfulness Group Program for Mental Health Consumers in an Outpatient Setting," *Mindfulness,* Vol. 1, No. 4, 2010, pp. 215–226.

Perelman, A. M., S. L. Miller, C. B. Clements, A. Rodriguez, K. Allen, and R. Cavanaugh, "Meditation in a Deep South Prison: A Longitudinal Study of the Effects of Vipassana," *Journal of Offender Rehabilitation,* Vol. 51, No. 3, 2012, pp. 176–198.

Pinniger, R., E. B. Thorsteinsson, R. F. Brown, and P. Mckinley, "Tango Dance Can Reduce Distress and Insomnia in People with Self-Referred Affective Symptoms," *American Journal of Dance Therapy,* Vol. 35, No. 1, 2013, pp. 60–77. doi: 10.1007/s10465-012-9141-y

Pipe, T. B., J. J. Bortz, A. Dueck, D. Pendergast, V. Buchda, and J. Summers, "Nurse Leader Mindfulness Meditation Program for Stress Management: A Randomized Controlled Trial," *Journal of Nursing Administration,* Vol. 39, No. 3, March 2009, pp. 130–137. doi: 10.1097/NNA.0b013e31819894a0

Posadzki, P., "Tai Chi/Qigong Improves Selected Indicators of Metabolic Syndrome, Qol, Depression and Perceived Stress," *Focus on Alternative & Complementary Therapies,* Vol. 16, No. 2, 2011, pp. 161–162. doi: 10.1111/j.2042-7166.2011.01091

Pots, W. T., P. A. Meulenbeek, M. M. Veehof, J. Klungers, and E. T. Bohlmeijer, "The Efficacy of Mindfulness-Based Cognitive Therapy as a Public Mental Health Intervention for Adults with Mild to Moderate Depressive Symptomatology: A Randomized Controlled Trial," *PloS One,* Vol. 9, No. 10, 2014, p. e109789.

Pradhan, E. K., M. Baumgarten, P. Langenberg, B. Handwerger, A. K. Gilpin, T. Magyari, M. C. Hochberg, and B. M. Berman, "Effect of Mindfulness-Based Stress Reduction in Rheumatoid Arthritis Patients," *Arthritis and Rheumatism,* Vol. 57, No. 7, October 15, 2007, pp. 1134–1142. doi: 10.1002/art.23010

Prakhinkit, S., S. Suppapitiporn, H. Tanaka, and D. Suksom, "Effects of Buddhism Walking Meditation on Depression, Functional Fitness, and Endothelium-Dependent Vasodilation in Depressed Elderly," *Journal of Alternative and Complementary Medicine,* Vol. 20, No. 5, 2014, pp. 411–416.

Price, C. J., E. A. Wells, D. M. Donovan, and T. Rue, "Mindful Awareness in Body-Oriented Therapy as an Adjunct to Women's Substance Use Disorder Treatment: A Pilot Feasibility Study," *Journal of Substance Abuse Treatment,* Vol. 43, No. 1, July 2012, pp. 94–107. doi: 10.1016/j.jsat.2011.09.016. As of October 27, 2015: http://www.sciencedirect.com/science/article/pii/S0740547211001863

Putiri, A. L., J. C. Lovejoy, S. Gillham, M. Sasagawa, R. Bradley, and G. C. Sun, "Psychological Effects of Yi Ren Medical Qigong and Progressive Resistance Training in Adults with Type 2 Diabetes Mellitus: A Randomized Controlled Pilot Study," *Alternative Therapies in Health and Medicine,* Vol. 18, No. 1, January–February 2012, pp. 30–34.

Quick, M., and D. Kiefer, "Qigong Reduces Depression in Women with Breast Cancer Receiving Radiotherapy," *Integrative Medicine Alert,* Vol. 16, No. 5, 2013, pp. 54–57.

Radford, S. R., R. S. Crane, C. Eames, E. Gold, and G. W. Owens, "The Feasibility and Effectiveness of Mindfulness-Based Cognitive Therapy for Mixed Diagnosis Patients in Primary Care: A Pilot Study," *Mental* Health *in Family Medicine,* Vol. 9, No. 3, September 2012, pp. 191–200.

Raes, F., D. Dewulf, C. Van Heeringen, and J. M. Williams, "Mindfulness and Reduced Cognitive Reactivity to Sad Mood: Evidence from a Correlational Study and a Non-Randomized Waiting List Controlled Study," *Behaviour Research and Therapy,* Vol. 47, No. 7, July 2009, pp. 623–627. doi: 10.1016/j.brat.2009.03.007

Raghavendra, R. M., R. Nagarathna, H. R. Nagendra, K. S. Gopinath, B. S. Srinath, B. D. Ravi, S. Patil, B. S. Ramesh, and R. Nalini, "Effects of an Integrated Yoga Programme on

Chemotherapy-Induced Nausea and Emesis in Breast Cancer Patients," *European Journal of Cancer Care (English Language Edition),* Vol. 16, No. 6, November 2007, pp. 462–474. doi: 10.1111/j.1365-2354.2006.00739.x

Raghavendra, R. M., H. S. Vadiraja, R. Nagarathna, H. R. Nagendra, M. Rekha, N. Vanitha, K. S. Gopinath, B. S. Srinath, M. S. Vishweshwara, Y. S. Madhavi, B. S. AjaikuMarch, B. S. Ramesh, R. Nalini, and V. KuMarch, "Effects of a Yoga Program on Cortisol Rhythm and Mood States in Early Breast Cancer Patients Undergoing Adjuvant Radiotherapy: A Randomized Controlled Trial," *Integrative Cancer Therapies,* Vol. 8, No. 1, March 2009, pp. 37–46.

Ramachandra, P., S. Booth, T. Pieters, K. Vrotsou, and F. A. Huppert, "A Brief Self-Administered Psychological Intervention to Improve Well-Being in Patients with Cancer: Results from a Feasibility Study," *Psycho-Oncology,* Vol. 18, No. 12, December 2009, pp. 1323–1326. doi: 10.1002/pon.1516

Rani, N. J., and P. V. K. Rao, "Impact of Yoga Training on Body Image and Depression," *Psychological Studies,* Vol. 50, No. 1, 2005, pp. 98–100.

Rao, R. M., H. R. Nagendra, N. Raghuram, C. Vinay, S. Chandrashekara, K. S. Gopinath, and B. S. Srinath, "Influence of Yoga on Mood States, Distress, Quality of Life and Immune Outcomes in Early Stage Breast Cancer Patients Undergoing Surgery," *International Journal of Yoga,* Vol. 1, No. 1, January 2008, pp. 11–20. doi: 10.4103/0973-6131.36789

Ray, U. S., S. Mukhopadhyaya, S. S. Purkayastha, V. Asnani, O. S. Tomer, R. Prashad, L. Thakur, and W. Selvamurthy, "Effect of Yogic Exercises on Physical and Mental Health of Young Fellowship Course Trainees," *Indian Journal of Physiology and Pharmacology,* Vol. 45, No. 1, January 2001, pp. 37–53.

Redwine, L. S., M. Tsuang, A. Rusiewicz, I. Pandzic, S. Cammarata, T. Rutledge, S. Hong, S. Linke, and P. J. Mills, "A Pilot Study Exploring the Effects of a 12-Week T'ai Chi Intervention on Somatic Symptoms of Depression in Patients with Heart Failure," *Journal of Alternative and Complementary Medicine,* Vol. 18, No. 8, 2012, pp. 744–748. doi: 10.1089/acm.2011.0314

Redwine, L. S., M. S. Pung, S. S. Hong, K. S. Wilson, K. S. Chinh, F. S. Iqbal, and P. J. Mills, "Tai Chi Intervention May Lead to Improved Cognitive Function Associated with Reduced Depression Symptoms in Heart Failure Patients," *Psychosomatic Medicine,* Vol. 76, No. 3, April 2014, p. A51.

Reibel, D. K., J. M. Greeson, G. C. Brainard, and S. Rosenzweig, "Mindfulness-Based Stress Reduction and Health-Related Quality of Life in a Heterogeneous Patient Population," *General Hospital Psychiatry,* Vol. 23, No. 4, July–August 2001, pp. 183–192.

Rimes, K. A., and J. Wingrove, "Mindfulness-Based Cognitive Therapy for People with Chronic Fatigue Syndrome Still Experiencing Excessive Fatigue After Cognitive Behaviour Therapy: A Pilot Randomized Study," *Clinical Psychology & Psychotherapy,* Vol. 20, No. 2, March–April 2013, pp. 107–117. doi: 10.1002/cpp.793

Rizvi, S. L., and L. M. Steffel, "A Pilot Study of 2 Brief Forms of Dialectical Behavior Therapy Skills Training for Emotion Dysregulation in College Students," *Journal of American College Health,* Vol. 62, No. 6, 2014, pp. 434–439. As of October 27, 2015: http://www.tandfonline.com/doi/pdf/10.1080/07448481.2014.907298

Roberts-Wolfe, D., M. D. Sacchet, E. Hastings, H. Roth, and W. Britton, "Mindfulness Training Alters Emotional Memory Recall Compared to Active Controls: Support for an Emotional Information Processing Model of Mindfulness," *Frontiers in Human Neuroscience,* Vol. 6, 2012, p. 15. doi: 10.3389/fnhum.2012.00015

Roeser, R. W., K. A. Schonert-Reichl, A. Jha, M. Cullen, L. Wallace, R. Wilensky, E. Oberle, K. Thomson, C. Taylor, and J. Harrison, "Mindfulness Training and Reductions in Teacher Stress and Burnout: Results from Two Randomized, Waitlist-Control Field Trials," *Journal of Educational Psychology,* Vol. 105, No. 3, August 2013, pp. 787–804. doi: 10.1037/a0032093

Rogojanski, J., L. C. Vettese, and M. M. Antony, "Coping with Cigarette Cravings: Comparison of Suppression Versus Mindfulness-Based Strategies," *Mindfulness,* Vol. 2, No. 1, 2011, pp. 14–26. doi: 10.1007/s12671-010-0038-x

Rohsenow, D. J., P. M. Monti, R. A. Martin, E. Michalec, and D. B. Abrams, "Brief Coping Skills Treatment for Cocaine Abuse: 12-Month Substance Use Outcomes," *Journal of Consulting and Clinical Psychology,* Vol. 68, No. 3, June 2000, pp. 515–520.

Rohsenow, D. J., R. E. Smith, and S. Johnson, "Stress Management Training as a Prevention Program for Heavy Social Drinkers: Cognitions, Affect, Drinking, and Individual Differences," *Addictive Behaviors,* Vol. 10, No. 1, 1985, pp. 45–54.

Romero-Zurita, A., A. Carbonell-Baeza, V. A. Aparicio, J. R. Ruiz, P. Tercedor, and M. Delgado-Fernandez, "Effectiveness of a Tai-Chi Training and Detraining on Functional Capacity, Symptomatology and Psychological Outcomes in Women with Fibromyalgia," *Evidence-Based Complementary and Alternative Medicine,* 2012, p. 614196. doi: 10.1155/2012/614196

Rosmarin, D. H., K. I. Pargament, S. Pirutinsky, and A. Mahoney, "A Randomized Controlled Evaluation of a Spiritually Integrated Treatment for Subclinical Anxiety in the Jewish Community, Delivered Via the Internet," *Journal of Anxiety Disorders,* Vol. 24, No. 7, October 2010, pp. 799–808. doi: 10.1016/j.janxdis.2010.05.014

Rungreangkulkij, S., W. Wongtakee, and S. Thongyot, "Buddhist Group Therapy for Diabetes Patients with Depressive Symptoms," *Archives of Psychiatric Nursing,* Vol. 25, No. 3, June, 2011, pp. 195–205. doi: 10.1016/j.apnu.2010.08.007

Sachse, S., S. Keville, and J. Feigenbaum, "A Feasibility Study of Mindfulness-Based Cognitive Therapy for Individuals with Borderline Personality Disorder," *Psychology and Psychotherapy,* Vol. 84, No. 2, June 2011, pp. 184–200. doi: 10.1348/147608310x516387

Sagula, D., and K. G. Rice, "The Effectiveness of Mindfulness Training on the Grieving Process and Emotional Well-Being of Chronic Pain Patients," *Journal of Clinical Psychology in Medical Settings,* Vol. 11, No. 4, December 2004, pp. 333–342. doi: 10.1023/b:jocs.0000045353.78755.51

Sahdra, B. K., K. A. Maclean, E. Ferrer, P. R. Shaver, E. L. Rosenberg, T. L. Jacobs, A. P. Zanesco, B. G. King, S. R. Aichele, D. A. Bridwell, G. R. Mangun, S. Lavy, B. A. Wallace, and C. D. Saron, "Enhanced Response Inhibition During Intensive Meditation Training Predicts Improvements in Self-Reported Adaptive Socioemotional Functioning," *Emotion,* Vol. 11, No. 2, April 2011, pp. 299–312. doi: 10.1037/a0022764

Salgado, B. C., M. Jones, S. Ilgun, G. Mccord, M. Loper-Powers, and P. Van Houten, "Effects of a 4-Month Ananda Yoga Program on Physical and Mental Health Outcomes for Persons with Multiple Sclerosis," *International Journal of Yoga Therapy,* Vol. 23, No. 2, 2013, pp. 27–38.

Salmoirago-Blotcher, E., S. L. Crawford, J. Carmody, L. Rosenthal, G. Yeh, M. Stanley, K. Rose, C. Browning, and I. S. Ockene, "Phone-Delivered Mindfulness Training for Patients with Implantable Cardioverter Defibrillators: Results of a Pilot Randomized Controlled Trial," *Annals of Behavioral Medicine,* Vol. 46, No. 2, October 2013, pp. 243–250. doi: 10.1007/s12160-013-9505-7

Santana, M. J., S. P. J, J. Mirus, M. Loadman, D. C. Lien, and D. Feeny, "An Assessment of the Effects of Iyengar Yoga Practice on the Health-Related Quality of Life of Patients with Chronic Respiratory Diseases: A Pilot Study," *Canadian Respiratory Journal,* Vol. 20, No. 2, March–April 2013, pp. e17–e23. As of October 27, 2015: http://www.ncbi.nlm.nih.gov/pmc/articles/PMC3630052/pdf/crj20e017.pdf

Sattin, R. W., K. A. Easley, S. L. Wolf, Y. Chen, and M. H. Kutner, "Reduction in Fear of Falling Through Intense Tai Chi Exercise Training in Older, Transitionally Frail Adults," *Journal of the American Geriatrics Society,* Vol. 53, No. 7, July 2005, pp. 1168–1178. doi: 10.1111/j.1532-5415.2005.53375.x

Satyapriya, M., R. Nagarathna, V. Padmalatha, and H. R. Nagendra, "Effect of Integrated Yoga on Anxiety, Depression & Well Being in Normal Pregnancy," *Complementary Therapies in Clinical Practice,* Vol. 19, No. 4, November 2013, pp. 230–236.

doi: 10.1016/j.ctcp.2013.06.003. As of October 27, 2015: http://www.sciencedirect.com/science/article/pii/S174438811300042X

Schaff, T. R., "Senior Yoga in and out of Chairs," *Topics in Geriatric Rehabilitation,* Vol. 28, No. 3, July–September 2012, pp. 223–237. doi: 10.1097/TGR.0b013e3182610204

Schmidt, S., P. Grossman, B. Schwarzer, S. Jena, J. Naumann, and H. Walach, "Treating Fibromyalgia with Mindfulness-Based Stress Reduction: Results from a 3-Armed Randomized Controlled Trial," *Pain,* Vol. 152, No. 2, February 2011, pp. 361–369. doi: 10.1016/j.pain.2010.10.043. As of October 27, 2015: http://www.sciencedirect.com/science/article/pii/S0304395910006779

Schmitz-Hubsch, T., D. Pyfer, K. Kielwein, R. Fimmers, T. Klockgether, and U. Wullner, "Qigong Exercise for the Symptoms of Parkinson's Disease: A Randomized, Controlled Pilot Study," *Movement Disorders,* Vol. 21, No. 4, April 2006, pp. 543–548. doi: 10.1002/mds.20705

Schroder, A., J. Heider, A. Zaby, and R. Gollner, "Cognitive Behavioral Therapy Versus Progressive Muscle Relaxation Training for Multiple Somatoform Symptoms: Results of a Randomized Controlled Trial," *Cognitive Therapy and Research,* Vol. 37, No. 2, April 2013, pp. 296–306. doi: 10.1007/s10608-012-9474-3

Schroevers, M. J., and R. Brandsma, "Is Learning Mindfulness Associated with Improved Affect After Mindfulness-Based Cognitive Therapy?" *British Journal of Psychology,* Vol. 101, February 2010, pp. 95–107. doi: 10.1348/000712609x424195

Schroevers, M. J., K. A. Tovote, J. C. Keers, T. P. Links, R. Sanderman, and J. Fleer, "Individual Mindfulness-Based Cognitive Therapy for People with Diabetes: A Pilot Randomized Controlled Trial," *Mindfulness*, 2013.

Selfridge, N., "MBSR for Type 2 DM: Does Reducing Stress Reduce Complications?" *Integrative Medicine Alert,* Vol. 15, No. 4, 2012, pp. 42–44.

SendhilkuMarch, R., A. Gupta, R. Nagarathna, and A. B. Taly, "Effect of Pranayama and Meditation as an Add-on Therapy in Rehabilitation of Patients with Guillain-Barre Syndrome—A Randomized Control Pilot Study," *Disability and Rehabilitation,* Vol. 35, No. 1, January 2013, pp. 57–62. doi: 10.3109/09638288.2012.687031

Sephton, S. E., P. Salmon, I. Weissbecker, C. Ulmer, A. Floyd, K. Hoover, and J. L. Studts, "Mindfulness Meditation Alleviates Depressive Symptoms in Women with Fibromyalgia: Results of a Randomized Clinical Trial," *Arthritis and Rheumatism,* Vol. 57, No. 1, February 15, 2007, pp. 77–85. doi: 10.1002/art.22478

Seyedalinaghi, S., S. Jam, M. Foroughi, A. Imani, M. Mohraz, G. E. Djavid, and D. S. Black, "Randomized Controlled Trial of Mindfulness-Based Stress Reduction Delivered to Human

Immunodeficiency Virus-Positive Patients in Iran: Effects on CD4(+) t Lymphocyte Count and Medical and Psychological Symptoms," *Psychosomatic Medicine,* Vol. 74, No. 6, July–August 2012, pp. 620–627. doi: 10.1097/PSY.0b013e31825abfaa

Shapiro, S. L., G. E. Schwartz, and G. Bonner, "Effects of Mindfulness-Based Stress Reduction on Medical and Premedical Students," *Journal of Behavioral Medicine,* Vol. 21, No. 6, December 1998, pp. 581–599.

Sharplin, G. R., S. B. Jones, B. Hancock, V. E. Knott, J. A. Bowden, and H. S. Whitford, "Mindfulness-Based Cognitive Therapy: An Efficacious Community-Based Group Intervention for Depression and Anxiety in a Sample of Cancer Patients," *Medical Journal of Australia,* Vol. 193, No. 5, Suppl., September 6, 2010, pp. S79–S82.

Sheppard, W. D., F. J. Staggers, and L. John, "The Effects of a Stress Management Program in a High Security Government Agency," *Anxiety Stress and Coping,* Vol. 10, No. 4, 1997, pp. 341–350. doi: 10.1080/10615809708249308

Silverstein, R. G., A. C. Brown, H. D. Roth, and W. B. Britton, "Effects of Mindfulness Training on Body Awareness to Sexual Stimuli: Implications for Female Sexual Dysfunction," *Psychosomatic Medicine,* Vol. 73, No. 9, November–December 2011, pp. 817–825. doi: 10.1097/PSY.0b013e318234e628

Simpson, J., and T. Mapel, "An Investigation into the Health Benefits of Mindfulnessbased Stress Reduction (MBSR) for People Living with a Range of Chronic Physical Illnesses in New Zealand," *New Zealand Medical Journal,* Vol. 124, No. 1338, 2011, pp. 68–75.

Singh, B. B., B. M. Berman, V. A. Hadhazy, and P. Creamer, "A Pilot Study of Cognitive Behavioral Therapy in Fibromyalgia," *Alternative Therapies in Health and Medicine,* Vol. 4, No. 2, March 1998, pp. 67–70.

Singh, R. H., "Evaluation of Some Indian Traditional Methods of Promotion of Mental Health," *Activitas Nervosa Superior,* Vol. 28, No. 1, 1986, pp. 67–69.

Sloman, R., "Relaxation and Imagery for Anxiety and Depression Control in Community Patients with Advanced Cancer," *Cancer Nursing,* Vol. 25, No. 6, December 2002, pp. 432–435.

Smelson, D., K. W. Chen, D. Ziedonis, K. Andes, A. Lennox, L. Callahan, S. Rodrigues, and D. Eisenberg, "A Pilot Study of Qigong for Reducing Cocaine Craving Early in Recovery," *Journal of Alternative and Complementary Medicine,* Vol. 19, No. 2, February 2013, pp. 97–101. doi: 10.1089/acm.2012.0052

Smith, B. W., B. M. Shelley, J. Dalen, K. Wiggins, E. Tooley, and J. Bernard, "A Pilot Study Comparing the Effects of Mindfulness-Based and Cognitive-Behavioral Stress Reduction," *Journal of Alternative and Complementary Medicine,* Vol. 14, No. 3, April 2008, pp. 251–

258. doi: 10.1089/acm.2007.0641. As of October 27, 2015: http://online.liebertpub.com/doi/pdfplus/10.1089/acm.2007.0641

Smith, B. W., B. M. Shelley, L. Leahigh, and B. Vanleit, "A Preliminary Study of the Effects of a Modified Mindfulness Intervention on Binge Eating," *Complementary Health Practice Review,* Vol. 11, No. 3, 2006, pp. 133–143.

Smith, J. A., T. Greer, T. Sheets, and S. Watson, "Is There More to Yoga Than Exercise?," *Alternative Therapies in Health and Medicine,* Vol. 17, No. 3, May–June 2011, pp. 22–29.

Smith, W. P., W. C. Compton, and W. B. West, "Meditation as an Adjunct to a Happiness Enhancement Program," *Journal of Clinical Psychology,* Vol. 51, No. 2, March 1995, pp. 269–273.

Snaith, R. P., D. Owens, and E. Kennedy, "An Outcome Study of a Brief Anxiety Management Programme: Anxiety Control Training," *Irish Journal of Psychological Medicine,* Vol. 9, No. 2, 1992, pp. 111–114.

Snippe, E., M. J. Schroevers, K. A. Tovote, R. Sanderman, P. M. Emmelkamp, and J. Fleer, "Patients' Outcome Expectations Matter in Psychological Interventions for Patients with Diabetes and Comorbid Depressive Symptoms," *Cognitive Therapy and Research*, Vol. 39, No. 3, 2015, pp. 307–317.

Spahn, G., K. E. Choi, C. Kennemann, R. Ludtke, U. Franken, J. Langhorst, A. Paul, and G. J. Dobos, "Can a Multimodal Mind-Body Program Enhance the Treatment Effects of Physical Activity in Breast Cancer Survivors with Chronic Tumor-Associated Fatigue? A Randomized Controlled Trial," *Integrative Cancer Therapies,* Vol. 12, No. 4, July 2013, pp. 291–300. doi: 10.1177/1534735413492727. As of October 27, 2015: http://ict.sagepub.com/content/12/4/291.full.pdf

Spek, A. A., N. C. Van Ham, and I. Nyklicek, "Mindfulness-Based Therapy in Adults with an Autism Spectrum Disorder: A Randomized Controlled Trial," *Research in Developmental Disabilities,* Vol. 34, No. 1, January 2013, pp. 246–253. doi: 10.1016/j.ridd.2012.08.009. As of October 27, 2015: http://www.sciencedirect.com/science/article/pii/S0891422212002156

Splevins, K., A. Smith, and J. Simpson, "Do Improvements in Emotional Distress Correlate with Becoming More Mindful? A Study of Older Adults," *Aging & Mental Health,* Vol. 13, No. 3, May 2009, pp. 328–335. doi: 10.1080/13607860802459807

Srivastava, M., U. Talukdar, and V. Lahan, "Meditation for the Management of Adjustment Disorder Anxiety and Depression," *Complementary Therapies in Clinical Practice,* Vol. 17, No. 4, November 2011, pp. 241–245.

Stenlund, T., L. S. Birgander, B. Lindahl, L. Nilsson, and C. Ahlgren, "Effects of Qigong in Patients with Burnout: A Randomized Controlled Trial," *Journal of Rehabilitation Medicine,* Vol. 41, No. 9, September 2009, pp. 761–767. doi: 10.2340/16501977-0417

Stenlund, T., M. Nordin, and L. S. Jarvholm, "Effects of Rehabilitation Programmes for Patients on Long-Term Sick Leave for Burnout: A 3-Year Follow-Up of the Rest Study," *Journal of Rehabilitation Medicine,* Vol. 44, No. 8, July 2012, pp. 684–690. doi: 10.2340/16501977-1003

Stevinson, C., "Preliminary Results Suggest That Yoga Can Alleviate Depression," *Focus on Alternative & Complementary Therapies,* Vol. 6, No. 1, 2001, pp. 27–28.

Sullivan, M. J., L. Wood, J. Terry, J. Brantley, A. Charles, V. Mcgee, D. Johnson, M. W. Krucoff, B. Rosenberg, H. B. Bosworth, K. Adams, and M. S. Cuffe, "The Support, Education, and Research in Chronic Heart Failure Study (Search): A Mindfulness-Based Psychoeducational Intervention Improves Depression and Clinical Symptoms in Patients with Chronic Heart Failure," *American Heart Journal,* Vol. 157, No. 1, January 2009, pp. 84–90. doi: 10.1016/j.ahj.2008.08.033

Sundquist, J., Å. Lilja, K. Palmér, A. A. Memon, X. Wang, L. M. Johansson, and K. Sundquist, "Mindfulness Group Therapy in Primary Care Patients with Depression, Anxiety and Stress and Adjustment Disorders: Randomised Controlled Trial," *British Journal of Psychiatry*, November 27, 2014. doi.org/10.1192/bjp.bp.114.150243. As of October 27, 2015: http://bjp.rcpsych.org/content/early/2014/11/11/bjp.bp.114.150243

Surawy, C., J. Roberts, and A. Silver, "The Effect of Mindfulness Training on Mood and Measures of Fatigue, Activity, and Quality of Life in Patients with Chronic Fatigue Syndrome on a Hospital Waiting List: A Series of Exploratory Studies," *Behavioural and Cognitive Psychotherapy,* Vol. 33, No. 1, January 2005, pp. 103–109. doi: 10.1017/s135246580400181x

Suzuki, K., S. Uchida, T. Kimura, and H. Katamura, "A Large Cross-Sectional, Descriptive Study of Self-Reports After Biofield Therapy in Japan: Demography, Symptomlogy, and Circumstances of Treatment Administration," *Alternative Therapies in Health and Medicine,* Vol. 18, No. 4, July–August 2012, pp. 38–50.

Tabak, N. T., and E. Granholm, "Mindful Cognitive Enhancement Training for Psychosis: A Pilot Study," *Schizophrenia Research,* Vol. 157, No. 1–3, August 2014, pp. 312–313. As of October 27, 2015: http://www.sciencedirect.com/science/article/pii/S0920996414002916

Targ, E. F., and E. G. Levine, "The Efficacy of a Mind-Body-Spirit Group for Women with Breast Cancer: A Randomized Controlled Trial," *General Hospital Psychiatry,* Vol. 24, No. 4, July–August 2002, pp. 238–248.

Tekur, P., R. Nagarathna, S. Chametcha, A. Hankey, and H. R. Nagendra, "A Comprehensive Yoga Programs Improves Pain, Anxiety and Depression in Chronic Low Back Pain Patients More Than Exercise: An RCT," *Complementary Therapies in Medicine,* Vol. 20, No. 3, June 2012, pp. 107–118. doi: 10.1016/j.ctim.2011.12.009. As of October 27, 2015: http://www.sciencedirect.com/science/article/pii/S0965229912000040

Thompson, N. J., E. R. Walker, N. Obolensky, A. Winning, C. Barmon, C. Diiorio, and M. T. Compton, "Distance Delivery of Mindfulness-Based Cognitive Therapy for Depression: Project Uplift," *Epilepsy & Behavior,* Vol. 19, No. 3, November 2010, pp. 247–254. doi: 10.1016/j.yebeh.2010.07.031

Tloczynski, J., A. Santucci, and E. Astor-Stetson, "Perception of Visual Illusions by Novice and Longer-Term Meditators," *Perceptual and Motor Skills,* Vol. 91, No. 3, Pt. 1, December 2000, pp. 1021–1026.

Tloczynski, J., and M. Tantriella, "A Comparison of the Effects of Zen Breath Meditation or Relaxation on College Adjustment," *Psychologia,* Vol. 41, No. 1, March 1998, pp. 32–43.

Tovote, K. A., J. Fleer, E. Snippe, A. C. Peeters, P. M. Emmelkamp, R. Sanderman, T. P. Links, and M. J. Schroevers, "Individual Mindfulness-Based Cognitive Therapy and Cognitive Behavior Therapy for Treating Depressive Symptoms in Patients with Diabetes: Results of a Randomized Controlled Trial," *Diabetes Care,* Vol. 37, No. 9, 2014, pp. 2427–2434.

Trieger, R., "Open Heart Yoga," *Topics in Geriatric Rehabilitation,* Vol. 27, No. 2, April–June 2011, pp. 110–115. doi: 10.1097/TGR.0b013e31821bffce

Tsang, H. W., K. M. Fung, A. S. Chan, G. Lee, and F. Chan, "Effect of a Qigong Exercise Programme on Elderly with Depression," *International Journal of Geriatric Psychiatry,* Vol. 21, No. 9, September 2006, pp. 890–897. doi: 10.1002/gps.1582

Tsang, H. W., J. L. Lee, D. W. Au, K. K. Wong, and K. W. Lai, "Developing and Testing the Effectiveness of a Novel Health Qigong for Frail Elders in Hong Kong: A Preliminary Study," *Evidence-Based Complementary and Alternative Medicine,* 2013, p. 827392. doi: 10.1155/2013/827392. As of October 27, 2015: http://downloads.hindawi.com/journals/ecam/2013/827392.pdf

Tsang, H. W. H., C. K. Mok, Y. T. A. Yeung, and S. Y. C. Chan, "The Effect of Qigong on General and Psychosocial Health of Elderly with Chronic Physical Illnesses: A Randomized Clinical Trial," *International Journal of Geriatric Psychiatry,* Vol. 18, No. 5, May 2003, pp. 441–449. doi: 10.1002/gps.861

Tsang, H. W. H., W. W. N. Tsang, A. Y. M. Jones, K. M. T. Fung, A. H. L. Chan, E. P. Chan, and D. W. H. Au, "Psycho-Physical and Neurophysiological Effects of Qigong on Depressed Elders with Chronic Illness," *Aging & Mental Health,* Vol. 17, No. 3, April 2013, pp. 336–

348. As of October 27, 2015:
http://www.tandfonline.com/doi/pdf/10.1080/13607863.2012.732035

Umadevi, P., Ramachandra, S. Varambally, M. Philip, and B. N. Gangadhar, "Effect of Yoga Therapy on Anxiety and Depressive Symptoms and Quality-Of-Life Among Caregivers of In-Patients with Neurological Disorders at a Tertiary Care Center in India: A Randomized Controlled Trial," *Indian Journal of Psychiatry,* Vol. 55, Suppl. 3, July 2013, pp. S385–S389. doi: 10.4103/0019-5545.116304

Van dam, N. T., A. L. Hobkirk, S. C. Sheppard, R. Aviles-Andrews, and M. Earleywine, "How Does Mindfulness Reduce Anxiety, Depression, and Stress? An Exploratory Examination of Change Processes in Wait-List Controlled Mindfulness Meditation Training," *Mindfulness*, Vol. 5, 2013, p. 574–588.

Van Puymbroeck, M., and P. Hsieh, "The Influence of Mindfulness-Based Stress Reduction and Walking on the Psychological Well-Being of Female Informal Caregivers: A Pilot Study," *American Journal of Recreation Therapy,* Vol. 9, No. 1, Winter 2010, pp. 15–25. doi: 10.5055/ajrt.2010.0002

Van Son, J., I. Nyklicek, V. J. Pop, M. C. Blonk, R. J. Erdtsieck, P. F. Spooren, A. W. Toorians, and F. Pouwer, "The Effects of a Mindfulness-Based Intervention on Emotional Distress, Quality of Life, and HbA(1c) in Outpatients with Diabetes (DiaMind): A Randomized Controlled Trial," *Diabetes Care,* Vol. 36, No. 4, April 2013, pp. 823–830. As of October 27, 2015:
http://care.diabetesjournals.org/content/36/4/823.full.pdf+html

Van Vugt, M. K., P. Hitchcock, B. Shahar, and W. Britton, "The Effects of Mindfulness-Based Cognitive Therapy on Affective Memory Recall Dynamics in Depression: A Mechanistic Model of Rumination," *Frontiers in Human Neuroscience,* Vol. 6, 2012, p. 257. doi: 10.3389/fnhum.2012.00257

Varambally, S., S. Vidyendaran, M. Sajjanar, J. Thirthalli, A. Hamza, H. R. Nagendra, and B. N. Gangadhar, "Yoga-Based Intervention for Caregivers of Outpatients with Psychosis: A Randomized Controlled Pilot Study," *Asian Journal of Psychiatry,* Vol. 6, No. 2, April 2013, pp. 141–145. doi: 10.1016/j.ajp.2012.09.017

Vedamurthachar, A., N. Janakiramaiah, J. M. Hegde, T. K. Shetty, D. K. Subbakrishna, S. V. Sureshbabu, and B. N. Gangadhar, "Antidepressant Efficacy and Hormonal Effects of Sudarshana Kriya Yoga (SKY) in Alcohol Dependent Individuals," *Journal of Affective Disorders,* Vol. 94, No. 1–3, August 2006, pp. 249–253. doi: 10.1016/j.jad.2006.04.025

Vieten, C., and J. Astin, "Effects of a Mindfulness-Based Intervention During Pregnancy on Prenatal Stress and Mood: Results of a Pilot Study," *Archives of Women's Mental* Health, Vol. 11, No. 1, 2008, pp. 67–74. doi: 10.1016/j.pain.2010.11.002

Vollestad, J., B. Sivertsen, and G. H. Nielsen, "Mindfulness-Based Stress Reduction for Patients with Anxiety Disorders: Evaluation in a Randomized Controlled Trial," *Behaviour Research and Therapy,* Vol. 49, No. 4, April 2011, pp. 281–288. doi: 10.1016/j.brat.2011.01.007

Waelde, L. C., L. Thompson, and D. Gallagher-Thompson, "A Pilot Study of a Yoga and Meditation Intervention for Dementia Caregiver Stress," *Journal of Clinical Psychology,* Vol. 60, No. 6, June 2004, pp. 677–687. doi: 10.1002/jclp.10259

Wang, C., "Tai Chi Improves Pain and Functional Status in Adults with Rheumatoid Arthritis: Results of a Pilot Single-Blinded Randomized Controlled Trial," *Medicine and Sport Science,* Vol. 52, 2008, pp. 218–229. doi: 10.1159/000134302

Wang, C., C. H. Schmid, P. L. Hibberd, R. Kalish, R. Roubenoff, R. Rones, and T. Mcalindon, "Tai Chi is Effective in Treating Knee Osteoarthritis: A Randomized Controlled Trial," *Arthritis and Rheumatism,* Vol. 61, No. 11, November 15, 2009, pp. 1545–1553.

Wang, W., G. He, M. Wang, L. Liu, and H. Tang, "Effects of Patient Education and Progressive Muscle Relaxation Alone or Combined on Adherence to Continuous Positive Airway Pressure Treatment in Obstructive Sleep Apnea Patients," *Sleep Breath,* Vol. 16, No. 4, December 2012, pp. 1049–1057. doi: 10.1007/s11325-011-0600-3

Wang, W., M. Sawada, Y. Noriyama, K. Arita, T. Ota, and T. Kishimoto, "Effects of Qigong in Tai Chi in the Elderly Using General Health Questionnaire (GHQ)," *Journal of Nara Medical Association,* Vol. 60, No. 5–6, 2009, pp. 159–165.

Wang, W., M. Sawada, Y. Noriyama, K. Arita, T. Ota, M. Sadamatsu, R. Kiyotou, M. Hirai, and T. Kishimoto, "Tai Chi Exercise Versus Rehabilitation for the Elderly with Cerebral Vascular Disorder: A Single-Blinded Randomized Controlled Trial," *Psychogeriatrics,* Vol. 10, No. 3, September 2010, pp. 160–166. doi: 10.1111/j.1479-8301.2010.00334.x

Warnecke, E., S. Quinn, K. Ogden, N. Towle, and M. R. Nelson, "A Randomised Controlled Trial of the Effects of Mindfulness Practice on Medical Student Stress Levels," *Medical Education,* Vol. 45, No. 4, April 2011, pp. 381–388. doi: 10.1111/j.1365-2923.2010.03877.x

Weiss, M., J. W. Nordlie, and E. P. Siegel, "Mindfulness-Based Stress Reduction as an Adjunct to Outpatient Psychotherapy," *Psychotherapy and Psychosomatics,* Vol. 74, No. 2, 2005, pp. 108–112. doi: 10.1159/000083169

Weissbecker, I., P. Salmon, J. L. Studts, A. R. Floyd, E. A. Dedert, and S. E. Sephton, "Mindfulness-Based Stress Reduction and Sense of Coherence Among Women with Fibromyalgia," *Journal of Clinical Psychology in Medical Settings,* Vol. 9, No. 4, December 2002, pp. 297–307. doi: 10.1023/a:1020786917988

Wenneberg, S., L. G. Gunnarsson, and G. Ahlstrom, "Using a Novel Exercise Programme for Patients with Muscular Dystrophy. Part II: A Quantitative Study," *Disability and*

Rehabilitation, Vol. 26, No. 10, May 2004, pp. 595–602. doi: 10.1080/09638280410001696665

Whitebird, R. R., M. Kreitzer, A. L. Crain, B. A. Lewis, L. R. Hanson, and C. J. Enstad, "Mindfulness-Based Stress Reduction for Family Caregivers: A Randomized Controlled Trial," *Gerontologist,* Vol. 53, No. 4, August 2013, pp. 676–686. doi: 10.1093/geront/gns126. As of October 27, 2015: http://gerontologist.oxfordjournals.org/content/53/4/676.full.pdf

Williams, J. M. G., "Mindfulness-Based Cognitive Therapy for Depression: A New Approach to Preventing Relapse," *European Psychiatry,* Vol. 19, April 2004, pp. 76S–76S

Williams, K., C. Abildso, L. Steinberg, E. Doyle, B. Epstein, D. Smith, G. Hobbs, R. Gross, G. Kelley, and L. Cooper, "Evaluation of the Effectiveness and Efficacy of Iyengar Yoga Therapy on Chronic Low Back Pain," *Spine (Phila PA 1976),* Vol. 34, No. 19, September 1, 2009, pp. 2066-2076. doi: 10.1097/BRS.0b013e3181b315c

Wintering, N. A., J. C. Wilson, and A. B. Newberg, "A Pilot Study to Evaluate the Physiological Effects of a Spa Retreat That Uses Caloric Restriction and Colonic Hydrotherapy," *Integrative Medicine: A Clinician's Journal,* Vol. 11, No. 6, 2012, pp. 26–32.

Witkiewitz, K., and S. Bowen, "Depression, Craving, and Substance Use Following a Randomized Trial of Mindfulness-Based Relapse Prevention," *Journal of Consulting and Clinical Psychology,* Vol. 78, No. 3, June 2010, pp. 362–374. doi: 10.1037/a0019172

Woldt, K. S., "Outcome of Individual Psychological Interventions Following a Cognitive Behavioural Therapy and Mindfulness Model Applied to Adults with Type 1 and Type 2 Diabetes," *Diabetic Medicine,* Vol. 31, 2014, pp. 152–153.

Wolf, D. B., and N. Abell, "Examining the Effects of Meditation Techniques on Psychosocial Functioning," *Research on Social Work Practice,* Vol. 13, No. 1, January 2003, pp. 27–42. doi: 10.1177/104973102237471

Wolf, S. L., H. X. Barnhart, N. G. Kutner, E. Mcneely, C. Coogler, and T. Xu, "Selected as the Best Paper in the 1990s: Reducing Frailty and Falls in Older Persons: An Investigation of Tai Chi and Computerized Balance Training," *Journal of the American Geriatrics Society,* Vol. 51, No. 12, December 2003, pp. 1794–1803.

Wolf, S. L., R. W. Sattin, M. Kutner, M. O'Grady, A. I. Greenspan, and R. J. Gregor, "Intense Tai Chi Exercise Training and Fall Occurrences in Older, Transitionally Frail Adults: A Randomized, Controlled Trial," *Journal of the American Geriatrics Society,* Vol. 51, No. 12, December 2003, pp. 1693–1701.

Wong, S. Y., W. W. Mak, E. Y. Cheung, C. Y. Ling, W. W. Lui, W. K. Tang, R. L. Wong, H. H. Lo, S. Mercer, and H. S. Ma, "A Randomized, Controlled Clinical Trial: The Effect of

Mindfulness-Based Cognitive Therapy on Generalized Anxiety Disorder Among Chinese Community Patients: Protocol for a Randomized Trial," *BMC Psychiatry,* Vol. 11, 2011, p. 187. doi: 10.1186/1471-244x-11-187

Woolery, A., H. Myers, B. Sternlieb, and L. Zeltzer, "A Yoga Intervention for Young Adults with Elevated Symptoms of Depression," *Alternative Therapies in Health and Medicine,* Vol. 10, No. 2, March–April 2004, pp. 60–63.

Wurtzen, H., S. O. Dalton, P. Elsass, A. D. Sumbundu, M. Steding-Jensen, R. V. Karlsen, K. K. Andersen, H. L. Flyger, A. E. Pedersen, and C. Johansen, "Mindfulness Significantly Reduces Self-Reported Levels of Anxiety and Depression: Results of a Randomised Controlled Trial Among 336 Danish Women Treated for Stage I–III Breast Cancer," *European Journal of Cancer,* Vol. 49, No. 6, April 2013, pp. 1365–1373. doi: 10.1016/j.ejca.2012.10.030. As of October 27, 2015: http://www.sciencedirect.com/science/article/pii/S0959804912008921

Yeh, G. Y., D. H. Roberts, P. M. Wayne, R. B. Davis, M. T. Quilty, and R. S. Phillips, "Tai Chi Exercise for Patients with Chronic Obstructive Pulmonary Disease: A Pilot Study," *Respiratory Care,* Vol. 55, No. 11, November 2010, pp. 1475–1482.

Yong, W. K., S. H. Lee, K. C. Tae, Y. S. Shin, B. Kim, M. K. Chan, J. C. Sung, J. K. Myo, K. Yook, M. Ryu, K. S. Su, and K. H. Yook, "Effectiveness of Mindfulness-Based Cognitive Therapy as an Adjuvant to Pharmacotherapy in Patients with Panic Disorder or Generalized Anxiety Disorder," *Depression and Anxiety,* Vol. 26, No. 7, 2009, pp. 601–606. doi.org/10.1002/da.20552

Young, L. A., "Mindfulness Meditation: A Primer for Rheumatologists," *Rheumatic Disease Clinics of North America,* Vol. 37, No. 1, 2011, pp. 63–75. doi.org/10.1016/j.rdc.2010.11.010

Zautra, A. J., M. C. Davis, J. W. Reich, J. A. Sturgeon, A. Arewasikporn, and H. Tennen, "Phone-Based Interventions with Automated Mindfulness and Mastery Messages Improve the Daily Functioning for Depressed Middle-Aged Community Residents," *Journal of Psychotherapy Integration,* Vol. 22, No. 3, 2012, pp. 206–228. doi.org/10.1037/a0029573

Zhao, L., H. Wu, X. Zhou, Q. Wang, W. Zhu, and J. Chen, "Effects of Progressive Muscular Relaxation Training on Anxiety, Depression and Quality of Life of Endometriosis Patients Under Gonadotrophin-Releasing Hormone Agonist Therapy," *European Journal of Obstetrics, Gynecology, and Reproductive Biology,* Vol. 162, No. 2, June 2012, pp. 211–215. doi: 10.1016/j.ejogrb.2012.02.029. As of October 27, 2015: http://www.sciencedirect.com/science/article/pii/S0301211512001005

Zucker, T. L., K. W. Samuelson, F. Muench, M. A. Greenberg, and R. N. Gevirtz, "The Effects of Respiratory Sinus Arrhythmia Biofeedback on Heart Rate Variability and Posttraumatic

Stress Disorder Symptoms: A Pilot Study," *Applied Psychophysiology and Biofeedback,* Vol. 34, No. 2, June 2009, pp. 135–143. doi: 10.1007/s10484-009-9085-2

Zylowska, L., D. L. Ackerman, M. H. Yang, J. L. Futrell, N. L. Horton, T. S. Hale, C. Pataki, and S. L. Smalley, "Mindfulness Meditation Training in Adults and Adolescents with Adhd: A Feasibility Study," *Journal of Attention Disorders,* Vol. 11, No. 6, May 2008, pp. 737–746. doi: 10.1177/1087054707308502

Reason Excluded: Does Not Report Data for Meditation for MDD

Baraniak, A., and D. Sheffield, "The Efficacy of Psychologically Based Interventions to Improve Anxiety, Depression and Quality of Life in COPD: A Systematic Review and Meta-Analysis," *Patient Education and Counseling,* Vol. 83, No. 1, April 2011, pp. 29–36. doi: 10.1016/j.pec.2010.04.010

Battle, C. L., L. A. Uebelacker, M. Howard, and M. Castaneda, "Prenatal Yoga and Depression During Pregnancy," *Birth,* Vol. 37, No. 4, December 2010, pp. 353–354.

Baum, C., W. Kuyken, M. Bohus, T. Heidenreich, J. Michalak, and R. Steil, "The Psychometric Properties of the Kentucky Inventory of Mindfulness Skills in Clinical Populations," *Assessment,* Vol. 17, No. 2, June 2010, pp. 220–229. doi: 10.1177/1073191109356525

Bowers, W. A., "Treatment of Depressed In-Patients: Cognitive Therapy Plus Medication, Relaxation Plus Medication, and Medication Alone," *British Journal of Psychiatry,* Vol. 156, 1990, pp. 73–78.

Brown, R. A., D. M. Evans, I. W. Miller, E. S. Burgess, and T. I. Mueller, "Cognitive-Behavioral Treatment for Depression in Alcoholism," *Journal of Consulting and Clinical Psychology*, Vol. 65, No. 5, 1997, pp. 715–726.

Chen, K. W., A. Perlman, J. G. Liao, A. Lam, J. Staller, and L. H. Sigal, "Effects of External Qigong Therapy on Osteoarthritis of the Knee. A Randomized Controlled Trial," *Clinical Rheumatology,* Vol. 27, No. 12, 2008, pp. 1497–1505. doi: 10.1007/s10067-008-0955-4

Farb, N. A., A. K. Anderson, H. Mayberg, J. Bean, D. Mckeon, and Z. V. Segal, "Minding One's Emotions: Mindfulness Training Alters the Neural Expression of Sadness," *Emotion,* Vol. 10, No. 1, February 2010, pp. 25–33. doi: 10.1037/a0017151

Galantino, M. L., N. Cannon, T. Hoelker, J. Iannaco, and L. Quinn, "Potential Benefits of Walking and Yoga on Perceived Levels of Cognitive Decline and Persistent Fatigue in Women with Breast Cancer," *Rehabilitation Oncology,* Vol. 25, No. 3, 2007, pp. 3–16.

Janakiramaiah, N., B. N. Gangadhar, P. J. Naga Venkatesha Murthy, M. G. Harish, D. K. Subbakrishna, and A. Vedamurthachar, "Antidepressant Efficacy of Sudarshan Kriya Yoga (SKY) in Melancholia: A Randomized Comparison with Electroconvulsive Therapy (ECT)

and Imipramine," *Journal of Affective Disorders,* Vol. 57, No. 1–3, January–March 2000, pp. 255–259.

Kumar, S., G. Feldman, and A. Hayes, "Changes in Mindfulness and Emotion Regulation in an Exposure-Based Cognitive Therapy for Depression," *Cognitive Therapy and Research,* Vol. 32, No. 6, December 2008, pp. 734–744. doi: 10.1007/s10608-008-9190-1

Malchow, B., D. Reich-Erkelenz, V. Oertel-Knochel, K. Keller, A. Hasan, A. Schmitt, T. W. Scheewe, W. Cahn, R. S. Kahn, and P. Falkai, "The Effects of Physical Exercise in Schizophrenia and Affective Disorders," *European Archives of Psychiatry and Clinical Neuroscience,* Vol. 263, No. 6, September 2013, pp. 451–467. doi: 10.1007/s00406-013-0423-2

Mamtani, R., and A. Cimino, "A Primer of Complementary and Alternative Medicine and Its Relevance in the Treatment of Mental Health Problems," *Psychiatric Quartely,* Vol. 73, No. 4, Winter 2002, pp. 367–381.

Manheimer, E., S. Wieland, E. Kimbrough, K. Cheng, and B. M. Berman, "Evidence from the Cochrane Collaboration for Traditional Chinese Medicine Therapies," *Journal of Alternative and Complementary Medicine,* Vol. 15, No. 9, 2009, pp. 1001–1014. doi: 10.1089/acm.2008.0414

Martinez-Devesa, P., R. Perera, M. Theodoulou, and A. Waddell, "Cognitive Behavioural Therapy for Tinnitus," *Cochrane Database Systematic Reviews,* No. 9, 2010, p. CD005233. doi: 10.1002/14651858.CD005233.pub3

Mishra, S. I., R. W. Scherer, P. M. Geigle, D. R. Berlanstein, O. Topaloglu, C. C. Gotay, and C. Snyder, "Exercise Interventions on Health-Related Quality of Life for Cancer Survivors," *Cochrane Database Systematic Reviews,* Vol. 8, 2012, p. CD007566. doi: 10.1002/14651858.CD008465.pub2

Paluska, S. A., and T. L. Schwenk, "Physical Activity and Mental Health: Current Concepts," *Sports Medicine,* Vol. 29, No. 3, March 2000, pp. 167–180.

Pineda, M. J., and D. K. Singh, "What Is Integrative Oncology and Can It Help My Patients?," *Obstetrics and Gynecology Clinics of North America,* Vol. 39, No. 2, 2012, pp. 285–312. doi: 10.1016/j.ogc.2012.03.001

Pinniger, R., R. F. Brown, E. B. Thorsteinsson, and P. Mckinley, "Argentine Tango Dance Compared to Mindfulness Meditation and a Waiting-List Control: A Randomised Trial for Treating Depression," *Complementary Therapies in Medicine,* Vol. 20, No. 6, December 2012, pp. 377–384. doi: 10.1016/j.ctim.2012.07.003

Shand, F. L., R. Ridani, J. Tighe, and H. Christensen, "The Effectiveness of a Suicide Prevention App for Indigenous Australian Youths: Study Protocol for a Randomized Controlled Trial,"

Trials, Vol. 14, 2013, p. 396. doi: 10.1186/1745-6215-14-396. As of October 27, 2015: http://www.trialsjournal.com/content/pdf/1745-6215-14-396.pdf

Sjosten, N., S. Vaapio, and S. L. Kivela, "The Effects of Fall Prevention Trials on Depressive Symptoms and Fear of Falling Among the Aged: A Systematic Review," *Aging & Mental Health,* Vol. 12, No. 1, January 2008, pp. 30–46. doi: 10.1080/13607860701366079. As of October 27, 2015: http://www.tandfonline.com/doi/pdf/10.1080/13607860701366079

Smeeding, S. J. W., D. H. Bradshaw, K. L. Kumpfer, S. Trevithick, and G. J. Stoddard, "Outcome Evaluation of the Veterans Affairs Salt Lake City Integrative Health Clinic for Chronic Nonmalignant Pain," *Clinical Journal of Pain,* Vol. 27, No. 2, 2011, pp. 146–155. doi.org/10.1097/AJP.0b013e3181f158e8

Stotter, A., M. Mitsche, P. C. Endler, P. Oleksy, D. Kamenschek, W. Mosgoeller, and C. Haring, "Mindfulness-Based Touch Therapy and Mindfulness Practice in Persons with Moderate Depression," *Body, Movement and Dance in Psychotherapy,* Vol. 8, No. 3, 2013, pp. 183–198. doi.org/10.1080/17432979.2013.803154

van der Heijden, M. M. P., F. E. P. Van Dooren, V. J. M. Pop, and F. Pouwer, "Effects of Exercise Training on Quality of Life, Symptoms of Depression, Symptoms of Anxiety and Emotional Well-Being in Type 2 Diabetes Mellitus: A Systematic Review," *Diabetologia,* Vol. 56, No. 6, June 2013, pp. 1210–1225. doi: 10.1007/s00125-013-2871-7

Zope, S. A., and R. A. Zope, "Sudarshan Kriya Yoga: Breathing for Health," *International Journal of Yoga,* Vol. 6, No. 1, January 2013, pp. 4–10. doi: 10.4103/0973-6131.105935

Reason Excluded: Does Not Report Relevant Outcome Data

Bhatia, T., A. Agarwal, G. Shah, J. Wood, J. Richard, R. E. Gur, R. C. Gur, V. L. Nimgaonkar, S. Mazumdar, and S. N. Deshpande, "Adjunctive Cognitive Remediation for Schizophrenia Using Yoga: An Open, Non-Randomized Trial," *Acta Neuropsychiatrica. Officieel Wetenschappelijk Orgaan van Het IGBP (Interdisciplinair Genootschap voor Biologische Psychiatrie),* Vol. 24, No. 2, April 1, 2012, pp. 91–100. doi: 10.1111/j.1601-5215.2011.00587.x

Britton, W. B., B. Shahar, O. Szepsenwol, and W. J. Jacobs, "Mindfulness-Based Cognitive Therapy Improves Emotional Reactivity to Social Stress: Results from a Randomized Controlled Trial," *Behavior Therapy,* Vol. 43, No. 2, June 2012, pp. 365–380. doi: 10.1016/j.beth.2011.08.006

Garland, E. L., N. Geschwind, F. Peeters, and M. Wichers, "Mindfulness Training Promotes Upward Spirals of Positive Affect and Cognition: Multilevel and Autoregressive Latent Trajectory Modeling Analyses," *Frontiers in Psychology,* Vol. 6, 2015, p. 15. As of October

27, 2015:
http://journal.frontiersin.org/article/10.3389/fpsyg.2015.00015/pdf

Gex-Fabry, M., F. Jermann, M. Kosel, M. F. Rossier, M. Van Der Linden, G. Bertschy, G. Bondolfi, and J. M. Aubry, "Salivary Cortisol Profiles in Patients Remitted from Recurrent Depression: One-Year Follow-Up of a Mindfulness-Based Cognitive Therapy Trial," *Journal of Psychiatric Research,* Vol. 46, No. 1, January 2012, pp. 80–86. doi: 10.1016/j.jpsychires.2011.09.011

Knight, M., D. Pultinas, S. Collins, C. Sellig, D. C. Freeman, C. Strimaitis, N. Simms, and R. R. Silver, "Teaching Mindfulness on an Inpatient Psychiatric Unit," *Mindfulness*, Vol. 5, 2014, pp. 259–267. doi: 10.1007/s12671-012-0175-5

Lo, C. S. L., S. M. Y. Ho, N. K. K. Yu, and B. P. Y. Siu, "Decentering Mediates the Effect of Ruminative and Experiential Self-Focus on Negative Thinking in Depression," *Cognitive Therapy and Research,* Vol. 38, No. 4, August 2014, pp. 389–396.

Michalak, J., T. Heidenreich, P. Meibert, and D. Schulte, "Mindfulness Predicts Relapse/Recurrence in Major Depressive Disorder After Mindfulness-Based Cognitive Therapy," *Journal of Nervous and Mental Disease,* Vol. 196, No. 8, August 2008, pp. 630–633. doi: 10.1097/NMD.0b013e31817d0546

Sharma, V. K., S. Das, S. Mondal, and U. Goswami, "Comparative Effect of Sahaj Yoga on EEG in Patients of Major Depression and Healthy Subjects," *Biomedicine,* Vol. 27, No. 3, 2007, pp. 95–99.

Reason Excluded: No Relevant Outcomes Reported

Collip, D., N. Geschwind, F. Peeters, I. Myin-Germeys, J. van Os, and M. Wichers, "Putting a Hold on the Downward Spiral of Paranoia in the Social World: A Randomized Controlled Trial of Mindfulness-Based Cognitive Therapy in Individuals with a History of Depression," *PloS One,* Vol. 8, No. 6, 2013, p. e66747. doi: 10.1371/journal.pone.0066747

Reason Excluded: Nonsystematic Review

Abbott, R., and H. Lavretsky, "Tai Chi and Qigong for the Treatment and Prevention of Mental Disorders," *Psychiatric Clinics of North America,* Vol. 36, No. 1, 2013, pp. 109–119.

Alexander, J. L., G. Richardson, L. Grypma, and E. M. Hunkeler, "Collaborative Depression Care, Screening, Diagnosis and Specificity of Depression Treatments in the Primary Care Setting," *Expert Review of Neurotherapeutics,* Vol. 7, No. 11, Suppl., November 2007, pp. S59–S80.

Annells, S., and K. Kho, "Meditate Don't Medicate! How Medical Imaging Extends the Current Evidence That Meditation Should Play a Role in the Treatment of Depression," *Journal of Medical Imaging and Radiation Oncology,* Vol. 58, 2014, p. 86.

Baskin, S. M., and T. A. Smitherman, "Comorbidity Between Migraine and Depression: Update on Traditional and Alternative Treatments," *Neurological Sciences,* Vol. 32, Suppl. 1, 2011, pp. S9–S13. doi:10.1007/s10072-011-0549-9

Bhanji, S., "Is It Time We Turn Towards 'Third Wave' Therapies to Treat Depression in Primary Care? A Review of the Theory and Evidence with Implications for Counselling Psychologists," *Counselling Psychology Review,* Vol. 26, No. 2, 2011, pp. 57–69.

Bishop, S. R., "What Do We Really Know About Mindfulness-Based Stress Reduction?" *Psychosomatic Medicine,* Vol. 64, No. 1, January–February 2002, pp. 71–83.

Bockting, C. L. H., "Breaking the Rhythm of Depression: Cognitive Behavior Therapy and Relapse Prevention for Depression," *Psihologijske Teme,* Vol. 19, No. 2, 2010, pp. 273–287.

Bonadonna, R., "Meditation's impact on chronic illness," *Holistic Nursing Practice,* Vol. 17, No. 6, November–December 2003, pp. 309–319.

Brown, R. P., and P. L. Gerbarg, "Sudarshan Kriya Yogic Breathing in the Treatment of Stress, Anxiety, and Depression: Part II—Clinical Applications and Guidelines," *Journal of Alternative and Complementary Medicine,* Vol. 11, No. 4, August 2005, pp. 711–717. doi: 10.1089/acm.2005.11.189

Bussing, A., A. Michalsen, S. B. S. Khalsa, S. Telles, and K. J. Sherman, "Effects of Yoga on Mental and Physical Health: A Short Summary of Reviews," *Evidence-Based Complementary and Alternative Medicine*, 2012. doi: 10.1155/2012/165410

Davis, L., and S. Kurzban, "Mindfulness-Based Treatment for People with Severe Mental Illness: A Literature Review," *American Journal of Psychiatric Rehabilitation,* Vol. 15, No. 2, 2012, pp. 202–232. doi: 10.1080/15487768.2012.679578

Day, P. O., and S. Horton-Deutsch, "Using Mindfulness-Based Therapeutic Interventions in Psychiatric Nursing Practice—Part I: Description and Empirical Support for Mindfulness-Based Interventions," *Archives of Psychiatric Nursing,* Vol. 18, No. 5, October 2004, pp. 164–169. doi: 10.1016/j.apnu.2004.07.003

Delmonte, M. M., "Psychometric Scores and Meditation Practice: A Literature Review," *Personality and Individual Differences,* Vol. 5, No. 5, 1984, pp. 559–563.

Dimidjian, S., and K. J. Davis, "Newer Variations of Cognitive-Behavioral Therapy: Behavioral Activation and Mindfulness-Based Cognitive Therapy," *Current Psychiatry Reports,* Vol. 11, No. 6, December 2009, pp. 453–458.

Edenfield, T. M., and S. A. Saeed, "An Update on Mindfulness Meditation as a Self-Help Treatment for Anxiety and Depression," *Psychology Research and Behavior Management,* Vol. 5, 2012, pp. 131–141. doi: 10.2147/prbm.s34937

Emani, S., and P. F. Binkley, "Mind-Body Medicine in Chronic Heart Failure: A Translational Science Challenge," *Circulation: Heart Failure,* Vol. 3, No. 6, 2010, pp. 715–725. doi: 10.1161/circheartfailure.110.951509

Field, T., "Pregnancy and Labor Alternative Therapy Research," *Alternative Therapies in Health and Medicine,* Vol. 14, No. 5, September–October 2008, pp. 28–34.

Forfylow, A. L., "Integrating Yoga with Psychotherapy: A Complementary Treatment for Anxiety and Depression," *Canadian Journal of Counselling and Psychotherapy,* Vol. 45, No. 2, 2011, pp. 132–150.

Frenkel, M., and V. Shah, "Complementary Medicine Can Benefit Palliative Care—Part 2," *European Journal of Palliative Care,* Vol. 15, No. 6, 2008, pp. 288–293.

Gerbarg, P. L., G. Wallace, and R. P. Brown, "Mass Disasters and Mind-Body Solutions: Evidence and Field Insights," *International Journal of Yoga Therapy*, No. 21, 2011, pp. 97–107.

Gill, A., R. Womack, and S. Safranek, "Clinical Inquiries: Does Exercise Alleviate Symptoms of Depression?," *Journal of Family Practice,* Vol. 59, No. 9, September 2010, pp. 530–531.

Goldmeier, D., and A. J. Mears, "Meditation: A Review of Its Use in Western Medicine And, in Particular, Its Role in the Management of Sexual Dysfunction," *Current Psychiatry Reviews,* Vol. 6, No. 1, 2010, pp. 11–14. doi: 10.2174/157340010790596508

Guarneri, E., B. J. Horrigan, and C. M. Pechura, "The Efficacy and Cost Effectiveness of Integrative Medicine: A Review of the Medical and Corporate Literature," *Explore: The Journal of Science and Healing,* Vol. 6, No. 5, September–October 2010, pp. 308–312.

Harvard Medical School, "Yoga for Anxiety and Depression. Studies Suggest That This Practice Modulates the Stress Response," *Harvard Mental Health Letter,* Vol. 25, No. 10, 2009, pp. 4–5.

Hick, S. F., and L. Chan, "Mindfulness-Based Cognitive Therapy for Depression: Effectiveness and Limitations," *Social Work in Mental Health,* Vol. 8, No. 3, 2010, pp. 225–237. doi: 10.1080/15332980903405330

Hofmann, S. G., A. T. Sawyer, and A. Fang, "The Empirical Status of the "New Wave" of Cognitive Behavioral Therapy," *Psychiatric Clinics of North America,* Vol. 33, No. 3, 2010, pp. 701–710.

Hoppes, K., "The Application of Mindfulness-Based Cognitive Interventions in the Treatment of Co-Occurring Addictive and Mood Disorders," *CNS Spectrums,* Vol. 11, No. 11, November 2006, pp. 829–851.

Horowitz, S., "Evidence-Based Health Benefits of Qigong," *Alternative & Complementary Therapies,* Vol. 15, No. 4, 2009, pp. 178–183.

Hughes, A., M. Williams, N. Bardacke, L. G. Duncan, S. Dimidjian, and S. H. Goodman, "Mindfulness Approaches to Childbirth and Parenting," *British Journal of* Midwifery, Vol. 17, No. 10, October 1, 2009, pp. 630–635.

Kahl, K. G., L. Winter, and U. Schweiger, "The Third Wave of Cognitive Behavioural Therapies: What Is New and What Is Effective?" *Current Opinion in Psychiatry,* Vol. 25, No. 6, November 2012, pp. 522–528. doi: 10.1097/YCO.0b013e328358e531

Keng, S. L., M. J. Smoski, and C. J. Robins, "Effects of Mindfulness on Psychological Health: A Review of Empirical Studies," *Clinical Psychology Review,* Vol. 31, No. 6, 2011, pp. 1041–1056.

Khalsa, S. B., "Yoga as a Therapeutic Intervention: A Bibliometric Analysis of Published Research Studies," *Indian Journal of Physiology and Pharmacology,* Vol. 48, No. 3, July 2004, pp. 269–285.

Kuyken, W., R. Crane, and T. Dalgleish, "Does Mindfulness Based Cognitive Therapy Prevent Relapse of Depression?," *BMJ,* Vol. 345, 2012, p. e7194. doi: 10.1136/bmj.e7194

Lake, J., "The Integrative Management of Depressed Mood," *Integrative Medicine: A Clinician's Journal,* Vol. 3, No. 3, 2004, pp. 34–43.

Lampe, L., C. M. Coulston, and L. Berk, "Psychological Management of Unipolar Depression," *Acta Psychiatrica Scandinavica. Supplementum*, No. 443, 2013, pp. 24–37. doi: 10.1111/acps.12123

Larzelere, M. M., and P. Wiseman, "Anxiety, Depression, and Insomnia," *Primary Care - Clinics in Office Practice,* Vol. 29, No. 2, 2002, pp. 339–360. doi: 10.1016/S0095-4543(01)00003-3

Marchand, W. R., "Mindfulness-Based Stress Reduction, Mindfulness-Based Cognitive Therapy, and Zen Meditation for Depression, Anxiety, Pain, and Psychological Distress," *Journal of Psychiatric Practice,* Vol. 18, No. 4, July 2012, pp. 233–252. doi: 10.1097/01.pra.0000416014.53215.86

Marchand, W. R., "Mindfulness Meditation Practices as Adjunctive Treatments for Psychiatric Disorders," *Psychiatric Clinics of North America,* Vol. 36, No. 1, March 2013, pp. 141–152. doi: 10.1016/j.psc.2013.01.002

Metcalf, C. A., and S. Dimidjian, "Extensions and Mechanisms of Mindfulness-Based Cognitive Therapy: A Review of the Evidence," *Australian Psychologist,* Vol. 49, No. No. 5, October 2014, pp. 271–279.

Morriss, R. K., and J. Scott, "Psychological Management of Mood Disorders," *Psychiatry,* Vol. 8, No. 4, 2009, pp. 108–112. doi: 10.1016/j.mppsy.2009.01.001

Nickels, M. W., M. R. Privitera, M. Coletta, and P. Sullivan, "Treating Depression: Psychiatric Consultation in Cardiology," *Cardiology Journal,* Vol. 16, No. 3, 2009, pp. 279–293.

Nyer, M., J. Doorley, K. Durham, A. S. Yeung, M. P. Freeman, and D. Mischoulon, "What Is the Role of Alternative Treatments in Late-Life Depression?," *Psychiatric Clinics of North America,* Vol. 36, No. 4, December 2013, pp. 577–596. doi: 10.1016/j.psc.2013.08.012

Peeke, P. M., and S. Frishett, "The Role of Complementary and Alternative Therapies in Women's Mental Health," *Primary Care - Clinics in Office Practice,* Vol. 29, No. 1, 2002, pp. 183–197. doi: 10.1016/S0095-4543(03)00081-2

Pilkington, K., H. Rampes, and J. Richardson, "Complementary Medicine for Depression," *Expert Review of Neurotherapeutics,* Vol. 6, No. 11, November 2006, pp. 1741–1751. doi: 10.1586/14737175.6.11.1741

Rao, N. P., S. Varambally, and B. N. Gangadhar, "Yoga School of Thought and Psychiatry: Therapeutic Potential," *Indian Journal of Psychiatry,* Vol. 55, Suppl. 2, January 2013, pp. S145–S149. doi: 10.4103/0019-5545.105510

Rodriguez Vega, B., C. Bayon Perez, A. Palaotarrero, and A. Fernandez Liria, "Mindfulness-Based Narrative Therapy for Depression in Cancer Patients," *Clinical Psychology & Psychotherapy*, May 28, 2013. doi: 10.1002/cpp.1847

Rubia, K., "The Neurobiology of Meditation and Its Clinical Effectiveness in Psychiatric Disorders," *Biological Psychology,* Vol. 82, No. 1, September 2009, pp. 1–11. doi: 10.1016/j.biopsycho.2009.04.003

Saeed, S. A., D. J. Antonacci, and R. M. Bloch, "Exercise, Yoga, and Meditation for Depressive and Anxiety Disorders," *American Family Physician,* Vol. 81, No. 8, April 15, 2010, pp. 981–986.

Salmon, P., S. Sephton, I. Weissbecker, K. Hoover, C. Ulmer, and J. L. Studts, "Mindfulness Meditation in Clinical Practice," *Cognitive and Behavioral Practice,* Vol. 11, No. 4, Fall 2004, pp. 434–446. doi: 10.1016/s1077-7229(04)80060-9

Singh, A., "Use of Mindfulness-Based Therapies in Psychiatry," *Progress in Neurology and Psychiatry,* Vol. 16, No. 6, 2012, pp. 7–11. doi: 10.1002/pnp.254

Sipe, W. E., and S. J. Eisendrath, "Mindfulness-Based Cognitive Therapy: Theory and Practice," *Canadian Journal of Psychiatry* (*Revue Canadienne de Psychiatrie*), Vol. 57, No. 2, February 2012, pp. 63–69.

Smith, A., "Clinical Uses of Mindfulness Training for Older People," *Behavioural and Cognitive Psychotherapy,* Vol. 32, No. 4, October 2004, pp. 423–430. doi: 0.1017/s1352465804001602

Stein, D. J., V. Ives-Deliperi, and K. G. Thomas, "Psychobiology of Mindfulness," *CNS Spectr,* Vol. 13, No. 9, September 2008, pp. 752–756.

Taylor-Piliae, R. E., and W. L. Haskell, "Tai Chi Exercise and Stroke Rehabilitation," *Topics in Stroke Rehabilitation,* Vol. 14, No. 4, 2007, pp. 9–22. doi.org/10.1310/tsr1404-9

Teasdale, J. D., "Metacognition, Mindfulness and the Modification of Mood Disorders," *Clinical Psychology & Psychotherapy,* Vol. 6, No. 2, May 1999, pp. 146–155. doi: 10.1002/(sici)1099-0879(199905)6:2<146::aid-cpp195>3.0.co;2-e

Teasdale, J. D., Z. Segal, and J. M. Williams, "How Does Cognitive Therapy Prevent Depressive Relapse and Why Should Attentional Control (Mindfulness) Training Help?" *Behaviour Research and Therapy,* Vol. 33, No. 1, January 1995, pp. 25–39.

Telles, S., N. Singh, and A. Balkrishna, "Managing Mental Health Disorders Resulting from Trauma Through Yoga: A Review," *Depression Research and Treatment,* 2012, p. 401513. doi: 10.1155/2012/401513. As of October 27, 2015: http://downloads.hindawi.com/journals/drt/2012/401513.pdf

van der Watt, G., J. Laugharne, and A. Janca, "Complementary and Alternative Medicine in the Treatment of Anxiety and Depression," *Current Opinion in Psychiatry,* Vol. 21, No. 1, January 2008, pp. 37–42. doi: 10.1097/YCO.0b013e3282f2d814

Vega, B. R., C. B. Perez, A. Palaotarrero, and A. F. Liria, "Mindfulness-Based Narrative Therapy for Depression in Cancer Patients," *Clinical Psychology & Psychotherapy,* Vol. 21, No. 5, September–October 2014, pp. 411–419.

Wang, C. "Role of Tai Chi in the Treatment of Rheumatologic Diseases," *Current Rheumatology Reports*, Vol. 14, No. 6, 2012, pp. 598–603. doi: 10.1007/s11926-012-0294-y

Zhang, L., C. Layne, T. Lowder, and J. Liu, "A Review Focused on the Psychological Effectiveness of Tai Chi on Different Populations," *Evidence-Based Complementary and Alternative Medicine*, 2012, pp. 1–9. doi: 10.1155/2012/678107

Reason Excluded: Not in English

Holtforth, M. G., and T. Krieger, "Expositionsbasierte Kognitive Therapie Bei Depressionen (Evidence-Based Cognitive Therapy for Patients with Depression)," *Nervenheilkunde: Zeitschrift für interdisziplinaere Fortbildung,* Vol. 33, No. 4, 2014, pp. 252–258.

Reason Excluded: Not Limited to MDD

Alexander, V., and B. C. Tatum, "Effectiveness of Cognitive Therapy and Mindfulness Tools in Reducing Depression and Anxiety: A Mixed Method Study," *Psychology (Savannah, Ga.),* Vol. 5, No. 15, 2014, pp. 1702–1713.

Reason Excluded: Not MBCT

Chan, A. S., Q. Y. Wong, S. L. Sze, P. P. K. Kwong, Y. M. Y. Han, and M. C. Cheung, "A Chinese Chan-Based Mind-Body Intervention for Patients with Depression," *Journal of Affective Disorders,* Vol. 142, No. 1–3, December 2012, pp. 283–289. doi: 10.1016/j.jad.2012.05.018

Field, T., M. A. Diego, M. Hernandez-Reif, S. Schanberg, and C. Kuhn, "Massage Therapy Effects on Depressed Pregnant Women," *Journal of Psychosom Obstet Gynecol,* Vol. 25, No. 115, 2004, pp. 115–122.

Khumar, S. S., P. Kaur, and S. Kaur, "Effectiveness of Shavasana on Depression Among University Students," *Indian Journal of Clinical Psychology,* Vol. 20, No. 2, 1993, pp. 82–87.

Lo, H. H., "Applications of Buddhist Compassion Practices Among People Suffering from Depression and Anxiety in Confucian Societies in East Asia," *Journal of Religion & Spirituality in Social Work: Social Thought,* Vol. 33, No. 1, 2014, pp. 19–32.

Lo, H. H., S. M. Ng, C. L. Chan, K. Lam, and B. H. Lau, "The Chinese Medicine Construct "Stagnation" in Mind–Body Connection Mediates the Effects of Mindfulness Training on Depression and Anxiety," *Complementary Therapies in Medicine,* Vol. 21, No. 4, 2013, pp. 348–357.

Ly, K. H., A. Trüschel, L. Jarl, S. Magnusson, T. Windahl, R. Johansson, P. Carlbring, and G. Andersson, "Behavioural Activation Versus Mindfulness-Based Guided Self-Help Treatment Administered Through a Smartphone Application: A Randomised Controlled Trial," *BMJ Open,* Vol. 4, No. 1, 2014, p. e003440.

Rohini, V., R. S. Pandey, N. Janakiramaiah, B. N. Gangadhar, and A. Vedamurthachar, "A Comparative Study of Full and Partial Sudarshan Kriya Yoga (SKY) in Major Depressive Disorder," *NIMHANS Journal,* Vol. 18, No. 1–2, 2000, pp. 53–57.

Sarubin, N., C. Nothdurfter, C. Schule, M. Lieb, M. Uhr, C. Born, R. Zimmermannc, M. Buhner, K. Konopka, R. Rupprecht, and T. C. Baghai, "The Influence of Hatha Yoga as an Add-on Treatment in Major Depression on Hypothalamic-Pituitary-Adrenal-Axis Activity: A Randomized Trial," *Journal of Psychiatric Research,* Vol. 53, June 2014, pp. 76–83. As of October 27, 2015: http://www.sciencedirect.com/science/article/pii/S0022395614000727

Sharma, V. K., S. Das, S. Mondal, U. Goswami, and A. Gandhi, "Effect of Sahaj Yoga on Depressive Disorders," *Indian Journal of Physiology and Pharmacology,* Vol. 49, No. 4, 2005, pp. 462–468.

Srinivasan, S., L. P. Reagan, J. W. Hardin, M. Matthews, E. Leaphart, C. A. Grillo, M. Neese, A. Johnson, J. Gossard, S. Chapman, and T. Brinkley, "Adjunctive Tai Chi in Geriatric Depression with Comorbid Arthritis: A Randomized, Controlled Trial," *American Journal of Geriatric Psychiatry,* Vol. 22, No. 3, March 2014, pp. S135–136.

Stenlund, T., C. Ahlgren, B. Lindahl, G. Burell, K. Steinholtz, C. Edlund, L. Nilsson, A. Knutsson, and L. S. Birgander, "Cognitively Oriented Behavioral Rehabilitation in Combination with Qigong for Patients on Long-Term Sick Leave Because of Burnout: Rest—A Randomized Clinical Trial," *International Journal of Behavioral Medicine,* Vol. 16, No. 3, 2009, pp. 294–303. doi: 10.1007/s12529-008-9011-7

Strauss, C., M. Hayward, and P. Chadwick, "Group Person-Based Cognitive Therapy for Chronic Depression: A Pilot Randomized Controlled Trial," *British Journal of Clinical Psychology,* Vol. 51, No. 3, September 2012, pp. 345–350.

Yeh, G. Y., E. P. Mccarthy, P. M. Wayne, L. W. Stevenson, M. J. Wood, D. Forman, R. B. Davis, and R. S. Phillips, "Tai Chi Exercise in Patients with Chronic Heart Failure: A Randomized Clinical Trial," *Archives of Internal Medicine,* Vol. 171, No. 8, April 25, 2011, pp. 750–757. doi: 10.1001/archinternmed.2011.150

Yeung, A., V. Lepoutre, P. Wayne, G. Yeh, L. E. Slipp, M. Fava, J. W. Denninger, H. Benson, and G. L. Fricchione, "Tai Chi Treatment for Depression in Chinese Americans: A Pilot Study," *American Journal of Physical Medicine & Rehabilitation,* Vol. 91, No. 10, October 2012, pp. 863–870.

Zautra, A. J., M. C. Davis, J. W. Reich, P. Nicassario, H. Tennen, P. Finan, A. Kratz, B. Parrish, and M. R. Irwin, "Comparison of Cognitive Behavioral and Mindfulness Meditation Interventions on Adaptation to Rheumatoid Arthritis for Patients with and Without History of Recurrent Depression," *Journal of Consulting and Clinical Psychology,* Vol. 76, No. 3, June 2008, pp. 408–421. doi: 10.1037/0022-006x.76.3.408

Reason Excluded: Not RCT

Bedard, M., M. Felteau, S. Marshall, S. Dubois, C. Gibbons, R. Klein, and B. Weaver, "Mindfulness-Based Cognitive Therapy: Benefits in Reducing Depression Following a Traumatic Brain Injury," *Advances in Mind-Body Medicine,* Vol. 26, No. 1, Spring 2012, pp. 14–20.

Bos, E. H., R. Merea, E. van den Brink, R. Sanderman, and A. A. Bartels-Velthuis, "Mindfulness Training in a Heterogeneous Psychiatric Sample: Outcome Evaluation and Comparison of Different Diagnostic Groups," *Journal of Clinical Psychology*, June 25, 2013.

Carlson, K. J., S. G. Silva, J. Langley, and C. Johnson, "Mindful-Veteran: The Implementation of a Brief Stress Reduction Course," *Complementary Therapies in Clinical Practice,* Vol. 19, No. 2, May 2013, pp. 89–96. As of October 27, 2015: http://www.sciencedirect.com/science/article/pii/S1744388112000874

De Raedt, R., S. Baert, I. Demeyer, E. Goeleven, A. Raes, A. Visser, M. Wysmans, E. Jansen, R. Schacht, J. R. Van Aalderen, and A. Speckens, "Changes in Attentional Processing of Emotional Information Following Mindfulness-Based Cognitive Therapy in People with a History of Depression: Towards an Open Attention for All Emotional Experiences," *Cognitive Therapy and Research,* Vol. 36, No. 6, December 2012, pp. 612–620. doi: 10.1007/s10608-011-9411-x

Dindo, L., A. Recober, J. Marchman, N. W. O' Hara, and C. Turvey, "One-Day Behavioral Intervention in Depressed Migraine Patients: Effects on Headache," *Headache,* Vol. 54, No. 3, pp. 528–538.

Eisendrath, S. J., K. Delucchi, R. Bitner, P. Fenimore, M. Smit, and M. Mclane, "Mindfulness-Based Cognitive Therapy for Treatment-Resistant Depression: A Pilot Study," *Psychotherapy and Psychosomatics,* Vol. 77, No. 5, 2008, pp. 319–320.

Finucane, A., and S. W. Mercer, "An Exploratory Mixed Methods Study of the Acceptability and Effectiveness of Mindfulness-Based Cognitive Therapy for Patients with Active Depression and Anxiety in Primary Care," *BMC Psychiatry,* Vol. 6, No. 14, 2006.

Gangadhar, B. N., G. H. Naveen, M. G. Rao, J. Thirthalli, and S. Varambally, "Positive Antidepressant Effects of Generic Yoga in Depressive Out-Patients: A Comparative Study," *Indian Journal of Psychiatry,* Vol. 55, Suppl. 3, July 2013, pp. S369–S373. doi: 10.4103/0019-5545.116312

Hempel, S., S. L. Taylor, N. J. Marshall, I. M. Miake-Lye, J. M. Beroes, R. Shanman, M. R. Solloway, and P. G. Shekelle, "VA Evidence-Based Synthesis Program Reports," *Evidence Map of Mindfulness*, Washington, D.C.: U.S. Department of Veterans Affairs, 2014.

Hempel, S., S. L. Taylor, M. R. Solloway, I. M. Miake-Lye, J. M. Beroes, R. Shanman, and P. G. Shekelle, "VA Evidence-Based Synthesis Program Reports," *Evidence Map of Tai Chi*, Washington, D.C.: U.S. Department of Veterans Affairs, 2014.

Jain, F. A., I. A. Cook, A. F. Leuchter, A. M. Hunter, D. M. Davydov, C. Ottaviani, M. Tartter, C. Crump, and D. Shapiro, "Heart Rate Variability and Treatment Outcome in Major Depression: A Pilot Study," *International Journal of Psychophysiology,* Vol. 96, No. 2,

2014, pp. 204–210. As of October 27, 2015: http://www.sciencedirect.com/science/article/pii/S0167876014000956

Kingston, T., B. Dooley, A. Bates, E. Lawlor, and K. Malone, "Mindfulness-Based Cognitive Therapy for Residual Depressive Symptoms," *Psychology and Psychotherapy,* Vol. 80, Pt. 2, June 2007, pp. 193–203.

Melyani, M., A. A. Allahyari, P. A. Falah, A. F. Ashtiani, and A. Tavoli, "Mindfulness Based Cognitive Therapy Versus Cognitive Behavioral Therapy in Cognitive Reactivity and Self-Compassion in Females with Recurrent Depression with Residual Symptoms," *Journal of Psychology,* Vol. 18, No. 4, Winter 2015, pp. 393–407.

Michalak, J., A. Holz, and T. Teismann, "Rumination as a Predictor of Relapse in Mindfulness-Based Cognitive Therapy for Depression," *Psychology and Psychotherapy,* Vol. 84, No. 2, June 2011, pp. 230–236.

Michalak, J., N. F. Troje, and T. Heidenreich, "The Effects of Mindfulness-Based Cognitive Therapy on Depressive Gait Patterns," *Journal of Cognitive and Behavioral Psychotherapies,* Vol. 11, No. 1, March 2011, pp. 13–27.

O'Doherty, V., A. Carr, A. Mcgrann, J. O. O'neill, S. Dinan, I. Graham, and V. Maher, "A Controlled Evaluation of Mindfulness-Based Cognitive Therapy for Patients with Coronary Heart Disease and Depression," *Mindfulness*, Vol. 6, 2015, pp. 405–416.

Pagnini, F., C. Di Credico, R. Gatto, V. Fabiani, G. Rossi, C. Lunetta, A. Marconi, F. Fossati, G. Castelnuovo, A. Tagliaferri, P. Banfi, M. Corbo, W. Sansone, E. Molinari, and G. Amadei, "Meditation Training for People with Amyotrophic Lateral Sclerosis and Their Caregivers," *Journal of Alternative and Complementary Medicine,* Vol. 20, No. 4, April 2014, pp. 272–275. As of October 27, 2015: http://online.liebertpub.com/doi/abs/10.1089/acm.2013.0268

Ramel, W., P. R. Goldin, P. E. Carmona, and J. R. Mcquaid, "The Effects of Mindfulness Meditation on Cognitive Processes and Affect in Patients with Past Depression," *Cognitive Therapy and Research,* Vol. 28, No. 4, August 2004, pp. 433–455.

Schoenberg, P. L., and A. E. Speckens, "Modulation of Induced Frontocentral Theta (Fm-Theta) Event-Related (De-)Synchronisation Dynamics Following Mindfulness-Based Cognitive Therapy in Major Depressive Disorder," *Cognitive Neurodynamics,* Vol. 8, No. 5, October 2014, pp. 373–388.

Schoenberg, P. L. A., and A. E. M. Speckens, "Multi-Dimensional Modulations of Alpha and Gamma Cortical Dynamics Following Mindfulness-Based Cognitive Therapy in Major Depressive Disorder," *Cognitive Neurodynamics,* Vol. 9, No. 1, February 2015, pp. 13–29.

Schreiner, I., and J. P. Malcolm, "The Benefits of Mindfulness Meditation: Changes in Emotional States of Depression, Anxiety, and Stress," *Behaviour Change,* Vol. 25, No. 3, 2008, pp. 156–168.

Schuch, F. B., "Progress in the Study of the Effects of Exercise on Affective and Anxiety Disorders," *Front Psychiatry,* Vol. 5, 2014, p. 153. As of October 27, 2015: http://journal.frontiersin.org/article/10.3389/fpsyt.2014.00153/pdf

Sengoku, M., H. Murata, T. Kawahara, K. Imamura, and K. Nakagome, "Does Daily Naikan Therapy Maintain the Efficacy of Intensive Naikan Therapy Against Depression?," *Psychiatry and Clinical Neurosciences,* Vol. 64, No. 1, 2010, pp. 44–51.

Shapiro, D., I. A. Cook, D. M. Davydov, C. Ottaviani, A. F. Leuchter, and M. Abrams, "Yoga as a Complementary Treatment of Depression: Effects of Traits and Moods on Treatment Outcome," *Evidence-Based Complementary and Alternative Medicine,* Vol. 4, No. 4, December, 2007, pp. 493–502. As of October 27, 2015: http://downloads.hindawi.com/journals/ecam/2007/798782.pdf

Sharma, M. P., P. M. Sudhir, and R. Narayan, "Effectiveness of Mindfulness-Based Cognitive Therapy in Persons with Depression: A Preliminary Investigation," *Journal of the Indian Academy of Applied Psychology,* Vol. 39, No. 1, 2013, pp. 43–50.

Uebelacker, L. A., G. Tremont, G. Epstein-Lubow, B. A. Gaudiano, T. Gillette, Z. Kalibatseva, and I. W. Miller, "Open Trial of Vinyasa Yoga for Persistently Depressed Individuals: Evidence of Feasibility and Acceptability," *Behavior Modification,* Vol. 34, No. 3, May 2010, pp. 247–264. As of October 27, 2015: http://bmo.sagepub.com/content/34/3/247.full.pdf

Verhoeven, J. E., J. N. Vrijsen, I. Van Oostrom, A. E. M. Speckens, and M. Rinck, "Attention Effects of Mindfulness-Based Cognitive Therapy in Formerly Depressed Patients," *Journal of Experimental Psychopathology,* Vol. 5, No. 4, 2014, pp. 414–424.

Wheeler, A., L. Denson, C. Neil, G. Tucker, M. Kenny, J. F. Beltrame, G. Schrader, and M. Proeve, "Investigating the Effect of Mindfulness Training on Heart Rate Variability in Mental Health Outpatients: A Pilot Study," *Behaviour Change,* Vol. 31, No. 3, September 2014, pp. 175–188.

Yeung, A., L. E. Slipp, J. Jacquart, M. Fava, J. W. Denninger, H. Benson, and G. L. Fricchione, "The Treatment of Depressed Chinese Americans Using Qigong in a Health Care Setting: A Pilot Study," *Evidence-Based Complementary and Alternative Medicine,* 2013, p. 168784. As of October 27, 2015: http://downloads.hindawi.com/journals/ecam/2013/168784.pdf

Reason Excluded: Review

Fiore, R., R. Nelson, and E. Tosti, "The Use of Yoga, Meditation, Mantram, and Mindfulness to Enhance Coping in Veterans with PTSD," *Therapeutic Recreation Journal,* Vol. 48, No. 4, 2014, pp. 337–340.

Louie, L., "The Effectiveness of Yoga for Depression: A Critical Literature Review," *Issues in Mental Health Nursing,* Vol. 35, No. 4, April 2014, pp. 265–276. doi: 10.3109/01612840.2013.874062

Skowronek, I. B., A. Mounsey, and L. Handler, "Clinical Inquiry Can Yoga Reduce Symptoms of Anxiety and Depression?" *Journal of Family Practice,* Vol. 63, No. 7, 2014, pp. 398–407.

Reason Excluded: Study Protocol

Chi, I., M. Jordan-Marsh, M. Guo, B. Xie, and M. Zhang, "Tai Chi for Depression," *Cochrane Database of Systematic Reviews*, No. 2, 2008. doi.org/10.1002/14651858.CD007143

Eisendrath, S. J., E. P. Gillung, K. L. Delucchi, M. Chartier, D. H. Mathalon, J. C. Sullivan, Z. V. Segal, and M. D. Feldman, "Mindfulness-Based Cognitive Therapy (MBCT) Versus the Health-Enhancement Program (HEP) for Adults with Treatment-Resistant Depression: A Randomized Control Trial Study Protocol," *BMC Complementary and Alternative Medicine,* Vol. 14, 2014, p. 95. As of October 27, 2015: http://www.biomedcentral.com/content/pdf/1472-6882-14-95.pdf

Kuyken, W., S. Byford, R. Byng, T. Dalgleish, G. Lewis, R. Taylor, E. R. Watkins, R. Hayes, P. Lanham, D. Kessler, N. Morant, and A. Evans, "Update to the Study Protocol for a Randomized Controlled Trial Comparing Mindfulness-Based Cognitive Therapy with Maintenance Anti-Depressant Treatment Depressive Relapse/Recurrence: The Prevent Trial," *Trials,* Vol. 15, 2014, p. 217. As of October 27, 2015: http://www.trialsjournal.com/content/pdf/1745-6215-15-217.pdf

Shawyer, F., G. N. Meadows, F. Judd, P. R. Martin, Z. Segal, and L. Piterman, "The DARE Study of Relapse Prevention in Depression: Design for a Phase 1/2 Translational Randomised Controlled Trial Involving Mindfulness-Based Cognitive Therapy and Supported Self Monitoring," *BMC Psychiatry,* Vol. 12, 2012, p. 3.

Reason Excluded: Systematic Review

Allen, N. B., G. Blashki, E. Gullone, and Melbourne Academic Mindfulness Interest Group, "Mindfulness-Based Psychotherapies: A Review of Conceptual Foundations, Empirical Evidence and Practical Considerations," *Australian and New Zealand Journal of Psychiatry,* Vol. 40, No. 4, April 2006, pp. 285–294.

Arias, A. J., K. Steinberg, A. Banga, and R. L. Trestman, "Systematic Review of the Efficacy of Meditation Techniques as Treatments for Medical Illness," *Journal of Alternative and Complementary Medicine,* Vol. 12, No. 8, October 2006, pp. 817–832.

Balasubramaniam, M., S. Telles, and P. M. Doraiswamy, "Yoga on Our Minds: A Systematic Review of Yoga for Neuropsychiatric Disorders," *Front Psychiatry,* Vol. 3, 2012, p. 117. doi: 10.3389/fpsyt.2012.00117

Barraca, J., "'Mental Control' from a Third-Wave Behavior Therapy Perspective," *International Journal of Clinical and Health Psychology,* Vol. 12, No. 1, January 2012, pp. 109–121.

Bazzan, A. J., G. Zabrecky, D. A. Monti, and A. B. Newberg, "Current Evidence Regarding the Management of Mood and Anxiety Disorders Using Complementary and Alternative Medicine," *Expert Review of Neurotherapeutics,* Vol. 14, April 2014, pp. 411–423.

Beshai, S., K. S. Dobson, C. L. Bockting, and L. Quigley, "Relapse and Recurrence Prevention in Depression: Current Research and Future Prospects," *Clinical Psychology Review,* Vol. 31, No. 8, December 2011, pp. 1349–1360. doi: 10.1016/j.cpr.2011.09.003

Bohlmeijer, E., R. Prenger, E. Taal, and P. Cuijpers, "The Effects of Mindfulness-Based Stress Reduction Therapy on Mental Health of Adults with a Chronic Medical Disease: A Meta-Analysis," *Journal of Psychosomatic Research,* Vol. 68, No. 6, June 2010, pp. 539–544. doi: 10.1016/j.jpsychores.2009.10.005

Boteva, K., "Mindfulness Meditation in Patients with Mood Disorders. Feasibility, Safety and Efficacy: An Empirical Review," *International Journal of Child Health and Human Development,* Vol. 1, No. 2, 2008, pp. 135–154.

Buffart, L. M., J. G. van Uffelen, Riphagen, Ii, J. Brug, W. van Mechelen, W. J. Brown, and M. J. Chinapaw, "Physical and Psychosocial Benefits of Yoga in Cancer Patients and Survivors, a Systematic Review and Meta-Analysis of Randomized Controlled Trials," *BMC Cancer,* Vol. 12, 2012, p. 559. doi: 10.1186/1471-2407-12-559

Cabral, P., H. B. Meyer, and D. Ames, "Effectiveness of Yoga Therapy as a Complementary Treatment for Major Psychiatric Disorders: A Meta-Analysis," *Primary Care Companion to CNS Disorders,* Vol. 13, No. 4, 2011. doi: 10.4088/PCC.10r01068

Chi, I., M. Jordan-Marsh, M. Guo, B. Xie, and Z. Bai, "Tai Chi and Reduction of Depressive Symptoms for Older Adults: A Meta-Analysis of Randomized Trials," *Geriatrics and Gerontology International,* Vol. 13, No. 1, January 2013, pp. 3–12. doi: 10.1111/j.1447-0594.2012.00882.x

Chiesa, A., and A. Serretti, "Mindfulness Based Cognitive Therapy for Major Depression: A Systematic Review and Meta-Analysis," *European Psychiatry,* Vol. 25, 2010.

———, "A Systematic Review of Neurobiological and Clinical Features of Mindfulness Meditations," *Psychological Medicine,* Vol. 40, No. 8, August 2010, pp. 1239–1252. doi: 10.1017/s0033291709991747

———, "Mindfulness-Based Interventions for Chronic Pain: A Systematic Review of the Evidence," *Journal of Alternative and Complementary Medicine,* Vol. 17, No. 1, January 2011, pp. 83–93. doi: 10.1089/acm.2009.0546

———, "Mindfulness Based Cognitive Therapy for Psychiatric Disorders: A Systematic Review and Meta-Analysis," *Psychiatry Research,* Vol. 187, No. 3, May 30, 2011, pp. 441–453. doi: 10.1016/j.psychres.2010.08.011

Coelho, H. F., P. H. Canter, and E. Ernst, "Mindfulness-Based Cognitive Therapy: Evaluating Current Evidence and Informing Future Research," *Journal of Consulting and Clinical Psychology,* Vol. 75, No. 6, December 2007, pp. 1000–1005. doi: 10.1037/0022-006x.75.6.1000

Cote, A., and S. Daneault, "Effect of Yoga on Patients with Cancer: Our Current Understanding," *Canadian Family Physician,* Vol. 58, No. 9, September 2012, pp. e475–e479.

Craft, L. L., E. H. Vaniterson, I. B. Helenowski, A. W. Rademaker, and K. S. Courneya, "Exercise Effects on Depressive Symptoms in Cancer Survivors: A Systematic Review and Meta-Analysis," *Cancer Epidemiology Biomarkers & Prevention,* Vol. 21, No. 1, January 2012, pp. 3–19. doi: 10.1158/1055-9965.epi-11-0634

Cramer, H., S. Lange, P. Klose, A. Paul, and G. Dobos, "Yoga for Breast Cancer Patients and Survivors: A Systematic Review and Meta-Analysis," *BMC Cancer,* Vol. 12, 2012, p. 412.

Cramer, H., R. Lauche, J. Langhorst, and G. Dobos, "Yoga for Depression: A Systematic Review and Meta-Analysis," *Depression and Anxiety,* Vol. 30, No. 11, November 2013, pp. 1068–1083. doi: 10.1002/da.22166

Cramer, H., R. Lauche, A. Paul, and G. Dobos, "Mindfulness-Based Stress Reduction for Breast Cancer- A Systematic Review and Meta-Analysis," *Current Oncology,* Vol. 19, No. 5, 2012b, pp. e343–e352. doi: 10.3747/co.19.1016

D'Silva, S., C. Poscablo, R. Habousha, M. Kogan, and B. Kligler, "Mind-Body Medicine Therapies for a Range of Depression Severity: A Systematic Review," *Psychosomatics,* Vol. 53, No. 5, Septemer–October 2012, pp. 407–423. doi: 10.1016/j.psym.2012.04.006

Da Silva, T. L., L. N. Ravindran, and A. V. Ravindran, "Yoga in the Treatment of Mood and Anxiety Disorders: A Review," *Asian Journal of Psychiatry,* Vol. 2, No. 1, March 2009, pp. 6–16. doi: 10.1016/j.ajp.2008.12.002

Ernst, E., and M. S. Lee, "How Effective Is Yoga? A Concise Overview of Systematic Reviews," *Focus on Alternative and Complementary Therapies,* Vol. 15, No. 4, 2010, pp. 274–279.

Eyre, H. A., and B. T. Baune, "Assessing for Unique Immunomodulatory and Neuroplastic Profiles of Physical Activity Subtypes: A Focus on Psychiatric Disorders," *Brain, Behavior, and Immunity*, November 20, 2013. doi: 10.1016/j.bbi.2013.10.026

Fjorback, L. O., M. Arendt, E. Ornbol, P. Fink, and H. Walach, "Mindfulness-Based Stress Reduction and Mindfulness-Based Cognitive Therapy: A Systematic Review of Randomized Controlled Trials," *Acta Psychiatrica Scandinavica,* Vol. 124, No. 2, August 2011, pp. 102–119. doi: 10.1111/j.1600-0447.2011.01704.x

Fjorback, L. O., and H. Walach, "Meditation Based Therapies—A Systematic Review and Some Critical Observations," *Religions,* Vol. 3, No. 1, March 2012, pp. 1–18. doi: 10.3390/rel3010001

Forbes, D., E. J. Thiessen, C. M. Blake, S. C. Forbes, and S. Forbes, "Exercise Programs for People with Dementia," *Cochrane Database Systematic Reviews,* Vol. 12, December 4, 2013, p. CD006489. doi: 10.1002/14651858.CD006489.pub3

Freeman, M. P., M. Fava, J. Lake, M. H. Trivedi, K. L. Wisner, and D. Mischoulon, "Complementary and Alternative Medicine in Major Depressive Disorder: The American Psychiatric Association Task Force Report," *Journal of Clinical Psychiatry,* Vol. 71, No. 6, June 2010, pp. 669–681. doi: 10.4088/JCP.10cs05959blu

Galante, J., I. Galante, M. J. Bekkers, and J. Gallacher, "Effect of Kindness-Based Meditation on Health and Well-Being: A Systematic Review and Meta-Analysis," *Journal of Consulting and Clinical Psychology,* Vol. 82, No. 6, December 2014, pp. 1101–1114.

Galante, J., S. J. Iribarren, and P. F. Pearce, "Effects of Mindfulness-Based Cognitive Therapy on Mental Disorders: A Systematic Review and Meta-Analysis of Randomised Controlled Trials," *Journal of Research in Nursing,* Vol. 18, No. 2, 2013, pp. 133–155. doi: 10.1177/1744987112466087

Gorczynski, P., and G. Faulkner, "Exercise Therapy for Schizophrenia," *Cochrane Database Systematic Reviews,* No. 5, 2010, p. CD004412. doi: 10.1002/14651858.CD004412.pub2

Greeson, J. M., "Mindfulness Research Update: 2008," *Complementary Health Practice Review,* Vol. 14, No. 1, 2009, pp. 10–18.

Grossman, P., L. Niemann, S. Schmidt, and H. Walach, "Mindfulness-Based Stress Reduction and Health Benefits: A Meta-Analysis," *Journal of Psychosomatic Research,* Vol. 57, No. 1, July 2004, pp. 35–43. doi: 10.1016/s0022-3999(03)00573-7

Hofmann, S. G., A. T. Sawyer, A. A. Witt, and D. Oh, "The Effect of Mindfulness-Based Therapy on Anxiety and Depression: A Meta-Analytic Review," *Journal of Consulting and Clinical Psychology,* Vol. 78, No. 2, April 2010, pp. 169–183. doi: 10.1037/a0018555

Hollon, S. D., and K. Ponniah, "A Review of Empirically Supported Psychological Therapies for Mood Disorders in Adults," *Depression and Anxiety,* Vol. 27, No. 10, October 2010, pp. 891–932. doi: 10.1002/da.20741

Hurley, R. V., T. G. Patterson, and S. J. Cooley, "Meditation-Based Interventions for Family Caregivers of People with Dementia: A Review of the Empirical Literature," *Aging & Mental Health,* October 6, 2013. doi: 10.1080/13607863.2013.837145

Ivanovski, B., and G. S. Malhi, "The Psychological and Neurophysiological Concomitants of Mindfulness Forms of Meditation," *Acta Neuropsychiatrica,* Vol. 19, No. 2, April 2007, pp. 76–91. doi: 10.1111/j.1601-5215.2007.00175.x

Jain, F. A., R. N. Walsh, S. J. Eisendrath, S. Christensen, and B. Rael Cahn, "Critical Analysis of the Efficacy of Meditation Therapies for Acute and Subacute Phase Treatment of Depressive Disorders: A Systematic Review," *Psychosomatics*, October 22, 2014. As of October 27, 2015: http://www.sciencedirect.com/science/article/pii/S0033318214001674

Josefsson, T., M. Lindwall, and T. Archer, "Physical Exercise Intervention in Depressive Disorders: Meta-Analysis and Systematic Review," *Scandinavian Journal of Medicine and Science in Sports*, January 30, 2013. doi: 10.1111/sms.12050

Jorm, A. F., H. Christensen, K. M. Griffiths, and B. Rodgers, "Effectiveness of Complementary and Self-Help Treatments for Depression," *Medical Journal of Australia,* Vol. 176, Suppl., May 20, 2002, pp. S84–S96.

Jorm, A. F., A. J. Morgan, and S. E. Hetrick, "Relaxation for Depression," *Cochrane Database Systematic Reviews,* No. 4, 2008, p. CD007142. doi: 10.1002/14651858.CD007142.pub2

Khoury, B., T. Lecomte, G. Fortin, M. Masse, P. Therien, V. Bouchard, M. A. Chapleau, K. Paquin, and S. G. Hofmann, "Mindfulness-Based Therapy: A Comprehensive Meta-Analysis," *Clinical Psychology Review,* Vol. 33, No. 6, August 2013, pp. 763–771. doi: 10.1016/j.cpr.2013.05.005

Klainin-Yobas, P., M. A. Cho, and D. Creedy, "Efficacy of Mindfulness-Based Interventions on Depressive Symptoms Among People with Mental Disorders: A Meta-Analysis," *International Journal of Nursing Studies,* Vol. 49, No. 1, January 2012, pp. 109–121. doi: 10.1016/j.ijnurstu.2011.08.014

Klainin-Yobas, P., W. N. Oo, P. Y. Suzanne Yew, and Y. Lau, "Effects of Relaxation Interventions on Depression and Anxiety Among Older Adults: A Systematic Review,"

Aging & Mental Health, Vol. 19, No. 12, January 9, 2015, pp. 1043–1055. As of October 27, 2015:
http://www.tandfonline.com/doi/pdf/10.1080/13607863.2014.997191

Kraft, K., "CAM for Depression, Anxiety, Grief, and Other Symptoms in Palliative Care," *Progress in Palliative Care,* Vol. 20, No. 5, 2012, pp. 272–277.

Lakhan, S. E., and K. L. Schofield, "Mindfulness-Based Therapies in the Treatment of Somatization Disorders: A Systematic Review and Meta-Analysis," *PloS One,* Vol. 8, No. 8, 2013, p. e71834. doi: 10.1371/journal.pone.0071834. As of October 27, 2015:
http://www.plosone.org/article/fetchObject.action?uri=info%3Adoi%2F10.1371%2Fjournal.pone.0071834&representation=PDF

Langhorst, J., P. Klose, G. J. Dobos, K. Bernardy, and W. Hauser, "Efficacy and Safety of Meditative Movement Therapies in Fibromyalgia Syndrome: A Systematic Review and Meta-Analysis of Randomized Controlled Trials," *Rheumatology International,* Vol. 33, No. 1, January 2013, pp. 193–207. doi: 10.1007/s00296-012-2360-1

Lauche, R., H. Cramer, W. Hauser, G. Dobos, and J. Langhorst, "A Systematic Review and Meta-Analysis of Qigong for the Fibromyalgia Syndrome," *Evidence-Based Complementary and Alternative Medicine,* 2013, p. 635182. doi: 10.1016/j.jpsychores.2013.10.010. As of October 27, 2015:
http://downloads.hindawi.com/journals/ecam/2013/635182.pdf

Lauche, R., H. Cramer, W. Hauser, G. Dobos, and J. Langhorst, "A Systematic Review and Meta-Analysis of Qigong for the Fibromyalgia Syndrome," *Evidence-Based Complementary and Alternative Medicine,* Vol. 2013, p. 635182. doi: 10.1155/2013/635182

Lavretsky, H., "Complementary and Alternative Medicine Use for Treatment and Prevention of Late-Life Mood Disorders," *Clinical Geriatrics,* Vol. 18, No. 6, 2010, pp. 32–37.

Lawrence, M., J. Booth, S. Mercer, and E. Crawford, "A Systematic Review of the Benefits of Mindfulness-Based Interventions Following Transient Ischemic Attack and Stroke," *International Journal of Stroke,* Vol. 8, No. 6, August 2013, pp. 465–474.

Lee, M. S., M. H. Pittler, and E. Ernst, "Tai Chi for Rheumatoid Arthritis: Systematic Review," *Rheumatology,* Vol. 46, No. 11, November 2007, pp. 1648–1651.
doi: 10.1093/rheumatology/kem151

Leverone, D., and B. J. Epstein, "Nonpharmacological Interventions for the Treatment of Rheumatoid Arthritis: A Focus on Mind-Body Medicine," *Journal of Pharmacy Practice,* Vol. 23, No. 2, 2010, pp. 101–109. doi: 10.1177/0897190009360025

Lin, K. Y., Y. T. Hu, K. J. Chang, H. F. Lin, and J. Y. Tsauo, "Effects of Yoga on Psychological Health, Quality of Life, and Physical Health of Patients with Cancer: A Meta-Analysis,"

Evidence-Based Complementary and Alternative Medicine, Vol. 2011, 2011, p. 659876. doi: 10.1155/2011/659876

Longacre, M., E. Silver-Highfield, P. Lama, and M. Grodin, "Complementary and Alternative Medicine in the Treatment of Refugees and Survivors of Torture: A Review and Proposal for Action," *Torture,* Vol. 22, No. 1, 2012, pp. 38–57.

Luberto, C. M., C. White, R. W. Sears, and S. Cotton, "Integrative Medicine for Treating Depression: An Update on the Latest Evidence," *Current Psychiatry Reports,* Vol. 15, No. 9, September 2013. doi: 10.1007/s11920-013-0391-2

Mars, T. S., and H. Abbey, "Mindfulness Meditation Practise as a Healthcare Intervention: A Systematic Review," *International Journal of Osteopathic Medicine,* Vol. 13, No. 2, June 2010, pp. 56–66. doi: 10.1016/j.ijosm.2009.07.005

Martinsen, E. W., "The Role of Aerobic Exercise in the Treatment of Depression," *Stress Medicine,* Vol. 3, No. 2, 1987, pp. 93–100.

Matchim, Y., J. M. Armer, and B. R. Stewart, "Mindfulness-Based Stress Reduction Among Breast Cancer Survivors: A Literature Review and Discussion," *Oncology Nursing Forum,* Vol. 38, No. 2, March 2011, pp. E61–E71. doi: 10.1188/11.onf.e61-e71

Mccall, M. C., A. Ward, N. W. Roberts, and C. Heneghan, "Overview of Systematic Reviews: Yoga as a Therapeutic Intervention for Adults with Acute and Chronic Health Conditions," *Evidence-Based Complementary and Alternative Medicine,* 2013, p. 945895. doi: 10.1155/2013/945895

McCarney, R., J. Schulz, and A. Grey, "Effectiveness of Mindfulness-Based Therapies in Reducing Symptoms of Depression: A Meta-Analysis," *European Journal of Psychotherapy and Counselling,* Vol. 14, No. 3, 2012, pp. 279–299.

Mead, G. E., W. Morley, P. Campbell, C. A. Greig, M. Mcmurdo, and D. A. Lawlor, "Exercise for Depression," *Cochrane Database of Systematic Reviews*, No. 4, 2008. doi: 10.1002/14651858.CD004366.pub3

Mehta, P., and M. Sharma, "Yoga as a Complementary Therapy for Clinical Depression," *Complementary Health Practice Review,* Vol. 15, No. 3, 2010, pp. 156–170. doi: 10.1177/1533210110387405

Meyer, H. B., A. Katsman, A. C. Sones, D. E. Auerbach, D. Ames, and R. T. Rubin, "Yoga as an Ancillary Treatment for Neurological and Psychiatric Disorders: A Review," *Journal of Neuropsychiatry and Clinical Neurosciences,* Vol. 24, No. 2, Spring 2012, pp. 152–164.

Oh, B., S. M. Choi, A. Inamori, D. Rosenthal, and A. Yeung, "Effects of Qigong on Depression: A Systemic Review," *Evidence-Based Complementary and Alternative Medicine,* 2013,

p. 134737. doi: 10.1155/2013/134737. As of October 27, 2015: http://downloads.hindawi.com/journals/ecam/2013/134737.pdf

Parikh, S. V., Z. V. Segal, S. Grigoriadis, A. V. Ravindran, S. H. Kennedy, R. W. Lam, and S. B. Patten, "Canadian Network for Mood and Anxiety Treatments (CANMAT) Clinical Guidelines for the Management of Major Depressive Disorder in Adults. II: Psychotherapy Alone or in Combination with Antidepressant Medication," *Journal of Affective Disorders,* Vol. 117, Suppl. 1, October 2009, pp. S15–S25. doi: 10.1016/j.jad.2009.06.042

Patel, N. K., A. H. Newstead, and R. L. Ferrer, "The Effects of Yoga on Physical Functioning and Health Related Quality of Life in Older Adults: A Systematic Review and Meta-Analysis," *Journal of Alternative and Complementary Medicine,* Vol. 18, No. 10, October 2012, pp. 902–917. doi: 10.1089/acm.2011.0473

Payne, H., "The BodyMind Approach (BMA) to Psychotherapeutic Groupwork with Patients with Medically Unexplained Symptoms (MUS): A Review of the Literature, Description of Approach and Methodology for a Pilot Study," *European Journal of Psychotherapy and Counselling,* Vol. 11, No. 3, 2009, pp. 287–310.

Payne, P., and M. A. Crane-Godreau, "Meditative Movement for Depression and Anxiety," *Front Psychiatry,* Vol. 4, 2013, p. 71.

Persson, A. L., H. Veenhuizen, L. Zachrison, and G. Gard, "Relaxation as Treatment for Chronic Musculoskeletal Pain—A Systematic Review of Randomised Controlled Studies," *Physical Therapy Reviews,* Vol. 13, No. 5, 2008, pp. 355–365.

Piet, J., and E. Hougaard, "The Effect of Mindfulness-Based Cognitive Therapy for Prevention of Relapse in Recurrent Major Depressive Disorder: A Systematic Review and Meta-Analysis," *Clinical Psychology Review,* Vol. 31, No. 6, August 2011, pp. 1032–1040. doi: 10.1016/j.cpr.2011.05.002

Piet, J., H. Wurtzen, and R. Zachariae, "The Effect of Mindfulness-Based Therapy on Symptoms of Anxiety and Depression in Adult Cancer Patients and Survivors: A Systematic Review and Meta-Analysis," *Journal of Consulting and Clinical Psychology,* Vol. 80, No. 6, December 2012, pp. 1007–1020. doi: 10.1037/a0028329

Pilkington, K., G. Kirkwood, H. Rampes, and J. Richardson, "Yoga for Depression: The Research Evidence," *Journal of Affective Disorders,* Vol. 89, No. 1–3, December 2005, pp. 13–24. doi: 10.1016/j.jad.2005.08.013

Qureshi, N. A., and A. M. Al-Bedah, "Mood Disorders and Complementary and Alternative Medicine: A Literature Review," *Neuropsychiatric Disease and Treatment,* Vol. 9, 2013, pp. 639–658. doi: 10.2147/ndt.s43419

Ravindran, A. V., and T. L. Da Silva, "Complementary and Alternative Therapies as Add-on to Pharmacotherapy for Mood and Anxiety Disorders: A Systematic Review," *Journal of Affective Disorders,* Vol. 150, No. 3, September 25, 2013, pp. 707–719. doi: 10.1016/j.jad.2013.05.042

Ravindran, A. V., R. W. Lam, M. J. Filteau, F. Lesperance, S. H. Kennedy, S. V. Parikh, and S. B. Patten, "Canadian Network for Mood and Anxiety Treatments (CANMAT) Clinical Guidelines for the Management of Major Depressive Disorder in Adults. V. Complementary and Alternative Medicine Treatments," *Journal of Affective Disorders,* Vol. 117, Suppl. 1, October 2009, pp. S54–S64. doi: 10.1016/j.jad.2009.06.040. As of October 27, 2015: http://www.sciencedirect.com/science/article/pii/S0165032709003310

Regehr, C., D. Glancy, and A. Pitts, "Interventions to Reduce Stress in University Students: A Review and Meta-Analysis," *Journal of Affective Disorders,* Vol. 148, No. 1, May 15, 2013, pp. 1–11. doi: 10.1016/j.jad.2012.11.026. As of October 27, 2015: http://www.sciencedirect.com/science/article/pii/S0165032712007793

Rodin, G., N. Lloyd, M. Katz, E. Green, J. A. Mackay, and R. K. Wong, "The Treatment of Depression in Cancer Patients: A Systematic Review," *Supportive Care in Cancer,* Vol. 15, No. 2, February 2007, pp. 123–136. doi: 10.1007/s00520-006-0145-3

Rogers, C. E., L. K. Larkey, and C. Keller, "A Review of Clinical Trials of Tai Chi and Qigong in Older Adults," *Western Journal of Nursing Research,* Vol. 31, No. 2, March 2009, pp. 245–279. doi: 10.1177/0193945908327529

Rosenbaum, S., A. Tiedemann, C. Sherrington, J. Curtis, and P. B. Ward, "Physical Activity Interventions for People with Mental Illness: A Systematic Review and Meta-Analysis," *Journal of Clinical Psychiatry,* Vol. 75, No. 9, September 2014, pp. 964–974.

Ross, A., and S. Thomas, "The Health Benefits of Yoga and Exercise: A Review of Comparison Studies," *Journal of Alternative and Complementary Medicine,* Vol. 16, No. 1, January 2010, pp. 3–12. doi: 10.1089/acm.2009.0044

Shennan, C., S. Payne, and D. Fenlon, "What Is the Evidence for the Use of Mindfulness-Based Interventions in Cancer Care? A Review," *Psycho-Oncology,* Vol. 20, No. 7, July 2011, pp. 681–697.

Smith, K. B., and C. F. Pukall, "An Evidence-Based Review of Yoga as a Complementary Intervention for Patients with Cancer," *Psycho-Oncology,* Vol. 18, No. 5, 2009, pp. 465–475. doi.org/10.1002/pon.1411

Stan, D. L., N. M. Collins, M. M. Olsen, I. Croghan, and S. Pruthi, "The Evolution of Mindfulness-Based Physical Interventions in Breast Cancer Survivors," *Evidence-Based Complementary and Alternative Medicine,* 2012, p. 758641. doi: 10.1155/2012/758641

Strauss, C., K. Cavanagh, A. Oliver, and D. Pettman, "Mindfulness-Based Interventions for People Diagnosed with a Current Episode of an Anxiety or Depressive Disorder: A Meta-Analysis of Randomised Controlled Trials," *PloS One,* Vol. 9, No. 4, 2014, p. e96110.

Thachil, A. F., R. Mohan, and D. Bhugra, "The Evidence Base of Complementary and Alternative Therapies in Depression," *Journal of Affective Disorders,* Vol. 97, No. 1–3, 2007, pp. 23–35. doi.org/10.1016/j.jad.2006.06.021

Toneatto, T., and L. Nguyen, "Does Mindfulness Meditation Improve Anxiety and Mood Symptoms? A Review of the Controlled Research," *Canadian Journal of Psychiatry* (*Revue Canadienne de Psychiatrie*), Vol. 52, No. 4, April 2007, pp. 260–266.

Tsang, H. W., E. P. Chan, and W. M. Cheung, "Effects of Mindful and Non-Mindful Exercises on People with Depression: A Systematic Review," *British Journal of Clinical Psychology,* Vol. 47, Pt. 3, September 2008, pp. 303–322. doi: 10.1348/014466508x279260

Uebelacker, L. A., G. Epstein-Lubow, B. A. Gaudiano, G. Tremont, C. L. Battle, and I. W. Miller, "Hatha Yoga for Depression: Critical Review of the Evidence for Efficacy, Plausible Mechanisms of Action, and Directions for Future Research," *Journal of Psychiatric Practice,* Vol. 16, No. 1, January 2010, pp. 22–33. doi: 10.1097/01.pra.0000367775.88388.96

Vancampfort, D., J. Vanderlinden, M. De Hert, M. Adamkova, L. H. Skjaerven, D. Catalan-Matamoros, A. Lundvik-Gyllensten, A. Gomez-Conesa, R. Ijntema, and M. Probst, "A Systematic Review on Physical Therapy Interventions for Patients with Binge Eating Disorder," *Disability and Rehabilitation,* Vol. 35, No. 26, 2013, pp. 2191–2196. doi: 10.3109/09638288.2013.771707

Veehof, M. M., M. J. Oskam, K. M. Schreurs, and E. T. Bohlmeijer, "Acceptance-Based Interventions for the Treatment of Chronic Pain: A Systematic Review and Meta-Analysis," *Pain,* Vol. 152, No. 3, March 2011, pp. 533–542.

Vollestad, J., M. B. Nielsen, and G. H. Nielsen, "Mindfulness- and Acceptance-Based Interventions for Anxiety Disorders: A Systematic Review and Meta-Analysis," *British Journal of Clinical Psychology,* Vol. 51, No. 3, September 2012, pp. 239–260. doi: 10.1111/j.2044-8260.2011.02024.x

Walker, I. D., and E. W. Gonzalez, "Review of Intervention Studies on Depression in Persons with Multiple Sclerosis," *Issues in Mental Health Nursing,* Vol. 28, No. 5, May 2007, pp. 511–531. doi: 10.1080/01612840701344480

Wang, C., R. Bannuru, J. Ramel, B. Kupelnick, T. Scott, and C. H. Schmid, "Tai Chi on Psychological Well-Being: Systematic Review and Meta-Analysis," *BMC Complementary and Alternative Medicine,* Vol. 10, 2010, p. 23.

Wang, C. W., C. L. Chan, R. T. Ho, H. W. Tsang, C. H. Chan, and S. M. Ng, "The Effect of Qigong on Depressive and Anxiety Symptoms: A Systematic Review and Meta-Analysis of Randomized Controlled Trials," *Evidence-Based Complementary and Alternative Medicine,* Vol. 2013, 2013, p. 716094. doi: 10.1155/2013/716094. As of October 27, 2015: http://downloads.hindawi.com/journals/ecam/2013/716094.pdf

Wang, F., E. K. Lee, T. Wu, H. Benson, G. Fricchione, W. Wang, and A. S. Yeung, "The Effects of Tai Chi on Depression, Anxiety, and Psychological Well-Being: A Systematic Review and Meta-Analysis," *International Journal of Behavioral Medicine*, September 28, 2013. doi: 10.1007/s12529-013-9351-9

Wang, F., J. K. Man, E. K. Lee, T. Wu, H. Benson, G. L. Fricchione, W. Wang, and A. Yeung, "The Effects of Qigong on Anxiety, Depression, and Psychological Well-Being: A Systematic Review and Meta-Analysis," *Evidence-Based Complementary and Alternative Medicine,* Vol. 2013, 2013, p. 152738. doi: 10.1155/2013/152738

Wang, W. C., A. L. Zhang, B. Rasmussen, L. W. Lin, T. Dunning, S. W. Kang, B. J. Park, and S. K. Lo, "The Effect of Tai Chi on Psychosocial Well-Being: A Systematic Review of Randomized Controlled Trials," *Journal of Acupuncture and Meridian Studies,* Vol. 2, No. 3, September 2009, pp. 171-181. doi: 10.1016/s2005-2901(09)60052-2

Williams, J. W., Gierisch, J. M., McDuffie, J., Strauss, J. L., and Nagi, A. *An Overview of Complementary and Alternative Medicine Therapies for Anxiety and Depressive Disorders: Supplement to Efficacy of Complementary and Alternative Medicine Therapies for Posttraumatic Stress Disorder*, Washington, D.C.: U.S. Department of Veterans Affairs, 2011.

Woltz, P. C., D. W. Chapa, E. Friedmann, H. Son, B. Akintade, and S. A. Thomas, "Effects of Interventions on Depression in Heart Failure: A Systematic Review," *Heart and Lung,* Vol. 41, No. 5, September–October 2012, pp. 469–483. doi: 10.1016/j.hrtlng.2012.06.002

Woodyard, C., "Exploring the Therapeutic Effects of Yoga and Its Ability to Increase Quality of Life," *International Journal of Yoga,* Vol. 4, No. 2, July 2011, pp. 49–54. doi: 10.4103/0973-6131.85485

Zainal, N. Z., S. Booth, and F. A. Huppert, "The Efficacy of Mindfulness-Based Stress Reduction on Mental Health of Breast Cancer Patients: A Meta-Analysis," *Psycho-Oncology,* Vol. 22, No. 7, July 2013, pp. 1457–1465. doi: 10.1002/pon.3171

Zhang, J., K. H. Yang, J. H. Tian, and C. M. Wang, "Effects of Yoga on Psychologic Function and Quality of Life in Women with Breast Cancer: A Meta-Analysis of Randomized Controlled Trials," *Journal of Alternative and Complementary Medicine,* Vol. 18, No. 11, November 2012, pp. 994–1002. doi: 10.1089/acm.2011.0514

Appendix C: Evidence Table of Included Studies

Study Details	Patients	Intervention/Treatment	Outcomes/Results
Reference: Barnhofer et al., 2009 **Study design:** Single-site RCT **ITT analysis:** Yes **Purpose:** To investigate the effects of MBCT in patients suffering from chronic forms of depression using a randomized controlled design with blind assessments **Country:** United Kingdom **Quality rating:** Good	**Number of participants:** 31 initial, 28 final **Method of identifying patients with MDD:** Current diagnosis of MDD or presence of residual symptoms following a full episode, defined as either meeting DSM-IV criteria for only four instead of at least five symptoms of depression over the past two weeks or suffering from five or more symptoms for at least half of the days, if symptoms had not been present for most of the days over the past two weeks. Assessed via the Structured Clinical Interview for DSM-IV. **Baseline depressive symptom score:** BDI (full sample): MBCT + TAU: 29.36 (9.66); TAU: 31.32 (10.79) **Average age in years (standard deviation [SD]):** MBCT + TAU: 42.07 (11.34); TAU: 41.79 (9.52) **Gender:** MBCT + TAU: 28.6% male; TAU: 35.7% male **Inclusion criteria:** History of at least three previous episodes of MDD or chronic depression; current diagnosis of MDD or presence of residual symptoms following a full episode, defined as either meeting DSM-IV criteria for only four instead of at least five symptoms of depression over the past two weeks or suffering from five or more symptoms for at least half of the days, if symptoms had not been present for most of the days over the past two weeks; history of suicidal ideation (including thoughts of methods of suicide) or suicidal behavior; absence of current mania or hypomania, psychosis, obsessive-compulsive disorder, eating disorder, pervasive developmental disorder or habitual self-harming, or substance abuse or dependence that would significantly interfere with the ability to engage in meditation; adequate written and	**MBCT:** Followed standardized manual (Segal, Williams, and Teasdale, 2002) with adjustments to address suicidality and acute symptoms **Dosage:** 8 weekly 2-hour sessions, 1 hour of homework 6 days each week **Co-interventions:** TAU: Encouraged to continue any current medication and to attend appointments with their mental health practitioners or other services over the treatment phase as they would have done otherwise. **Comparator(s):** TAU alone **Follow-up:** At end of intervention	**Depressive symptoms, BDI (full sample):** Difference in change in depressive symptom score (BDI) in MBCT + TAU vs. TAU: SMD −0.92; 95% CI −1.66 to −0.17 **Response:** Response rate was not significantly different between MBCT + TAU and TAU: RR 0.18; 95% CI 0.02, 1.31 **Remission:** NA **Relapse:** NA **Health-related quality of life:** NA **Adverse events:** Study authors reported that there were no adverse events that were deemed to be related to treatment **Antidepressant use:** Changes in antidepressant use: MBCT + TAU: 2 (14%) TAU: 7 (50%) p=0.052

Study Details	Patients	Intervention/Treatment	Outcomes/Results
	spoken English to complete all study measures; not currently in individual or group psychotherapy; no current ongoing meditation practice; and age between 18 and 65. **Exclusion criteria:** None reported		

Study Details	Patients	Intervention/Treatment	Outcomes/Results
Reference: Batink et al., 2013; Geschwind et al., 2012; Forkmann et al., 2014 **Study design:** Single-site RCT **ITT analysis:** Yes **Purpose:** To investigate the effect of MBCT on residual depressive symptoms and whether the effect is contingent on the number of previous depressive episodes **Country:** Netherlands **Quality rating:** Fair	**Number of participants:** 130 initial, 125 final **Method of identifying patients with MDD:** Residual depression symptomatology ($HRSD_{17}$ ≥7) after at least one episode of MDD, as assessed by the Structured Clinical Interview for DSM-IV **Baseline depressive symptom score:** $HRSD_{17}$: 1–2 episodes: MBCT: 9.6 (3.2); TAU: 10.5 (3.7) 3+ episodes: MBCT: 11.1 (4.1); TAU: 9.9 (3.4) Full sample: MBCT: 10.3 (3.7); TAU: 10.2 (3.6) Inventory of Depressive Symptomatology–Self-Report (IDS-SR): 1–2 episodes: MBCT 19.3 (9.4); TAU: 23.8 (8.8) 3+ episodes: MBCT: 26.0 (11.1); TAU: 20.5 (8.2) Full sample: MBCT 22.4 (10.7); TAU: 22.5 (8.7) **Average age in years (SD):** 2 or fewer episodes: 42.8 (1.7); 3+ prior episodes: 45.2 (1.2); Overall: 43.9 (9.6); MBCT: 44.6 (9.7); TAU: 43.2 (9.5) **Gender:** 2 or fewer prior episodes: 30% male; 3+ prior episodes: 19% male; Overall: 25% male; MBCT: 21.9% male; TAU: 27.3% male **Inclusion criteria:** Residual depression symptomatology ($HRSD_{17}$ ≥7) after at least one episode of MDD. **Exclusion criteria:** Fulfilling criteria for a current major depressive episode, a lifetime diagnosis of schizophrenia, psychotic episodes in the past year, general conditions that made participation in a group intervention impossible, and recent (past four weeks) or upcoming changes in ongoing psychological or pharmacological treatment.	**MBCT:** Followed standard protocol (Segal, Williams, and Teasdale, 2002). Sessions included guided meditation, experiential exercises, and discussions. Participants received CDs with guided exercises. **Dosage:** 8 sessions, 2.5 hours once a week, plus daily homework exercises (30 to 60 minutes) **Co-interventions:** Psychological or pharmacological treatment **Comparator:** TAU: Received psychological and pharmacological treatment **Follow-up:** At end of intervention	**Depressive symptoms, HRSD-17:** Full sample: Difference in change in depressive symptom score in MBCT + TAU vs. TAU: SMD −0.60; 95% CI −0.95, −0.24 1–2 previous MD episodes: Difference in change in depressive symptom score in MBCT + TAU vs. TAU: SMD −0.93; 95% CI −1.42, −044. 3+ previous MD episodes: Difference in change in depressive symptom score in MBCT + TAU vs. TAU: SMD −0.19; 95% CI −0.71, 0.32 **Depressive symptoms, IDS-SR:** Full sample: Difference in change in depressive symptom score in MBCT + TAU vs. TAU: SMD −0.53; 95% CI −0.88, −0.18 1–2 previous MD episodes: Difference in change in depressive symptom score in MBCT + TAU vs. TAU: SMD −0.93; 95% CI −1.42, −0.44 3+ previous MD episodes: Difference in change in depressive symptom score in MBCT + TAU vs. TAU: SMD 0.07; 95% CI −0.44, 0.58 **Response:** NA **Remission:** NA **Relapse:** NA **Health-related quality of life:** NA **Adverse events:** Study reported that there were no adverse events. **Antidepressant use:** NA

Study Details	Patients	Intervention/Treatment	Outcomes/Results
Reference: Bondolfi et al., 2010; Jermann et al., 2013 **Study design:** Multisite (2) RCT **ITT analysis:** Bondolfi et al. (2010): Yes Jermann et al. (2013): NA, no dropout **Purpose:** Bondolfi et al. (2010): To test if MBCT would reduce the risk of depressive relapse when compared with TAU in the context of the Swiss health care system in a sample of remitted depressed patients with three or more past depressive episodes Jermann et al. (2013): To determine whether cognitive functioning was altered among patients remitted from depression and investigate the possible impact of MBCT on these functions from a longitudinal perspective **Country:** Switzerland **Quality rating:** Good	**Number of participants:** Bondolfi et al. (2010): 60 initial, 55 final Jermann et al. (2013): 36 initial and 36 final **Method of identifying patients with MDD:** ≤Clinical diagnosis of MDD in remission at time of inclusion **Baseline depressive symptom score:** Bondolfi et al. (2010): NA Jermann et al. (2013): BDI: MBCT + TAU: 9.8 (9.8) TAU: 6.9 (6.9) Montgomery-Åsberg Depression Rating Scale (MADRS): MBCT + TAU: 5.4 (4.8) TAU: 3.8 (4.0) **Average age in years:** Bondolfi et al. (2010): MBCT + TAU: Median=46 (min-max 27–63); TAU: Median=49 (min-max 24–66) Jermann et al. (2013): MBCT: 45.4 (SD=11.6); TAU: 48.2 (SD=9.4) **Gender:** Bondolfi et al. (2010): MBCT + TAU: 26% male; TAU: 31% male Jermann et al. (2013): 31% male **Inclusion criteria:** History of recurrent major depression according to DSM-IV, assessed with the Structured Clinical Interview for DSM-IV; at least 3 past depressive episodes (2 episodes in the past 5 years and at least one in the past 2 years); remission for at least 3 months at time of enrollment; MADRS≤13, corresponding to the baseline score of 10 on the $HRSD_{17}$; history of treatment with antidepressants but currently off medication for at least 3 months before enrollment. **Exclusion criteria:** History of schizophrenia or schizoaffective disorder, current substance abuse, eating disorder, obsessive compulsive	**MBCT:** Followed standardized protocol (Segal, Williams, and Teasdale, 2002) **Dosage:** 8 weekly 2-hour sessions **Co-interventions:** TAU, but no antidepressants **Comparator(s):** TAU: Unrestricted access to any treatment or help service **Follow-up:** At end of intervention and 3, 6, 9, and 12 months postintervention	**Depressive symptoms, BDI**: 3-Month Follow-Up Difference in change in depressive symptom score (BDI) in MBCT + TAU vs. TAU between baseline and 3-month postintervention follow-up: SMD 0.49; 95% CI −0.17, 1.15 9-Month Follow-Up Difference in change in depressive symptom score in MBCT + TAU vs. TAU between baseline and 9-month postintervention follow-up: SMD 0.82; 95% CI 0.14, 1.51 **Depressive symptoms, MADRS:** 3-Month Follow-Up Difference in change in depressive symptom score (BDI) in MBCT + TAU vs. TAU between baseline and 3-month postintervention follow-up: SMD 0.31; 95% CI −0.35, 0.97 9-Month Follow-Up Difference in change in depressive symptom score in MBCT + TAU vs. TAU between baseline and 9-month postintervention follow-up: SMD 0.72; 95% CI 0.05, 1.39 **Response:** NA **Remission:** NA **Relapse (determined through clinical interview):** In ITT sample (over 14 months), relapse in MBCT + TAU vs. TAU: RR 0.84; 95% CI 0.40, 1.77 **Health-related quality of life:** NA **Adverse events:** Not reported **Antidepressant use:** Antidepressant reinstatement: MBCT + TAU: 36% TAU: 31%

Study Details	Patients	Intervention/Treatment	Outcomes/Results
	disorder, organic mental disorder, pervasive developmental disorder, borderline personality disorder, dysthymia with onset before age 20, more than four sessions of CBT ever, current psychotherapy or counseling more frequently than once per month, current practice of meditation more than once per week or yoga more than twice per week.		p=0.78

Study Details	Patients	Intervention/Treatment	Outcomes/Results
Reference: Britton et al., 2010 **Study design:** Single-site RCT **ITT analysis:** No **Purpose:** To examine whether mindfulness meditation was associated with changes in objectively measured polysomnographic sleep profiles and to relate changes in polysomnographic sleep to subjectively reported changes in sleep and depression within the context of a randomized controlled trial **Country:** United States **Quality rating:** Poor	**Number of participants:** 26 initial, 20 final **Method of identifying patients with MDD:** Diagnosis of MDD in past 60 months, but in full or partial remission in the past 8 weeks, as assessed with the Structured Clinical Interview for DSM-IV **Baseline depressive symptom score:** BDI: MBCT: 10.3 (6.2); Waitlist control: 8.1 (4.8) **Average age in years (SD):** MBCT: 45.4 (7.1); Waitlist control: 48.1 (9.6) **Gender:** MBCT: 30.8% male; Waitlist control: 12.5% male **Inclusion criteria:** Met the DSM-IV criteria for major depression in the past 60 months and had a lifetime history of at least three episodes but was in full or partial remission during the past 8 weeks with varying degree of residual symptoms. Partial remission defined as subjective symptom improvement, $HRSD_{24} \leq 20$, and the exclusion of individuals with severely depressed mood, severe anhedonia, or active suicidal ideation. Eligible participants reported difficulties with either sleep initiation, sleep maintenance, or early awakening, but not hypersomnia in the past 2 months. **Exclusion criteria:** History of bipolar disorder, cyclothymia, schizophrenia, schizoaffective disorder, persistent antisocial behavior, repeated self-harm, borderline personality disorder, or organic brain damage; current panic, obsessive compulsive disorder, eating disorder, or substance abuse/dependence; inability to read and write in English; receiving current psychotherapy; already had a regular meditation practice; or had taken antidepressant medication in the past 3 months. Participants were also excluded if they had or suspected an untreated sleep disorder besides insomnia.	**MBCT:** Followed standardized protocol (Segal, Williams, and Teasdale, 2002). Focused on cultivating mindfulness or nonjudgmental present-moment awareness of mental content and everyday activities, including sitting, lying down, breathing, walking, and other simple movements. **Dosage:** 8 weekly 3-hour sessions plus one-day retreat and home practice **Co-interventions:** None **Comparator(s):** Waitlist control, no intervention provided during wait time **Follow-up:** At end of intervention	**Depressive symptoms, BDI:** Difference in change in depressive symptom score (BDI) in MBCT vs. waitlist: SMD −1.11; 95% CI −2.07, −0.15 **Response:** NA **Remission:** NA **Relapse:** NA **Health-related quality of life:** NA **Adverse events:** Study authors reported that there were no adverse events. **Antidepressant use:** NA

Study Details	Patients	Intervention/Treatment	Outcomes/Results
Reference: Chiesa, Mandelli, and Seretti, 2012 **Study design:** Single-site RCT **ITT analysis:** Yes **Purpose:** To compare MBCT with a psycho-educational control group for the treatment of patients with major depression **Country:** Italy **Quality rating:** Fair	**Number of participants:** 18 initial, 16 final **Method of identifying patients with MDD:** Clinical diagnosis of MDD according to DSM-IV criteria **Baseline depressive symptom score:** $HRSD_{21}$: MBCT: 16.11 (7.01) Control: 14.14 (4.98) **Average age in years (SD):** Not reported **Gender:** Overall: 25% male; MBCT: 22% male; Psycho-education: 29% male **Inclusion criteria:** Aged 18 years or over; meeting DSM-IV criteria for MDD; being on treatment with antidepressants at adequate dosages for at least 8 weeks; and a failure to achieve remission, defined as $HRSD_{21} \geq 8$. **Exclusion criteria:** Current or past psychosis, bipolar disorder, or substance abuse; severe physical or neurological conditions that could interfere with the engagement in mindfulness practices; and concurrent psychotherapy or engagement in any meditation or yoga practice.	**MBCT:** Followed standard manualized protocol (Segal, Williams, and Teasdale, 2002) **Dosage:** 8 weekly 2-hour sessions; encouraged home practice of 30–45 minutes, 6 times a week **Co-interventions:** Antidepressants **Comparator:** Psycho-education: Similar to MBCT but no emphasis on mindfulness skills. 8 weekly 2-hour sessions. Encouraged stretching or aerobic activity for 30–45 minutes, 6 times a week. **Follow-up:** At end of intervention	**Depressive symptoms, $HRSD_{21}$:** Difference in change in depressive symptom score ($HRSD_{21}$) in MBCT plus antidepressants vs. psycho-education plus antidepressants: SMD −0.81; 95% CI −1.83, 0.22 **Response:** NA **Remission:** NA **Relapse:** NA **Health-related quality of life:** Difference in change in quality-of-life score (Psychological General Well-Being Index) in MBCT plus antidepressants vs. psycho-education plus antidepressants: SMD −0.81; 95% CI −1.84, 0.22 **Adverse events:** Not reported **Antidepressant use:** NA

Study Details	Patients	Intervention/Treatment	Outcomes/Results
Reference: Godfrin and van Heeringen, 2010 **Study design:** Single-site RCT **ITT analysis:** Yes **Purpose:** To study the efficacy of MBCT in preventing relapse or recurrence of depression in patients with a history of at least three depressive episodes but who are currently in remission or recovery, MBCT's effect on the time since study participation until first relapse in depression, and short-term and longer-term effects on mood states and quality of life **Country:** Belgium **Quality rating:** Fair	**Number of participants:** 106 initial, 76 final **Method of identifying patients with MDD:** Past history of MDD according to DSM-IV criteria with at least 3 major depressive episodes and the most recent at least 8 weeks prior to study participation **Baseline depressive symptom score:** BDI: MBCT: 17.59 (11.65) TAU + waitlist: 20.44 (12.46) $HRSD_{17}$: MBCT: 6.59 (3.99) TAU + waitlist: 7.32 (3.65) **Average age in years (SD):** MBCT + TAU: 44.9 (10.78); TAU + waitlist: 46.4 (10.37) **Gender:** MBCT + TAU: 17.3% male; TAU + waitlist: 20.4% male **Inclusion criteria:** Aged 18 years or older and had a history of at least 3 depressive episodes according to DSM-IV-TR (text revision) criteria, the end of the last episode being at least 8 weeks before study participation; did not suffer from a current depressive episode according to DSM-IV-TR criteria; $HRSD_{17} \leq 14$. **Exclusion criteria:** Current DSM-IV-TR diagnoses of chronic depression or dysthymia, substance use disorder, obsessive-compulsive disorder, bipolar disorder, acute psychosis, schizophrenia or schizoaffective disorder, cognitive disorder, organic mental disorder, pervasive developmental disorder, mental retardation, or a primary diagnosis of an axis-II disorder or risk of suicide; an extended experience with zen- or vipassana-meditation (or mindfulness) in the past; more than 1 psychiatric consultation per 3–4 weeks or intensive psychotherapy; meditation practices other than MBCT during the training and/or follow-up; and physical problems that hampered participation in the program. Only patients living in a well-defined study region were included in order to prevent dropout due to	**MBCT:** Followed standardized protocol (Segal, Williams, and Teasdale, 2002) with aim to attend, nonjudgmentally and moment-by-moment, to patterns of thoughts, bodily sensations, and feelings **Dosage:** 8 weekly 2.75-hour sessions and at-home exercises 6 times a week for 45 minutes **Co-interventions:** TAU **Comparator(s):** Waitlist control group continued TAU, which could include antidepressants and nonintensive psychotherapy **Follow-up:** At end of intervention, as well as 8 and 14 months post-baseline	**Depressive symptoms, $HRSD_{17}$:** End of intervention: Difference in change in depressive symptom score in MBCT + TAU vs. TAU + waitlist: SMD −0.98; 95% CI −1.39, −0.58 8 Months: Difference in change in depressive symptom score in MBCT + TAU vs. TAU + waitlist at 8-month follow-up: SMD −0.80; 95% CI −1.19, −0.40 14 Months: Difference in change in depressive symptom score in MBCT + TAU vs. TAU + waitlist at 14-month follow-up: SMD −0.43; 95% CI −0.82, −0.05 **Depressive symptoms, BDI:** End of intervention: Difference in change in depressive symptom score in MBCT + TAU vs. TAU + waitlist: SMD −1.47; 95% CI −1.90, −1.04 8 Months: Difference in change in depressive symptom score in MBCT + TAU vs. TAU + waitlist at 8-month follow-up: SMD −0.80; 95% CI −1.19, −0.40 14 Months: Difference in change in depressive symptom score in MBCT + TAU vs. TAU + waitlist at 14-month follow-up: SMD −0.90; 95% CI −1.29, −0.50 **Response:** NA **Remission:** NA **Relapse:** Relapse in MBCT + TAU vs. TAU + waitlist: RR 0.45; 95% CI 0.29, 0.70

Study Details	Patients	Intervention/Treatment	Outcomes/Results
	geographical reasons.		**Mean time to first relapse/recurrence since study participation:** MBCT + TAU: 39.5 weeks TAU + waitlist: 53.7 weeks Significant difference between groups in mean time to first relapse (p≤0.001). **Health-related quality of life (HRQOL):** Quality of Life in Depression Scale: Difference in change in HRQOL in MBCT + TAU vs. TAU + waitlist: SMD −1.02; 95% CI −1.42, −0.61 8 Months: Difference in change in HRQOL in MBCT + TAU vs. TAU + waitlist at 8-month follow-up: SMD −0.67; 95% CI −1.06, −0.28 14 Months: Difference in change in HRQOL in MBCT + TAU vs. TAU + waitlist at 14-month follow-up: SMD −0.68; 95% CI −1.07, −0.29 **Adverse events:** Not reported **Antidepressant use:** Baseline: MBCT + TAU: n=38, 73.1% TAU + waitlist: n=33, 61.1% End of intervention: MBCT + TAU: n=34, 75.6% TAU + waitlist: n=29, 60.4% 8 Months: MBCT + TAU: n=27, 64.3% TAU + waitlist: n=26, 56.5% 14 Months: MBCT + TAU: n=25, 64.1% TAU + waitlist: n=28, 62.2% No group time significance reported.

Study Details	Patients	Intervention/Treatment	Outcomes/Results
Reference: Hepburn et al., 2009; Crane et al., 2008 **Study design:** Participants in remission or recovery with suicidality randomized to MBCT or waitlist control using stratification (suicidal history and past depressive episodes) **ITT analysis:** No **Purpose:** To compare short-term effects of MBCT and TAU on thought supression in individuals with past suicidal depression **Country:** United Kingdom **Quality rating:** Poor	**Number of participants:** 68 initial, 43 final **Method of identifying patients with MDD:** BDI **Baseline depressive symptom score:** BDI: MBCT: 15.62 (13.84) TAU: 12.83 (9.59) **Average age in years (SD):** MBCT: 48.77 (9.04); TAU: 41.24 (9.00) **Gender:** 26.5% male **Inclusion criteria:** Had experienced both depression (minimum one episode) and suicidality (suicide attempt or severe ideation with a plan); met criteria for depression recovery. **Exclusion criteria:** Non-fluent English, receiving CBT without subsequent depressive relapse, and symptoms of substance misuse, psychosis, or mania in the past 6 months.	**MBCT:** Program for suicidality, 2-hour weekly classes plus 1 day-long session and daily homework **Dosage:** 8 weekly 2-hour sessions plus one-day retreat **Co-interventions:** Psychotherapy and medication **Comparator(s):** TAU: Including medication and any help-seeking during wait period **Follow-up:** At end of intervention	**Depressive symptoms, BDI:** Difference in change in depressive symptom score (BDI) in MBCT + TAU vs. TAU: SMD −0.30; 95% CI −0.91, 0.30 **Response:** NA **Remission:** NA **Relapse:** NA **Health-related quality of life:** NA **Adverse events:** Not reported **Antidepressant use:** NA

Study Details	Patients	Intervention/Treatment	Outcomes/Results
Reference: Keune et al., 2011; Bostanov et al., 2012 **Study design:** Single-site RCT **ITT analysis:** No **Purpose:** To explore the psychological and psychophysiological effects of MBCT in recurrently depressed patients, especially the effect of MBCT on rumination and mindfulness as indicators of global cognitive style, as well as on depressive symptomatology **Country:** Germany **Quality rating:** Poor	**Number of participants:** 91 initial, 78 final **Method of identifying patients with MDD:** At least three past major depressive episodes, with the most recent episode in remission for at least 4 weeks. Assessed via the German version of the Structured Clinical Interview for DSM-IV. **Baseline depressive symptom score:** BDI: MBCT: 9.05 (8.60) TAU + Waitlist: 12.70 (9.19) **Average age in years (SD):** MBCT: 48.93 (9.68); TAU + Waitlist: 45.24 (10.50) **Gender:** Overall: 26% male; MBCT: 25% male; TAU + waitlist: 27% male **Inclusion criteria:** Ages 18 to 65; met criteria for at least three major depressive episodes in the past; in at least partial remission (defined as not meeting the minimum criteria for a major depressive episode within the past 4 weeks); had stopped using medication at least 4 weeks prior to the interview; agreed not to start medication during the course of the study, unless advised otherwise by a psychiatrist. If medicated, medication had to be stable for at least one month, and participants needed to agree not to change medication or dose during the course of therapy until the completion of the last electroencephalogram assessment, unless dose or type was recommended to be changed by a psychiatrist. **Exclusion criteria:** Not giving or withdrawing informed consent, presence or history of substance abuse, eating or obsessive-compulsive disorder during the past three years, a history of schizophrenia or schizoaffective disorder, any neurological disorder, and borderline personality disorder. Participants also were not included if they had ever practiced any form of meditation on a regular basis.	**MBCT:** Followed standardized protocol (Segal, Williams, and Teasdale, 2002) **Dosage:** 8 weekly sessions **Co-interventions:** TAU **Comparator(s):** Waitlist control: Advised to consult with their medical doctor or other sources of help if needed **Follow-up:** At end of intervention	**Depressive symptoms, BDI:** Difference in change in depressive symptom score (BDI) in MBCT + TAU vs. TAU + waitlist: SMD −1.85; 95% CI −2.38, −1.31 **Response:** NA **Remission:** NA **Relapse:** NA **Health-related quality of life:** NA **Adverse events:** Not reported **Antidepressant use:** NA

Study Details	Patients	Intervention/Treatment	Outcomes/Results
Reference: Kuyken, Byford, et al., 2008; Kuyken, Watkins, et al., 2010 **Study design:** Single-site RCT **ITT analysis:** Yes **Purpose:** To examine whether MBCT provides an alternative approach to maintenance antidepressant medication (m-ADM) in preventing depressive relapse/recurrence and to compare MBCT and m-ADM in terms of residual depressive symptoms, comorbid psychiatric diagnoses, quality of life, and cost-effectiveness **Country:** United Kingdom **Quality rating:** Fair	**Number of participants:** 123 initial, 104 final **Method of identifying patients with MDD:** Clinical diagnosis of MDD in full or partial remission according to DSM-IV criteria **Baseline depressive symptom score:** BDI-II: MBCT: 18.51 (10.91) m-ADM: 20.15 (12.86) $HRSD_{17}$: MBCT: 5.62 (4.3) m-ADM: 5.76 (4.69) **Average age in years (SD):** MBCT: 48.95 (10.55); m-ADM: 49.37 (11.84) **Gender:** MBCT: 23%; m-ADM: 24% **Inclusion criteria:** Three or more previous episodes of depression meeting criteria for depression according to the DSM-IV; 18 years of age or older; on a therapeutic dose of m-ADM in line with the British National Formulary for at least the previous 6 months; and in either full or partial remission from the most recent episode of depression. **Exclusion criteria:** Comorbid diagnoses of current substance dependence; organic brain damage; current/past psychosis; bipolar disorder; persistent antisocial behavior; persistent self-injury requiring clinical management/therapy; unable to engage with MBCT for physical, practical, or other reasons (e.g., very disabling physical problem, unable to comprehend materials); and formal concurrent psychotherapy.	**MBCT:** Followed standardized protocol (Segal, Williams, and Teasdale, 2002). Content included guided mindfulness practices, inquiry into patients' experience of these practices, review of weekly homework, and teaching/discussion of cognitive-behavioral skills, plus support for tapering and discontinuation of m-ADM after 4–5 weeks of treatment. **Dosage:** 8 weekly 2-hour sessions plus 4 follow-up sessions in the following year **Co-interventions:** Antidepressants tapered over course of MBCT **Comparator(s):** m-ADM: Patients' physicians were asked to manage m-ADM in line with standard clinical practice and ensure that the dose remained within therapeutic limits **Follow-up:** 3, 6, 9, 12, and 15 months after baseline	**Depressive symptoms, $HRSD_{17}$:** 3 Months: Difference in change in depressive symptom score (HRSD) in MBCT + m-ADM vs. m-ADM at 3 months: SMD −0.30; 95% CI −0.66, 0.05 15 Months: Difference in change in depressive symptom score in MBCT + m-ADM vs. m-ADM at 15 months: SMD −0.23; 95% CI −0.58, 0.13 **Depressive symptoms: BDI-II** 3 Months: Difference in change in depressive symptom score in MBCT + m-ADM vs. m-ADM at 3 months: SMD −0.36; 95% CI −0.72, 0.00 15 Months: Difference in change in depressive symptom score in MBCT + m-ADM vs. m-ADM at 15 months: SMD −0.33; 95% CI −0.69, 0.03 **Response:** NA **Remission:** NA **Relapse for ITT Analysis** Mean total # of relapses/recurrences**:** MBCT: 1.45 (95% CI 1.21, 1.69) m-ADM: 1.57 (95% CI 1.32, 1.81) Duration of relapses/recurrences (in months): MBCT: 3.36 (95% CI 2.2, 4.5) m-ADM: 3.0 (95% CI 2.1, 3.9) Severity of relapses/recurrences (DSM–IV severity specifier, 0–4): MBCT: 1.79 (95% CI 1.56, 2.02) m-ADM: 1.72 (95% CI 1.48, 1.95) Relapse in MBCT + m-ADM vs. m**-**ADM at 15

Study Details	Patients	Intervention/Treatment	Outcomes/Results
			month follow-up: RR 0.80; 95% CI 0.57, 1.11 **Health-related quality of life:** **WHO Quality of Life – Brief, Physical:** 3 Months: Difference in change in physical HRQOL in MBCT + m-ADM vs. m-ADM at 3 months: SMD −0.10; 95% CI −0.46, 0.25 15 Months: Difference in change in physical HRQOL in MBCT + m-ADM vs. m-ADM at 15 months: SMD −0.08; 95% CI −0.44, 0.27 **WHO Quality of Life – Brief, Psychological:** 3 Months: Difference in change in psychological HRQOL in MBCT + m-ADM vs. m-ADM at 3 months: SMD −0.16; 95% CI −0.51, 0.19 15 Months: Difference in change in psychological HRQOL in MBCT + m-ADM vs. m-ADM at 15 months: SMD −0.13; 95% CI −0.48, 0.22 **WHO Quality of Life – Brief, Social:** 3 Months: Difference in change in social HRQOL in MBCT + m-ADM vs. m-ADM at 3 months: SMD −0.21; 95% CI −0.56, 0.15 15 Months: Difference in change in social HRQOL in MBCT + m-ADM vs. m-ADM at 15 months: SMD −0.08; 95% CI −0.44, 0.27 **Adverse events:** Study authors reported that there were no adverse events recorded through the oversight of the Trial Steering Committee. **Antidepressant costs:** Mean difference of MBCT vs. m-ADM: −$103 (95% CI −$191, -$14)

Study Details	Patients	Intervention/Treatment	Outcomes/Results
Reference: Ma and Teasdale, 2004 **Study design:** Single-site RCT **ITT analysis:** Yes **Purpose:** To compare response to MBCT in a group of patients with three or more episodes of depression versus a group with only two (recent) episodes **Country:** United Kingdom **Quality rating:** Good	**Number of participants:** 75 initial, 68 final **Method of identifying patients with MDD:** History of recurrent MDD according to DSM-IV criteria, currently in remission or recovery **Baseline depressive symptom score:** BDI: MBCT: 13.49 (7.16) TAU: 15.13 (9.51) $HRSD_{17}$: MBCT: 5.70 (3.02) TAU: 5.68 (2.97) **Average age in years (SD):** MBCT 42.9 (8.4); TAU: 46.1 (9.3) **Gender:** MBCT: 27% male; TAU: 21% male **Inclusion criteria:** 18–65 years of age; meet enhanced DSM–IV criteria for a history of recurrent major depression—these normally require a history of two or more previous episodes of DSM–IV major depression in the absence of a history of mania or hypomania; at least two episodes of major depression occurred within the past 5 years, and at least one of those episodes was within the past 2 years; had a history of treatment by a recognized antidepressant medication, but off antidepressant medication and in recovery/remission at the time of baseline assessment and for at least the preceding 12 weeks; and $HSRD_{17}$<10 at baseline assessment. **Exclusion criteria:** History of schizophrenia or schizoaffective disorder, current substance abuse, borderline personality disorder, organic mental disorder or pervasive developmental delay, current obsessive-compulsive disorder, current eating disorder, dysthymia before age 20, more than four lifetime sessions of CBT, and current psychotherapy or counseling more frequently than once per month.	**MBCT:** Followed standardized protocol (Segal, Williams, and Teasdale, 2002) **Dosage:** 8 weekly 2-hour sessions plus daily homework; follow-up meetings 1 and 6 months after intervention **Co-interventions:** TAU **Comparator(s):** TAU: Instructed to seek help as usual **Follow-up:** At the end of the intervention and 3, 6, 9, and 12 months postintervention	**Depressive symptoms:** NA **Response:** NA **Remission:** NA **Relapse:** Full sample (2+ previous major depressive episodes) in ITT sample: Relapse in MBCT + TAU vs. TAU: RR 0.63; 95% CI 0.39, 1.01 2 previous major depressive episodes in the ITT sample: Relapse in MBCT + TAU vs. TAU: RR 2.50; 95% CI 0.60, 10.34 3 or more previous major depressive episodes in the ITT sample: Relapse in MBCT + TAU vs. TAU: RR 0.46; 95% CI 0.27, 0.79 **Health-related quality of life:** NA **Adverse events:** Not reported **Antidepressant use during study period:** 2 previous major depressive episodes: MBCT + TAU: 13%; TAU: 36% p>0.10 3 or more previous major depressive episodes: MBCT + TAU: 21%; TAU: 33%; p>0.10 **Duration in weeks:** 2 previous major depressive episodes: MBCT + TAU: 27.0 (0); TAU: 27.5 (14.5) p>0.10 3 or more previous major depressive episodes: MBCT + TAU: 25.4 (8.2); TAU: 34.6 (20.2) p>0.10

Study Details	Patients	Intervention/Treatment	Outcomes/Results
			Dosage SSI (mg) 2 previous major depressive episodes: MBCT + TAU: 26.7 (0); TAU: 22.5 (5.0) p>0.10 3 or more previous major depressive episodes: MBCT + TAU: 27.0 (5.4); TAU: 23.6 (8.9)

Study Details	Patients	Intervention/Treatment	Outcomes/Results
Reference: Manicavasgar, Parker, and Perich, 2011 **Study design:** Participants in eight of the 11 treatment groups were randomly assigned to the CBT or MBCT condition. Three of the 11 treatment groups were run according to therapist availability, and group participants were assigned sequentially. **ITT analysis:** No **Purpose:** To examine the comparative effectiveness of MBCT and CBT as treatments for nonmelancholic depression **Country:** Australia **Quality rating:** Poor	**Number of participants:** 69 initial, 45 final **Method of identifying patients with MDD:** Met DSM-IV criteria for MDD as assessed by the computerized version of the Composite International Diagnostic Interview **Baseline depressive symptom score:** BDI-II: MBCT: 32.42 (9.01) CBT: 36.23 (11.11) **Average age in years (SD):** MBCT: 47 (13.84); CBT: 45 (12.94) **Gender:** MBCT: 37% male; CBT: 34% male **Inclusion criteria:** Aged 18 years or over; meeting DSM-IV criteria for MDD on the computerized version of the Composite International Diagnostic Interview; BDI-II≥20 at telephone screening; reporting low mood for at least three preceding months; being proficient in English; not having engaged in CBT, mindfulness, or meditation/relaxation (operationalized as more than four sessions of regular meditation/relaxation) over the preceding 12 months; being under supervision of a case manager/clinician; not commencing antidepressant medication or, if medicated, not changing their antidepressant medication regime over the preceding three months; and preparedness to commit to an 8-week group program. **Exclusion criteria:** Current diagnosis of melancholic depression or bipolar disorder; a history of any psychotic illness; dementia; current active suicidal ideation; being hospitalized; concurrent treatment using meditation or CBT; drug/alcohol dependence; daytime anxiolytic medication (which could potentially impair concentration); current antenatal or postnatal depression (which could be related to hormonal factors); currently in receipt of antipsychotic or mood stabilizing medication; and history of treatment with more than two antidepressant drugs.	**MBCT:** Modified MBCT protocol (Segal, Williams, and Teasdale, 2002). Yoga instruction and DVD-based mindfulness-based stress reduction program were omitted. Purchase of program book made optional rather than compulsory. **Dosage:** 8-week course, group sessions for 2–2.5 hours 1 time a week, plus home practice **Co-interventions:** TAU **Comparator:** CBT based on standardized protocol (Beck et al., 1979), 8 weekly sessions of 2–2.5 hours, plus home practice **Follow-up:** At end of intervention and 6 and 12 months postintervention	**Depressive symptoms, BDI-II:** Postintervention: Difference in change in depressive symptom score in MBCT + TAU vs. CBT + TAU: SMD −0.15; 95% CI −0.74, 0.44 6 Months: Difference in change in depressive symptom score in MBCT + TAU vs. CBT + TAU at 6 months: SMD 0.70; 95% CI −0.26, 1.65 12 Months: Difference in change in depressive symptom score in MBCT + TAU vs. CBT + TAU at 15 months: SMD 0.18; 95% CI −0.58, 0.93 **Response:** NA **Remission:** NA **Relapse:** NA **Health-related quality of life:** Social and Occupational Functioning Scale: Difference in change in health-related quality of life score in MBCT + TAU vs. CBT + TAU: SMD −0.04; 95% CI −0.63, 0.56 **Adverse events:** Not reported **Antidepressant use:** NA

Study Details	Patients	Intervention/Treatment	Outcomes/Results
Reference: Omidi et al., 2013 **Study design:** Single-site RCT **ITT analysis:** NA, no drop out **Purpose:** To evaluate the efficacy of MBCT and traditional CBT with TAU to reduce psychiatric symptoms in a sample of patients with MDD **Country:** Iran **Quality rating:** Poor	**Number of participants:** 90 initial, 90 final **Method of identifying patients with MDD:** Clinical diagnosis of MDD **Baseline depressive symptom score:** Brief Symptom Inventory, depression subscale: MBCT: 2.05(0.84) CBT: 2.18 (0.57) TAU: 2.18(0.85) **Average age in years (SD):** MBCT: 32 (6.3); CBT: 30 (5.2); TAU: 35 (4.8) **Gender:** MBCT: 20% male; CBT: 34% male; TAU: 47% male **Inclusion criteria:** Meet DSM-IV criteria for MDD. **Exclusion criteria:** BMD (acronym undefined), psychosis, drug abuse, organic history, eating disorder, and suicidality.	**MBCT:** Standardized MBCT program (Segal, Williams, and Teasdale, 2002) with the addition of behavioral enhancement components of CBT for depression **Dosage:** 8 2-hour sessions, once a week **Co-interventions:** Usual care **Comparators (2):** CBT: Standardized treatment protocol developed by Emery (2000) TAU: Continued under the care of a therapist and/or psychiatrist **Follow-up:** At end of intervention	**Depressive symptoms, Brief Symptom Inventory Depression Scale:** Difference in change in depressive symptom score in MBCT + TAU vs. TAU: SMD −1.53; 95% CI −2.11, −0.96 Difference in change in depressive symptom score in MBCT + TAU vs. CBT + TAU: SMD −0.00; 95% CI −0.51, −0.51 **Response:** NA **Remission:** NA **Relapse:** NA **Health-related quality of life:** NA **Adverse events:** Not reported **Antidepressant use:** NA

Study Details	Patients	Intervention/Treatment	Outcomes/Results
Reference: Segal et al., 2010 **Study design:** 2-stage study Stage 1: acute treatment of depression with antidepressants Stage 2: Among stage 1 participants who remitted, RCT with 3 arms: (1) maintenance antidepressant medication (m-ADM), (2) discontinuation of antidepressant and addition of MBCT, and (3) discontinuation of antidepressant, substitution with placebo pills and clinical management (Pla + Clin) **ITT analysis:** Yes **Purpose**: To test the relative efficacy of MBCT, m-ADM), and placebo plus clinical management for prevention of relapse or recurrence in patients with recurrent depression who have achieved remission through antidepressant pharmacotherapy **Country:** Canada **Quality rating:** Fair	**Number of participants:** 84 initial, 64 final **Method of identifying patients with MDD:** Prior to stage 1, diagnosis of MDD as assessed with the Structured Clinical Interview for DSM-IV **Baseline depressive symptom score:** $HRSD_{17}$: m-ADM: 2.0 (2.3) MBCT: 3.0 (2.8) Pla + Clin: 3.3 (3.0) Quick Inventory of Depressive Symptomatology: m-ADM: 3.0 (1.7) MBCT: 3.4 (2.4) Pla + Clin: 2.9 (2.3) **Average age in years (SD):** Overall: 44 (11); m-ADM: 45.8 (11.4); MBCT: 44.8 (9.4); Pla + Clin: 41.9 (11.6) **Gender:** Overall: 42% male; m-ADM: 29% male; MBCT: 50% male; Pla + Clin: 33% male **Inclusion criteria:** Diagnosis of MDD according to DSM-IV criteria; a score of 16 or higher on the $HRSD_{17}$; 2 or more previous episodes of MDD (to ensure that those randomized would have a minimum of 3 past episodes); age between 18 and 65 years; English-speaking; and the ability to provide informed consent. **Exclusion criteria:** Current diagnosis of bipolar disorder, substance abuse disorder, schizophrenia, or borderline or antisocial personality disorder; a trial of electroconvulsive therapy within the past 6 months; depression secondary to a concurrent medical disorder; current or planned pregnancy within the 6 months of acute-phase treatment; and current practice of meditation more than once per week or yoga more than twice per week.	**MBCT:** Followed standardized protocol (Segal, Williams, and Teasdale, 2002). Antidepressants discontinued via 4-week taper. **Dosage:** 8 weekly 2-hour sessions, plus a retreat and daily at-home exercises **Co-interventions:** Bimonthly meetings with study psychiatrists **Comparator(s):** 2 comparison groups: (1) m-ADM: Remained on same drug regimen at maximum tolerated effective dose (2) Pla + Clin: Patients tapered off antidepressant with placebo replacements, plus clinical management **Follow-up:** At the end of the intervention, monthly for the next 3months, and bimonthly for the remainder of the 18-month maintenance phase	**Depressive symptoms:** NA **Response:** NA **Remission Relapse:** **Structured Clinical Interview for DSM-IV (assessing relapse);** At 18 Months Follow-Up: Relapse in MBCT vs. m-ADM: RR 0.80; 95% CI 0.39, 1.62 Relapse in MBCT and clinical management vs. placebo and clinical management: RR 0.65; 95% CI 0.34, 1.62 In stable remitters (maintained an $HRSD_{17}$ score of 7 or less across this interval): Relapse in MBCT vs. m-ADM: RR 1.06; 95% CI 0.54, 2.07 Relapse in MBCT and clinical management vs. placebo and clinical management: RR 1.25; 95% CI 0.54, 2.07 In unstable remitters (achieved an $HRSD_{17}$ score of 7 or less but had occasional elevated scores between 8 and 14 across this interval): Relapse in MBCT vs. m-ADM: RR 1.02; 95% CI 0.30, 3.45 Relapse in MBCT and clinical management vs. placebo and clinical management: RR 0.39; 95% CI 0.17, 0.88 **Health-related quality of life:** NA **Adverse events:** Not reported **Antidepressant use:** NA

Study Details	Patients	Intervention/Treatment	Outcomes/Results
Reference: Shahar et al., 2010 **Study design:** Single-site RCT **ITT analysis:** No **Purpose:** To examine the immediate (pre- to postintervention) effects of MBCT on reductions in depressive symptoms **Country:** United States **Quality rating:** Poor	**Number of participants:** 52 initial, 45 final **Method of identifying patients with MDD:** Diagnosis of MDD in the past 60 months, with lifetime history of at least 3 episodes, as assessed by the Structured Clinical Interview for DSM-IV. In partial remission in last 2 months. **Baseline depressive symptom score:** BDI: MBCT: 9.10 (6.10) Waitlist control: 10.16 (6.20) **Average age in years (SD):** MBCT: 46.58 (7.77); Waitlist control: 46.74 (11.70) **Gender:** MBCT: 23.08% male; Waitlist control: 5.26% male **Inclusion criteria:** Met DSM-IV criteria for major depression in the past 60 months and had a lifetime history of at least 3 episodes, but was in partial remission during the past 8 weeks with a varying degree of residual symptoms. Partial remission was defined by a subjectively reported improvement in symptoms in the past 2 months, $HRSD_{24} \leq 20$, and the exclusion of severely depressed mood, severe anhedonia, or active suicidal ideation. No change in antidepressant type or dose during the 3 months prior to enrollment or during the active phase of the study. **Exclusion criteria:** History of bipolar disorder, cyclothymia, schizophrenia, schizoaffective disorder, persistent antisocial behavior or repeated self-harm, borderline personality disorder, organic brain damage; current panic, obsessive-compulsive disorder, eating disorder, or substance abuse/dependence; inability to read and write in English; receiving current psychotherapy; already had a regular meditation practice.	**MBCT:** Followed standardized protocol (Segal, Williams, and Teasdale, 2002). Sessions focused on cultivating mindfulness or nonjudgmental present-moment awareness of mental content and everyday activities, including sitting, lying down, breathing, walking, and other simple movements. **Dosage:** 8 weekly 3-hour sessions, plus a one-day retreat and at-home practice **Co-interventions:** TAU **Comparator(s):** Waitlist control group **Follow-up:** At end of intervention	**Depressive symptoms, BDI:** Difference in change in depressive symptom score (BDI) in MBCT + TAU vs. TAU + waitlist control: SMD −1.14; 95% CI −1.78, −0.51 **Response:** NA **Remission:** NA **Relapse:** NA **Health-related quality of life:** NA **Adverse events:** Authors reported that there were no adverse events during the trial. **Antidepressant use:** NA

Study Details	Patients	Intervention/Treatment	Outcomes/Results
Reference: Teasdale, Segal, et al., 2000; Teasdale, Moore, et al., 2002; Williams, Teasdale, et al., 2000 **Study design:** Multisite (3) RCT. Patients randomized to MBCT + TAU or TAU + waitlist control at three sites. Randomization stratified by "recency of recovery from last episode of depression and number of previous episodes of MDD." **ITT analysis:** Yes **Purpose:** To evaluate MBCT as a mediator for relapse/recurrence **Country:** Canada/United Kingdom **Quality rating:** Good	**Number of participants:** 145 initial, 137 final **Method of identifying patients with MDD:** $HRSD_{17}$≤10, BDI, Clinical diagnosis **Baseline depressive symptom score:** NA **Average age in years (SD):** MBCT: 40.7 (10.3); TAU: 46.2 (9.6) **Gender:** MBCT: 26% male; TAU: 22% male **Inclusion criteria:** 18 to 65 years of age; meeting enhanced DSM-III criteria for a history of recurrent major depression—these normally require a history of two or more previous episodes of DSM-III major depression in the absence of a history of mania or hypomania; at least two episodes of major depression within the past 5 years, with at least one of those episodes within the past 2 years; a history of treatment by a recognized antidepressant medication, but off antidepressant medication; in recovery/remission at the time of baseline assessment and for at least the preceding 12 weeks (it was not possible to determine the adequacy of treatment by antidepressant medication; rather, this criterion was used as an indicator that, in the naturalistic course of service delivery, patients had been judged as appropriate for pharmacotherapy by a treating physician); and, $HRSD_{17}$≤10 at baseline assessment. **Exclusion Criteria:** History of schizophrenia or schizoaffective disorder; current substance abuse, eating disorder, or obsessive compulsive disorder; organic mental disorder, pervasive developmental delay, or borderline personality disorder; dysthymia before age 20; more than four sessions of CBT ever; current psychotherapy or counseling more frequently than once per month; and current practice of meditation more than once per week or yoga more than twice per week.	**MBCT:** Manualized 2-hour weekly sessions + daily homework, weekly for first 8 weeks, and monthly for final 4 sessions **Dosage:** 12 sessions **Co-interventions:** Care from general practitioner, psychiatric treatment (out/inpatient), counseling, medication **Comparator(s):** TAU: Instructed to seek help as needed **Follow-up:** Bimonthly for 1 year	**Depressive symptoms:** NA **Response:** NA **Remission:** NA **Relapse:** 2 episodes of depression (23% of sample): Relapse in MBCT + TAU vs. TAU: RR 1.80; 95% CI 0.77, 4.19 3 or more episodes of depression (77% of sample): Relapse in MBCT + TAU vs. TAU: RR 0.61; 95% CI 0.41, 0.89 **Health-related quality of life:** NA **Adverse events:** Not reported **Antidepressant use:** MBCT: 40% TAU: 45% p=0.10

Study Details	Patients	Intervention/Treatment	Outcomes/Results
Reference: Van Aalderen et al., 2012 **Study design:** Single-site RCT **ITT analysis:** Yes **Purpose:** To examine the efficacy of MBCT in a representative sample of patients with recurrent depression; to examine whether MBCT was effective for patients with or without a current depressive episode; and to investigate rumination, worry, and mindfulness skills as possible mediators for the reduction of depressive symptoms in the MBCT condition **Country:** Netherlands **Quality rating:** Poor	**Number of participants:** 219 initial, 205 final **Method of identifying patients with MDD:** Recurrent depression according to the Structural Clinical Interview for DSM-IV **Baseline depressive symptom score:** $\underline{HRSD_{17}}$: MBCT + TAU: 9.5 (6.2) TAU: 9.2 (5.6) BDI: MBCT + TAU: 14.9 (9.2) TAU: 16.2 (9.4) **Average age in years (SD):** MBCT: 47.3 (11.5); TAU: 47.7 (11.1) **Gender:** MBCT: 30% male; TAU: 28% male **Inclusion criteria:** Three or more previous depressive episodes according to DSM-IV criteria. Patients using antidepressant medication were required to be on a stable dose for at least 6 weeks and were asked to maintain this dosage for the study period. **Exclusion criteria:** Any previous (hypo)manic episodes according to DSM-IV criteria; current alcohol or drug abuse; urgent need for psychiatric treatment—for example, suicidality or psychotic symptoms; problems impeding participating in a group, such as severe borderline personality disorder; problems impeding completing the questionnaires, such as cognitive dysfunctions.	**MBCT:** MBCT was delivered according to guidelines (Segal, Williams, and Teasdale, 2002) **Dosage:** 9 sessions, 8 weekly 2.5-hour sessions and a silent day of 6 hours of meditation. Home practice 6 times a week for 45 minutes. **Co-interventions:** TAU **Comparator:** TAU, including antidepressants **Follow-up:** At end of intervention	**Depressive symptoms, $HRSD_{17}$:** Full sample: Difference in change in depressive symptom score in MBCT + TAU vs. TAU: SMD −0.47; 95% CI −0.75, −0.20 Currently depressed subgroup: Difference in change in depressive symptom score in MBCT + TAU vs. TAU: SMD −0.43; 95% CI −0.71, −0.15 **Depressive symptoms, BDI:** Full sample: Difference in change in depressive symptom score in MBCT + TAU vs. TAU: SMD −0.03; 95% CI −0.30, 0.25 Currently depressed group: Difference in change in depressive symptom score in MBCT + TAU vs. TAU: SMD −0.63; 95% CI −0.91, −0.35 **Response:** NA **Remission:** NA **Relapse:** NA **WHO Quality of Life – Brief, Physical:** Full sample: Difference in change in physical HRQOL score in MBCT + TAU vs. TAU: SMD −0.38; 95% CI −0.66, −0.11 Currently depressed subsample: Difference in change in physical HRQOL score in MBCT + TAU vs. TAU: SMD −0.17; 95% CI −0.44, 0.11 **WHO Quality of Life – Brief, Psychological:** Full sample: Difference in change in psychological HRQOL score in MBCT + TAU vs. TAU: SMD −0.42; 95% CI −0.70, −0.14

Study Details	Patients	Intervention/Treatment	Outcomes/Results
			Currently depressed subsample: Difference in change in psychological HRQOL score in MBCT + TAU vs. TAU: SMD −0.49; 95% CI −0.77, −0.21 **WHO Quality of Life – Brief, Social:** Full sample: Difference in change in social HRQOL score in MBCT + TAU vs. TAU: SMD −0.09; 95% CI −0.36, 0.18 Currently depressed subsample: Difference in change in social HRQOL score in MBCT + TAU vs. TAU: SMD −0.26; 95% CI −0.53, 0.02 **Adverse events:** Not reported **Antidepressant use:** NA

Study Details	Patients	Intervention/Treatment	Outcomes/Results
Reference: Williams, Crane, et al., 2014 **Study design:** Multisite RCT **ITT analysis:** No **Purpose:** To compare MBCT with both cognitive psychological education (CPE) and TAU in preventing relapse to MDD in people currently in remission following at least 3 previous episodes, using time to relapse to major depression as the main outcome **Country:** United Kingdom **Quality rating:** Poor	**Number of participants:** 274 initial, 255 final **Method of identifying patients with MDD:** Diagnosis of MDD currently in remission as assessed with the Structured Clinical Interview for DSM-IV **Baseline depressive symptom score:** HRSD: MBCT: 3.17 (3.61) CPE: 3.55 (3.50) TAU: 2.57 (3.47) BDI: MBCT: 7.72 (6.68) CPE: 8.86 (9.27) TAU: 7.05 (6.94) **Average age in years (SD):** 43 (12) **Gender:** 28% male **Inclusion criteria:** Age between 18 and 70 years; history of at least three episodes of major depression meeting DSM-IV criteria, of which two must have occurred within the past 5 years, and one within the past 2 years; remission for the previous 8 weeks, with potential trial participants deemed not to be in recovery or remission, and hence ineligible, if they reported that at least 1 week during the previous 8 they experienced either a core symptom of depression (depressed mood, anhedonia) or suicidal feelings and at least one other symptom of depression, which together were not attributable to bereavement, substances, or medical condition, but were impairing functioning; informed consent from participants and their primary care physicians. **Exclusion criteria:** History of schizophrenia, schizoaffective disorder, bipolar disorder, current abuse of alcohol or other substances, organic mental disorder, pervasive developmental delay, primary diagnosis of obsessive-compulsive disorder or eating disorder, or regular nonsuicidal self-injury; positive continuing response to CBT—that is, no relapse to	**MBCT:** Manualized group skills training program (Segal, Williams, and Teasdale, 2002) that integrates psychological educational aspects of CBT for depression with meditation components of mindfulness-based stress reduction. Followed MBCT manual, except for greater emphasis on factors that might be associated with suicidal planning and actions. **Dosage:** 8 weekly 2-hour classes, plus 2 follow-up classes **Co-interventions:** Encouraged participants to continue current medication and attend their mental health practitioners or other services as usual during the trial (TAU) **Comparators (2):** CPE: Manualized MBCT program excluding the experiential cultivation of mindfulness through meditation practice TAU: Not specified, but therapist stressed the importance of seeking treatment as needed **Follow-up:** At the end of the intervention and 3, 6, 9, and 12 months postintervention	**Depressive symptoms:** NA **Response:** NA **Remission:** NA **Relapse (meeting relevant Structured Clinical Interview for DSM-IV criteria for at least 2 weeks since previous assessment):** Relapse in MBCT + TAU vs. TAU: RR 0.88; 95% CI 0.63, 1.22 Relapse in MBCT + TAU vs. CPE + TAU: RR 0.93; 95% CI 0.70, 1.24 **Health-related quality of life:** NA **Adverse events:** 15 severe adverse events were reported to the research team (MBCT=5, CPE=10) There was only 1 “serious adverse reaction” potentially arising from a trial treatment— an episode of serious suicidal ideation following discussion of different coping responses to low mood in CPE. There were 14 overnight admissions, 13 for physical health problems and 1 following an overdose during follow-up in a patient who had received MBCT. 1 participant died from an unrelated medical condition after partially withdrawing from trial follow-up due to illness. **Antidepressant use:** NA

Study Details	Patients	Intervention/Treatment	Outcomes/Results
	depression since treatment with CBT, due to the known effects of CBT in reducing risk of relapse; current psychotherapy or counseling more than once a month; regular meditation practice (meditating more than once per month); or inability to complete research assessments through difficulty with English, visual impairment, or cognitive difficulties.		

NOTES: Unless otherwise noted, numbers in parentheses are standard errors. CPE = cognitive psychological education; HRQOL = health-related quality of life; m-ADM = maintenance antidepressant medication; MADRS = Montgomery-Åsberg Depression Rating Scale; NA = not available; SD = standard deviation.

References

American Psychiatric Association, *Diagnostic and Statistical Manual of Mental Disorders*, 5th ed., Washington, D.C., 2013.

Barnhofer, T., C. Crane, E. Hargus, M. Amarasinghe, R. Winder, and J. M. Williams, "Mindfulness-Based Cognitive Therapy as a Treatment for Chronic Depression: A Preliminary Study," *Behaviour Research and Therapy,* Vol. 47, No. 5, May 2009, pp. 366–373.

Batink, T., F. Peeters, N. Geschwind, J. Van Os, and M. Wichers, "How Does MBCT for Depression Work? Studying Cognitive and Affective Mediation Pathways," *PLoS One,* Vol. 8, No. 8, 2013, p. e72778. As of October 27, 2015: http://www.plosone.org/article/fetchObject.action?uri=info%3Adoi%2F10.1371%2Fjournal.pone.0072778&representation=PDF

Beck, A.T., A. J. Rush, B. F. Shaw, and G. Emery, *Cognitive Therapy of Depression*, New York: Guilford Press, 1979.

Begg, C. B., and M. Mazumdar, "Operating Characteristics of a Rank Correlation Test for Publication Bias," *Biometrics,* Vol. 50, No. 4, 1994, pp. 1088–1101.

Ben-Zeev, D., P. W. Corrigan, T. W. Britt, and L. Langford, "Stigma of Mental Illness and Service Use in the Military," *Journal of Mental Health,* Vol. 21, No. 3, 2012, pp. 264–273.

Bondolfi, G., F. Jermann, M. V. Der Linden, M. Gex-Fabry, L. Bizzini, B. W. Rouget, L. Myers-Arrazola, C. Gonzalez, Z. Segal, J. M. Aubry, and G. Bertschy, "Depression Relapse Prophylaxis with Mindfulness-Based Cognitive Therapy: Replication and Extension in the Swiss Health Care System," *Journal of Affective Disorders,* Vol. 122, No. 3, May 2010, pp. 224–231.

Bostanov, V., P. M. Keune, B. Kotchoubey, and M. Hautzinger, "Event-Related Brain Potentials Reflect Increased Concentration Ability After Mindfulness-Based Cognitive Therapy for Depression: A Randomized Clinical Trial," *Psychiatry Research*, Vol. 199, No. 3, 2012, pp. 174–180.

Britton, W. B., P. L. Haynes, K. W. Fridel, and R. R. Bootzin, "Polysomnographic and Subjective Profiles of Sleep Continuity Before and After Mindfulness-Based Cognitive Therapy in Partially Remitted Depression," *Psychosomatic Medicine,* Vol. 72, No. 6, July 2010, pp. 539–548.

Cahn, B. R., and J. Polich, "Meditation States and Traits: EEG, ERP, and Neuroimaging Studies," *Psychological Bulletin,* Vol. 132, No. 2, 2006, p. 180.

Chiesa, A., L. Mandelli, and A. Serretti, "Mindfulness-Based Cognitive Therapy Versus Psycho-Education for Patients with Major Depression Who Did Not Achieve Remission Following Antidepressant Treatment: A Preliminary Analysis," *Journal of Alternative and Complementary Medicine,* Vol. 18, No. 8, August 2012, pp. 756–760.

Chiesa, A., and A. Serretti, "Mindfulness Based Cognitive Therapy for Psychiatric Disorders: A Systematic Review and Meta-Analysis," *Psychiatry Research,* Vol. 187, 2011, pp. 441–453.

Coelho, H. F., P. H. Canter, and E. Ernst, "Mindfulness-Based Cognitive Therapy: Evaluating Current Evidence and Informing Future Research," *Journal of Consulting and Clinical Psychology,* Vol. 75, No. 6, 2007, pp. 1000–1005.

Coryell, W., H. S. Akishal, A. C. Leon, G. Winokur, J. D. Maser, T. I. Mueller, and M. B. Keller, "The Time Course of Nonchronic Major Depressive Disorder: Uniformity Across Episodes and Samples," *Archives of General Psychiatry,* Vol. 51, May 1994, pp. 405–410.

Crane, C., T. Barnhofer, D. S. Duggan, S. Hepburn, M. V. Fennell, and J. M. G. Williams, "Mindfulness-Based Cognitive Therapy and Self-Discrepancy in Recovered Depressed Patients with a History of Depression and Suicidality," *Cognitive Therapy and Research*, Vol. 32, No. 6, December 2008, pp. 775–787.

Donohue, J. M., and H. A. Pincus, "Reducing the Societal Burden Of Depression: A Review of Economic Costs, Quality of Care and Effects of Treatment," *Pharmacoeconomics,* Vol. 25, No. 1, 2007, pp. 7–24.

Egger, M., G. D. Smith, M. Schneider, and C. Minder, "Bias in Meta-Analysis Detected by a Simple, Graphical Test," *BMJ: British Medical Journal,* Vol. 315, No. 7109, 1997, pp. 629–634.

Emery, G., *Control on Depression*, translated by P. Mohmmadkhani and E. Rezaei Dogahe, Yazd Press, 2000.

Forkmann, T., M. Wichers, N. Geschwind, F. Peeters, J. Van Os, V. Mainz, and D. Collip, "Effects of Mindfulness-Based Cognitive Therapy on Self-Reported Suicidal Ideation: Results from a Randomised Controlled Trial in Patients with Residual Depressive Symptoms," *Comprehensive Psychiatry,* Vol. 55, No. 8, 2014, pp. 1883–1890.

Geschwind, N., F. Peeters, M. Huibers, J. Van Os, and M. Wichers, "Efficacy of Mindfulness-Based Cognitive Therapy in Relation to Prior History of Depression: Randomised Controlled Trial," *British Journal of Psychiatry: The Journal of Mental Science,* Vol. 201, No. 4, October 2012, pp. 320–325. As of October 27, 2015: http://bjp.rcpsych.org/content/201/4/320.full.pdf

Godfrin, K. A., and C. Van Heeringen, "The Effects of Mindfulness-Based Cognitive Therapy on Recurrence of Depressive Episodes, Mental Health, and Quality of Life: A Randomized

Controlled Study," *Behaviour Research and Therapy,* Vol. 48, No. 8, August 2010, pp. 738–746.

Goyal, M., S. Singh, E. M. Sibinga, N. F. Gould, A. Rowland-Seymour, R. Sharma, Z. Berger, D. Sleicher, D. D. Maron, and H. M. Shihab, "Meditation Programs for Psychological Stress and Well-Being," *JAMA Internal Medicine,* Vol. 174, No. 3, 2014, pp. 357–368.

Hartung, J., "An Alternative Method for Meta-Analysis," *Biometrical Journal,* Vol. 41, No. 8, 1999, pp. 901–916.

Hartung, J., and G. Knapp, "A Refined Method for the Meta Analysis of Controlled Clinical Trials with Binary Outcome," *Statistics in Medicine,* Vol. 20, No. 24, 2001, pp. 3875–3889.

Hasin, D. S., R. D. Goodwin, F. S. Stinson, and B. F. Grant, "Epidemiology of Major Depressive Disorder: Results from the National Epidemiologic Survey on Alcoholism and Related Conditions," *Archives of General Psychiatry,* Vol. 62, October 2005, pp. 1097–1106.

Hepburn, S. R., C. Crane, T. Barnhofer, D. S. Duggan, M. J. Fennell, and J. M. G. Williams, "Mindfulness-Based Cognitive Therapy May Reduce Thought Suppression in Previously Suicidal Participants: Findings from a Preliminary Study," *British Journal of Clinical Psychology,* Vol. 48, No. 2, 2009, pp. 209–215.

Higgins, J., D. G. Altman, P. C. Gøtzsche, P. Jüni, D. Moher, A. D. Oxman, J. Savović, K. F. Schulz, L. Weeks, and J. A. Sterne, "The Cochrane Collaboration's Tool for Assessing Risk of Bias in Randomised Trials," *BMJ: British Medical Journal,* Vol. 343, 2011.

Hoge, C. W., C. A. Castro, S. C. Messer, D. Mcgurk, D. I. Cotting, and R. L. Koffman, "Combat Duty in Iraq and Afghanistan, Mental Health Problems, Barriers to Care," *The New England Journal of Medicine,* Vol. 351, No. 1, 2004, pp. 13–22.

Inthout, J., J. P. Ioannidis, and G. F. Borm, "The Hartung-Knapp-Sidik-Jonkman Method for Random Effects Meta-Analysis Is Straightforward and Considerably Outperforms the Standard Dersimonian-Laird Method," *BMC Medical Research Methodology,* Vol. 14, 2014, p. 25.

Jermann, F., M. Van Der Linden, M. Gex-Fabry, A. Guarin, M. Kosel, G. Bertschy, J. M. Aubry, and G. Bondolfi, "Cognitive Functioning in Patients Remitted from Recurrent Depression: Comparison with Acutely Depressed Patients and Controls and Follow-Up of a Mindfulness-Based Cognitive Therapy Trial," *Cognitive Therapy and Research,* Vol. 37, No. 5, October 2013, pp. 1004–1014.

Judd, L. L., "The Clinical Course of Unipolar Major Depressive Disorders," *Archives of General Psychiatry,* Vol. 54, November 1997, pp. 989-991.

Kessler, R. C., "The Costs of Depression," *Psychiatric Clinics North America,* Vol. 35, No. 1, 2012, pp. 1–14.

Kessler, R. C., P. Berglund, O. Demler, R. Jin, D. Koretz, K. R. Merikangas, A. J. Rush, E. E. Walters, and P. S. Wang, "The Epidemiology of Major Depressive Disorder: Results from the National Comorbidity Survey Replication (NCS-R)," *Journal of American Medical Association,* Vol. 289, No. 23, June 2003, pp. 3095–3105.

Kessler, R. C., J. Soukup, R. B. Davis, D. F. Foster, S. A. Wilkey, M. I. Van Rompay, and D. M. Eisenberg, "The Use of Complementary and Alternative Therapies to Treat Anxiety and Depression in the United States," *American Journal of Psychiatry,* Vol. 158, No. 2, February 2001, pp. 289–294.

Keune, P. M., V. Bostanov, M. Hautzinger, and B. Kotchoubey, "Mindfulness-Based Cognitive Therapy (MBCT), Cognitive Style, and the Temporal Dynamics of Frontal EEG Alpha Asymmetry in Recurrently Depressed Patients," *Biological Psychology,* Vol. 88, No. 2, 2011, pp. 243–252.

Kuyken, W., S. Byford, R. S. Taylor, E. Watkins, E. Holden, K. White, B. Barrett, R. Byng, A. Evans, E. Mullan, and J. D. Teasdale, "Mindfulness-Based Cognitive Therapy to Prevent Relapse in Recurrent Depression," *Journal of Consulting and Clinical Psychology,* Vol. 76, No. 6, December 2008, pp. 966–978.

Kuyken, W., E. Watkins, E. Holden, K. White, R. S. Taylor, S. Byford, A. Evans, S. Radford, J. D. Teasdale, and T. Dalgleish, "How Does Mindfulness-Based Cognitive Therapy Work?" *Behaviour Research and Therapy,* Vol. 48, 2010, pp. 1105–1112.

Lewin Group and ECRI Institute, *Management of Dyslipidemia: Evidence Synthesis Report. Clinical Practice Guideline*, Washington, D.C.: Veterans Health Administration, U.S. Department of Veterans Affairs, and the U.S. Department of Defense, 2014.

Ma, S. H., and J. D. Teasdale, "Mindfulness-Based Cognitive Therapy for Depression: Replication and Exploration of Differential Relapse Prevention Effects," *Journal of Consulting and Clinical Psychology,* Vol. 72, No. 1, February 2004, pp. 31–40.

Management of Major Depressive Disorder Working Group, *VA/DoD Clinical Practice Guideline for Management of Major Depressive Disorder*, Washington, D.C.: U.S. Department of Veterans Affairs, May 2009. As of October 27, 2015: http://www.healthquality.va.gov/mdd/mdd_full09_c.pdf

Manicavasgar, V., G. Parker, and T. Perich, "Mindfulness-Based Cognitive Therapy Vs Cognitive Behaviour Therapy as a Treatment for Non-Melancholic Depression," *Journal of Affective Disorders,* Vol. 130, No. 1–2, April 2011, pp. 138–144.

Nash, J. D., and A. Newberg, "Toward a Unifying Taxonomy and Definition for Meditation," *Frontiers in Psychology,* Vol. 4, 2013, p. 806. As of October 27, 2015: http://www.ncbi.nlm.nih.gov/pmc/articles/PMC3834522/

National Center for Complementary and Alternative Medicine, "Complementary, Alternative or Integrative Health: What's in a Name?" web page, 2015. As of October 27, 2015: https://nccih.nih.gov/health/integrative-health

———, *Expanding Horizons of Health Care: Strategic Plan 2005–2009*, Bethesda, Md.: National Institute of Health, NIH 04-5568, 2005.

National Center for Health Statistics, *International Classification of Diseases*, 9th rev., *Clinical Modification*, Hyattsville, Md.: Center for Disease Control and Prevention, 2010.

Omidi, A., P. Mohammadkhani, A. Mohammadi, and F. Zargar, "Comparing Mindfulness Based Cognitive Therapy and Traditional Cognitive Behavior Therapy with Treatments as Usual on Reduction of Major Depressive Disorder Symptoms," *Iranian Red Crescent Medical Journal,* Vol. 15, No. 2, February 2013, pp. 142–146. As of October 27, 2015: http://ircmj.com/15152.pdf

Sánchez-Meca, J., and F. Marín-Martínez, "Confidence Intervals for the Overall Effect Size in Random-Effects Meta-Analysis," *Psychological Methods,* Vol. 13, No. 1, 2008, p. 31.

Schell, T. L., and G. N. Marshall, "Survey of Individuals Previously Deployed for OEF/OIF," in Terri Tanielian and Lisa H. Jaycox, eds., *Invisible Wounds of War: Psychological and Cognitive Injuries, Their Consequences, and Services to Assist Recovery*, Santa Monica, Calif.: RAND Corporation, MG-720-CCF, 2008. As of October 27, 2015: http://www.rand.org/pubs/monographs/MG720z1.html

Segal, Z. V., P. Bieling, T. Young, G. Macqueen, R. Cooke, L. Martin, R. Bloch, and R. D. Levitan, "Antidepressant Monotherapy Vs Sequential Pharmacotherapy and Mindfulness-Based Cognitive Therapy, or Placebo, for Relapse Prophylaxis in Recurrent Depression," *Archives of General Psychiatry,* Vol. 67, No. 12, December 2010, pp. 1256–1264.

Segal, Z. V., J. M. G. Williams, and J. D. Teasdale, *Mindfulness-Based Cognitive Therapy for Depression: A New Approach to Preventing Relapse*, New York: Guilford, 2002.

Shahar, B., W. B. Britton, D. A. Sbarra, A. J. Figueredo, and R. R. Bootzin, "Mechanisms of Change in Mindfulness-Based Cognitive Therapy for Depression: Preliminary Evidence from a Randomized Controlled Trial," *International Journal of Cognitive Therapy,* Vol. 3, No. 4, December 2010, pp. 402–418.

Sidik, K., and J. N. Jonkman, "A Comparison of Heterogeneity Variance Estimators in Combining Results of Studies," *Statistics in Medicine,* Vol. 26, No. 9, 2007, pp. 1964–1981.

Spijker, J., R. De Graaf, R. V. Bijl, A. T. F. Beekman, J. Ormel, and W. A. Nolen, "Duration of Major Depressive Episodes in the General Population: Results from the Netherlands Mental Health Survey and Incidence Study (NEMESIS)," *British Journal of Psychiatry,* Vol. 181, 2002, pp. 208–213.

Su, D., and L. Lifeng, "Trends in the Use of Complementary and Alternative Medicine in the United States: 2002–2007," *Journal of Health Care for the Poor and Underserved,* Vol. 22, No. 1, 2011, pp. 296–310.

Teasdale, J. D., R. G. Moore, H. Hayhurst, M. Pope, S. Williams, and Z. V. Segal, "Metacognitive Awareness and Prevention of Relapse in Depression: Empirical Evidence," *Journal of Consulting and Clinical Psychology,* Vol. 70, No. 2, 2002, pp. 275–287.

Teasdale, J. D., Z. V. Segal, J. M. Williams, V. A. Ridgeway, J. M. Soulsby, and M. A. Lau, "Prevention of Relapse/Recurrence in Major Depression by Mindfulness-Based Cognitive Therapy," *Journal of Consulting and Clinical Psychology,* Vol. 68, No. 4, August 2000, pp. 615–623.

Tylee, A., and R. Jones, "Managing Depression in Primary Care: Public Confidence Needs to Be Restored After Concerns Over the Safety of SSRIs," *BMJ: British Medical Journal,* Vol. 330, No. 7495, 2005, pp. 800–801.

U.S. Preventive Services Task Force, *U.S. Preventive Services Task Force Procedure Manual*, Rockville, Md.: Agency for Healthcare Research and Quality, 2008.

Van Aalderen, J. R., A. R. Donders, F. Giommi, P. Spinhoven, H. P. Barendregt, and A. E. Speckens, "The Efficacy of Mindfulness-Based Cognitive Therapy in Recurrent Depressed Patients With and Without a Current Depressive Episode: A Randomized Controlled Trial," *Psychological Medicine,* Vol. 42, No. 5, May 2012, pp. 989–1001. As of October 27, 2015: http://journals.cambridge.org/download.php?file=%2FPSM%2FPSM42_05%2FS0033291711002054a.pdf&code=37d51ebb1a717701c3e652438a6bb5dd

Vaughan, C. A., T. L. Schell, L. H. Jaycox, G. N. Marshall, and T. Tanielian, "Quantitative Needs Assessment of New York State Veterans and Their Spouses," in Terry L. Schell and Terri Tanielian, eds., *A Needs Assessment of New York State Veterans: Final Report to the New York State Health Foundation*, Santa Monica, Calif.: RAND Corporation, TR-920-NYSHF, 2011. As of October 27, 2015: http://www.rand.org/pubs/technical_reports/TR920.html.html

Vogt, D., "Mental Health-Related Beliefs as a Barrier to Service Use for Military Personnel and Veterans: A Review," *Psychiatric Services,* Vol. 62, No. 2, 2011, pp. 135–142.

Wells, T., C. L. Mann, S. Fortuna, B. Smith, T. C. Smith, M. a. K. Ryan, E. J. Boyko, and D. Blazer, "A Prospective Study of Depression Following Combat Deployment in Support of the Wars in Iraq and Afghanistan," *American Journal of Public Health,* Vol. 100, No. 1, 2010, pp. 90–99.

Williams, A. L., A. J. Holmes, J. Dixon, and R. Mccorkle, "Factors Associated with Depressive Symptoms in Cancer Family Caregivers of Patients Receiving Chemotherapy," *Supportive Care in Cancer,* Vol. 21, No. 9, September 2013, pp. 2387–2394.

Williams, J. M. G., C. Crane, T. Barnhofer, K. Brennan, D. S. Duggan, M. J. Fennell, A. Hackmann, A. Krusche, K. Muse, and I. R. Von Rohr, "Mindfulness-Based Cognitive Therapy for Preventing Relapse in Recurrent Depression: A Randomized Dismantling Trial," *Journal of Consulting and Clinical Psychology,* Vol. 82, No. 2, 2014, p. 275.

Williams, J. M. G., J. D. Teasdale, Z. V. Segal, and J. Soulsby. "Mindfulness-Based Cognitive Therapy Reduces Overgeneral Autobiographical Memory in Formerly Depressed Patients," *Journal of Abnormal Psychology*, Vol. 109, No. 1, 2000, pp. 150-155.

Zinzow, H. M., T. W. Britt, A. C. Mcfadden, C. M. Burnette, and S. Gillispie, "Connecting Active Duty and Returning Veterans to Mental Health Treatment: Interventions and Treatment Adaptations That May Reduce Barriers to Care," *Clinical Psychology Review,* Vol. 32, No. 8, 2012, pp. 741–753.