

Cognitive Mechanisms of Mindfulness-Based Cognitive Therapy on Depressed Older Adults: The Mediating Role of Rumination and Autobiographical Memory Specificity

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Abstract : Background: Late-life depression is associated with significant consequences. Although symptomatic reduction is achievable through pharmacological interventions, older adults are more vulnerable to the side effects than their younger counterparts. In addition, drugs do not address underlying cognitive dysfunctions such as rumination and reduced autobiographical memory specificity (AMS), both shown to be maladaptive coping styles that are associated with a poorer prognosis in depression. Considering how aging is accompanied by cognitive, psychological and physical changes, the interplay of these age-related factors may potentially aggravate and interfere with these depressive cognitive dysfunctions in late-life depression. Special care should, therefore, be drawn to ensure these cognitive dysfunctions are adequately addressed. Aim: This randomized controlled trial aims to examine the effect of mindfulness-based cognitive therapy (MBCT) on depressed older adults, and whether the potential benefits of MBCT are mediated by improvements in rumination and AMS. Method: Fifty-seven participants with an average age of 70 years old were recruited from multiple elderly centers and online mailing lists. Participants were assessed with: (1) Hamilton depression scale, (2) ruminative response scale, (3) autobiographical memory test, (4) mindful attention awareness scale, and (5) Montreal cognitive assessment. Eligible participants with mild to moderate depressive symptoms and normal cognitive functioning were randomly allocated to an 8-week MBCT group or active control group consisting of a low-intensity exercise program and health education. Post-intervention assessments were conducted after the 8-week program. Ethics approval was given by the Institutional Review Board of the University of Hong Kong/Hospital Authority. Results: Mixed-factorials ANOVAs demonstrated significant time x group interaction effects for depressive symptoms, AMS, and dispositional mindfulness. A marginally significant interaction effect was found for rumination. Simple effect analyses revealed a significant reduction in depressive symptoms for the both the MBCT group (mean difference = 7.1, $p = .000$), and control group (mean difference = 2.7, $p = .023$). However, only participants in the MBCT group demonstrated improvements in rumination, AMS, and dispositional mindfulness. Bootstrapping-based mediation analyses showed that the effect of MBCT in alleviating depressive symptoms was only mediated by the reduction in rumination. Conclusions: The findings support the use of MBCT as an effective intervention for depressed older adults, considering the improvements in depressive symptoms, rumination, AMS and dispositional mindfulness despite their age. Reduction in ruminative tendencies plays a major role in the cognitive mechanism of MBCT.

Keywords : mindfulness-based cognitive therapy, depression, older adults, rumination, autobiographical memory specificity

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