

Best Evidence Summaries of Topics in Mental Healthcare

BEST *in* **MH** *clinical question-answering service*

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Question: In adult males with acute psychiatric conditions how effective is group meditation compared with usual care?

Clarification of question: Patients = adult males with acute psychiatric conditions (schizophrenia/ bipolar/ other psychoses, anxiety, OCD); Intervention = meditation; Comparison = usual care, other therapy, Outcome = any; **Focus on:** males in acute psychiatric settings.

What does the evidence say?

There is insufficient data from which to draw conclusions about the effectiveness of meditation in severe mental illness.

A recent, well-conducted systematic review has identified only two RCTs, both in anxiety disorders. Neither trial is directly relevant to the question, as participants were outpatients and males and females were not analysed separately. In summary, in one trial transcendental meditation was comparable with other kinds of relaxation therapies in reducing anxiety, and, in another there was no significant difference in outcome in obsessive compulsive disorder between Kundalini Yoga and Relaxation/Meditation. No other RCTs of meditation in any other mental health condition could be identified.

This answer is a brief summary of the available evidence, if there is anything else you would like to know, please contact me on: contact@bestinmh.org.uk.

This question was received on 14.08.2006; the answer was completed on 4.09.2006 by Elizabeth Barley PhD CPsychol. **This answer is > 1 year old and so may need updating.**

METHODS

Search date: 4th September 2006

Source of Evidence	Search Terms	Search Results	Evidence Identified
NLH guideline finder	severe mental illness OR schizophrenia OR bipolar OR psychosis OR acute psychiatric.	A total of 20 guidelines were found. Those concerning the treatment of adults were searched for the word 'meditation'.	none
CDSR	Meditation AND 1) schizophrenia 2) bipolar 3) depress* 4) severe mental illness 5) acute psych*	Several reviews were found: 1) 5, 2) 2, 3) 23, 4) 9, 5) 8. The titles of these were examined for relevance to the question.	Systematic review (search date 13.6.2005), 2 RCTs of 'moderate quality', N = 76, in anxiety disorder, in outpatients only.
DARE		1) - 5) 0	None
Clinical Evidence	Schizophrenia; bipolar; depressive disorders; generalized anxiety disorder; obsessive compulsive disorder, panic disorder	Sections covering these disorders/conditions were examined for studies of the effectiveness of meditation.	None
PsiTri	Search interventions for meditation AND search health conditions for: severe mental illness, acute psychiatric, schizophrenia, bipolar, psych\$, depression, panic, OCD, anxiety	42 trials, but none other than the 2 published in the Cochrane review	No further evidence (1 review article, which cited 1 RCT. This was one of those included in the Cochrane review.)

EVIDENCE SUMMARY

There is one recent, well-conducted systematic review of meditation interventions for anxiety disorders which identified 2 RCTs of moderate quality. Both were conducted in male and female outpatients in the USA. The effect of gender on outcome was not tested. For one trial, it was unclear whether the meditation was conducted in a group or performed alone. The authors conclude that: “The small number of studies included in this review do not permit any conclusions to be drawn on the effectiveness of meditation therapy for anxiety disorders. Transcendental meditation is comparable with other kinds of relaxation therapies in reducing anxiety, and Kundalini Yoga did not show significant effectiveness in treating obsessive compulsive disorders compared with Relaxation/Meditation. Drop out rates appear to be high, and adverse effects of meditation have not been reported. More trials are needed.” I could find no other RCT of meditation for any other mental health condition.

EVIDENCE DETAILS

Systematic reviews:

author, date	source	search date	no. of trials	main findings
Krisanaprakornkit, 2006	Cochrane	2005	2	Both trials used active control comparisons (another type of meditation, relaxation, biofeedback). Anti-anxiety drugs were used as standard treatment. Duration of trials - 3 months (12 weeks) to 18 weeks. In one study transcendental meditation showed a reduction in anxiety symptoms and electromyography score comparable with electromyography-biofeedback and relaxation therapy. Another study compared Kundalini Yoga (KY), with Relaxation/Mindfulness Meditation. The Yale-Brown Obsessive Compulsive Scale showed no statistically significant difference between groups. The overall dropout rate in both studies was high (33-44%). Neither study reported on adverse effects of meditation.

References

Krisanaprakornkit T, Krisanaprakornkit W, Piyavhatkul N, Laopaiboon M. Meditation therapy for anxiety disorders. *Cochrane Database of Systematic Reviews* 2006, Issue 1. Art. No.: CD004998. DOI: 10.1002/14651858.CD004998.pub2.

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