A Randomised Controlled Trial of a Mindfulness-based Intervention for People with Schizophrenia

Wai Tong CHEN 1*, Annie L.K. YIP 2 & Thanos Karatzas 1

1 Professor and Associate Head (Research), School of Nursing, The Hong Kong Polytechnic University, Hong Kong (email: wai.tong.chen@polyu.edu.hk)
2 Senior Clinical Associate, School of Nursing, The Hong Kong Polytechnic University, Hong Kong

3 Professor in Mental Health, Faculty of Health, Life and Social Sciences, Edinburgh Napier University, Edinburgh, Scotland, United Kingdom

Background
Psychoeducation and other psychosocial interventions in schizophrenia are evidenced to improve patients’ knowledge about the illness and relapse rate. Nevertheless, other benefits to patients, for example, their functioning and insight into illness, or to be substantive in a longer term, are inconsistent and thus remain unknown. The significance of mindfulness-based interventions and other cognitive therapies has been evidenced in treatments of a wide variety of chronic physical and mental (e.g., anxiety and post-traumatic stress syndrome) illnesses. These psychological approaches may be important for schizophrenia patients as they are often characterised by unexpectedly low adherence to treatments, or partially responsive to conventional psychiatric treatments/interventions, thus leading to a chronic course of illness and frequent relapses (Lam & Chien, 2016).

Aims of the Study
This three-arm clinical trial (RCT) tested the effects of a mindfulness-based psycho-education group program (MPGP) (in addition to usual care) for Chinese patients with early-stage schizophrenia (≤5 years of illness), compared to a conventional psycho-education group program (CPG) or treatment-as-usual (TAU) only, on several patient outcomes over 18 months follow-up.

Methods
Design. The multi-site RCT adopted a single-blind, three-arm and repeated-measures study design; and outcome analyses were based on intention-to-treat principle. The study was conducted at four psychiatric specialty clinics, i.e., two in Hong Kong and two in Jilin, China. Object recruitment: Sept 2013 - Jan 2014; and 18-month follow-up: Jan 2014 - Sept 2015. The trial procedure is summarised in Figure 1 according to the CONSORT statement.

Results
137 of the 150 participants (91%) completed their interventions and all post-tests. Five and six participants (10% and 12%) in the MPGP and CPG, respectively, failed to complete >4 group sessions. Participants’ mean ages were 25±4.8 years (range 18 to 38 years; 54-56% male). Most of them (>80%) had <3 years of mental illness (2.4±1.8, range 4-60 months), and received oral antipsychotic medications (>50% with low to medium dosage of first-generation antipsychotics). Results of outcome analyses (at Baseline and Post-tests 1 and 3) are indicated in Table 1.

Table 1. Results of outcome analyses (N=136)

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<thead>
<tr>
<th>Group</th>
<th>Baseline</th>
<th>Post-test 1</th>
<th>Post-test 2</th>
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<tr>
<td>MPGP</td>
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Discussion
This multi-centre RCT was the first one conducted to test the benefits of this mindfulness-based psychoeducation intervention (MPGP) for people with early-stage schizophrenia, particularly in a longer term follow-up. Comparing to conventional psychosocial education group and TAU only, the patient outcomes in the MPGP are very positive and highly encouraging over the 18-month follow-up, especially their functioning and hospitalisation rates (primary outcomes). These results may fill in the knowledge gap that psychosocial intervention can only show significant short to medium term effects in psychiatric symptoms and relapse prevention in schizophrenia, as indicated in recent systematic reviews (Lam & Chien, 2016).

Conclusions
Despite a few limitations noted (e.g., voluntary and highly educated subjects and minimal intervention adherence monitoring), this controlled trial supports that the mindfulness-based program (MPGP) can improve the psychosocial health and functioning and thus community-based rehabilitation of patients with early schizophrenia and its subtypes. The findings support further research on mindfulness-based interventions for people with psychotic disorders with wider socio-demographic, ethnic and clinical characteristics.

References

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