Sahaj Samadhi Meditation may improve depressive symptoms in Late-Life Depression: a preliminary analysis of an ongoing RCT study.

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PARTICIPANTS

Participants are eligible for inclusions if they are older than 60 and have a diagnosis of Major Depressive Disorder (MDD) rated as mild to moderate using a 17-item Hamilton Depression Rating Scale (HAM-D-17) score of 8 to 22.

METHODS

METHODS (CONT’D)

SAHAJ SAMADHI MEDITATION

• Sahaj Samadhi Meditation (SSM) is a form of Automatic Self Transcending Meditation (ASTM) practiced and taught by the Art of Living Foundation.

• It utilizes a specific sound value (called a mantra) to achieve a deep relaxation in practitioners by drawing focus and quietening the conscious mind.

• Participants in the SSM group are given a personal mantra in the initial training sessions and encouraged to practice twice a day over the remaining weeks.

• Participants in the TAU alone group are offered SSM training following twelve weeks of participation in the study.

SELECTION OF SUBJECTS

• Participants are eligible for inclusions if they are older than 60 and have a diagnosis of Major Depressive Disorder (MDD) rated as mild to moderate using a 17-item Hamilton Depression Rating Scale (HAM-D-17) score of 8 to 22.

• Additionally, participants should be at a stable dose (at least 4 weeks) of any antidepressants, have sufficient hearing to follow verbal instructions, and be able to sit comfortably for 45 minutes.

• Exclusion criteria include current practice of a formal meditation technique, presence of dementia, significant cardiovascular or neurological disease, recent psychoses, use of tricyclic, MAOI, or SNRI antidepressants, and participation in other similar studies.

DATA COLLECTION AND ANALYSIS

• Preliminary data for 25 participants, using the Hamilton Depression Rating Scale (HAM-D-17) was analyzed at baseline (week 0) and week 12 to assess change in late life Depression Severity. Analysis of variance (ANOVA) was conducted via SPSS software.

• Preliminary subanalysis for the 25 participants, was also performed via HAMD-6 scores, to assess change in melancholic depression symptoms, as obtained from HAMD-6 scale. HAMD-6 scale is a validated research tool to assess for changes in melancholic depression, and ANOVA was conducted via SPSS software.

• Differences in HAMD-17 scores for early onset (≤50) versus late onset (>50) years patients with late life depression, was also analyzed using ANOVA via SPSS software for preliminary data.

RESULTS

SSM REDUCES DEPRESSION SEVERITY

• Currently, 25 participants (SSM = 11, TAU = 14) have completed 12 weeks of participation in the study, including four assessment visits.

• Mean HAMD-17 scores at baseline were 15.70 (± 0.68) and declined to 12.19 (± 1.00) at Week 12 (p<0.001) for SSM treatment group.

• TAU group scores did not show a similar significant decline (p≥0.05).

SSM REDUCES MELANCHOLIC DEPRESSION SEVERITY

• Sub-group analysis for melancholic depression symptoms was performed for 25 participant preliminary data (SSM = 11, TAU = 14).

• Mean HAMD-6 scores at baseline were 8.19 (± 0.47) and declined to 6.16 (± 0.59) at Week 12 (p<0.001) for SSM treatment group.

• TAU group scores did not show a similar significant decline. (p≥0.05)

CONCLUSIONS

• Our preliminary results indicate significant beneficial effects of SSM on depression severity.

• Particularly promising, are significant benefits noted for melancholic depression. This suggests that the beneficial effects of SSM have a neurobiological basis rather than due to the inherent group effects of treatment delivery. Such effects will need to be confirmed in larger sample sizes as well as subsequent studies comparing with an active control.

• Subgroup analysis of data revealed no significant differences of SSM between early and late onset depression. This suggests that the benefit of SSM extends even to those who may have significant vascular burden, as expected in those with late onset depression.

REFERENCES

