

Mindfulness based cognitive therapy and its effectiveness at supporting the mental wellbeing of those living with premenstrual dysphoric disorder

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Introduction

The negative impacts a menstrual cycle can have on an individual's wellbeing has been documented thoroughly throughout history. However, the understanding of premenstrual dysphoric disorder, and treatments available to those living with condition, is less well researched or recorded.

This rapid review provides a thematic analysis of the evidence regarding mindfulness based cognitive therapy and its effectiveness at supporting the mental wellbeing of those living with premenstrual dysphoric disorder (PMDD).

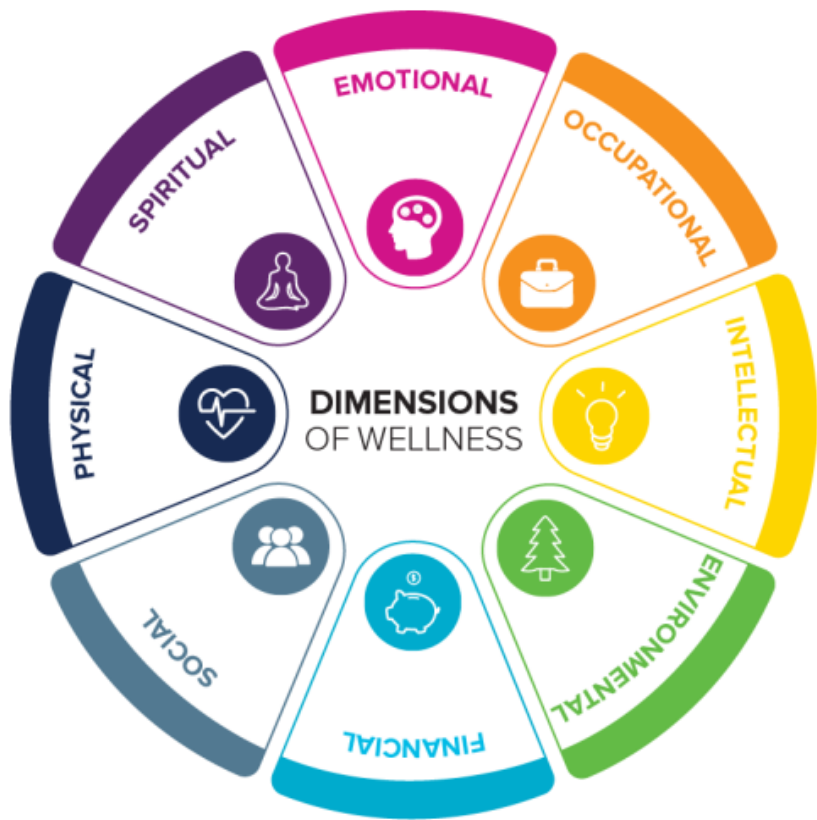


Figure 1:Figure shows the domains of mental wellbeing incorporated into this rapid review. Figure was sources from <https://shcs.ucdavis.edu/health-and-wellness/eight-dimensions-wellness>

Method

This rapid review completed searches utilising two major databases, PubMed and PsychInfo. Key words utilised throughout the search included 'premenstrual dysphoric disorder (with relevant synonyms) AND mindfulness based cognitive therapy (with relevant synonyms).

Inclusion and exclusion criteria were applied to the searches, which included only focusing on studies from the last 10 years. A citation search was also conducted. This method produced a total of 11 articles - two experimental research papers and nine random control trials were identified.

All articles included were studies, with a majority having sound methodology and being of relevance to the review. Each trial completed pre and post test measurements, comparing an intervention group utilising mindfulness based cognitive behavioural therapy with a control group.

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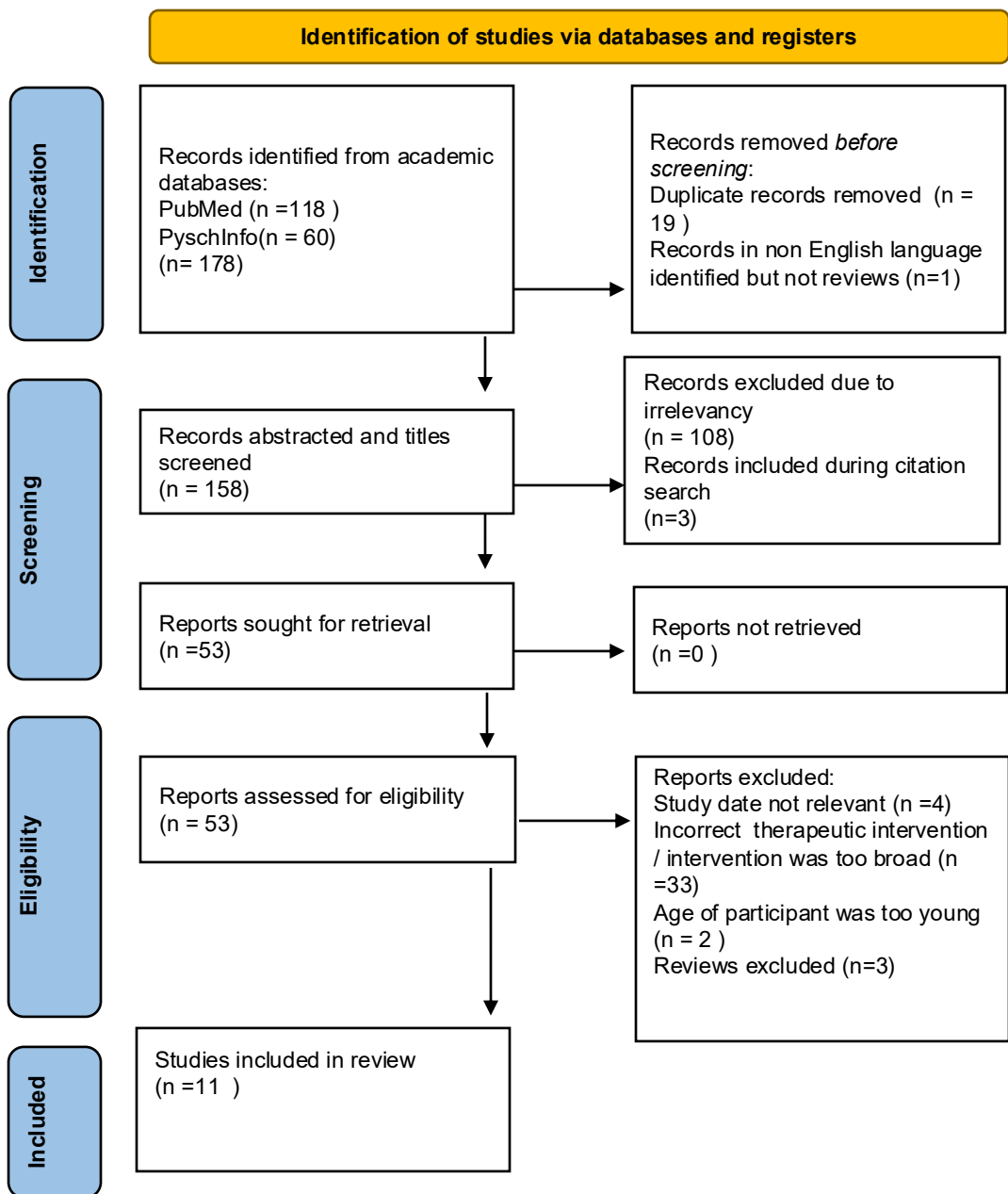


Figure 2: PRISMA flow chart developed to show the search strategy utilised in this rapid review

Results 1

Summary

Each study used in this rapid review had an intervention group that recognise and incorporate mindfulness based cognitive therapy approaches, such mindfulness-based stress reduction and brief mindfulness training. Cognitive behavioural therapy that includes mindfulness-based principles were also be include. These intervention groups were then compared to controls group who receive no intervention. Each participant had a confirmed diagnosis of PMDD or severe premenstrual syndrome, as confirmed my diagnostic criteria. Multiple measurements were used to compare the intervention and control group – most common tools were the Premenstrual Syndrome Screening Tool (PSST), a Daily Record of Severity of Problem (DRSP), as well as short form Quality of Health surveys (QH).

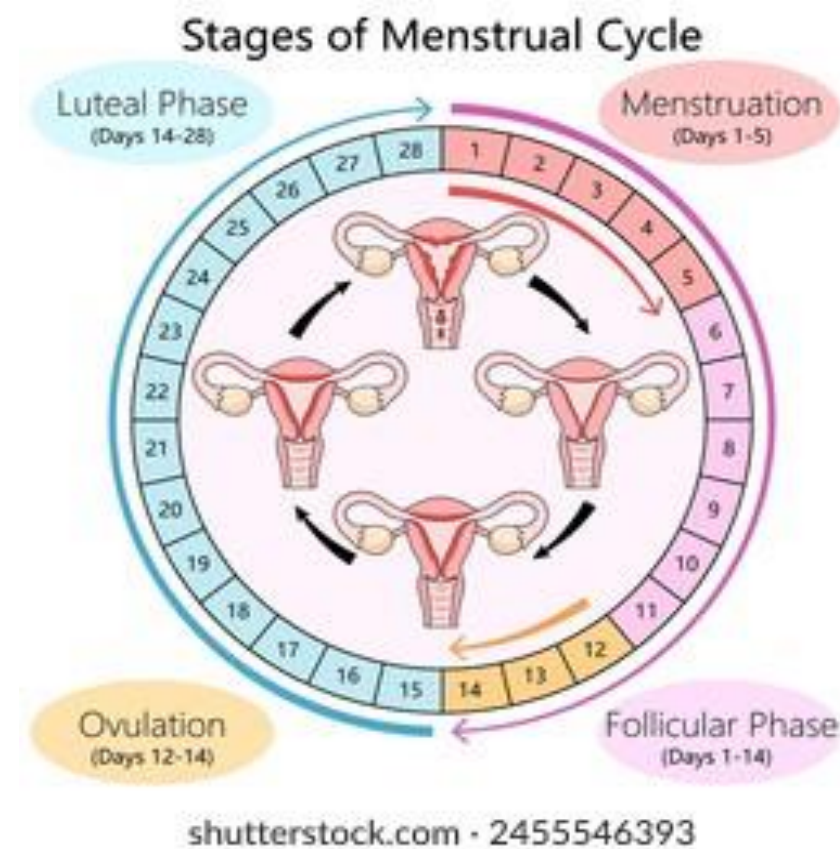


Figure 3:Shows the stages of a menstrual cycle. Image was sourced from <https://www.shutterstock.com/image-vector/human-diagram-detailing-menstrual-cycle-phases-2455546393>

Acknowledgements

I would like to acknowledge the Traditional Owners of Country throughout Australia and recognise the continuing connection to lands, water and communities. I pay respect to Aboriginal and Torres Strait Islander cultural, and to Elders past and present.

Results 2

Thematic analysis

The review found that, when compared to no intervention, mindfulness based cognitive therapy reduced the severity of symptoms for those living with PMDD, and improved their mental wellbeing. Improvements were found when comparing pre and post measures, whereas measures in the control group, those who did not receive an intervention, were consistent in both pre and post measures – signifying no change.

There was no significant statistical difference to inform the amount of sessions needed to see a change, and sessions in this rapid review ranged from 10 – 4 sessions weekly sessions. There was no significant statistical difference to inform if individual, group or couple therapies were of greater benefit.

It was also noted in 5 studies that individuals experience of pain was altered, and the severity decreased in those who received mindfulness based cognitive therapy.

Recommendations

In conclusion this rapid review confirmed that the limited amount of literature found through the databases used, compared to no intervention, mindfulness base cognitive therapy reduced the symptoms of those living with PMDD, and improved their mental wellbeing. This conclusion is consistent with academic literature.

It is recommended that:

1. Further research conducted outside of Iran, utilising the same outcome measurement tools is needed, to add consistency and further literature affirming MBCT approaches
2. Practitioners continue to use the same diagnostic tools when screening for PMDD, to ensure consistency and accurate tracking of symptoms.