TA HAND OM DIN KROPP OCH SJÄL

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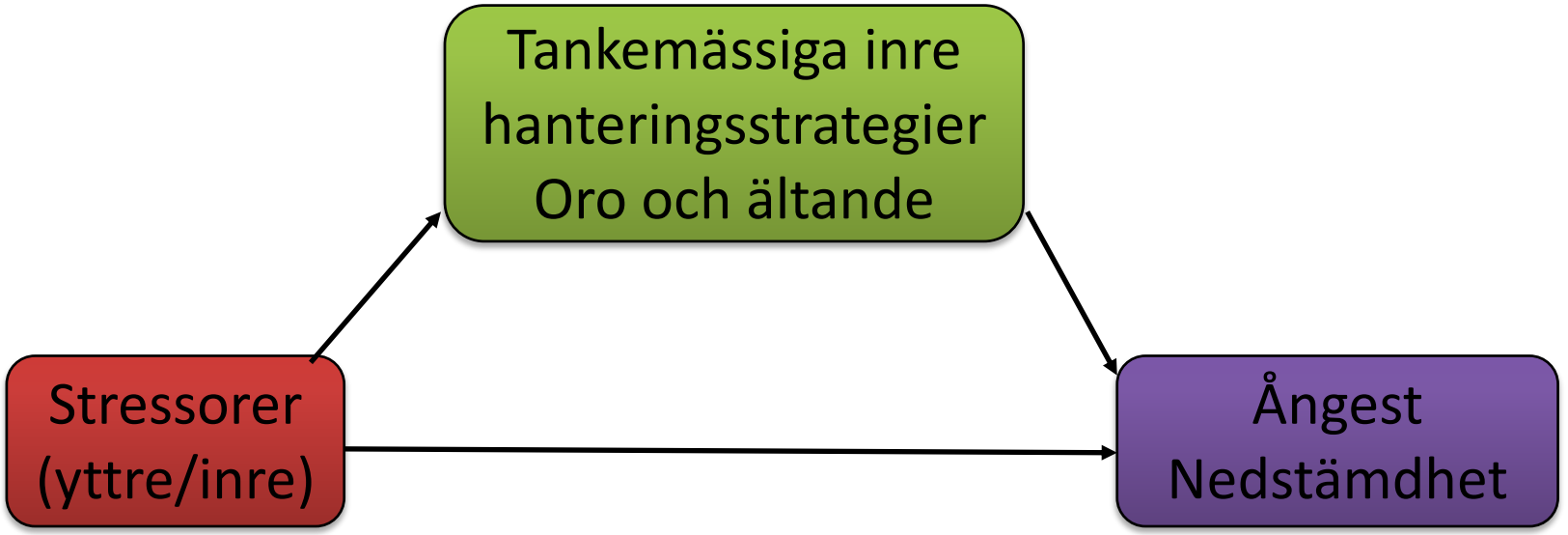
Hur gör vi för att ”hantera” livet?

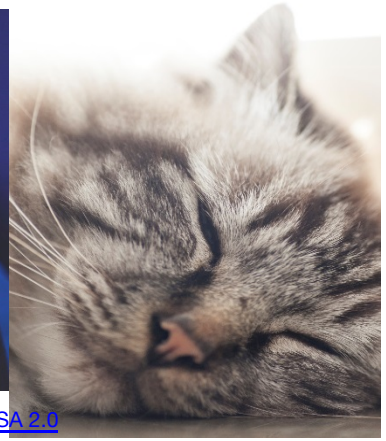
- *När det vi gör för att må bättre gör att vi mår sämre*

- Stress - Teoretisk modell (inspirerad av Lazarus)



Samsjuklig problematik

- …….har generellt visat sig vara associerat med både svårare symtombild och lägre grad av funktionsförmåga (Socialstyrelsen, 2010).
- …….en riskfaktor för att en person ska bli långvarigt sjukskriven (Arbetsmiljöverket, 2010).
- *Psykisk ohälsa i form av* ångest, nedstämdhet, stress och sömnproblem samt samsjuklighet dem emellan är vanligt förekommande problem i Sverige (Socialstvrelsen. 2013; 2017).

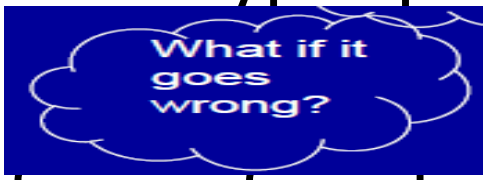


Det transdiagnostiska perspektivet

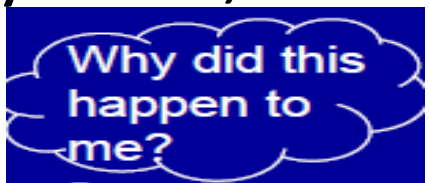
- Hög grad av samsjuklighet mellan olika psykiatriska syndrom……
- ……..kan peka mot att gemensamma processer är involverade
- Fokus skiftar från "disorder-focus" till "across-disorder" eller “transdiagnostiskt” (diagnosöverskridande).
- Fokus på gemensamma processer

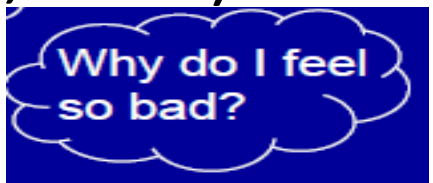
Tankemässiga inre hanteringsstrategier

- Oro och ältande (ruminering) – Vanliga hanteringsstrategier bland personer som har ångest, depression och sömnproblem.
- “Worry often consists of negative thinking about the future in the form of ‘What if’ type questions” (Harvey et al., 2004, s197)



- “Rumination often takes the form of analyzing the causes and consequences of negative events, problems and moods (Harvey et al., 2004, s197)





Repetitive Negative Thinking as a Transdiagnostic Process

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The current paper provides an updated review of repetitive negative thinking as a transdiagnostic process. It is shown that elevated levels of repetitive negative thinking are present across a large range of Axis I disorders and appear to be causally involved in the maintenance of emotional problems. As direct comparisons of repetitive negative thinking between different disorders (e.g., GAD–type worry and depressive rumination) have generally revealed more similarities than differences, it is argued that repetitive negative thinking is characterized by the same process across disorders, which is applied to a disorder–specific content. On the other hand, there is some evidence that—within given disorders—repetitive negative thinking can be reliably distinguished from other forms of recurrent cognitions, such as obsessions, intrusive memories or functional forms of repeated thinking. An agenda for future research on repetitive negative thinking from a transdiagnostic perspective is presented.

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Varför använder många tankemässiga inre hanteringsstrategier?

- Att *oroa sig* eller *älta* kan upplevas konstruktivt såtillvida att man ägnar tid åt sina problem och tror sig kunna få en bättre förståelse för dem (älta) eller kunna förebygga negativa händelser (oro), men i själva verket leder sällan oro eller ältande till några nya insikter eller att problem undviks.
- Genom att oroa sig/älta så minskar obehaget i form av negativa känslor, fysiologisk uppvarvning och/eller påträngande tankar på kort sikt och på det sättet blir det en lättnad som ökar sannolikheten för att använda samma beteende (oro och ältande) vid andra liknande situationer

Tankemässiga inre hanteringsstrategier

- Men jag tycker att min oro/mitt ältande hjälper mig!
- *Tumregler:*
  1. Är det här en fråga som jag kan få svar på?

  2. Fråga dig själv: ”Leder de här tankarna till ett beslut eller en handling?”. Om svaret är nej tänker du antagligen för abstrakt.

Från Varför till Hur/Abstrakt vs Konkret och specifikt

- Jämför effekterna av de två olika sätten att reagera på ett icke-önskat resultat på högskoleprovet:

- **”Varför blir allt jag gör alltid fel?”**

- **“Hur blev det fel på just matematikdelen på högskoleprovet?**
- - Medans jag kände mig trött
- - När jag snabbt försökte räkna i huvudet
- - Efter att jag jobbat länge med föregående uppgift
  -på matematikdelen som dessutom låg sist i högskoleprovet
- **gjorde jag ett misstag”.**

Transdiagnostisk KBT

- *Rumineringsfokuserad KBT (RF-KBT*)

- En *transdiagnostisk intervention* som fokuserar på att *bryta oro och ältande*!

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Shorter communication

Rumination-focused cognitive behaviour therapy for residual depression: A case series

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Abstract

The treatment of chronic and recurrent depression is a priority for the development of new interventions. The maintenance of residual symptoms following acute treatment for depression is a risk factor for both chronic depression and further relapse/recurrence. This open case series provides the first data on a cognitive-behavioural treatment for residual depression that explicitly targets depressive rumination. Rumination has been identified as a key factor in the onset and maintenance of depression, which is found to remain elevated following remission from depression. Fourteen consecutively recruited participants meeting criteria for medication-refractory residual depression [Paykel, E.S., Scott, J., Teasdale, J.D., Johnson, A.L., Garland, A., Moore, R. et al., 1999. Prevention of relapse in residual depression by cognitive therapy—a controlled trial. *Archives of General Psychiatry 56,* 829–835] were treated individually for up to 12 weekly 60-min sessions. Treatment specifically focused on switching patients from less helpful to more helpful styles of thinking through the use of functional analysis, experiential/imagery exercises and behavioural experiments. Treatment produced significant improvements in depressive symptoms, rumination and co-morbid disorders: 71% responded (50% reduction on Hamilton Depression Rating Scale) and 50% achieved full remission. Treating depressive rumination appears to yield generalised improvement in depression and co-morbidity. This study provides preliminary evidence that rumination-focused CBT may be an efficacious treatment for medication-refractory residual depression.

Keywords: Rumination; Cognitive behaviour therapy; Behavioural activation; Residual depression; Case series

Rumination-focused cognitive–behavioural therapy for residual depression: phase II randomised controlled trial

Edward R. Watkins, Eugene Mullan, Janet Wingrove, Katharine Rimes, Herbert Steiner, Neil Bathurst, Rachel Eastman and Jan Scott

Background
About 20% of major depressive episodes become chronic and medication-refractory and also appear to be less responsive to standard cognitive–behavioural therapy (CBT).

Aims
To test whether CBT developed from behavioural activation principles that explicitly and exclusively targets depressive rumination enhances treatment as usual (TAU) in reducing residual depression.

Method
Forty-two consecutively recruited participants meeting criteria for medication-refractory residual depression were randomly allocated to TAU *v.* TAU plus up to 12 sessions of individual rumination-focused CBT. The trial has been registered (ISRCTN22782150).

Results
Adding rumination-focused CBT to TAU significantly improved residual symptoms and remission rates. Treatment effects were mediated by change in rumination.

Conclusions
This is the first randomised controlled trial providing evidence of benefits of rumination-focused CBT in persistent depression. Although suggesting the internal validity of rumination-focused CBT for residual depression, the trial lacked an attentional control group so cannot test whether the effects were as a result of the specific content of rumination-focused CBT *v.* non-specific therapy effects.

Declaration of interest
None.

Prevention of anxiety disorders and depression by targeting excessive worry and rumination in adolescents and young adults: A randomized controlled trial

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ABSTRACT

Background: This randomized controlled trial evaluated the efficacy of a preventive intervention for anxiety disorders and depression by targeting excessive levels of repetitive negative thinking (RNT; worry and rumination) in adolescents and young adults.
Methods: Participants ($N = 251$, 83.7% female) showing elevated levels of RNT were randomly allocated to a 6-week cognitive-behavioral training delivered in a group, via the internet, or to a waitlist control condition. Self-report measures were collected at pre-intervention, post-intervention, 3 m and 12 m follow-up.
Results: Both versions of the preventive intervention significantly reduced RNT ($d = 0.53$ to 0.89), and symptom levels of anxiety and depression ($d = 0.36$ to 0.72). Effects were maintained until 12 m follow-up. The interventions resulted in a significantly lower 12 m prevalence rate of depression (group intervention: 15.3%, internet intervention: 14.7%) and generalized anxiety disorder (group intervention: 18.0%, internet intervention: 16.0%), compared to the waitlist (32.4% and 42.2%, respectively). Mediation analyses demonstrated that reductions in RNT mediated the effect of the interventions on the prevalence of depression and generalized anxiety disorder.
Conclusions: Results provide evidence for the efficacy of this preventive intervention targeting RNT and support a selective prevention approach that specifically targets a known risk factor to prevent multiple disorders.

STUDY PROTOCOL Open Access

Rumination-focused cognitive behaviour therapy vs. cognitive behaviour therapy for depression: study protocol for a randomised controlled superiority trial

Morten Hvenegaard[1*], Ed R. Watkins[2], Stig Poulsen[1], Nicole K. Rosenberg[3], Matthias Gondan[1], Ben Grafton[4], Stephen F. Austin[5], Henriette Howard[6] and Stine B. Moeller[5]

Abstract

Background: Cognitive behavioural therapy is an effective treatment for depression. However, one third of the patients do not respond satisfactorily, and relapse rates of around 30 % within the first post-treatment year were reported in a recent meta-analysis. In total, 30–50 % of remitted patients present with residual symptoms by the end of treatment. A common residual symptom is rumination, a process of recurrent negative thinking and dwelling on negative affect. Rumination has been demonstrated as a major factor in vulnerability to depression, predicting the onset, severity, and duration of future depression. Rumination-focused cognitive behavioural therapy is a psychotherapeutic treatment targeting rumination. Because rumination plays a major role in the initiation and maintenance of depression, targeting rumination with rumination-focused cognitive behavioural therapy may be more effective in treating depression and reducing relapse than standard cognitive behavioural therapy.

Method/design: This study is a two-arm pragmatic randomised controlled superiority trial comparing the effectiveness of group-based rumination-focused cognitive behaviour therapy with the effectiveness of group-based cognitive behavioural therapy for treatment of depression. One hundred twenty-eight patients with depression will be recruited from and given treatment in an outpatient service at a psychiatric hospital in Denmark. Our primary outcome will be severity of depressive symptoms (Hamilton Rating Scale for Depression) at completion of treatment. Secondary outcomes will be level of rumination, worry, anxiety, quality of life, behavioural activation, experimental measures of cognitive flexibility, and emotional attentional bias. A 6-month follow-up is planned and will include the primary outcome measure and assessment of relapse.

Discussion: The clinical outcome of this trial may guide clinicians to decide on the merits of including rumination-focused cognitive behavioural therapy in the treatment of depression in outpatient services.

Trial registration: ClinicalTrials.gov Identifier: NCT02278224, registered 28 Oct. 2014.

Keywords: Rumination-focused cognitive behavioural therapy, Depression, Rumination, Worry, Relapse prevention, Attentional bias

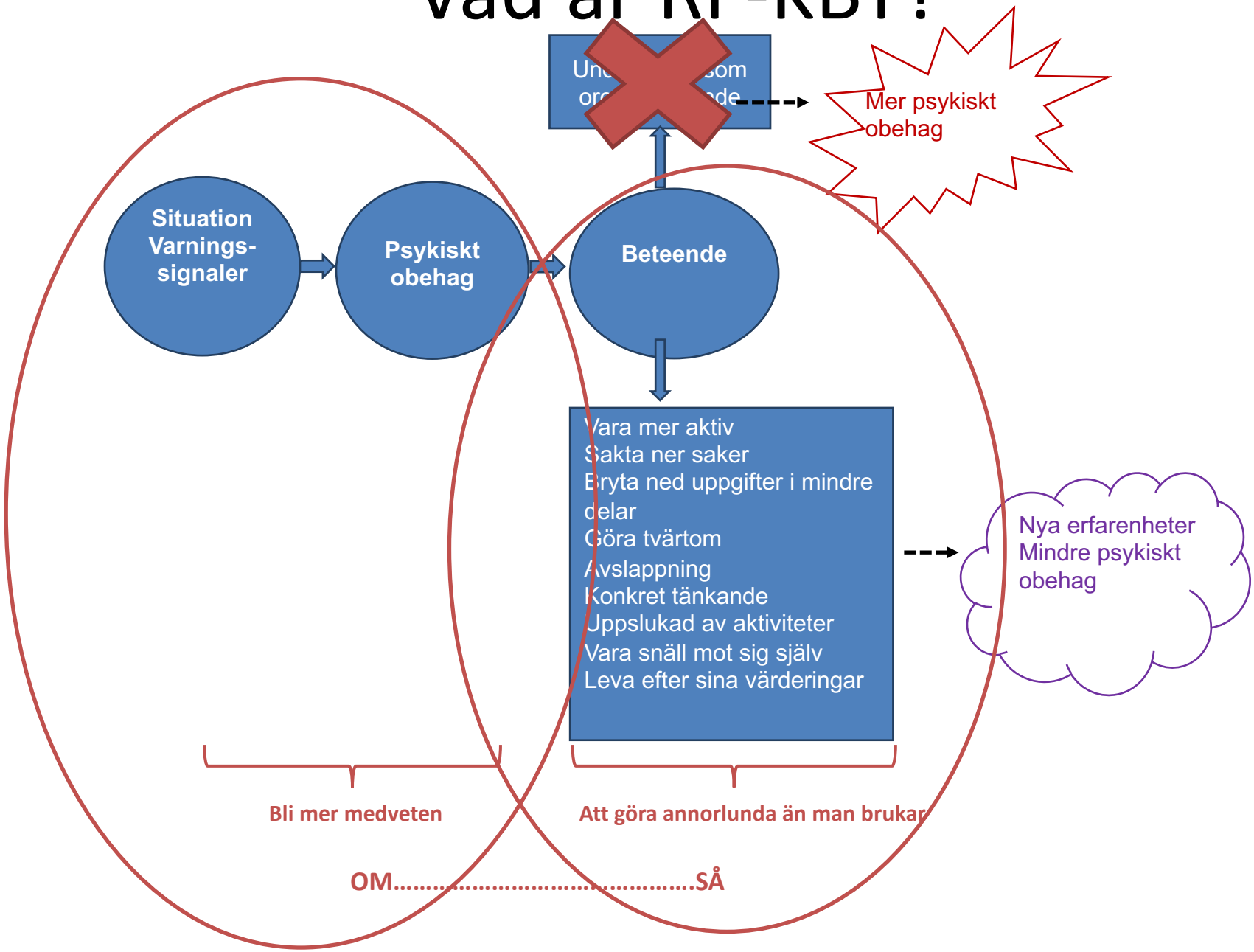
Ett problem kommer sällan ensamt – En randomiserad kontrollerad utvärdering av en transdiagnostisk (diagnosöverskridande) intervention för samsjuklig psykisk problematik i primärvården

- Samarbete mellan KAU och Region Värmland generellt och specifikt VC Kronoparken
- Vad är nytt?
- RF-KBT: Bryta RNT genom att träna sig i att skifta från en abstrakt ohjälpsam tankestil till en konkret hjälpsam tankestil.
- RF-KBT har emellertid främst riktats mot depression och olika ångestproblem men har inte tidigare använts för att behandla sömnproblem.

Varför RF-KBT i primärvården?

- *Primärvården* är vanligtvis den första instans som personer med psykisk ohälsa (ofta en samsjuklig sådan) söker sig till.
- En central fråga är *vilket problem som man ska börja att behandla?*
- En manual istället för många olika manualbaserade behandlingar att lära sig.
- Dessutom kan personer med olika men närliggande problem erbjudas samma typ av gruppbehandling vilket ger ett mer effektivt flöde.

Vad är RF-KBT?


Mer psykiskt obehag
Situation Varnings-signaler
Psykiskt obehag
Beteende
Vara mer aktiv
Sakta ner saker
Bryta ned uppgifter i mindre delar
Göra tvärtom
Avslappning
Konkret tänkande
Uppslukad av aktiviteter
Vara snäll mot sig själv
Leva efter sina värderingar
Nya erfarenheter
Mindre psykiskt obehag
Bli mer medveten
Att göra annorlunda än man brukar
OM……SÅ

Kontakt vid frågor!

- Tackar!
- Maria Tillfors, (Maria.tillfors@kau.se)