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Rapid Response of Major Depressive Disorder and Comorbid Eating Disorder NOS to a Novel Meditation Intervention

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TO THE EDITOR

Recently, there has been increasing interest in applying mind-body techniques, such as meditation, to the treatment and prevention of mood disorders.^{1–3} Below, we present the first case of rapid response of chronic major depressive disorder (MDD) and remission of comorbid eating disorder NOS (ED-NOS) with an adjunctive, novel meditation intervention.

Case Report

Ms. G, a 63-year-old, divorced Lebanese female, on SSDI for depression, had a history of chronic, recurrent MDD (DSM-IV criteria) with three episodes since 2002, each lasting several months to years, and ED-NOS (consisting of recurrent binge eating.) Her most recent episode began in 2008, when, in the setting of relationship difficulties, she not only suffered depressed mood, insomnia, low interest and energy, difficulty concentrating, and increased anxiety, but also began to binge on food when extremely upset or anxious. Her binges led to the point that she felt bloated and had abdominal pain and cramping. These symptoms resulted in her obtaining both upper and lower endoscopies as well as an abdominal CT scan, which were unremarkable and thought to be consistent with “functional disease.” Binges occurred at least two or three times weekly, and resulted in a weight gain of approximately 11 pounds, from 140 to 151 (height 5’5”). There was no purging.

Past psychotherapy trials included cognitive-behavior therapy for 3 months in 2008 with no response. Medication trials included fluoxetine and escitalopram, both with partial response. When meditation training began, she had been on a stable regimen of citalopram 30 mg per day, and trazodone 100 mg at night as needed for insomnia, for two years, with partial response in mood but no improvement in eating disorder symptoms. Ms. G continued to take the same medications throughout meditation training. At the initiation of therapy, her Clinical Global Impression–Severity⁴ (CGI-S) score was 4 and Patient Health Questionnaire 9⁵ (PHQ-9) score was 9.

In once-weekly psychotherapy, Ms. G was first taught a standard mindfulness meditation breathing practice, in which she was directed to attend to her breath with moment to moment non-judgmental awareness, and to allow any passing thoughts to rise and fall. Although this practice “relaxed” her, she did not do it at home, nor did her symptoms improve. She was then taught a novel meditation exercise (developed by F.A.J.) consisting of creating a miniature mental image of herself in real-time, including her thoughts and feelings, placing that image in the center of her axial body, and attending to it with total acceptance. She was advised to regard this image compassionately. The metaphor of a Russian matryoshka nesting doll was utilized to help her understand the concept. This meditation exercise was performed for 15 minutes, and she described an immediate positive response of “self-love” to it. She was provided with a CD record of the meditation for homework practice.

Three weeks later, she reported that she did this exercise 5 to 6 days a week for at least 15 minutes, and it had made her feel “strong” and “grounded.” Her self-rated feelings of depression and neurovegetative symptoms improved by 75%. Binge eating behaviors remitted. At the 3-month follow-up, CGI-S declined to 2, and PHQ-9 to 4, with predominant residual feeling of loneliness. She continued with the meditation about five times a week.

This case suggests rapid efficacy of a novel meditation intervention for depressive symptoms and eating disorder behaviors. Possible mechanisms of action include increased self-compassion, behavioral activation, enhancement of function of the observing ego (ego psychology perspective), or relating to the self as a whole object instead of through split part objects (object-relationships perspective). However, multiple possible nonspecific effects, including placebo or transference, limit the generalizability of the results. Systematic study of the utility of meditation techniques such as this for mood and eating disorders appears warranted.

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