



Cochrane
Library

Cochrane Database of Systematic Reviews

Relaxation for depression (Review)

Jorm AF, Morgan AJ, Hetrick SE

Jorm AF, Morgan AJ, Hetrick SE.

Relaxation for depression.

Cochrane Database of Systematic Reviews 2008, Issue 4. Art. No.: CD007142.

DOI: [10.1002/14651858.CD007142.pub2](https://doi.org/10.1002/14651858.CD007142.pub2).

www.cochranelibrary.com

Relaxation for depression (Review)

Copyright © 2010 The Cochrane Collaboration. Published by John Wiley & Sons, Ltd.

WILEY

[Intervention Review]

Relaxation for depression

Anthony F Jorm¹, Amy J Morgan², Sarah E Hetrick³

¹Department of Psychiatry, Orygen Youth Health Research Centre, Melbourne, Australia. ²Orygen Youth Health Research Centre, University of Melbourne, Parkville, Australia. ³Centre of Excellence in Youth Mental Health, Orygen Youth Health Research Centre; Headspace (The National Youth Mental Health Foundation), Melbourne, Australia

Contact address: Amy J Morgan, Orygen Youth Health Research Centre, University of Melbourne, Locked Bag 10, Parkville, Victoria, 3052, Australia. ajmorgan@unimelb.edu.au.

Editorial group: Cochrane Common Mental Disorders Group.

Publication status and date: Edited (no change to conclusions), published in Issue 1, 2010.

Citation: Jorm AF, Morgan AJ, Hetrick SE. Relaxation for depression. *Cochrane Database of Systematic Reviews* 2008, Issue 4. Art. No.: CD007142. DOI: [10.1002/14651858.CD007142.pub2](https://doi.org/10.1002/14651858.CD007142.pub2).

Copyright © 2010 The Cochrane Collaboration. Published by John Wiley & Sons, Ltd.

ABSTRACT

Background

Many members of the public have negative attitudes towards antidepressants. Psychological interventions are more acceptable but require considerable therapist training. Acceptable psychological interventions that require less training and skill are needed to ensure increased uptake of intervention. A potential intervention of this sort is relaxation techniques.

Objectives

To determine whether relaxation techniques reduce depressive symptoms and improve response/remission.

Search methods

The register of trials kept by the Cochrane Collaboration Depression, Anxiety and Neurosis Group was searched up to February 2008. We also searched the reference lists of included studies.

Selection criteria

Studies were included if they were randomised or quasi-randomised controlled trials of relaxation techniques (progressive muscle relaxation, relaxation imagery, autogenic training) in participants diagnosed with depression or having a high level of depression symptoms. Self-rated and clinician-rated depression scores and response/remission were the primary outcomes.

Data collection and analysis

Two reviewers selected the trials, assessed the quality and extracted trial and outcome data, with discrepancies resolved by consultation with a third. Trial authors were approached for missing data where possible and missing data were estimated or imputed in some cases. Continuous measures were summarised using standardised mean differences and dichotomous outcomes by risk ratios.

Main results

There were 15 trials with 11 included in the meta-analysis. Five trials showed relaxation reduced self-reported depression compared to wait-list, no treatment, or minimal treatment post intervention (SMD -0.59 (95% CI -0.94 to -0.24)). For clinician-rated depression, two trials showed a non-significant difference in the same direction (SMD -1.35 (95% CI -3.06 to 0.37)).

Nine trials showed relaxation produced less effect than psychological (mainly cognitive-behavioural) treatment on self-reported depression (SMD = 0.38 (95% CI 0.14 to 0.62)). Three trials showed no significant difference between relaxation and psychological treatment on clinician-rated depression at post intervention (SMD 0.29 (95% CI -0.18 to 0.75)).

Inconsistent effects were found when comparing relaxation training to medication and there were few data available comparing relaxation with complementary and lifestyle treatments.

Authors' conclusions

Relaxation techniques were more effective at reducing self-rated depressive symptoms than no or minimal treatment. However, they were not as effective as psychological treatment. Data on clinician-rated depressive symptoms were less conclusive. Further research is required to investigate the possibility of relaxation being used as a first-line treatment in a stepped care approach to managing depression, especially in younger populations and populations with subthreshold or first episodes of depression.

PLAIN LANGUAGE SUMMARY**Relaxation for depression**

Many people with depression do not get treatment or delay getting treatment. One reason for this is that they do not like antidepressants. Another is the limited availability of specialized psychological treatments, such as cognitive-behaviour therapy. Relaxation techniques are a simple psychological treatment that can be administered after brief training. The review of 15 trials found that it was better than no treatment or minimal treatment, but not as effective as psychological therapies like cognitive-behaviour therapy. Relaxation techniques have potential as a simple first-line psychological treatment for depression. Those who do not respond within a set time could be offered more complex psychological treatment such as cognitive-behaviour therapy.