In terms of structure, the abstract follows a version of the IMRaD model (Introduction-Method-Results-and-Discussion) typical of abstracts and research articles in STEM fields.
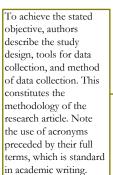
The "Background" section opens with a *topic generalisation*. The expression of *shared knowledge* for the intended *discourse community* is an attempt to engage with the readers.

Exploring the clinical outcome of Mindfulness-Based Cognitive Therapy for bipolar and unipolar depressive patients in routine clinical practice: a pilot study

Check for updates

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To achieve the stated objective, authors describe the study design, tools for data collection, and method of data collection. This constitutes the methodology of the research article. Note the use of acronyms preceded by their full terms, which is standard in academic writing.

In the "Conclusions" section, the authors interpret results and draw inferences. Here, the authors use the certainty marker "demonstrate" to express their commitment to the proposition.

Finally, the authors provide direction for a future study.

Abstract

Background: Mindfulness Based Cognitive Therapy (MBCT) has been adopted as an evidence-based treatment for unipolar depressive disorder (UDD). Although MBCT has not been included in the treatment guidelines for bipolar disorder (BD), MBCT is regularly being offered to patients with BD in routine clinical practice. In this pilot study we used routine outcome monitoring (ROM) data to explore whether there are indications that patients with BD might benefit less from MBCT than patients with UDD in terms of feasibility and effectiveness.

Methods: The study population consisted of patients with BD ($n = 30$) or UDD ($n = 501$) who received MBCT at the Radboudumc Centre for Mindfulness in Nijmegen, the Netherlands. Patients completed self-report measures of depressive symptom severity, worry, well-being, mindfulness skills and self-compassion pre- and post MBCT as part of the ROM.

Results: There were significant less patients with BD who decided to start MBCT after intake than patients with UDD. No differences in dropout between groups were found. Results showed significant moderate to large improvements in both groups after MBCT, while no differences between groups were found, on all outcome measures.

Conclusions: This study demonstrates that there are no indications that MBCT, when delivered in heterogeneous patient groups in routine clinical practice, is less beneficial for patients with BD than patients with UDD in terms of feasibility and effectiveness. This lends support to conduct an adequately powered RCT to examine the (cost-)effectiveness of MBCT in BD as the next step before implementing MBCT on a larger scale in patients with BD.

Keywords: Mindfulness Based Cognitive Therapy, Bipolar disorder, Unipolar depressive disorder, Feasibility, Effectiveness

In the final sentence of this section, the word "might" functions as a *hedge*.

In this *move*, the authors state the findings of the study to address the objectives. Here, the use of "significant" as a *booster* allows the authors to express conviction and assert the findings with confidence.

Background

Bipolar disorder (BD) is a severe, chronic condition that belongs to the leading causes of disability worldwide (Ferrari et al. 2016). Despite multiple available evidence-based pharmacological and psychological interventions for bipolar disorder, treatment outcomes are modest at best, as a result of which patients with bipolar disorder often do not achieve full remission and experience substantial residual mood symptoms between episodes (Chisholm et al. 2005; Judd et al. 2003). Augmenting, evidence-based psychotherapies are necessary in order to improve treatment outcome for patients with bipolar disorder. Lately, there is an increasing interest in the potential of mindfulness-based approaches to improve outcomes of patients with several psychiatric conditions (Chu et al. 2018).

Mindfulness-Based Cognitive Therapy (MBCT) integrates elements of cognitive therapy with meditative practices. Patients develop the capacity to become aware

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