

CLINICAL STUDY

Curative effect of acupuncture on quality of life in patient with depression: a clinical randomized single-blind placebo-controlled study

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Abstract

OBJECTIVE: To evaluate the effect of acupuncture on the quality of life in patients with depression by clinical randomized single-blind placebo-controlled study.

METHODS: one hundred and sixty-three cases of depression according with the inclusion criteria were randomly divided into a group of acupuncture dredging liver and regulating flow of theosophy (group 1), a group of acupoint shallow stab (group 2) and a group of non-acupoint shallow stab (group 3) at 1 : 1 : 1 ratio, and treated with acu-

puncture, moxibustion, and intradermal embedding of needle, twice a week, for a total of 12 weeks. Scale of Quality of Life (SF-36) was used to measure the scores at four different time points and evaluate the effect of acupuncture on the quality of life of the patients with depression.

RESULTS: At each time point after treatment, in scores of the 8 items, physical function, physical role, bodily pain, general physical condition, energy, social function, emotional function and mental health there were statistically significant differences among the 3 groups ($P < 0.0125$).

CONCLUSION: Acupuncture can effectively improve the quality of life of patients with depression.

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Key words: Acupuncture; Moxibustion; Intradermal needle therapy; Depression; Quality of life; Randomized controlled trial

INTRODUCTION

Depression is characterized by mental retardation, interest blank, hypoactivity, accompanied by anxiety, loss of appetite, sexual dysfunction, sleep disorders and other symptoms.¹ "World Health Report 2001" published by the World Health Organization points out that the global depression incidence rate is about 11%, being the world's fourth largest disorder, and till 2020 it will be second, only next to ischemic heart disease.^{2,3} For treating depression, antidepressant drugs are commonly used in modern medicine, but they have the side effect of drug resistance. Acupuncture treatment for depression has a definite effect with few side effects, so the World Health Organization (WHO) recognizes that acupuncture treatment has advantages for depression. Acupuncture treatment can dredge meridians and activate collaterals by stimulating some specific acupoints. The heat effect of moxibustion can directly enhance the immunity of human body and the sustained stimulation of intradermal embedding needle in acupoints can consolidate the curative effect. In this trial, these three treatment methods were combined together to treat the disease, so as to improve the life quality of the patient, with the long-term curative effect.

MATERIALS AND METHODS

Subjects

From January 2010 to December 2010, adult patients of depression receiving acupuncture treatment in the Guangdong Provincial Hospital were included in this study. All participants gave a signed informed consent.

Diagnostic criteria

Diagnostic criteria of Western Medicine for depression were stipulated in reference to the Chinese Classification and Diagnostic Criteria of Mental Disorders issued by the China Society of Psychiatrics, the third edition (CCMD-3),⁴ and Traditional Chinese Medicine (TCM) syndrome differentiation was adopted in reference to the Criteria of TCM Syndrome Differentiation and Therapeutic Effects issued by the State Administration of TCM in 1995.

Inclusion criteria

The patients who met the following criteria were included: (a) mild to moderate depression (20 points < HAMD 24-item version score < 35 points) according to Western diagnostic criteria of depression; (b) melancholia with liver Qi stagnation according to the diagnostic standards of Chinese medicine; (c) consciousness with no aphasia and mental retardation, and able to understand the Scale of Quality of Life (SF-36) and the treatment; (d) aged over 18 years and less 70 years; (e) had not used antidepressants for two weeks; (f) signed the written informed consent form.

Exclusion criteria

The following patients were excluded: (a) the patient had schizophrenia, affective psychosis, reactive depression, neurasthenia, somatic diseases, etc; (b) the patient of severe depression (HAMD 24-item version score > 35 points); (c) the patient was diagnosed as melancholia with heart and spleen deficiency; (d) the patient aged less than 18 years and more than 70 years; (e) the patient had epilepsy, and serious diseases of cardio-cerebral blood vessels, liver, kidney, hematopoietic system and gastrointestinal tract; (f) the patient was pregnant women; (g) the patient took antidepressants in last weeks; or (h) the patient had more than once clinical trials for depression.

Criteria of dropout

The patients were removed from the trial if they: (a) had poor compliance without treatment according to medical advice; (b) refused to continue treatment due to poor efficacy; (c) could not be contacted due to changes of address and telephone number during follow-up; (d) refused to follow-up study for personal reasons; or (e) had acupuncture and acupuncture-related adverse reactions and refused the treatment.

Estimation of required size of samples According to the sample size estimation formulas:

$$n = \varphi^2 \left(\sum_{i=1}^k \sigma_i^2 / k \right) \left(\sum_{i=1}^k (\mu_i - \mu)^2 / (k-1) \right),$$

41 cases each group were estimated and considering the maximum allowable drop-off rate of 15% in the observation process, ultimately the sample size of 165 cases was estimated.

Randomization and blinding methods

The subjects were divided into 3 groups at 1:1:1 ratio: a group of acupuncture dredging the liver and regulating the flow of theosophy (group 1), a group of acu-

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