

CASE REPORT

Acupuncture treatment of a male patient suffering from long-term schizophrenia and sleep disorders

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Abstract

OBJECTIVE: To investigate the effectiveness of acupuncture in the treatment of chronic schizophrenia and co-morbid sleep disorders.

METHODS: A 42-year-old German male outpatient, suffering from long-term schizophrenia and sleep disorders, entered the study. Acupuncture was used as a non-pharmacological intervention. In addition to his ongoing Western Medicine (pharmacological) treatment, the patient received 12 weekly (non-standardized) acupuncture treatments in the clinic. The Traditional Chinese Medicine (TCM) diagnosis, the psychological assessment and the acti-

watch data were compared before and after the acupuncture treatment.

RESULTS: The TCM diagnosis revealed a Liver Fire pattern before the acupuncture treatment, which was still present, although to a lesser degree, after the treatment. The psychological assessment revealed no change in the positive symptoms, but a small decrease in the negative symptoms and the general psychopathology of the patient. This was further illustrated by the small decrease in the number of depressive symptoms. The subjective sleep disorders improved markedly after acupuncture treatment, but the daytime sleepiness did not. The actiwatch results showed that after acupuncture treatment, the patient was moving less during sleep, but no significant results were found for the other sleep parameters.

CONCLUSION: Acupuncture was found to be an effective non-pharmacological add-on method for treating subjective sleep disorders, and, to a lesser degree, objective sleep disorders and the negative symptoms of chronic schizophrenia. Future larger clinical trials with follow-up measurements are needed in order to replicate the present preliminary beneficial acupuncture findings and in order to determine whether the observed effects can be sustained.

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Keywords: Actigraphy; Acupuncture; Schizophrenia; Sleep weak disorders

INTRODUCTION

In Traditional Chinese Medicine (TCM), schizophre-

nia is seen in the context of manic depressive psychosis. Patients suffering from schizophrenia often show both symptoms of manic depressive psychosis.¹ In Western Medicine, the disorder is referred to as "schizophrenia" in the Diagnostic and Statistical Manual of Mental Disorders-V (DSM-V)² and as "F20-F29, schizophrenia" in the International Classification of Diseases-10 (ICD-10).³ It is characterized by delusions, hallucinations, disorganized speech, disorganized or catatonic behavior, and negative symptoms.² The prevalence of schizophrenia is estimated to be between 0.4% and 0.7% of the world population.⁴

One of the TCM methods that is used to treat patients with schizophrenia is acupuncture.⁵ Particularly in Asia, it has been used widely for a long time in order to treat psychotic symptoms.^{6,7} It was found to be a relatively safe clinical intervention technique for use in the treatment of patients with schizophrenia and to have few adverse effects.⁸ Recently, it has also been used in the West as an add-on technique for treating such patients.⁹ To date, small beneficial effects have been reported in the literature for acupuncture treatment of the symptoms of schizophrenia;¹⁰ however, research on the use of acupuncture particularly in the treatment of patients suffering from chronic schizophrenia is scarce.¹¹ A high prevalence of sleep disorders in patients with schizophrenia has been found in the literature.¹² Of the patients with schizophrenia, 30%-80% suffer from disturbed sleep.¹³ The large variability in the percentage scores seems to be a result of differences in the severities of the psychotic symptomatology.¹³ Acupuncture has been used in the treatment of people suffering from sleep disorders as well.¹⁴ Previous research has shown a beneficial treatment effect of acupuncture on sleep,¹⁵ but the effects were generally found to be small.¹⁶ So far, almost no research has been conducted on the effects of acupuncture in treating the sleep disorders of patients suffering from a severe chronic psychiatric disease: schizophrenia.

The aim of the present study was, therefore, to investigate the effect of acupuncture in the treatment of a patient with chronic schizophrenia and co-morbid sleep disorders. We hypothesized that acupuncture would have a positive effect on the positive and the negative symptoms of a patient with chronic schizophrenia and on the subjective and the objective co-morbid sleep disorders that were afflicting the patient.

CASE PRESENTATION

A 42-year-old male outpatient from a large German clinic, who was suffering from long-term schizophrenia (i.e., his length of illness was > 12 years) and sleep disorders, entered the study. His Western Medicine diagnosis was "schizophrenia" according to the DSM-V² and F20.0 (paranoid schizophrenia) according to the ICD-10.³ The patient was on pharmacotherapy throughout the entire study and was using the follow-

ing medications: Nipolept 25 mg in the morning and 75 mg in the evening, and Risperdal-consta 25 mg every two weeks. The patient had normal intelligence (IQ = 92, as measured with the MWTB test).¹⁷ With respect to the level of education, our patient had finished "Hauptschule" education, which is secondary school in Germany. Finally, the present clinical case study was approved by the local ethics committee (Ärztekammer Nordrhein, No. 2008331) and is part of a larger project that has officially been registered under number NTR3132 at the Dutch Trial Register.

METHODS

TCM diagnostics

Careful individual TCM diagnoses were conducted by a licensed TCM practitioner who had more than five years of clinical experience.¹⁸ Weekly TCM diagnoses (directly before treatment), including pulse diagnoses and diagnoses based on inspections of the tongue,¹⁹ of the outpatient suffering from long-term schizophrenia and sleep disorders were conducted in the present study.

Acupuncture intervention

Acupuncture was used as a non-pharmacological clinical intervention technique. The patient received 12 weekly acupuncture treatments of about 60 min each in the clinic. Single-use stainless-steel needles (AcuPro C, Wujiang City Cloud & Dragon Medical Device Co., Ltd., China) were used for the acupuncture treatment, and the needles had a size of either 0.25 mm × 25 mm or 0.20 mm × 15 mm, depending on the location on the body.²⁰

Psychological assessment tools

The following psychological assessment tools were used in the present study: the Positive and Negative Syndrome Scale (PANSS),²¹ which was completed by the patient's psychiatrist, was used in order to monitor the positive and the negative symptoms of our patient. In addition, the Pittsburgh Sleep Quality Index (PSQI)²² was used in order to measure the subjective quality of the patient's sleep. In order to measure his general level of daytime sleepiness, we implemented the Epworth Sleepiness Scale (ESS)²³ in this study. The Beck Depression Inventory- II (BDI- II)²⁴ was used in order to measure the severity of the depressive symptoms of our patient.

Actiwatch data recordings

An actiwatch (Type: Actiwatch Spectrum Plus, <http://www.actigraphy.com/devices/actiwatch/actiwatch-plus.html>) was used, making it possible to collect data on the following eight sleep parameters: "sleep efficiency", "sleep latency", "absolute actual sleep time", "absolute actual wake time", "relative actual sleep time", "relative actual wake time", "assumed sleep" (meaning the differ-

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