

Treating Major Depressive Disorder with Acupuncture

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Abstract: Many healing communities, including that of psychology, have begun to recognize alternative methods for treating depression. This study utilized a sample of 8 adults who had been screened with the Structured Clinical Interview for DSM-IV (SCID-Research Version) and diagnosed as having major depressive disorder. There were significant differences in their pre- and post- test scores on the Beck Depression Inventory and the Reynolds Depression Screening Inventory with lower scores at post test. The implications of the research will be discussed.

Introduction

Until recently, depression was treated almost exclusively with medication, some form of traditional therapy or a combination of the two. The development of new therapies, including those considered unconventional, has permitted sufferers of depression to explore new avenues for treatment and relief. According to Eisenberg, et al. (1993, 1998), the use of unconventional therapies, including those that can impact depression, are widespread. In particular, the use of acupuncture to ameliorate depressive symptomology has grown in recent years and has begun to be studied in controlled settings (Allen, Schnyer & Hitt, 1998). Among categories of interest that speak to the increasing popularity of complementary and alternative medicine, are issues regarding quality of life (Jonas, 1998). In view of the fact that depression can have such an enormous impact on quality of life, it behooves researchers to investigate the degree of that impact from the perspective of the person experiencing the depression. It is also relevant that components of what is labeled "unconventional" treatment be explored through responsible and appropriate methods (Fontanarosa & Lundberg, 1998).

This investigation sought to assess the

utility of acupuncture's extraordinary vessels in the treatment of major depression. Depression as a disease entity and psychology as a field of study have not existed historically in Chinese medical thinking. Chinese medical philosophy does not separate the soma and non-soma (body and mind) in a way that required a separate discussion of the psyche. Instead, it has historically observed and routinely outlined, a sophisticated and detailed accounting of soma/non I soma co-occurrences or interactions. Inherent in all Chinese medical discussions are two constructs relative to the soma/non-soma. The first addresses somatic aspects of what are primarily non-somatic (psychological) illnesses and the second speaks to non-somatic (psychological) aspects of what are primarily somatic illnesses.

The emphasis in an Extraordinary Vessel understanding of depression is on the disturbance of Yin/Yang (Primary Differential Diagnosis) and the free flow and maintenance of Qi (Finest Material Influence) as they manifest in the performance of the body's fundamental energetic functions of: protection, assimilation, incorporation, discharge, storage, and distribution (Atchinson-Nevel & Blitzer, 1998).

A Clinical Reference Manual (CRM) (Atchinson-Nevel & Blitzer, 1999) utilizing the four methods of Chinese medicine diagnosis (inquiry, palpation, listening/smelling, and observation) and outlining individualized treatment protocols based on the eight extraordinary vessels {(1) Yangwei, (2) Dai, (3) Yinwei, (4) Chong, (5) Ren, (6) Yinqiao, (7) Du, (8) Yangqiao} of Chinese medicine was developed and applied. Included in this manual, was a detailed extraordinary vessel assessment of each of the criteria for a major depressive episode as outlined in the DSM-IV manual. Appearing below are two samples from the Clinical Reference Manual for Depressed Mood.

A cross index to each of the DSM-IV criteria differentiated by extraordinary vessel was included as well. Table 1 displays the Dai, one of the eight extraordinary vessels, and describes the signs and symptoms of the DSM-IV specific to the Dai. Table 2 is a sample of a single criteria of the DSM-IV, Depressed Mood, and displays how this single symptom is differentiated among the eight extraordinary vessels.

Table 1) Extraordinary Vessel Depression Profile for DSM-IV Major Depressive Episode - Dai

- A-Depressed mood with lack of affect
- A-Depressed mood with exaggerated affect
- A-Depressed mood with achy muscles
- A-Depressed mood with tension just below the surface
- A-Appears tearful and/or sad
- B-Loss of pleasure with agitation
- B-Inability to express pleasure
- C-Excessive appetite
- C-Loss of appetite
- C-Erratic appetite (within day)
- C-Irritable bowels with depressed mood
- D-Sleepiness with heavy sensations throughout body
- D-Difficulty falling asleep with body restlessness or body aches
- E-Psychomotor agitation with shaking
- E-Psychomotor agitation with pacing
- F-Fatigue with heavy sensations throughout body
- F-Loss of energy with yawning & sighing
- F-Erratic energy (within day)
- G-Worthlessness with unexpressed emotions
- G-Self-abusive behaviors
- H-Excessive planning
- H-Inability to make decisions
- I- Suicidal Ideation
- I-Suicidal Planning

Table 2) DSM-IV Diagnostic Criteria for Major Depressive Episode: Extraordinary Vessel Assessment for Depressed Mood

- Depressed mood with frozen affect(1)
- Excessive or contextually incongruent crying(1)
- Appears tearful and/or sad(1, 2)
- Depressed mood with lack of affect(2)

Participants were given individualized treatments based on the traditional acupuncture diagnostics as outlined in the manual and as a result, were receiving treatments that closely resembled what they would receive in a private clinical setting.

Method

Participants

Participants were recruited through a newspaper advertisement which mentioned acupuncture treatment for depression. Twenty-five men and women were pre-screened using a telephone interview which briefly assessed history of depression and present symptomatology. Inclusion criteria consisted of presently experiencing depression. Exclusion criteria included taking psychotropic medication, being under the care of a psychiatrist, present psychotic symptoms, present suicidal plan or intent, past suicide attempt, bipolar disorder, any other Axis I disorder, substance abuse or dependence, endocrine or central nervous system lesion, chronic fatigue syndrome, pregnancy, or currently receiving mental health services. Those who meet these criteria, were administered the Beck Depression Inventory (BDI) and the Reynolds Depression Screening Inventory (RDSI). A total of ten men and women between the ages of 34 and 66 qualified for the study.

Measures

The *Reynolds Depression Screening Inventory* (RDSI), (Reynolds & Kobak, 1998) consists of 19 questions with a forced choice response. It is a self-report measure of the severity of depressive symptoms. It is highly reliable and is internally consistent with high alpha

coefficients. Test-retest reliability of the RDSI is also very high.

The *Beck Depression Inventory* (BDI), (Beck, et.al, 1979) is a 21-item self-report measure of depression. The BDI is the most widely used measure of adult depressive symptomatology and its psychometric properties have been demonstrated (Beck, Steer, & Garbin, 1988).

Procedure

After consent was obtained, participants completed the BDI and the RDSI initially and then every other week before receiving the acupuncture treatment. Treatments were administered twice a week for the first four weeks and then once a week for the final four weeks. Participants were administered the Structured Clinical Interview for DSM-IV (Research Version) SCID after their last acupuncture treatment. The SCID was administered by the first author (a clinical psychologist) and two graduate students in psychology, under the supervision of the first author. The students had over 20 hours of training on the SCID.

Results

A t test revealed significant differences between the pre- and post- Beck Depression Inventories ($t=5.83$ (7), $p=.001$). A t test also revealed a significant difference between the pre- and post- test Reynolds Depression Screening Inventory scores ($t=3.827$ (7), $p=.003$). Thus, the subjects who completed the acupuncture treatments reported significantly less depressive symptoms at the end of their treatment than at the start. Additionally, none of the participants meet criteria for Major Depressive Disorder at the conclusion of the study as assessed by the SCID.

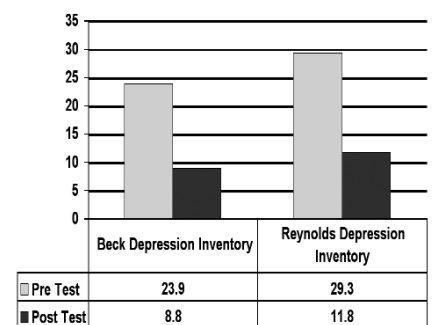
Conclusion

This study demonstrates the effectiveness of acupuncture as a viable treatment for depression. However, given the small sample size, the study needs to be replicated with a larger sample.

Conclusions drawn from both qualitative and quantitative reporting may offer influence in some or more of the following ways: 1) persons who experience major depressive episodes may have

another avenue to pursue as they seek immediate relief and possibly long-term care in treating the disorder; 2) persons who have tried traditional treatments such as medication and found them ineffective, or can't take them or don't wish to be medicated, may also find relief in unconventional practices; 3) quality of life issues may be impacted positively; 4) participants may find new, perhaps better or more effective ways, to interact with health care providers. Any or all of these potential improvements could also positively influence the overall approach to providing for the health and well-being of those who experience major depressive episodes. This information would suggest that additional studies using acupuncture to treat other psychological difficulties may be helpful.

Pre and Post Test Scores of Depression



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