

Depression

Summary Sheet

Evidence-Based Assessment of Acupuncture Series

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Depression Overview

Depression is a complex, multifactorial and chronic mood disorder. This summary will focus on clinical depression (i.e. major depression or major depressive disorder). According to the World Health Organization (WHO), it is the single largest contributor to global disability.¹ Common symptoms include lack of interest, low energy, negative thinking, irritability, and changes in focus, weight, eating and sleeping patterns. Current guidelines suggest two primary treatments: pharmacological (e.g. SSRIs) and non-pharmacological (e.g. psychotherapy).^{2,3} Despite the widespread use of antidepressants, ~30% of patients fail to achieve a satisfactory response. For those with an initial positive response, the majority (50-85%) will, unfortunately, experience a recurrence of symptoms.⁴ Given the prevalence of clinical depression and the often limited-effectiveness of treatments, an oft repeated conclusion from the research is for additional non-pharmacological options. Indeed, the current guideline from the American Psychological Association suggests acupuncture when psychotherapy or pharmacotherapy is either "ineffective or unacceptable [to the patient]."³ Similarly, an earlier review (2012) assessed several treatments and concluded, "Although the surface features of psychotherapy, antidepressants, exercise and acupuncture are very different, they do result in similar reductions of depressive symptoms..."⁵

Depression in Traditional East Asian Medicine (TEAM)

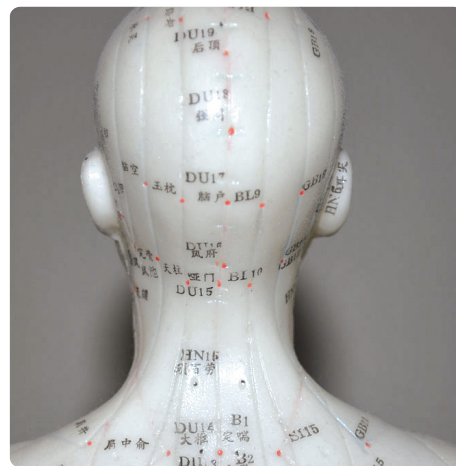
TEAM practitioners view the body in terms of Qi-dynamics and use a unique system and terminology. This is best summarized by the axiom "one pattern many diseases, one disease many patterns;" suggesting that identification of the correct pattern (e.g., Kidney qi deficiency) leads to improved treatment through the selection of pattern-specific acupuncture points. From the perspective of TEAM, clinical depression results from constraint (yù) and imbalance in the free flow of Qi often due to damage by the emotions and prolonged or sustained stress. The specific pattern differentiation is based on the nature and manifestation of depression and other secondary symptoms (e.g. bowel movements, digestion, and sleep).⁶ Clinically, acupoints are selected primarily on the basis of the pattern, along the corresponding channels (meridians). In addition to acupuncture, treatments often include lifestyle modifications (e.g. dietary advice & exercise), herbal formula, and home therapies such as stress-reduction techniques.

Findings from the Acupuncture Research

The majority of acupuncture research has focused on clinical depression, however other conditions have been investigated (e.g. women's health-related⁷ and post-stroke depression.⁸)

The evidence is promising to suggest benefit and cost-effectiveness of acupuncture (in addition to medication) for the treatment of depression.

- Recent reviews (with meta-analysis) suggest that acupuncture combined with an SSRI is more effective than SSRI medication alone [in the short-term].⁹⁻¹¹
- The largest trial to date (n=755) reports benefit and cost-effectiveness of acupuncture adjunctive to usual care.^{12,13}



Summary and Commentary

Based on the prevalence of depression, the magnitude of its effect on morbidity and the potential for adverse effects from current medications, non-pharmacological options are needed. Indeed, the American Psychological Association suggests acupuncture as an alternative treatment to psychotherapy or

pharmacotherapy.³ Regardless of the treatment, current guidelines stress the importance of building a strong therapeutic alliance between the provider and patient.⁴ Fortunately, this is often the case with acupuncture and was recently assessed in the large trials comparing acupuncture, CBT & usual care.¹² Based on the findings, the

authors recommended a combination of both acupuncture and psychotherapy.¹⁴ Although numerous & varying treatment protocols have been studied, treatment frequencies were similar in the clinical trials. To generalize, participants most often received acupuncture treatment 1-2x/week for up to 3 months.

Scope and Purpose of Evidence-Based Assessment of Acupuncture Project

This project is supported by the Society for Acupuncture Research. It includes a growing library of condition specific assessments and summary sheets on topics such as dysmenorrhea, low back pain, neck pain, etc. Our aim is to evaluate the literature with a focus on systematic reviews and randomized controlled trials. When appropriate, other levels of evidence (e.g. case studies) are also referenced. The goal of the project is to inform policy-makers, clinicians, and the public of trends in the acupuncture literature and to provide expert commentary on the state of this evidence.

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