

# Acupuncture Antidepressant Connection For Depression

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Acupuncture treats major depression by enhancing the effect of SSRIs (serotonin reuptake inhibitors). Researchers conclude that acupuncture combined with SSRIs is more effective than using SSRI medications alone. The combined care treatment benefits were statistically larger from the very first week of care. As a result, the researchers note that acupuncture potentially reduces the “delay before the onset of the therapeutic action of SSRIs.”



The research team documents, “Acupuncture combined with SSRIs shows a statistically significant benefit over a 6-week period compared with SSRI administration only.”

The team notes that acupuncture was safe, producing no adverse side effects. Additionally, acupuncture may allow for “the reduction of the dose of antidepressants and their associated adverse clinical outcome.”

A cost-benefit analysis was made. Concern was expressed whether or not out of pocket expenses for underinsured patients might potentially hinder integration of the combined treatment modality. The financial cost of acupuncture care was weighed against potential financial savings from acupuncture care by reductions in hospitalization as a result of improvements in patient outcomes. The research team notes that the overall net cost of care needs to be considered instead of expenses per individual service.

The researchers note, “We showed that acupuncture combined with SSRIs produces statistically significantly larger reductions of HDRS (Hamilton Depression Rating Scale) values than SSRIs alone. This additional benefit was evident from the first week and continued throughout 6 weeks of treatment.” The investigators note that these findings are consistent with prior research including a recent 6 week controlled-randomized trial of acupuncture combined with paroxetine (Paxil, Serepin, Aropax).

Psychiatrists prescribed the SSRIs to each patient in this randomized, controlled study. The acupuncture group received SSRIs plus acupuncture care. The control group received SSRIs but no acupuncture. A differential diagnosis was made by an acupuncturist with a minimum of 15 years of clinical experience and who was certified by the China Association of Acupuncture and Moxibustion. The standard of care was protocolized to a given set of primary and secondary acupuncture point prescriptions. Secondary points were chose from the protocolized selection palette based on diagnostics.

## Acupuncture Study Design

Between 6 and 10 needles were applied to each patient per visit. The acupuncture needles were 0.25x40mm (Huatuo Suzhou China) and the depth of insertion was 10 – 30mm. Needles were stimulated until a deqi needling sensation arrived. Deqi is often reported as a dull ache, numbness or heaviness.

The dao qi acupuncture technique was applied to the primary acupuncture points. Dao qi is lifting-thrusting and rotating the acupuncture needle with gentle and smooth manual stimulation. The amplitude of manual insertion adjustment was 1 – 2mm and the needle rotation was less than 90°. Needle rotation was performed at a rate of 60 – 100 times per minute for a total of 1 – 2 minutes. Both GV14 and GV4 were needled in the sitting position with a 5 minute retention time prior to removal of the needles. Next, patients were in the supine position for additional acupuncture care. Supine needle retention time was 30 minutes. Treatment was applied once per day in the morning at a rate of 5 days per week for a total of 6 weeks.

The primary acupuncture points were GV24 (Shenting), GV20 (Baihui), GV14 (Dazhui) and GV4 (Mingmen). Secondary points were LR3 (Taichong) and SP9 (Yinlingquan) for Liver depression and Spleen deficiency; LR3 and LR14 (Qimen) for Liver Qi stagnation; HT7 (Shenmen) and ST36 (Zusanli) for Heart and Spleen deficiency; KI3 (Taixi) and LR3 for Liver and Kidney Yin deficiency; CV4 and CV6 for Spleen and Kidney Yang deficiency; HT7 and Anmian for insomnia and forgetfulness; PC6 (Neiguan) for palpitations and chest tightness; and ST25 (Tianshu) and ST37 (Shangjuxu) for constipation.



The study results are consistent with numerous recent research findings. Search the Healthcare Medicine Institute's (HealthCMi) news publishings to view other studies on acupuncture for the treatment of depression. HealthCMi provides acupuncture continuing education for acupuncture CEUs and PDAs online and publishes the latest in Chinese Medicine research and news.

### References:

*Wang, Tianjun, Lingling Wang, Wenjian Tao, and Li Chen. "Acupuncture combined with an antidepressant for patients with depression in hospital: a pragmatic randomised controlled trial." Acupuncture in Medicine (2014): acupmed-2013.*

*Qu SS, Huang Y, Zhang ZJ, et al. A 6-week randomized controlled trial with 4-week follow-up of acupuncture combined with paroxetine in patients with major depressive disorder. J Psychiat Res 2013;47:726–32. 13 Zhang ZJ, Ng R, Man SC, et al. Dense cranial*