

REGULATION AND GUIDELINE

Clinical Practice Guidelines for Using Acupuncture to Treat Depression

ZHAO Hong (赵宏)¹, SUN Yu-xiu (孙玉秀)², LUO He-chun (罗和春)³, GUO Xu (郭旭)², ZI Ming-jie (黎明杰)¹, LIU Jun (刘军)², ZHU Yuan (朱远)², LI Si-nuo (李思诺)², and LIU Bao-yan (刘保延)⁴, for the Depression Guideline Development Group, Sponsored by Traditional Medicine Office, Western Pacific Region, World Health Organization

ABSTRACT A clinical practice guideline of acupuncture for depression was compiled according to the grading of recommendations assessment, development and evaluation (GRADE) method, including the clinical characteristics, diagnosis, treatment and other information about depression, while several acupuncture treatments of depression, severe depression, depression after stroke were recommended.

KEYWORDS clinical guideline, acupuncture, depression, Chinese medicine

Depression is a complex mental disorder characterized by a significantly and continuously depressed mental state with a variety of somatic and psychiatric symptoms manifested as depressed mood and slowness of thinking, movement, and speech. Many clinical studies have demonstrated that the therapeutic effect of acupuncture on depression is equivalent to that of Western medicine (WM), with the advantage of rapid effect and few side effects. When used in combination, acupuncture can help reduce the dosage of antidepressant drugs and consequently the side effects of these drugs.

SCOPE

The overall objective of this set of guidelines is to provide evidence-based recommendations for acupuncture applications for patients with depression using clearly specified. The guidelines include treatment strategy, suggestion and recommendation on acupuncture approaches to treat depression. The target readership of this guideline includes practicing acupuncturists, teachers and students of Chinese medicine (CM), and researchers in the field of acupuncture. The target patient population is all persons with any type of depression except depressive episode with psychotic symptoms.

METHODS

Group for Creating Clinical Practice Guidelines

The group for creating clinical practice guidelines for using acupuncture to treat depression consisted of a multidisciplinary team, including psychiatrists, experts in clinical acupuncture, research administrators, clinical psychologists, and experts on systematic reviews.

Formulating Clinical Questions

The questions were structured using the patient, intervention or indicator, comparison, and outcome (PICO) process. The clinical questions broadly covered most aspects of the acupuncture therapy for treating depression.

Choosing and Rating Outcomes

An initial list of relevant outcomes was made, including desirable and undesirable effects, and the guideline development group and experts from outside the group were asked to identify all the outcomes. The group members were asked to rate the outcomes on a scale from 1–9. The average score of each outcome was then used to determine the relative importance of each outcome.

Evidence Retrieval, Synthesis and Assessment

A systematic search for relevant articles was carried out in the China National Knowledge Infrastructure (CNKI), Chinese Science and Technology Journal Database (VIP), MEDLINE/PubMed, EMBASE, Cochrane Library, Ovid, and Ancient Literature databases. Systematic reviews

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1. Institute of Acupuncture and Moxibustion, China Academy of Chinese Medical Sciences, Beijing (100700), China; 2. Department of Acupuncture, Guang'anmen Hospital, China Academy of Chinese Medical Sciences, Beijing (100053), China; 3. The Sixth Hospital of Peking University, Beijing (100191), China; 4. China Academy of Chinese Medical Sciences, Beijing (100700), China

Correspondence to: Prof. ZHAO Hong, Tel: 86-10-64035169, E-mail: hongzhao2005@aliyun.com

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were carried out by the panel according to the clinical questions. The grading of recommendations assessment, development and evaluation (GRADE) system was used to determine the quality of the reports, and the studies were categorized as high, moderate, low, or very low in this system.

Developing Recommendations

The GRADE system was used for grading recommendation strengths. The strength of the recommendation was determined by considering the quality of evidence, benefits and harm, values and reference, and resource implications.⁽¹⁾

Peer Review

In March 2014, a draft of the guidelines was sent to all group members. After all the members agreed on the final version, the manuscript was submitted to the China Association of Acupuncture and Moxibustion (CAAM). The manuscript was subjected for peer review, and the guidelines were further revised according to the reviewers' comments.

Guidelines Update

The current version of the guidelines was issued in 2014 and will be considered for further review in 2019 or sooner if new and relevant evidence becomes available.

Implementation

The potential facilitators and barriers for the implementation of this guideline are the health professionals' motivations and attitudes. CAAM will work closely with its branches and implementing partners to ensure its wide dissemination through regional meetings. The whole version of this guideline will be published as a book. All supporting documentation and evidence will be presented available in it.

The GRADE strength of recommendation (1 = strong, and 2 = weak) and quality of evidence (A = high, B = moderate, C = low, and D = very low) were provided for each recommendation.

CLINICAL CHARACTERISTICS

History

The highest incidence of depression mainly occurs in the stages of puberty, menopause, and senium. However, people of other ages also suffer from depression. It is necessary to learn the personal

history of patient to ascertain the presence of psychological and social factors, particularly past traumatic life events. The drugs used to treat physical conditions should also be noted, as some of these drugs may cause depression.⁽²⁾

Symptoms and Signs

The core symptoms of depression as described to the Diagnostic and Statistical Manual of Mental Disorders (DSM-IV) proposed by the American Psychiatric Association in 2000 are listed below.⁽²⁾

Core Symptoms of Depression

- | | |
|--|--|
| • Mentally depressed | • Difficulty in concentrating, remembering details, and making decisions |
| • Markedly diminished interest or pleasure in all or almost all daily activities | • Repeated considerations about suicide but without a detailed plan, repeated attempts to commit suicide, or making detailed plans to commit suicide |
| • Significant changes in weight when not attempting to gain or lose | • Dysthymia |
| • Insomnia or somnolence | • Diminished appetite without change in weight |
| • Psychomotor agitation or retardation | • Low self-worth |
| • Fatigue or decrease of physical strength | • Despair |
| • Feelings of worthlessness or guilt | |

There are no specific signs for patients with depression. A comprehensive physical examination (including neurological examination) should be given for those who are suspected to have depression in order to exclude physical diseases that can cause depression.

DIAGNOSTIC CRITERIA

Diagnosis of Depression in WM

In typical depressive episodes, the individual usually suffers from depressed mood, loss of interest and enjoyment, and reduced energy, manifested as diminished activity and marked tiredness after only slight effort, disturbed sleep, poor appetite, reduced self-esteem and self-confidence, feelings of guilt and unworthiness (even in a mild type of episode), depressed mood everyday accompanied by unresponsiveness to circumstances as well as "somatic" symptoms such as loss of interest or pleasure, early awakening in the morning, depression worse in the morning, definite psychomotor retardation or agitation, marked loss of appetite, weight loss, and marked loss of libido. According to the quantity and severity of symptoms, depressive episodes can be categorized as mild, moderate, and severe grades.⁽²⁾

(1) Mild depressive episode: An individual with a mild depressive episode usually has two or three of the above mentioned symptoms. The patient is usually distressed by the symptoms and has some difficulties in continuing with daily work and social activities, but will probably not cease to function completely. (2) Moderate depressive episode: an individual with a moderate depressive episode usually has four or more of the above symptoms. The patient will usually have considerable difficulties in continuing with normal day-to-day activities. (3) Severe depressive episode without psychotic symptoms: in an individual with this type of depressive episode, the above symptoms are obvious and disruptive. Loss of self-esteem and a feeling of worthlessness or guilt are typical of this type of episode. Suicidal thoughts and actions and somatic symptoms are also present. (4) Severe depressive episode with psychotic symptoms: this type of depressive episode fits the criteria mentioned in (3), but hallucinations, delusions, and psychomotor retardation or depressive stupor are so severe that no social activity is possible. Suicide, dehydration, and apocarteresis may pose a threat to life. Delusions or hallucinations may be mood-congruent or mood-incongruent.

Syndrome Differentiation in CM

The diagnostic criteria of depression in CM is based on the diagnostic criteria of stagnation syndrome in CM industry standard of the People's Republic of China.⁽³⁾ Depression is caused by emotional unpleasantness and qi stagnation, and its main symptoms are depressed mood, susceptibility to sorrow, restlessness, irritability, and easily crying.

(1) Stagnation of Gan (Liver) qi includes symptoms of depressed mood, distension in chest and hypochondrium, stuffiness in the epigastrium, frequent belching, sighing, irregular menstruation, thin and white coating on the tongue, and wiry pulse. (2) Qi stagnation transformed into fire: irritability, distension in chest and hypochondrium, headache and red eyes, bitter taste in mouth, epigastric upset and acid regurgitation, constipation and yellow urine, red tongue, yellow coating on the tongue, and wiry pulse. (3) Worries impairing spirit: cloudy mind, vexation and chest oppression, dream-disturbed and easily awake sleep, sadness and often crying, red tongue tip, thin and white coating on the tongue, and wiry and thready pulse. (4) Deficiency of both Xin (Heart) and Pi (Spleen): over consideration, chest oppression

and palpitations, insomnia and forgetfulness, sallow complexion, dizziness, tiredness, easily sweating, poor appetite, pale tongue, thin and white coating, wiry and thready pulse, or thready and rapid pulse. (5) Yin deficiency with fire flaring: vexation and insomnia, irritability, dizziness and palpitation, malar flush, feverish palms and soles, dry mouth and throat, night sweat, red tongue, thin coating, wiry and thready pulse, or thready and rapid pulse.

MANAGEMENT

Principles of Acupuncture Treatment

When acupuncture therapy is applied to treat depression, selection of points should mainly be based on disease differentiation, aided by syndrome and symptomatic differentiation. The treatment schedule should be determined according to the severity of the illness and the primary diseases. Then, the proper points should be selected according to the CM syndromes and major clinical manifestations.

Patients with mild depression can be treated with acupuncture alone; for patients with moderate depression, antidepressants should be used as prescribed; and patients with severe depression should be mainly treated using antidepressant, and acupuncture can act as an auxiliary therapy.

For depression after a stroke and menopause, the primary diseases should be treated at the same time.

The treatment course should be adequately long, and the duration should be commonly 4–6 weeks.

Point Selection

The general principle for treating depression is to regulate the Shen (Kidney) mentality and soothe the Gan. The main points are Baihui (GV 20), Yintang (EX-HN 3), Hegu (LI 4), Taichong (LR 3), and Shenmen (HT 7) (GRADE 1B).

Acupuncture Techniques

For depression, acupuncture, electro-acupuncture, ear therapy, and scalp acupuncture are recommended (GRADE 1B).

For patients with mild-to-moderate depression who cannot tolerate needling, pressing of the ear points with herbal seeds can be carried out (GRADE 2D).

Intervention Opportunities

Acupuncture treatment of depression is mainly used in the acute stage with the aim of relieving symptoms and reducing adverse reactions of WM. In the recovery and maintenance period, acupuncture treatment can be used to prevent recurrence.

Main Outcome Measures

The effect of acupuncture in the treatment of depression is equivalent to that with WM alone, and it has the advantage of rapid effect and few side effects. When acupuncture and WM are combined, the dosage of antidepressant drugs and the resultant side effects can be reduced.⁽⁴⁻⁶⁾

Acupuncture treatment for patients with depression can improve their sleep symptoms, including difficulty in falling asleep and early awakening, anxiety, anxiety somatization, cognitive impairment, day and night changes, hysteresis, weight changes, and reactive depression.⁽⁷⁻⁹⁾

RECOMMENDATION

Treatment for Patients with Depression

Body Acupuncture: Regulating Mind and Soothing the Gan

"Regulating mind and soothing Gan" is a principle based on the pathogenesis of "disorder of brain and stagnation of Gan qi" of depression. It emphasizes the central position of the Governor vessel and the auxiliary function of Gan meridian in point selection. The main points are Baihui (GV 20) and Yintang (EX-HN 3). The combination of these two points can regulate the mentality and restore the function of brain. This method works rapidly in the treatment of depression, and has results equivalent to those obtained using antidepressants, but with fewer side effects.⁽¹⁰⁻¹⁶⁾ It is more effective than antidepressant drugs for the treatment of mild depression, as well as for treating younger patients with depression.⁽¹⁷⁾

Treatment Method

Point selection: main points include Yintang (EX-HN 3) and Baihui (GV 20). Supplementary points include Shenmen (HT 7), Neiguan (PC 6), Fengchi (GB 20), Hegu (LI 4), and Taichong (LR 3).

Points by syndrome differentiation:^(18,19) stagnation of Gan qi: Ganshu (BL 18), Sanyinjiao (SP 6), and Danzhong (CV 17); qi stagnation transformed

into fire: Fengchi (GB 20), Ganshu (BL 18), and Daling (PC 7); worries impairing spirit: Sanyinjiao (SP 6), Zusanli (ST 36), and Xinshu (BL 15); deficiency of both Xin and Pi: Sanyinjiao (SP 6), Zusanli (ST 36), and Pishu (BL 20); yin deficiency with fire flaring: Taixi (KI 3), Sanyinjiao (SP 6), and Ganshu (BL 18).

Symptomatic points: in addition to the core symptoms of depressed mood, somatic symptoms such as insomnia, loss of appetite, and weight loss can be treated by symptomatic points.^(17,20-23)

Depression and taciturnity: Naohu (GV 17), Tiantu (CV 22); insomnia and amnesia: Anmianxue (Extra), Shendao (GV 11), Dazhui (GV 14), Sanyinjiao (SP 6); dream-disturbed sleep and vertigo: Shenshu (BL 23), Taixi (KI 3), and Neiguan (PC 6); slow response and sluggish: Shaoshang (LU 11) and Shixuan (EX-UE 11); delusion: Renzhong (GV 26), Dazhui (GV 14), and Shenmen (HT 7); anxiety: Shaochong (HT 9) pricked with a three-edged needle to cause bleeding; gastrointestinal discomfort: Zhongwan (CV 12) and Zusanli (ST 36); palpitation and chest fullness: Neiguan (PC 6) and Danzhong (CV 17); dry mouth and constipation: Tianshu (ST 25) and Shangjuxu (ST 37).

Manipulation: for Baihui (GV 20), with an angle of 30° between the needle and the skin, the needle is inserted obliquely about 0.5 cun into the scalp. For Yintang (EX-HN3), the skin is pinched, and the needle is subcutaneously inserted to approximately 0.5 cun. The needle is then gently thrust and twisted until qi arrival. Then, electro-stimulation is applied to the two points using low frequency with sparse-dense or continuous wave at an intensity that can be tolerated by the patient. Other points are punctured perpendicularly to 0.5–1 cun. Neiguan (PC 6) and Taichong (LR 3) are punctured with the reducing method. Following the principle of "strengthening the body resistance and eliminating the pathogenic factors," reducing or reinforcing method is adopted for other points accordingly. The needles should be retained for 20–30 min.

Treatment Course

One course of treatment should last 4–6 weeks, with 3–5 sessions per week.

Precautions

(1) Some patients might feel pain or refuse

electro-acupuncture on the head. Prior to the treatment, the procedure should be explained properly to all patients. (2) The electric current should be gradually increased. The proper intensity should make the patient feel comfortable. To prevent accidents, the current should not be increased abruptly. (3) During the treatment, a few patients may experience sleep disturbance, mild headache, or fatigue. The discomfort can be relieved by relaxation and proper rest.⁽²⁴⁾

The treatment of "regulating mind and soothing Gan" is recommended for patients with depression. Baihui (GV 20) and Yintang (EX-HN 3) are selected as the main points for electro-acupuncture (GRADE 1B).^(17,25-29)

For patients with more somatic symptoms, it is recommended to select the symptomatic points (GRADE 1D).

Patients who cannot tolerate electro-acupuncture can be treated by filiform needle acupuncture (GRADE 1B).

Ear Pressure Therapy

The ears are closely related to the viscera through meridians and collaterals. Ear pressure therapy can produce a continuous stimulation without any side effect. It is applicable for the elderly, children, and patients who are afraid of needling, as well as for patients with chronic diseases. A combination of auricular therapy and body acupuncture can enhance the effect of soothing Gan and qi regulation.

Treatment Method

Point selection: auricular point: Gan (CO₁₂, Liver), Xin (CO₁₅, Heart), Dan (CO₁₁, Gall bladder), Shen (CO₁₃, Kidney), and Shenmen (TF₄); body point: Baihui (GV 20), Yintang (EX-HN 3), Taichong (LR 3), and Hegu (LI 4).^(30,31)

Manipulation: vaccaria seeds are stuck to the auricular points of one side, and removed after 3 days. The treatment was alternately administered for both ears. The method mentioned previously was used for the body acupuncture.^(30,31)

Treatment Course

The treatment course consisted of 2 sessions of ear treatment per week, and 1–3 treatment sessions per

week for body acupuncture carried out for 1–3 months.

Precautions

(1) The ear should be properly disinfected so as to prevent infection. Auricular therapy should not be carried out if the auricle has frostbite or inflammation. If the treatment area shows redness and swelling after the treatment, 2% iodine should be used on the swelling part and the patient should be prescribed anti-inflammatory agents. (2) Pregnant women with a history of habitual abortion should not be given auricular therapy. Elderly patients with hypertension and patients with arteriosclerosis need to take proper rest before and after the treatment; the manipulation should be light in order to prevent accidents.

Those with mild and moderate depression who cannot tolerate acupuncture can be treated by ear pressure therapy (GRADE 2D).⁽³¹⁾

Acupuncture Treatment for Patients with Moderate and Severe Depression

Clinical studies have shown that electro-acupuncture combined with antidepressant drugs can relieve symptoms such as anxiety and somatic and cognitive disorders. The effect of this combined treatment is similar to that of electro-acupuncture alone, and it has a faster effect.⁽³²⁾ The effect of electro-acupuncture combined with antidepressant drugs is better than that of simple medication.⁽³³⁻³⁸⁾ It can reduce the required dose of antidepressant and the side effects of anticholinergic agents and the sleep disorders caused by single antidepressant treatment.⁽³⁹⁻⁴¹⁾ In addition, this method can improve the sleep status of patients with severe insomnia.^(33,40)

Treatment Method

"Regulating mind and soothing Gan" is the principle of acupuncture treatment for moderate and severe depression.^(33,42-44) The point prescription, acupuncture method, and treatment course are the same as that for patients with general depression.

Precautions

(1) Patients with suicidal tendency should be referred to a specialized hospital. (2) Treatment for severe depression should be based on antidepressant drug therapy. Acupuncture should serve as an accessory treatment.

The "regulating mind and soothing Gan" method is the recommended principle for treating patients with moderate and severe depression (GRADE 1C).

Mild depression can be treated by acupuncture alone; however, for moderate depression patients, acupuncture combined with antidepressant drug is needed. Severe depression needs the treatment of antidepressant drugs, and acupuncture can play a role of accessory treatment (GRADE 2C).^(34-37,45-46)

Acupuncture Treatment for Post-Stroke Depression

Body Acupuncture: "Regulating Mind and Soothing Gan" Method

Baihui (GV 20), Shenting (GV 24), Yintang (EX-HN 3), and Sishencong (EX-HN 1) are the important points to regulate mind, while Taichong (LR 3), Shenmen (HT 7), and Neiguan (PC 6) soothe Gan, disperse depressed qi, and calm the patient. This method of treatment for post-stroke depression has a better and more rapid effect than antidepressant drugs; it is also associated with fewer side effects.⁽⁴⁷⁻⁵³⁾ The treatment can also promote recovery of neurological function and improve self-care ability and the quality of life.

Treatment Method

"Regulating mind and soothing Gan" is the principle of acupuncture treatment for treating patients with post-stroke depression. The point prescription, acupuncture method, and course of treatment are the same as the treatment for general depression patients.

Treatment Course

Acupuncture treatment once daily or once every other day for a duration of 1–3 months.

Precautions

Points on extremities should be selected to improve the motor function of extremities.⁽⁵⁴⁾

The "regulating mind and soothing Gan" method is the recommended treating principle for patients with post-stroke depression (GRADE 1C).^(52,53,55-58)

Body Acupuncture: "Waking Brain and Opening Orifice" Method

The "waking brain and opening orifice" method was invented by the academician SHI Xue-min. Clinical trials have proven that this method can relieve symptoms, improve activities of daily life, and enhance motor function of patients with post-stroke depression.⁽⁵⁹⁻⁶³⁾ It has better and more rapid efficacy and fewer side effects than antidepressant drugs.⁽⁴⁷⁾

Treatment Method

Point selection: Main points includes Neiguan (PC 6), Renzhong (GV 26), Sanyinjiao (SP 6), Baihui (GV 20), and Shenmen (HT 7). Supplementary points includes Jiquan (HT 1), Weizhong (BL 40), and Chize (LU 5).

Manipulation: reducing by twirling and lifting and thrusting method are applied for 1 min. The needle is inserted into Renzhong (GV 26) towards the nasal septum to a depth of 0.3–0.5 cun and manipulated heavily using "bird-pecking" method until tears are elicited. Then, Sanyinjiao (SP 6) is punctured with a needle inserted along the medial border of the tibia at an angle of 45° to a depth 1.0–1.5 cun, which is reinforced by lifting and thrusting the needle until the affected lower limb contracts three times. Baihui (GV 20) is punctured horizontally against the direction of the governor vessel for about 0.5–1.0 cun with even method. Then, the Shenmen (HT 7) is inserted horizontally for about 1.0–1.5 cun upward towards Lingdao (HT 4) until the patient experiences needling sensation of soreness and distention. Jiquan (HT 1) is punctured perpendicularly to 1.0–1.5 cun at 1 cun below its location along the meridian, and reducing by lifting and thrusting is applied until the affected upper limb contracts 3 times. Chize (LU 5) is inserted perpendicularly to 1.0 cun with the elbow flexed to 120°, and the reducing by lifting and thrusting is applied until the affected forearm and fingers contract 3 times. Weizhong (BL 40) is inserted perpendicularly for 0.5–1.0 cun, and the reducing by lifting and thrusting is applied till the affected lower limb contracts 3 times. The needles should be retained for 30 min.

Treatment Course

The treatment is given once or twice per day for 4 courses in succession.

Precautions

(1) Acupuncture treatment should be administered

as early as possible. The shorter the course is, the better the effect will be.⁽⁶⁴⁾ (2) Because this treatment has a strong stimulation, the patient is likely to feel pain or refuse treatment. Therefore, the procedure should be explained properly to all patients and proper mild manipulation of needles should be given to calm the patient.⁽⁶⁵⁾

The "waking brain and opening orifices" method is the suggested principle of treatment for patients with after-stroke depression (GRADE 2C).^(66–69)

Scalp Acupuncture

Scalp acupuncture is a common method to treat brain-derived diseases. Scalp electro-acupuncture can reinforce qi, strengthen yang, and calm the mind. Combined with body acupuncture, it can soothe Gan, strengthen Pi, and regulate qi and blood. The effect of scalp electro-acupuncture combined with body acupuncture is equivalent to that of antidepressant drugs for the treatment of post-stroke depression. It also relieve anxiety, and is especially good for patients with somatic symptoms, sleep disorders, and feelings of despair.^(70,71)

Treatment Method

Point selection: scalp acupuncture: MS 5, MS 1, and MS 2 (bilateral); with compatibility of bilateral MS3 (from pupil straight up to the hairline as a starting point, up forward 2 cm parallel to the midline of the scalp). Body acupuncture: stagnation of Gan qi: Baihui (GV 20), Yintang (EX-HN 3), Danzhong (CV 17), Hegu (LI 4), Taichong (LR 3), and Quchi (LI 11); stagnation of Gan qi and phlegm obstruction: Baihui (GV 20), Yintang (EX-HN 3), Danzhong (CV 17), Hegu (LI 4), Taichong (LR 3), Quchi (LI 11), Sanyinjiao (SP 6), and Fenglong (ST 40); deficiency of both Xin and Pi: Sishencong (EX-HN 1), Yintang (EX-HN 3), Danzhong (CV 17), Dazhui (GV 14) or Baihui (GV 20), and Sanyinjiao (SP 6); yang deficiency of both Gan and Shen: Sishencong (EX-HN 1), Yintang (EX-HN 3), Sanyinjiao (SP 6), and Benshen (GB 13).

Manipulation: the patients should be in the sitting or supine position. Alcohol is firstly used to disinfect the area for acupuncture, then the needle is inserted quickly to subcutaneous level. When the needle reaches the lower layer of the galea, it should be made parallel to the scalp and penetrated about 13 mm, then twirled quickly at a frequency of 100/min

without any lifting or thrusting. Electro-acupuncture stimulation should then be applied using a low frequency and continuous wave at an intensity that can be tolerated by the patient. The needle should then be retained for 30 min.

Treatment Course

Acupuncture treatment for 6 days in succession, followed by 1-day rest for a total of 6–8 weeks.

Precautions

Because scalp acupuncture involves stronger stimulation, the procedure should be explained in detail to the patient before treatment.

Scalp electro-acupuncture combining body acupuncture is suggested to treat post-stroke depression (GRADE 2B).^(70–72)

Acupuncture Treatment of Menopausal Depression

Menopausal depression is caused by blood deficiency, poor nourishment of viscera, and imbalance of yin and yang. The main pathogenesis is deficiency of yin and blood. The principle of acupuncture treatment is to regulate yin and yang and to adjust the function of viscera.⁽⁷³⁾ Acupuncture can relieve depression and anxiety. This therapy is more effective than antidepressants in the treatment of autonomic nerve disturbances such as afternoon fever and irritability, and can regulate the endocrine system as well.⁽⁷⁴⁾

Body Acupuncture: Soothing Gan, Nourishing Shen, and Calming Mind

Treatment Method

Point selection: Ganshu (BL 18), Shenshu (BL 23), Xinshu (BL 15), Sanyinjiao (SP 6), Shenting (GV 24), Benshen (GB 13), and Sishencong (EX-HN 1).

Manipulation: for Shenting (GV 24), Benshen (GB 13), and Sishencong (EX-HN 1), with an angle of 30° between the needle and the skin, the needle is inserted obliquely to about 0.5 cun. After qi arrival, the needle is evenly twirled with a small amplitude. Other points should be punctured perpendicularly at a proper depth according to the shape of the patient and the location of the points. After qi arrival, the needle is evenly twirled with a small amplitude. The needles should be retained for 30 min and manipulated

once every 10 min. Each point is manipulated with mild twirling for 10 s. Finally, the needle is slowly withdrawn. After withdrawal, the patient is asked to assume the prone position, and the local area is conventionally disinfected. Xinshu (BL 15), Ganshu (BL 18), and Pishu (BL 20) are punctured at an angle of 70° between the needle and the skin. The needle is obliquely inserted to the depth of about 0.5–0.8 cun. Shenshu (BL 23) is punctured perpendicularly to about 0.8–1 cun. The acupuncture method for other points is the same in the supine position.

Treatment Course

Five sessions per week with a 2-day rest for a total of 6 weeks.

Precaution

(1) Appropriate drugs can be combined to adjust the hormone levels.⁽⁷³⁾ (2) Psychological treatment should be given at the same time. (3) Acupuncture manipulation should be mild in order to comfort the patient. (4) Acupuncture acts more slowly than antidepressants, so the treatment duration should be adequately long.

The "soothing Gan, nourishing Shen, and tranquilizing mind" method is recommended for treating menopausal depression. It can improve the depression, anxiety, and vegetative dysfunction, and regulate functions of the endocrine system^(73,74) (GRADE 1B).

Conflict of Interest

The development of these guidelines was sponsored by the China Association of Acupuncture and Moxibustion. No individual or industry stand to benefit from the development of these guidelines.

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