

Acupuncture for Treatment of Major Depressive Disorder Integrative on, Single Episode without Psychotic Symptoms in the General Services Agency Regional Mental Hospital in North Sumatra Provincial Government and the Hospital Dr Pirngadi Medan

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Abstract

Objective: To determine whether there is any research improved HAM-D scores after six weeks of treatment between the group that received psikofarmaka therapy (fluoxetine tabs 20mg / day) and group therapy mandapat psikofarmaka (fluoxetine tabs 20mg / day) + Acupuncture. **Methods:** This study is an analytical study of this research was to approach two experimental group pretest-posttest design, which is an open clinical trial in parallel with the two groups of randomization. **Results:** From a study of 72 subjects research. From the results of the study found that the HAM-D score at week II s / d Week VI is $p = 0.0001$ ($p < 0.05$). This suggests that there are significant differences on HAM-D scores after the second week s / d weeks VI in both groups.

Keywords: : Major depressive disorder, HAM-D, acupuncture

1. Introduction

Depression is a serious enough problem in the community. WHO (World Health Organization) states that depression is the fourth most prevalent diseases in the world. The prevalence of approximately 10-25% over the life of women and 5-12% of men sometime in their life have experienced depression, usually occurs around the age of 20 and 40-an.¹ Psychopharmacology approach successfully in 70% -80% of cases of moderate depression and other berat.¹ In literature there is also mention of patients with major depressive episodes who received antidepressant therapy showed improvement of symptoms of depression, is said to show an improvement when reaching approximately 50% reduction in symptoms or more. This is called respon.² Start with SSRI antidepressants or one can considered the new one. When using tricyclic antidepressants, or MAOI unsuccessful.¹ Depression including third cause of most cases of suicide at the age of 14-25 years.³ As has been said previously that the approach psychopharmacology achieve 70% or more, but many patients who can not tolerate the side effects of antidepressant medications or even not satisfied with the treatment given so many of them seek alternative treatments or adjunctive therapies.^{4,5}

Research conducted by Wen-zhang jing et al to assess the effectiveness and safety of acupuncture in combination with fluoxetine as an intervention in major depressive disorder. a total of 80 patients who experienced major depression (according to DSM-IV-TR) were randomly selected and then divided into two groups; VA group (verum acupunktur) plus fluoxetine 10mg tab, and the placebo group; SA (sham acupunktur) plus fluoxetine tab 20-30mg / day. acupunktur given as much as five times a week for six weeks. points acupunktur used in both groups was the same, namely; Baihui (GV-20), sishencong (EX-HN1), Yintang (EX-HN3), shuigou (GV-26), Neiguan (P-6), shenmen (H-7), Taichong (liv-3), and Hegu (L-14). conclusions obtained at the end of the period of treatment is to add acupuncture with low-dose fluoxetine in depression is very effective.⁴

A study conducted by Agatha p. colberg in 1990 stated that only 25% of patients with depression that persisted taking antidepressants for more than 1 month. agatha also prove that acupuncture to relieve the symptoms of depression is as effective as conventional therapy, namely psychopharmacology and psychotherapy. of 37 patients treated with acupuncture woman 12 times, 64% experienced a complete remission of the symptoms of major depression.⁵

In 1988, Astin stated that depression is one of the 10 diseases that often use alternative therapies. in the study said that acupuncture is one of the therapies used.⁶

A study conducted at the University of Mainz, German by Roschke et.al tried to conduct a clinical trial to compare the effectiveness of mianserin treatment course with acupuncture therapy plus mianserin. research conducted on 70 patients with depression. point used is the point shenmen (HT-7), Neiguan (PC-6), Fenglong (ST-40), Shangqiu (SP-5), Sanyinjiao (SP-6), Zhongfu (LU-1), Xinshu (BL -17), and Ganshu (BL-18). therapy is done 3 times a week for 4 weeks. the outcome of patients who received acupuncture as an adjunct therapy better than patients who only get mianserin therapy alone.⁷

Research conducted by stanfort university in psychology department of Arizona mention that 24% of

patients using acupuncture as a therapy and experienced complete remission had a relapse, it is smaller than using conventional therapy which only reaches 50-80%.⁸

II. Subject and Methods

This study was approved by the Research Ethics Committee of Medical Faculty University of Sumatera Utara. This study was performed in General Services Agency Regional Mental Hospital in North Sumatra Provincial government and the Hospital. Dr Pirngadi Medan, on the regulation of Medical Faculty of University of North Sumatera, from March 01st until April 15th 2011. The sample selection is done by non probability sampling Consecutive types, while the parameters of the results can be seen in the Hamilton Rating Scale for Depression (HAM-D). With the inclusion criteria were: Patients with major depression single episode based on DSM-IV-TR. 20-70 years old. First of all contact with the researcher. Characteristically cooperative and able to work with. Patients who came for treatment to the polyclinic administration General Services Agency Regional Mental Hospital in North Sumatra Provincial Government and the Hospital. Dr. Pirngadi Medan. Willing to participate in this study. Exclusion criteria were: Found endocrine disorders, lesions in the central nervous system, or other medical disorders, or in the period of treatment may lead to depressive symptoms. During pregnancy and lactation. Potential to commit suicide. Written informed consent was obtained from all participants after giving a full explanation of the study protocol.

2.1. Assessment and Rating

2.2 Statistical Analysis

To see the effectiveness of acupuncture as an integrative therapy in major depressive disorder has been given fluoxetine 20mg 1x1 / oral / day. Said to be a significant difference when $p < 0,005$.⁹

2.3 Rating

Patients with major depressive disorder, single episode that meet the diagnostic criteria of DSM-IV-TR were assessed using the HAM-D at the beginning before prior to intervention with the use of acupuncture as an integrative therapy five times a week in six weeks. Acupuncture points have been determined, among others; Baihui (GV-20), sishencong (EX-HN1), Yintang (EX-HN3), shuigou (GV-26), Neiguan (P-6), shenmen (H-7), Taichong (liv-3), and Hegu (L-14).

III. Result

Seventy-two patients with Major Depressive disorder single episode without psychotic symptoms that meet the criteria of the study, collected from the installation outpatient General Services Agency Regional Mental Hospital in North Sumatra Provincial government and the Hospital. Dr Pirngadi Medan. Furthermore, randomization to determine which patients will gain fluoxetine 20 mg and fluoxetine 20 mg + acupuncture.

Table 1. Distribution of study subject based on age and gender

The demographic characteristics	Fluoxetine 20 mg n (%)	fluoxetine 20 mg + Acp n (%)	<i>p</i>
age (years)			
20-29	5 (13,9)	4 (11,1)	
30-39	17 (47,2)	15 (41,7)	
40-49	12 (33,3)	11 (31,6)	0,567
50-59	2 (5,6)	4 (11,1)	
60-69	0 (0)	2 (5,6)	
genders			
Male	13 (36,1)	18 (50,0)	0,234
Female	23 (63,9)	18 (50,0)	
total	36 (100)	36 (100)	

From table 1. Subject using Floxetine as pharmacotherapy most widely seen in the age group 30-39 year were 17 (47%), who using Fluoxetine (20mg) as pharmacotherapy + acupuncture widely seen in the age

group 30-39 were 15 (41,7%), male gender as many as 13 subject (36,1%) who using fluoxetine (20mg) as pharmacotherapy, female gender as many as 23 (63,9%) with the is total 36 (100%), male gender as many as 18 subject (50,0%) who using fluoxetine (20mg) as pharmacotherapy+acupuncture, female gender as many as 18 (50,0%) using fluoxetine (20mg) as pharmacotherapy+acupuncture with the total 36 (100%).

Table 1. Characteristics of HAM-D score at week 0 group receiving fluoxetine 20 mg and fluoxetine 20 mg + Acupuncture

	Fluoxetine 20 mg			Fluoxetine 20 mg + Acp			<i>p</i>
	n	mean	± SD	n	mean	± SD	
HAM-D on week 0	36	40,4	1,69 36	39,7	1,83	0,113	

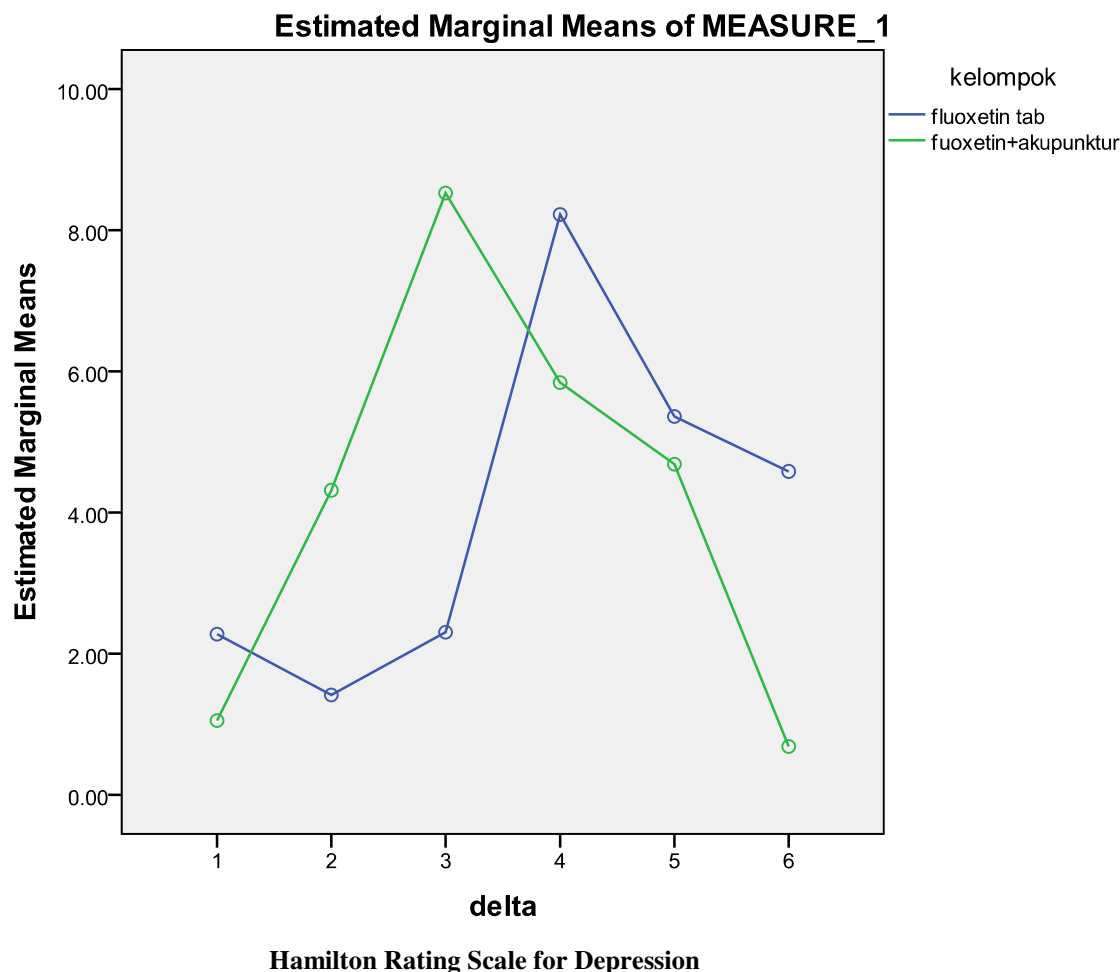
From table 2. Observed with independent T-test: Average value week of the zero by HAM-D using Fluoxetine (20mg) single with n= 36, 40,4± 1,69, and who using Fluoxetine (20mg)+acupuncture with n= 36, 39,7± 1,83. From the statistical test using independent samples test on HAM-D weeks 0, the obtained result $p = 0.113$ ($p > 0.05$). It shows that there is no significant difference in the proportion of HAM-D week 0 in group Fluoxetine Fluoxetine 20 mg and 20 mg + acupuncture.

Table 3. Characteristics of δ HAM-D I, II, III, IV, V, VI on fluoxetine 20 mg group and 20 mg fluoxetine group + Acupuncture

	Fluoxetine 20 mg			<i>p</i>	Fluoxetine 20 mg + Akp			<i>p</i>
	n	mean	± SD		n	mean	± SD	
δ HAM-D I week 0- week I	36	2,278	1,322	0,0001	36	1,000	1,042	0,0001
δ HAM-D II week I- week II	36	1,417	0,806	0,0001	34	4,059	1,179	0,0001
δ HAM-D III week II- week III	36	2,306	1,954	0,0001	30	8,600	1,734	0,0001
δ HAM-D IV week III- week IV	36	8,222	1,774	0,0001	27	5,963	1,126	0,0001
δ HAM-D V week IV- week V	36	5,361	1,437	0,026	27	4,556	1,311	0,0001
δ HAM-D mggVI week V- week VI	36	4,583	0,906	0,0001	28	1,071	1,844	0,0001

From table 3. Observed with T-test idependent: Value week of the one by using HAM-D, Fluoxetine tab group (20mg) single with n= 36, 2,278± 1,322, with p value=0,0001, and flouoxetine tab group (20mg) + acupuncture with n= 36, 1,000 ± 1,042 , with p value=0,0001. From the statistical test by using Independent Samples Test $p = 0.0001$ obtained this shows there is no significant difference Delta I. Value week two by using HAM-D, Fluoxetine (20mg) single with n= 36, 1,417± 0,806, with p value = 0,0001, and who using Fluoxetine (20mg)+acupuncture with n= 36, 39,7± 1,83. Using Independent Samples Test $p = 0.0001$ values obtained ($p < 0.05$). This suggests that there are significant differences on the Delta II. Delta III on fluoxetine 20 mg group was 2.306 (SD1,954), and group Fluoxetine 20 mg + acupuncture on 30 research subjects were 8,600 (SD1,734). Using Independent Samples Test $p = 0.0001$ values obtained ($p < 0.05$). This suggests that there are significant differences on the Delta III. Delta IV on fluoxetine 20 mg group was 8.222 (SD1,774) and fluoxetine 20 mg + group of acupuncture on 27 research subjects was 5.963 (SD1,126). Using Independent Samples Test $p = 0.0001$ values obtained ($p < 0.05$). This suggests that there are significant differences on the Delta IV. Delta V on fluoxetine 20 mg group was 5.361 (SD1,437). Using Independent Samples Test $p = 0.0026$ values obtained ($p < 0.05$). This suggests that there are significant differences on the Delta V on fluoxetine 20 mg group. And the group receiving fluoxetine 20 mg + Acupuncture on 27 research subjects were 4.555 (SD1,311). Using Independent Samples Test $p = 0.0024$ values obtained ($p < 0.05$). This suggests that there are significant differences on the Delta V in group Fluoxetine 20 mg + Acupuncture. Delta VI on fluoxetine 20 mg group was 4.583 (SD0,906) and the group that received fluoxetine 20 mg + acupuncture on 27 research subjects were 1,071

(SD1,844). Using Independent Samples Test $p = 0.0001$ values obtained ($p < 0.05$). This suggests that there are significant differences on Delta VI.



CONCLUSION

From this study showed there are differences in HAM-D scores at week II s / d weeks VI between fluoxetine 20 mg group and the group receiving 20 mg + Fuoxetine acupunktur. This suggests that a single fluoxetine showed different results with fluoxetine 20 mg tab + acupunktur in reducing depressive simtoms Major Depressive Disorder patients, Single Episode Without Psychotic symptoms, as measured by using the HAM-D.

ADVICE

In the election of therapy there should be consideration of the effectiveness and tolerability in an effort to decrease the symptoms quickly. Giving fluoxetine 20 mg + acupunktur may be the right choice in reducing depressive symptoms in patients with depressive disorders. Research is needed wider and bigger in answering questions relating to the effectiveness of fluoxetine tab + acupunktur in patients with mood disorders.

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