

## **Acupuncture use for the treatment of depression in pregnancy**

*Manber R, Schnyer R, Lyell D, Chambers A, Caughey A, Druzin M, et al. Acupuncture for depression during pregnancy: a randomized controlled trial. Obstet Gynecol 2010;115:511–20.*

A randomised control trial to evaluate the efficacy of acupuncture for pregnant women diagnosed with major depressive disorder.

### **Summary**

150 pregnant women between 12 and 30 weeks with a diagnosis of major depressive disorder received either:

1. Individualised acupuncture treatment
2. Control acupuncture treatment (not specifically designed to treat depression)
3. Massage treatment

141 women completed treatment, with similar depression severity and history on entering the study for all groups. Women receiving the individualised acupuncture treatment experienced a significantly greater reduction in the Hamilton Rating Score for Depression and demonstrated a significantly greater response rate than those women assigned to the control acupuncture group alone or the control acupuncture and massage group combined. Minimal acupuncture-related side effects were reported and consisted of discomfort and bleeding at the site of insertion. Ten adverse pregnancy related events occurred, including that of a premature delivery, a pregnancy loss and hospitalisation for pregnancy related events; these were found to be unrelated to treatment and were not significantly different for the three treatment groups. The primary outcome was the Hamilton Rating Score for Depression, administered on entry into the study and at four and eight weeks of treatment.

### **Treatment Methods**

Treatment was administered twice a week for four weeks then weekly for four weeks. An attempt was made to blind the acupuncturists providing the treatment. To achieve this, for each woman a specifically individualised treatment for depression as well as a control acupuncture treatment was designed by one group of acupuncturists; another group of acupuncturists then provided the prescribed treatment, without evaluating any presenting signs and symptoms. Acupuncture needles were inserted to depth to obtain deqi and retained for 20 minutes with 7–12 points selected for each session. The massage treatment was provided by massage therapists. Instructions were also given to the treatment providers to minimise verbal communication and refrain from offering any counselling, dietary or lifestyle advice. The primary outcome was the Hamilton Rating Score for

Depression, administered on entry into the study and at four and eight weeks of treatment.

### **Conclusion**

The acupuncture protocol specifically designed for depression in this study demonstrated a response rate that was clinically meaningful and comparable to that of standard care within a similar timeframe. The attempt to blind acupuncture treatment providers through separating clinical diagnosis from acupuncture treatment was not successful, with the treatment expectations for the treating acupuncturists found to be significantly lower in the treatment not specifically designed for depression

### **Clinical Perspective**

Depression during pregnancy is now being increasingly recognised as being a concern with similar rates occurring as with postpartum depression. This article is useful for those acupuncturists wanting to promote this area of their practice to midwives, GPs and obstetricians as it demonstrates both the safety of using acupuncture in pregnancy and the value of using of individualising treatment. The attempt made by the authors of this study to blind the acupuncturists delivering treatment was an interesting approach. It is possible that acupuncture diagnosis, with its focus on patient observation, limits any attempts to create a control group in this way.

<http://www.ncbi.nlm.nih.gov/pubmed/20177281>