



Chapter Title: Introduction

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Chapter One: Introduction

Major depressive disorder (MDD) is a prevalent condition associated with significant burden in terms of reduced quality of life, lower productivity, increased prevalence of other conditions, and increased health care costs. In the general population of the United States, epidemiological studies of MDD estimate lifetime prevalence between 13 and 16 percent and 12-month prevalence between 5 and 7 percent among adults (Hasin et al., 2005; Kessler, Berglund, et al., 2003). Depression screening suggests that military service members and veterans with a history of combat exposure have higher rates of MDD than the general population (Hoge et al., 2004; Schell and Marshall, 2008; Vaughan et al., 2011; Wells et al., 2010). The prevalence is also higher among women and those who are socioeconomically disadvantaged (e.g., lower education, lower income level) (Hasin et al., 2005; Kessler, Berglund, et al., 2003). Although the majority (80 percent) of individuals who develop MDD will experience remission within a year of onset of the major depressive episode (Coryell et al., 1994; Spijker et al., 2002), the probability of experiencing a recurrent episode is high, with approximately 80 percent of depressed individuals experiencing another episode in the future (Judd, 1997). MDD is associated with significant medical, social, and economic consequences, including increased risk of a variety of physical conditions, relationship problems, lost productivity, and increased health care costs (Donohue and Pincus, 2007; Kessler, 2012). Despite its prevalence and burden, MDD remains underdiagnosed and undertreated, particularly among military and veteran populations (Management of Major Depressive Disorder Working Group, 2009).

Several evidence-based treatments for MDD exist and are highlighted as front-line treatments in the U.S. Department of Veterans Affairs (VA) and U.S. Department of Defense (DoD) *Clinical Practice Guidelines for Management of Major Depressive Disorder* (Management of Major Depressive Disorder Working Group, 2009). However, these interventions vary in their effectiveness, safety, and acceptability to different patient populations, and many Americans who would benefit from treatment do not receive depression-related care (Tylee and Jones, 2005). This is true among military personnel and veterans, and the literature has documented a wide variety of barriers to depression treatment—for example, stigma associated with mental health treatment and lack of access to mental health providers (Ben-Zeev et al., 2012; Vogt, 2011; Zinzow et al., 2012).

Individuals with depression sometimes use complementary and alternative medicine therapies, including acupuncture (Kessler, Soukup, et al., 2001). Monotherapy acupuncture refers to its use instead of or as an alternative to conventional therapies, such as antidepressants and psychotherapy. Acupuncture may also be used adjunctively to conventional therapies as a complementary medicine. When used as adjunctive therapy, patients may obtain acupuncture separately from other treatments for depression with no communication between health care

providers, or acupuncture may be part of integrative health care when its use is planned and coordinated with conventional therapies.

Needle acupuncture generally involves inserting and manipulating thin solid needles into specific documented acupuncture points on the body in order to create a therapeutic impact on bodily functions, organs, and systems. Acupuncture is thought to provide a safe, simple, and inexpensive alternative or complement to traditional treatments for MDD. A 2010 Cochrane review and other recent reviews concluded that there was insufficient evidence to recommend the use of acupuncture in treating depression and that more high-quality trials are needed to determine the efficacy of acupuncture for MDD (Freeman et al., 2010; Nahas and Sheikh, 2011; Smith, Hay, and MacPherson, 2010). Frequent reassessments of the literature are warranted due to the rapidly emerging literature on the use of acupuncture for treating MDD.

The current *VA/DoD Clinical Practice Guideline for Management of Major Depressive Disorder* states that acupuncture should not be recommended for MDD because there is insufficient evidence of its efficacy (Management of Major Depressive Disorder Working Group, 2009). This review seeks to examine the current state of the evidence regarding the efficacy and effectiveness of acupuncture for MDD to inform a decision about whether the guideline should be modified.

Key Questions

We conducted a systematic review to identify randomized controlled trials (RCTs) testing the efficacy and safety of acupuncture to treat individuals with MDD. Specifically, this systematic review aimed to answer the following primary key questions (KQs) and subquestions:

- KQ 1: Is needle acupuncture, as a monotherapy, more effective than sham acupuncture, treatment as usual, waitlists, no treatment, or other active treatments in reducing depressive symptoms in adults with MDD?
 - KQ 1a: Among publications that address monotherapy acupuncture as a treatment for adults with MDD, how common and severe are adverse events?
- KQ 2: Is needle acupuncture, as an adjunctive therapy, more effective than sham acupuncture, treatment as usual, waitlists, no treatment, or other active treatments in reducing depressive symptoms in adults with MDD?
 - KQ 2a: Among publications that address adjunctive acupuncture for adults with MDD, how common and severe are adverse events?

- KQ 3: Is needle acupuncture, as a monotherapy, more effective than sham acupuncture, treatment as usual, waitlists, no treatment, or other active treatments in decreasing relapse rates in adults with MDD?²
- KQ 4: Is needle acupuncture, as an adjunctive therapy, more effective than sham acupuncture, treatment as usual, waitlists, no treatment, or other active treatments in decreasing relapse rates in adults with MDD?

In addition, the review aimed to answer the following secondary questions:

- KQ 5: Is needle acupuncture, as a monotherapy, more effective than sham acupuncture, treatment as usual, waitlists, no treatment, or other active treatments in improving health-related quality of life in adults with MDD?
- KQ 6: Is needle acupuncture, as an adjunctive therapy, more effective than sham acupuncture, treatment as usual, waitlists, no treatment, or other active treatments in improving health-related quality of life in adults with MDD?

² A *relapse* occurs when a patient previously in remission experiences another episode of MDD less than a year after the previous episode; a *recurrence* occurs when a patient experiences a subsequent episode of major depression at least a year after the previous episode. Here, we use the term *relapse* to include both relapses and recurrences.

