

8.5.7

Mental Health

Tables 7 and 11 summarize four controlled studies of the use of acupuncture in the treatment of mental health problems, three for depression and one for schizophrenia. The study by Allen et al. [1] is perhaps the most interesting. It was a very well designed study, with clear results favoring acupuncture for depression. While the evidence for the three studies examining efficacy of acupuncture for depression is still not very large, it is important to note that Allen and colleagues are in the middle of a larger study exploring acupuncture for depression, and other research teams are examining this use of acupuncture, notably one in Australia (Im Quah-Smith, personal communication). Further, possible physiological mechanisms have been put forward that support the use of acupuncture in affective disorders such as depression [39]. The evidence for the use of acupuncture in schizophrenia is still scant but raises interesting questions in this very difficult problem. Some supportive evidence can be found in uncontrolled case study reports [44]. Further evidence of possible efficacy can be found in the area of drug dependence treatment, where acupuncture has shown promising results in the treatment of schizophrenic patients (Michael Smith, personal communication).

Table 7. Controlled clinical trials in mental health

Condition	n	AT	CT	Primary assessments	Results
Major depression in women [1]	38	MA: 12 sessions over 8 weeks	Group 1 CA: 12 sessions over 8 weeks, then AT for 12 sessions; Group 2: waiting list 8 weeks, then AT for 12 sessions	Hamilton and Beck depression inventories, Beck hopelessness scale, completed weekly	First 8 weeks: AT sig < control group 1, AT not sig < control group 2 After 16 weeks: all groups showed major improvement 64% of patients remitted
Depression [54]	47	EA: 30 sessions over 5 weeks	SC: amitriptyline	Hamilton depression scale, clinical global impressions, clinical ratings	Good improvement: 70% AT group vs. 65% CT group Side effects: AT < CT
Depression [90]	41	MA, EA: 36 sessions over 6 weeks	SC: amitriptyline	Hamilton depression scale, clinical assessments	AT showed similar degree of improvement as CT
Schizophrenia [93]	40	EA 36 sessions over 6 weeks, reduced level antipsychotic medication	SC: normal level antipsychotic medication	Clinical assessments, clinical global impressions, brief psychiatric rating, lab exams	AT showed similar effects as SC on psychotic symptoms AT faster onset of therapy effects Side effects: AT < CT

AT, acupuncture therapy; CT, control therapy; CA, sham acupuncture; EA, electroacupuncture; SC, standard care.

8.5.8

Male Sexual Problems

Tables 8 and 11 summarize two studies on the use of acupuncture for sexual problems in men. Very little research has been done in this area. While neither study was well-designed, both provide sufficient evidence to warrant further studies of higher quality in the areas of acupuncture for impotence and low sperm quality.

8.5.9

Xerostomia

Tables 8 and 11 summarize two studies on the use of acupuncture for xerostomia, or dry mouth. Xerostomia can result secondary to problems like Sjögren's syndrome and radiation therapy for certain cancers. The two studies were performed by the same research team and provide some evidence of the efficacy of acupuncture in this difficult problem. However, the second trial has been criticized for a number of problems, including overuse of statistical tests, poor hypothesis testing, and possible problems with randomization [3]. Taking the two studies together, promising evidence can be seen indicating the possible use of acupuncture for the difficult problem of xerostomia. Further clinical research would be useful in this area.

Table 8. Miscellaneous controlled clinical trials

Condition	n	AT	CT	Primary assessments	Results
Nonorganic male sexual dysfunction [8]	60	MA, EA: 12 sessions in 6 weeks	Group 1: CA (MA, EA) 12 sessions; Group 2: hypnotic suggestion (HY); Group 3: vitamin supplements (SU)	Standard objective tests, medical and sexual history, physical exam	AT and HY > CA and SU, but not at sig levels
Male sub-fertility [72]	32	MA: 10 sessions in 5 weeks	No treatment	Standard objective semen analysis methods	AT: sig better on 3 parameters. CT: no sig changes
Xerostomia [17]	21	MA: 12 sessions in 6 weeks	CA: 12 sessions in 6 weeks	Standard objective salivary flow rates	AT sig > CT, especially at long-term follow-up
Xerostomia [18]	38	MA: 12 sessions in 6 weeks	CA: 12 sessions in 6 weeks	Standard objective salivary flow rates	Both groups improved, AT more than CT
Raynaud's syndrome [5]	33	MA: 7 sessions in 2 weeks	No treatment	Symptom diary, nailbed capillary examination	AT: sig capillary and subjective improvement. CT: no sig changes

AT, acupuncture therapy; CT control therapy, MA, manual acupuncture; EA, electroacupuncture; CA, sham acupuncture; sig, significant.

