

Effect of Acupressure, Acupuncture and Moxibustion in Women With Pregnancy-Related Anxiety and Previous Depression: A Preliminary Study

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Abstract

Background: In this preliminary study, we examined the effect of acupressure, acupuncture and moxibustion (oriental treatments) to prevent of the relapse/deterioration of perinatal depression in women with pregnancy-related anxiety and previous depression.

Methods and results: Between 2014 and 2016, there were 48 women with pregnancy-related anxiety and previous depression who had delivery at ≥ 22 weeks' gestation in our institute. Of these, oriental treatments were performed in eight and two women (totally 10, 21%) during pregnancy and postpartum, respectively. One of the 10 (10%) who received oriental treatments admitted depressive symptoms during pregnancy or postpartum, while 18 of the rest 38 who did not receive oriental treatments admitted depressive symptoms (47%, $P = 0.065$).

Conclusion: The oriental treatments may be useful for pregnant women who need perinatal mental health care.

Keywords: Acupressure; Acupuncture; Moxibustion; Pregnancy-related anxiety; Previous depression

Introduction

Perinatal depression is the most common mental health disorder during pregnancy and postpartum. Both pregnancy-related anxiety and previous psychopathology have been observed to be associated with the occurrence of depressive symptoms among pregnant and postpartum women [1, 2]; however, some kinds of intervention have been reported to reduce the relapse/deterioration of depressive symptom during pregnancy

and postpartum [3, 4]. Recently, some oriental treatments such as acupressure (Shiatsu), acupuncture and moxibustion have seemed to be an effective optional treatment in patients with depression [5-9]. These treatments have been suggested to reduce negative outcomes of the patients associated with psychological illnesses and distress and improve their quality of life. In this preliminary retrospective study, therefore, we examined the effect of acupressure, acupuncture and moxibustion (oriental treatments) to prevent the relapse/deterioration of perinatal depression in women with pregnancy-related anxiety and previous depression.

Methods

Between 2014 and 2016, there were 48 women with pregnancy-related anxiety and previous depression who had delivery at ≥ 22 weeks' gestation in our institute. Of these, oriental treatments were performed in eight and two women (total 10, 21%) during pregnancy and postpartum, respectively. All 10 women received Japanese style acupressure 2.3 ± 1.0 times, and four of them received acupuncture and moxibustion 2.8 ± 1.0 times. Table 1 shows the details of needling in our institute according to the Standards for Reporting Interventions in Clinical Trials of Acupuncture [10]. During this period, for pregnant women without obvious symptoms of depression, depressive symptoms were screened using the tale of Whooley's two questions [11, 12] at the first, second and third trimesters of pregnancy and 1 month after delivery.

For statistical analysis, the X^2 test or Fisher's exact test were used and $P < 0.05$ was considered significant.

Results

Table 2 shows the clinical descriptions of the women with and without oriental treatments. There were no significant differences in these variables. Before treatments, in addition, there were not any significant differences in the severity of depressive and/or anxiety symptoms between treated and non-treated women; however, one of the 10 (10%) who received oriental treatments admitted depressive symptoms during pregnancy or postpartum, while 18 of the rest 38 who did not receive oriental treatments admitted depressive symptoms (47%, $P = 0.065$).

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Table 1. Details of Needling in Our Institute

| |
|---|
| Number of needle insertions per subject per session: 5 - 8 needles per side. |
| Names (or location if no standard name) of points used: spleen 6, kidney 6, spleen 9, bladder 60, lung 7, stomach 34, triple burner 5, pericardium 6, triple burner 4, stream point, bladder 10, etc. |
| Depth of insertion, based on a specified unit of measurement, or on a particular tissue level: ≤ 1 - 2 cm. |
| Response sought: muscle relaxation or contraction. |
| Needle stimulation: manual. |
| Needle retention time: within 5 min. |
| Needle type: 0.14 mm (diameter), 4.0 cm (length); Seirin Corporation, Shizuoka, Japan. |

Discussion

To date, although there had been some low quality randomized controlled trials, the observations have supported that acupuncture is an effective treatment that could reduce the severity of disease in the patients with depression [13, 14]. We understand that the sample size of the current examination is too small to mention the effect of oriental treatment and it is also a serious limitation of this study. However, oriental treatments including acupressure seem to have possibilities to prevent exacerbation of depression symptoms in women with pregnancy-related anxiety and previous depression although the difference did not reach statistical significance. Therefore, we will continue the oriental treatments to these women who are likely to need perinatal mental health care.

The oriental treatments can be combined with more conventional treatment for depression, such as medication and psychotherapy. They also seemed to reduce minor troubles and unpleasant symptoms during pregnancy and postpartum. In our hospital, the practitioner performs the oriental treatments with sympathizing the women’s anxiety and troubles slowly [15]. The psychological information gained during the therapies will be shared with our medical staffs such as clinical psychologists, midwives and obstetricians. These seem to be useful to prepare the strategies in advance for the patients’ mental status in their prenatal visits.

Therefore, we recommend the oriental treatments such as

Table 2. Clinical Descriptions of the Women With Pregnancy-Related Anxiety and Previous Depression With and Without Oriental Treatments

| Receiving oriental treatments | Yes | No | P-value* |
|-------------------------------|--------|---------|----------|
| Number | 10 | 38 | |
| Maternal age ≥ 35 years | 7 (70) | 19 (50) | 0.26 |
| Nulliparity | 6 (60) | 21 (55) | 0.79 |
| Multiple pregnancy | 1 (10) | 2 (5) | 0.58 |
| Cause of anxiety | | | |
| General malaise | 6 (60) | 14 (37) | 0.19 |
| Anxiety without reason | 3 (30) | 16 (42) | 0.49 |
| Emesis/lumbago | 1(10) | 8 (21) | 0.43 |

Data are presented as number (percentage). *P-value by X² test.

acupressure, acupuncture and moxibustion to these women who are likely to need perinatal mental health care.

Conflicts of Interest

The authors report no conflicts of interest.

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