

MASTER'S THESIS

電針治療中風後抑鬱臨床文獻的方法學評價

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電針治療中風後抑鬱臨床文獻的方法學評價

常瀟月

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中醫學碩士學位課程

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摘要

一、背景

中風是臨床常見病多發病，病死率與致殘率均高，流行病學調查結果顯示，我國中風發病率為(109.17~217)/10萬，中風發病6個月以後仍遺留程度不同的偏癱、麻木、言語蹇澀不利、口眼喎斜、癱瘓、情感障礙等後遺症，患者生活品質嚴重降低，其後遺症之一情感障礙以中風後抑鬱症(post stroke depression, PSD)為主。隨著中風的發病率持續增高，中風後抑鬱症同樣呈上升趨勢，國內外研究顯示，中風發病後6個月至2年間PSD的發生率和嚴重程度最高，發病率為30%~70%，高於其他肢體殘疾患者人群抑鬱發生率(15.1%~22.5%)及普通人群抑鬱發生率(3%~6%)。中風後抑鬱症能推遲神經功能缺損恢復，延長恢復時間並使勞動力喪失，降低患者的生活品質，加重患者的精神痛苦，而且使患者對康復方案的實施缺乏積極性和主動性，嚴重影響治療和健康，甚至還會導致患者死亡。近年來，隨著中風患者存活率的提高、神經康復的普及和神經心理學的發展，中風後抑鬱症也越來越引起人們的廣泛關注。中西醫治療中風後抑鬱症有著較好的療效，尤其是針灸治療中風後抑鬱症有著效果顯著、不良反應很少出現、明顯提高患者的生存率和生活品質等優勢。筆者將對近年電針治療中風後抑鬱症的臨床文獻做一次評價和探討。

二、目的

通過對近五年針灸治療中風後抑鬱症的國內外臨床研究文獻進行全面檢索，通過對其48篇相關文章的方法學品質評價，對該治療方法進行分析總結，以使電針在治療中風後抑鬱症發揮更好的作用，從而為臨床醫療服務。

三、方法

採用中國生物醫學文獻光碟資料庫(CBM disc)、中國期刊全文資料庫(CNKI,期刊全文資料庫,學位論文資料庫)、中文科技期刊全文資料庫(VIP),檢索近5年國

內有關電針治療中風後抑鬱症的臨床研究文獻，用循證醫學的方法對所收集的符合標準的文獻進行系統評價和分析，並對其文獻品質以及目前電針治療中風後抑鬱症的臨床取穴規律、方法等進行總結，為臨床實踐提供更可靠的依據。

四、結果

在收集的電針治療中風後抑鬱症的文獻中，同時採用國家級的 HAMD 和 CCMD-3 有 28 篇文獻，占 58.3%。有中醫診斷標準的文獻有 12 篇，占 25.0%。共同使用 HAMD 和抑鬱自評量表（SDS）作為評價指標的文獻有 14 篇，占 29.2%。文獻中治療中風後抑鬱症的十大常用穴位為百會、太沖、內關、印堂、神庭、合穀、足三裡、四神聰、神門、三陰交。

五、結論

我國近 5 年來電針治療中風後抑鬱症的文獻表明電針治療有效，但文獻中採用的隨機方法的品質及可信度較低，盲法幾乎未被應用。這些問題在一定程度上阻礙和減弱了電針治療中風後抑鬱症的推廣和普及。為了提高電針治療中風後抑鬱症的臨床水準，需要採用高品質的臨床研究設計，從而為臨床實踐提供更為可靠的依據。

六、關鍵字

電針 中風後 腦卒中 抑鬱症 臨床研究

Abstract

1. Background

Stroke is a frequent clinical complaint with high fatality and disability rates. As shown by epidemiological surveys conducted in China, the prevalence of stroke ranges from 109.17 to 217 cases per 100,000 for the general population. Stroke survivors suffer different degrees of sequelae, which severely affect their life. These sequelae often include hemiplegia, numbness, speech loss, weakness of facial and ocular muscles, dementia and emotional problems. The main emotional problem experienced by the patients is post-stroke depression (PSD), whose occurrence has been on the rise as more people suffer from the disease. It has been shown by research that between 30% and 70% of patients who have caught stroke also undergo PSD during the 18 months after the disease first strikes. The incidence of depression induced by stroke significantly exceeds that among disability sufferers and among the general public, whose figures fall within 15.1% ~ 22.5% and 3% ~ 6%, respectively. PSD is often associated with delayed recovery from damaged neurons, which is responsible for extended period of unemployment, low quality of life and heavy burden on mind. As a result, PSD sufferers tend to be unenthusiastic about their treatment. Their pessimism, being detrimental to their health, may even lead to their demise. In recent years, as more patients survive from stroke, and as people are getting more familiar with neural rehabilitation, PSD and its treatment have drawn increased public attention. One category of effective therapies combine Chinese medicine with western medicine. And within this category, one specific type of combined treatment, namely acupuncture, while having good efficacy and mild adverse effects, is able to significantly raise the survival rate and the quality of life for the treated patients. In the following text, literature from recent clinical studies on the treatment of PSD by electroacupuncture will be summarized and reviewed to shine some light on the topic.

2. Objectives

The main purpose of the study is to produce a summary and analysis of treatment for PSD

with acupuncture so as to benefit future clinical application. In order to achieve that purpose, a thorough and systematic paper search was first conducted on related papers published in the past five years. The search produced a total of 48 papers. And for each paper, the methodology utilized was then carefully evaluated, with each clinical treatment summarized and analyzed along the side.

3. Methodology

Three different databases, namely SinoMed, China Academic Journals Full-Text Database and Chinese Science and Technology Documents Database, were searched for literature related to electroacupuncture for PSD from 2009 to 2013 (included). Resulting papers were then screened to remove unqualified ones. After that, the qualified papers were systematically analyzed with evidence-based medical method, in order to evaluate the quality of each study. At the same time, other items including the selection of acupoints were summarized, with the purpose of acting as a reference for clinical practice.

4. Results

Within all the cases analyzed in the study, 58.3% of them (28 papers) saw both CCMD-3 and HAMD, two evaluation guides in China, being used for the diagnosis of mental disorder. By contrast, traditional Chinese medicine diagnostic criteria were adopted in only 25.0% of all cases (12 papers). As for recovery evaluation, HAMD and SDS (Self-rating Depression Scale) was used as a guide in 14 papers, which account for 29.2% in all. The ten mostly selected acupoints in treatment of PSD are namely Baihui (GV20), Taichong (LV3), Neiguan (PE6), Yintang (EX-HN3), Shenting (GV24), Hegu (LI4), Zusanli(ST36), Sishencong (EX-HN1), Shenmen (HT7) and Sanyinjiao (SP6).

5. Conclusion

In light of all the literature on electroacupuncture treatment for PSD in the past five years, I

can safely conclude that the treatment is indeed effective. However, it does not mean that there is no room for improvement. For example, in most studies, better randomization is to be desired, which would have led to higher reliability. What's more, the absence of blind method in most studies serves to undermine their validity. These oversights, to some extent, shall be blamed for the current unpopularity of the treatment. Thus it is suggested that clinical studies with better design should be carried out in the future in hope of generating more concrete evidence. Such evidence will greatly help practitioners get better result with electroacupuncture in their clinical settings.

6. Keywords

electroacupuncture; post-stroke; cerebral apoplexy; depression; clinical study

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