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ORIGINAL ARTICLE

ACUPUNCTURE IN THE TREATMENT OF ANXIETY IN CLIMACTERIC: ADDITIONAL THERAPY IN MENTAL HEALTH PROMOTION ACUPUNTURA NO TRATAMENTO DA ANSIEDADE NO CLIMATÉRIO: TERAPÊUTICA COMPLEMENTAR NA PROMOÇÃO DA SAÚDE MENTAL ACUPUNTURA EN EL TRATAMIENTO DE LA ANSIEDAD EN EL CLIMATERIO: TERAPÉUTICA COMPLEMENTAR EN LA PROMOCIÓN DE LA SALUD MENTAL

Áthila Campos Girão¹, Maria Dalva Santos Alves², Ângela Maria Alves e Souza³, Mônica Oliveira Batista Oriá⁴,
Débora Moreira de Araújo⁵, Paulo César de Almeida⁶

ABSTRACT

Objective: to evaluate the effect of acupuncture on anxiety in climacteric women and psychophysical symptoms related to the climacteric syndrome. **Method:** a randomized, prospective study, using a sample of 30 women with genuine acupuncture (GA) and placebo (PA), with data collection in the Hamilton Anxiety Scale (HAMA) processed using the Statistical Package for Social Science (SPSS) version 11.0. The Ethics and Research Protocol number 106/07 approved the research project. **Results:** acupuncture significantly reduced HAMA in PA ($p < 0.05$) and GA ($p < 0.05$) group, with improvement of climacteric syndrome related to both the PA (86.6%) as the GA symptoms (93.3%). **Conclusion:** the use of acupuncture in reducing anxiety during menopause and climacteric-related symptoms was effective, with only undesirable effects in the placebo group. **Descriptors:** Acupuncture Therapy; Anxiety; Climacteric; Mental Health.

RESUMO

Objetivo: avaliar o efeito da acupuntura na ansiedade em mulheres no climatério e nos sintomas psicofísicos relacionados à síndrome climatérica. **Método:** estudo experimental, misto, randomizado, prospectivo, utilizando amostra de 30 mulheres com acupuntura verdadeira (AV) e placebo (AP), com a coleta de dados na Escala de Ansiedade de Hamilton (HAMA) processados no Statistical Package for Social Science (SPSS) versão 11.0. O projeto de pesquisa foi aprovado pelo Comitê de Ética e Pesquisa, Protocolo nº 106/07. **Resultados:** a acupuntura reduziu significativamente a HAMA no grupo AP ($p < 0,05$) e grupo AV ($p < 0,05$), com melhora dos sintomas relacionados à síndrome climatérica tanto no AP (86,6%) quanto no AV (93,3%). **Conclusão:** o uso da acupuntura na redução da ansiedade no climatério e dos sintomas relacionados à síndrome climatérica foi eficaz, com efeitos indesejáveis apenas no grupo placebo. **Descritores:** Terapia por Acupuntura; Ansiedade; Climatério; Saúde Mental.

RESUMEN

Objetivo: evaluar el efecto de la acupuntura en la ansiedad en mujeres en el climaterio y en los síntomas psicofísicos relacionados al síndrome climatérico. **Método:** estudio experimental, mixto, aleatorizado, prospectivo, utilizando muestra de 30 mujeres con acupuntura verdadera (AV) y placebo (AP), con la recolección de datos en la Escala de Ansiedad de Hamilton (HAMA) procesados en el Statistical Package for Social Science (SPSS) versión 11.0. El proyecto de investigación fue aprobado por el Comité de Ética e Investigación, Protocolo nº 106/07. **Resultados:** la acupuntura redujo significativamente la HAMA en el grupo AP ($p < 0,05$) y grupo AV ($p < 0,05$), con mejora de los síntomas relacionados al síndrome climatérico tanto en el AP (86,6%) como en el AV (93,3%). **Conclusión:** el uso de la acupuntura en la reducción de la ansiedad en el climaterio y de los síntomas relacionados al síndrome climatérico fue eficaz, con efectos indeseables apenas en el grupo placebo. **Palabras clave:** Terapia por Acupuntura; Ansiedad; Climaterio; Salud Mental.

¹Nurse Acupuncturist, Master of Nursing of the Federal University of Ceará/UFC. Fortaleza(CE), Brazil. E-mail: athila_campos@yahoo.com.br; ²Nurse, PhD Professor, Department of Nursing, Post Graduate Program in Nursing, Faculty of Pharmacy, Dentistry and Nursing /FFOE, of the Federal University of Ceará/UFC. Fortaleza (CE), Brazil. E-mail: dalva@ufc.br; ³Nurse, PhD Professor, Department of Nursing, Post Graduate Program in Nursing, Faculty of Pharmacy, Dentistry and Nursing /FFOE, Federal University of Ceará/UFC. Fortaleza(CE), Brazil. E-mail: amas@ufc.br; ⁴Nurse, PhD Professor, Department of Nursing, Post Graduate Program in Nursing, Faculty of Pharmacy, Dentistry and Nursing /FFOE, Federal University of Ceará/UFC. Fortaleza(CE), Brazil. E-mail: monica.oria@ufc.br; ⁵Nurse, Master in Nursing, Federal University of Ceará/ UFC. Fortaleza(CE), Brazil. E-mail: amdebora@yahoo.com.br; ⁶Statistician, Phd Professor in Public Health, Masters Course, State University of Ceará/UECE. Fortaleza (CE), Brazil. E-mail: pc49almeida@gmail.com

INTRODUCTION

The Centers for Psychosocial Care (CAPS) are considered strategic devices for the improvement of mental health care model integrating the network of replacing psychiatric hospital services. Among its features, in health care, we highlight the equitable multi-professionalism and diverse and skilled care.¹

The improvement of the health promotion model in CAPS requires methods and practices that contribute to the development of the health potential of individuals, families and communities, as well as low-cost interventions and good therapeutic efficacy, such as acupuncture.²

Acupuncture, a recognized Nursing specialty by Resolution 197/1997 of the Federal Board of Nursing (COFEN), has been consolidated as a field of research and practice of health that the individual receives a comprehensive and multidisciplinary approach in its various physical and mental aspects, treating many disorders, among them anxiety in climacteric women.³⁻⁵

Climacteric is a transitional period of the reproductive cycle for non-reproductive, arising from an ovarian hypo-function, featuring somatic, psychological and hormonal woman's life between the ages of 35-65 years old changes, culminating with the end of menstruation, called menopause phase.⁶ During this period, changes in the body are reported globally, by its amplitude, are the climacteric syndrome with the hot flashes, osteoporosis, nonspecific muscle aches, migraines, diabetes, hypertension, atrophy and vaginal dryness, insomnia, depression and anxiety.⁷

Anxiety in climacteric is manifested by constant irritability, emotional lability, tachycardia, tingling, excessive sweating, increased urination, and persistent concerns emotional ruminations. This phase also generates questions and concerns about family relationships, values and its role in interpersonal, professional and comparison with the beginning of a new cycle of life relationships, leading to a lack of enthusiasm for life, depression, low productivity, the feeling of loss.⁸

The association of other forms of care in the treatment of anxiety during climacteric and beyond conventional therapy, reflects the search of women to improve the quality of life, since acupuncture opens possibilities for more consistent transformations to promote individual self-responsibility for mental health.^{3,9}

This study aims to evaluate the effect of acupuncture on anxiety in climacteric women and psychophysical symptoms related to the climacteric syndrome.

METHOD

Experimental study, mixed (uni-blind and open), randomized and prospective women in attendance at the Center for Psychosocial Care Professor Frota Pinto (CAPSIII) in Fortaleza, Brazil, conducted from June to November 2007 and approved by Federal University of Ceará and Ethics and Research Committee under No.106/07, respecting the ethical aspects of human research in Resolution N ° 196/96 of the National Health Council.¹⁰

A convenience sample of 30 women was selected from a waiting list comprised 342 women who sought CAPS III, in 2006 and early 2007, complaining of anxiety, arising from primary, secondary and other services to the insured Unified Health System (SUS).

Inclusion criteria were: women aged 40-65 years old with physical and/or psychological distress related to menopause, underwriting the consent form and reviewed the Hamilton Anxiety Scale (HAMA) from medium to maximum.

Exclusion criteria were: drug therapy monitoring (tranquilizers, psychotropic and immunosuppressive drugs), pregnancy, autoimmune diseases and/or immunosuppressant and severe mental disorders, weak constitution (malnutrition, underweight, devitalized) and light HAMA.

By random allocation process by drawing simple, two groups were established: one treated with Genuine Acupuncture (GA) (n=15) and another with the Placebo Acupuncture (PA) (n=15) with a total of 30 women.

Acupuncture, the traditional or energy perspective, is the stimulation of anatomical points (acupoints) that affect the movement of the body's energy, promoting natural rebalancing the body with well-being and quality of life. In scientific vision, acupuncture stimulates anatomical points that trigger the release in the central nervous system, neurotransmitters and other substances responsible for responses to promote analgesia, restore bodily functions and immune modulation.²

In control groups, acupuncture is used to puncture needle out of the standard, no stimulation or stimulation with minimal and superficial anatomical regions. The treatment group (GA) received acupuncture on internationally standardized acupuncture

points, while the placebo (PA) control, in points 1.20 cm away from the true acupoint (proximal or distal), with insertion into the tissue surface level and minimal stimulation manual.¹¹

Os pressupostos teóricos e metodológicos da acupuntura foram eleitos para a elaboração do diagnóstico de padrões sindrômicos e seleção de pontos apropriados ao tratamento.¹²⁻³

The theoretical and methodological assumptions of acupuncture were elected for the elaboration of standards syndromic diagnosis and selection of appropriate treatment points. 12-3

For data collection, we used the sociodemographic questionnaire (SDQ), drawn from the screening service, before and after application of acupuncture procedures and HAMA. The HAMA scale consists of 14 groups of symptoms, each rated at five intensities (0=absent, 1=light, 2=medium, 3=strong, 4=maximum or disabling), the total score being the sum of intensities each symptom. The scores from 0 to 304 were evaluated, with a cutoff of 75 to define the behavior of the average maximum anxiety, setting the HAMA maximum average (above 75) for the definition of study groups.

The sessions were applied up to three times per week with a maximum duration of 40 minutes each, totaling ten sessions, always according to the convenience of the participants. The session was estimated based on research and local practice, indicating a format of ten sessions.¹⁴

The data were processed using the *Statistical Package for Social Science* (SPSS), version 11.0, as follows: calculated the mean

and standard deviation scores of each group; correlation of variables with linear correlation coefficient *r* of *Pearson*; association between variables with (chi-square) *X2* test and maximum likelihood reason (MLR); and pairs of means test with Student's *t* test.

RESULTS

Study participants (N=30) aged between 41 and 60 years old (66.6%), married (43.3%), Catholic (76.6%), professionally dissatisfied (56.6%) who had troubled puberty (56.6%) and a history of emotional distress (75.0%), such as loss of loved ones (14.8%), physical violence, psychological trauma and/or sexual violence (9.8%), car accidents (3.3%), abortion, end of marriage, illness and previous surgery (1.6%).

It was found that women who work at home tend to have positive correlations with scores of HAMA, although not statistically significant (*r* = 6.356, *p* = 0.096, *n* = 30), and a statistically significant correlation between marital relations and HAMA before acupuncture (*r* = 6.363, *p* = 0.012, *n* = 30).

Between the PA and GA groups, there was a high rate of surgical procedures (73.3%) and psychophysical symptoms of menopause (73.3%).

Table 1 shows the levels of anxiety before and after the procedures with acupuncture with their respective means relating to HAMA.

Table 1. Effect of acupuncture groups (PA, GA) with respect to HAMA, age, duration and frequency after 10 acupuncture sessions. Fortaleza-CE, 2007.

Characteristics	PA (n=15)		GA (n=15)	
	Average	DP	Average	DP
1. Age	47,07	6,032	51,73	7,015
2. HAMA-before	138,20	43,179	150,87	33,198
3. HAMA-after	83,40	55,289	100,53	47,861
4. Duration*	8,67	1,736	8,25	2,362
5. Frequency (%)	97,33	7,988	99,33	2,582

*em semanas

The participants had a mean age of 47 years old (PA) and 51 years old (GA). The ten sessions of acupuncture had an average duration of two and a half months (8.67 weeks to 8.25 for PA and GA), a statistically significant reduction in the scores of HAMA (*p* <0.05) and a higher frequency of sessions for the GA group (99.33%).

There were fewer HAMA score, which was statistically significant after both placebo acupuncture (Student *t* = 4.298, *p* = 0.005) as

in genuine (Student *t* = 4.766, *p* = 0.0023) compared to the scores before the HAMA procedure.

There was a real placebo effect, no statistically significant difference in post-test scores of HAMA between placebo acupuncture and genuine, indicating that both types of acupuncture are clinically effective in treating anxiety.

Table 2 indicates that there was improvement related to climacteric symptoms

in 86.6% of women in the PA group and 93.3% in the GA. It was worsening of the climacteric syndrome in a participant PA group (6.6%), which did not occur in GA, suggesting that real acupuncture has greater clinical effect, but without statistically significant difference.

Table 2. Effect of acupuncture groups (PA, GA) in relation to symptoms of menopause after 10 acupuncture sessions. Fortaleza-CE, Brasil, 2007.

GROUPS	Climacteric Syndrome					
	Get better		Indiferent		Worse	
	n	%	n	%	n	%
Placebo Acupunture (N=15)	13	86,6	1	6,6	1	6,6
Genuine Acupuntura (N=15)	14	93,3	1	6,6	-	-
Total (N=30)	27	90	2	6,6	1	3,3

Statistical analysis by MLR was the possibility of a statistically significant difference ($r = 4.062$, $p = 0.131$, $n = 30$) in the fact that after 10 sessions of acupuncture, women tend to respond positively to the improvement of the symptoms associated with the psychophysical climacteric.

DISCUSSION

The participants had a history of emotional distress, conflictual marital relationships, professional activities and unsatisfactory psychophysical symptoms of menopause as well evident. At menopause, women experience physiological and hormonal changes that impact on the physical plane with a box and complaints related to this period, the psychological and existential, with a passivity before a mystified phase negative symbolism as depression, loss of interest in life, unwillingness to work, infertility, aging and death.¹⁵ At this stage, there is a redemption of old negative emotional events and their evaluations, especially in their emotional relationships and sense of life that become potentiating the effects of decreased estrogen, such as anxiety and depression.⁸

It was found that poor marital relationships and professional life are promoting anxiety in participants factors. These factors contribute negatively to the quality of life, because even paid and satisfying professional activity has a protective factor against anxiety and depression during this period.¹⁶ The insertion of acupuncture as a complementary or first choice treatment reduces stress, improves physical and emotional well-being, promotes health and women recover from the harmful effects of anxiety.¹⁷

Acupuncture is widely used for treating various health problems, including anxiety and depression, with outstanding safety and effectiveness.³ The data indicate that there was a statistically significant reduction ($p < 0.05$) in the anxiety levels of the participants (Table 1), corroborating other findings in the literature that indicate the use of

acupuncture in the treatment of anxiety during menopause.^{3,9,17-20}

A study of 51 women randomly assigned to two groups, one treated with placebo and one with genuine acupuncture, acupuncture sessions implemented for twelve weeks (once a week) to obtain a statistically significant improvement in anxiety and other vasomotor symptoms. It also states that the results are consistent with other published data.¹⁸

Fifteen women were treated with acupuncture and evaluated after one, three and six months after completion of the treatment. There was improvement in anxiety, depression, somatic symptoms and vasomotor of the participants, suggesting that acupuncture can be used safely in the treatment of anxiety during menopause.¹⁹

Studies in Nursing discussed the use of acupuncture in the treatment of stress and anxiety³, migraines^{3,9} and other pains^{17,20} emphasizing the improvement in quality of life. In this study, the results indicate that the stimulation of genuine acupuncture leads to a rapid neurophysiological response, even puncture the cumulative cause skipped stitches and long-term effects in reducing anxiety and in particular the presence of effects of unknown as tachycardia, diaphoresis, body tremors, dizziness, uncontrollable crying and headache. This explains why the sessions were less frequent in the placebo group (97.33 %) compared to the genuine group (99.33 %).¹¹ These findings are consistent with other published studies with respect to similar effects between genuine and placebo acupuncture, as ensure both changes in levels of neurotransmitters and other neurochemical modulators related to the mechanism of action of acupuncture. However, no support for the undesirable effects of placebo acupuncture in our study found no worsening of climacteric syndrome in one participant (6.6%) in the PA group.^{18,21-22}

The effectiveness of placebo acupuncture in some studies and contexts suggests be subject to the reduced sample size, which would make it impossible to demonstrate the real difference

between the treatments.²¹ The stage of menopause for women brings physical and mental suffering, flocking insidiously with chronic disorders such as cardiovascular disease and osteoporosis. Therefore, prevention of comorbidities, treatment of complaints that prevent the activities of daily living and health promotion are essential aspects that cannot be neglected in the treatment plan of health services.¹⁵

The most frequent complaints in the study participants were emotional lability, irritability, impatience, heat waves, heat soles, headache, insomnia, pain and tingling in the lower extremities, vaginal dryness, increased or decreased libido, weight loss, nervousness, constituting the so-called climacteric syndrome.⁷

The use of acupuncture for the treatment of climacteric syndrome has shown its effectiveness in several studies that report a significant improvement in hot flashes, associated somatic symptoms such as headache, insomnia, irritability and vasomotor symptoms such as sweating, tachycardia, dizziness.²¹⁻²³ It is known that anxiety during menopause and insomnia increases in four of five times the chance of depression and climacteric syndrome is a risk factor for it.¹⁶

The percentage of significant relief of complaints in 86.6% of participants in the PA and 93.3% in GA highlights the preventive and rehabilitation characteristic of acupuncture on climacteric, with better prognosis and comorbidities contributing to higher physical, mental and emotional welfare. Therefore, acupuncture stands as a therapeutic resource appropriate to this phase of transition from woman, besides the recovery of health, promoting health acts.¹⁸

Health promotion in the climacteric expands possibilities for individual growth as it comes against negative bio-psychosocial consequences of living in climacteric women process responsible for a lived phase confrontational way.²⁴ Acupuncture emerges as one of the possible strategies to deal with the discomforts of this period effectively and productively along with other proposals in CAPS, expanding the alternatives of care and allowing women the choice of treatment it deems best for their health.²⁵⁻²⁷

CONCLUSION

The use of acupuncture in reducing anxiety during menopause and climacteric-related symptoms was effective, with only undesirable effects in the placebo group, indicating a need for studies with appropriate sample size in this context.

Acupuncture proved to be a viable therapeutic approach in CAPS, allying themselves to already existing for the promotion of mental health in the climacteric complementary and integrative approaches.

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Corresponding Address

Áthila Campos Girão
Residencial
Rua Efésio, 453 / Ap. 1303 / Bl. A
Bairro Luciano Cavalcante
CEP 60811-180 — Fortaleza (CE), Brazil