

Effect of music therapy derived from the five elements in Traditional Chinese Medicine on post-stroke depression

Lin Facai, Huang Dehong, He Nana, Gu Yihuang, Wu Yunchuan

Lin Facai, Gu Yihuang, Wu Yunchuan, The Second Clinical College, Nanjing University of Chinese Medicine, Nanjing 210023, China

Huang Dehong, Department of Neurology, Guangzhou Hospital of Traditional Chinese Medicine, Guangzhou 510006, China

He Nana, Henan University of Chinese Medicine, Zhengzhou 510006, China

Supported by State Administration of Traditional Chinese Medicine of the People's Republic of China, State Clinical Research Base of Traditional Chinese Medicine, The Second Batch of Professional Skill Scientific and Research Special Project (No. JDZX2015127); Jiangsu Natural Science Foundation Youth Project (No. BK20171070); Nanjing Scientific Development Planned Project (No. 201402057)

Correspondence to: Prof. Wu Yunchuan, The Second Clinical College, Nanjing University of Chinese Medicine, Nanjing 210023, China. hllfc@126.com

Telephone: +86-25-85811663

Accepted: December 9, 2016

Abstract

OBJECTIVE: To evaluate the clinical efficacy and safety of five phase music therapy in patients with depression after ischemic stroke.

METHODS: A total of 92 patients with post-stroke depression were randomly divided into the control group (32 cases), treatment group A (30 cases), and treatment group B (30 cases). All groups were given basic therapies for cerebral infarction. In addition, the control group was administered 50 mg of oral sertraline hydrochloride daily, while treatment groups A and B received needling at Baihui (GV 20) plus acupoint injection at Yanglingquan (GB 34) daily; treatment group B also received music therapy derived from the five phases in Traditional Chinese

Medicine theory twice daily. All treatments were administered for 5 d per treatment cycle for three cycles, with a 1 d interval between cycles. In all three groups, Hamilton's depression scale (HAMD-17) score and the activities of daily life (ADL) score were measured before and after treatment, and side effects were assessed with the treatment emergent symptom scale.

RESULTS: The HAMD-17 score significantly decreased after treatment in all three groups, and the post-treatment reduction in HAMD-17 score was markedly greater in treatment group B than in treatment group A ($P < 0.01$). The ADL score significantly increased after treatment in all three groups, and the post-treatment increase in ADL score was significantly greater in treatment group B than in treatment group A ($P < 0.01$). The treatment emergent symptom scale score was highest in the control group, and lowest in group B, and significantly differed between the three groups ($P < 0.01$).

CONCLUSION: Five phase music therapy plus acupoint needling and acupoint injection can improve the symptoms in patients with post-stroke depression.

© 2017 JTCM. This is an open access article under the [CC BY-NC-ND license](#).

Keywords: Depression; Stroke; Five phases therapy; Music therapy; Needling methods; Point GV20 (Baihui); Point GB34 (Yanglingquan)

INTRODUCTION

Depression is a condition that is defined as a series of mood or emotional disorders characterized mainly by

symptoms of depression that occur due to various reasons.¹ The morbidity of depression increases annually, and it is predicted that it will become the second most common disease following cardiac disease by 2020.² Post-stroke depression (PSD) is a secondary type of depression. PSD impacts patient survival quality, inhibits the rehabilitation of neurological and cognitive function, and increases mortality and disability, leading to marked mental and physical pain of patients, and increasing their family and social burdens.³ A previous meta-analysis reported that the morbidity of severe or mild depression after stroke was 18% (range 8%-46%).⁴ PSD delays rehabilitation, and is a risk factor for low quality of life (QoL) and high mortality of stroke patients.^{5,6}

Although there are numerous studies on the pathogenesis of PSD, no study has interpreted the pathogenesis from a single systematic aspect, as the development of PSD involves multiple systems.⁷ The pathogenesis of PSD is still unclear; hence, the treatment is difficult and the effects of single western medicines are unsatisfactory. PSD treatment via Traditional Chinese Medicine (TCM) therapies has certain advantages. Music therapy has a long history of use in treating emotional conditions. Five phase music therapy is derived from combining music therapy with the five phases in TCM theory. Music therapies may have significant efficacy in treating psychiatric conditions. Liao *et al.*⁸ proved that five phase music therapy improved the QoL of patients with advanced cancers, and Zhang *et al.*⁹ reported that five phase music therapy improved the depression experienced by undergraduates.

In the present study, synchronal treatment of physical and mental symptoms was conducted by acupoint injection combined with five phase music therapy in patients with PSD. The purpose of this study was to observe the effectiveness of acupoint injection combined with five phase music therapy on the depression severity and QoL of patients with PSD, and to assess the safety of this treatment.

MATERIALS AND METHODS

Setting and participants

A total of 92 patients with PSD hospitalized in the Department of Neurology in Guangzhou Hospital of TCM from March 2014 to February 2015 were randomly divided into three groups using a computer-generated random number table:¹⁰ the control group (32 cases), treatment group A (30 cases), and treatment group B (30 cases).

Diagnostic criteria

All patients met the diagnostic criteria of cerebral infarction according to the Western Medicine diagnostic criteria for cerebral stroke in the Key Points of Diagnostic Criteria for Various Cerebrovascular Diseases¹¹ from

the 4th National Academic Conference for Cerebrovascular Diseases (1995). Depression was diagnosed according to the Chinese Classification for Mental Disorders, version 3.¹²

Inclusion criteria

This study included patients who: met the Chinese and western medicine diagnostic criteria of ischemic cerebral infarction and were diagnosed with cerebral infarction by skull CT and MRI; met the diagnostic criteria for depression, with a self-rating depression scale and a Hamilton's depression scale (HAMD-17) score > 7 points; experienced secondary ischemic cerebral stroke in the acute stage (2 weeks) within 6 months, and had depression symptoms that lasted for > 2 weeks; were aged 45-85 years; had stable vital signs and clear consciousness and cooperated with physical examination with adequate communication ability; signed informed consent and voluntarily participated the study.

Exclusion criteria

This study excluded patients who: did not meet the diagnostic criteria; experienced ischemic stroke in the acute stage within 2 weeks or in the sequelae stage > 6 months; were > 85 years old; had severe diabetes or severe hepatorenal diseases; had unstable vital signs or mental disease; had dementia, disturbance of consciousness and/or aphasia that might have influenced their expression of feelings; had taken antidepressants in the previous 1 month; were allergic to Erigeron breviscapus or sertraline.

Intervention

Initial treatment was with western medicines. All enrolled patients were routinely treated in the Department of Neurology; treatment included administration of trophic nerve drugs (citicoline sodium), improvement of blood circulation, control of blood pressure and glucose, regulation of blood lipid concentration, and cessation of platelet aggregation (aspirin) and other systematic therapies. TCM treatment included administration of Chinese drugs for activating blood to remove blood stasis and smooth the meridians and collaterals (including Danhong injection and Xueshuan-tong injection), as well as rehabilitation therapies (including training of range of motion, enhancement of myodynamia and posture correction). All drugs administered had no antidepressant effect. The three groups were given basic treatment as well as the following:

Control group: 50 mg sertraline hydrochloride tablets (Pfizer Pharmaceutical Co., Ltd.; approval No. H109 80141) in the morning.

Treatment group A: needling at Baihui (GV 20), and acupoint injection at Yanglingquan (GB 34).

Treatment group B: the same treatment as treatment group A, plus five phase music therapy. Music was selected based on the principle of treating emotional disturbance with hyperaffectivity. Acupuncture was conducted during one of the daily music therapy times.

متن کامل مقاله

دریافت فوری ←

ISIArticles

مرجع مقالات تخصصی ایران

- ✓ امکان دانلود نسخه تمام متن مقالات انگلیسی
- ✓ امکان دانلود نسخه ترجمه شده مقالات
- ✓ پذیرش سفارش ترجمه تخصصی
- ✓ امکان جستجو در آرشیو جامعی از صدها موضوع و هزاران مقاله
- ✓ امکان دانلود رایگان ۲ صفحه اول هر مقاله
- ✓ امکان پرداخت اینترنتی با کلیه کارت های عضو شتاب
- ✓ دانلود فوری مقاله پس از پرداخت آنلاین
- ✓ پشتیبانی کامل خرید با بهره مندی از سیستم هوشمند رهگیری سفارشات