74 - AURICULAR ACUPUNCTURE IN THE TREATMENT OF GENERALIZED ANXIETY DISORDER (GAD)

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INTRODUCTION

Anxiety is a normal reaction to any individual, but is now recognized as pathological when exaggerated, is disproportionate to the stimulus causing the loss of performance, quality of life and causes emotional distress to affected (PEREIRA, 2005; CASTILHO et al , 2005).

Typically the process begins his youth and develops chronic characteristics caused often by excessive mental activity, intellectual labor or prolonged psychological trauma, producing symptoms such as insomnia, sleep or insufficient light, nightmares, palpitations, sweating, irritability, fatigue and memory loss (NEVES, 2005).

The Generalized Anxiety Disorder (GAD) affects 5.1% of the population and has a prevalence of 11.5% of visits in public health facilities (PEREIRA, 2005; KAPCZINSKI and GONCALVES, 2008). With the high rate of comorbidity and social and individual costs, less than 50% of patients diagnosed with this disorder have a total remission of symptoms through pharmacological treatments currently available (ANDREATTI et al, 2001). The generalized anxiety disorder is characterized by the DSM - IV as a state of excessive worry or anxiety, intensity, duration and frequency clearly disproportionate to the likely impact or dreaded event, which should be present on most days for a minimum of six months and accompanied by three additional symptoms from a relationship described here in.

The symptoms mentioned above, in traditional Chinese medicine, falls into a condition called Bu Mei which is related to lesions of the spleen and heart or blood and energy. It is the result of mental work, worry or excessive sexual activities that cause injury Kidney Yin (PEREIRA, 2005; NEVES, 2005).

The auricular acupuncture is a branch of Acupuncture, for the treatment of physical and mental stimuli from points in the pinna. The atrium has abundant innervation which, when stimulated by needle or pressure sensitizing brain regions (trunk - cerebral cortex, cerebellum, etc.).. There is a relationship between each point on the auricle with a point cerebral which, in turn, is connected to the network system specific organ or region of the body, enabling the treatment of various diseases (SOUZA, 2007).

The practice of auricular acupuncture for the treatment of anxiety is still "a novelty in the scientific and social", as described by Neves (2005). However, by the same author, "was safe and effective for the treatment of anxiety" as evidence raised in the articles he reviewed.

Accordingly, this study aimed to evaluate the effectiveness of auricular acupuncture in the treatment of generalized anxiety disorder by measuring symptom reduction or remission of the disorder and improved quality of life of the affected individual.

METHODS

This study was conducted from June to September 2011, on the premises of the Brazilian Institute of Education and Therapy - IBRATE, Curitiba. The study was quasi-experimental, quantitative. The study included sixty (60) volunteers aged between 20 and 64 years, who presented the profile of GAD.

We excluded individuals vulnerable (children, elderly, pregnant women, mentally disabled, substance abusers, patients undergoing cancer treatment) or were being treated by acupuncture or massage, those who were using medications for the pharmacological treatment of GAD in the last 03 (three) weeks and during the intervention, were also excluded: pregnant, post surgical, malignant tumors and blood disorders (WHO, 1995).

Volunteers signed an informed consent and the study was approved by the Ethics in Research - IBRATE under No. 192-2011.

The population was divided into two groups, control and treated by simple random sampling. The draw was held on the premises of IBRATE, where the first 30 names were grouped in the treated group and the rest were grouped in the control group.

Application of Auricular Acupuncture occurred in 10 (ten) sessions, individual sessions, weekly, lasting thirty (30) minutes each, except the first and last session occurred where the application of questionnaires, instruments that made possible the measurement of effectiveness of treatment in the study. The control group participated only in the first and last session, getting the same treatment performed in the treated group after the study for ethical reasons.

In the first and last session the volunteers of both groups received a self assessment scale anxiety ZUNG, (ZUNG, 1971), which was completed by volunteers, held detailed history and then the questionnaire Hamilton (Hamilton, 1959) for anxiety. Upon completion of evaluations and applications of the questionnaires, only volunteers treated group received the application of Auricular Acupuncture.

The points selected for treatment of the volunteers were: Shen Men, sympathetic, Rim, Stress, Anxiety and Stomach 1 and 2 (SOUZA, 2007). Semipermanent needles were used disposable headset (1.5mm), set in the pinna with micropore. All volunteers received guidelines on care semipermanent use of needles and the realization of proper removal thereof, after the sixth day of application.

The data obtained after completion of the survey were entered into Microsoft Excel program that allowed calculations of percentage of improvement and expression data in tables and graphs.

RESULTS

Searching the use of more than one instrument for measuring data of the present study, the choice of scales was based on literature references and be demonstrated in accordance with the use in other studies (ANDRADE & GORESTEIN, 1998).

It was decided by using a clinical rating scale (Hamilton) to be used by the investigator, and other self-assessment

scale (Zung) to be used by the volunteer.

The Hamilton scale has proved of great value in making the diagnosis and the quantitative measurement of symptoms. It is a practical tool for professionals in different health areas that require a tool for diagnosis and measurement of anxiety.

The scale of Zung self assessment proved difficult to analyze and dependent on the level of education and ability to interpret the volunteer. Despite the language simple and accessible, many had difficulty in assessing the degree of their symptoms and in some cases requested the help of the researcher to understand the questions posed.

This scale has a subjective characteristic, where the volunteer expresses its perception as the frequency of some symptoms N = never, AV = sometimes; BPT = good deal of time and NPT = most of the time. Altogether there are 20 questions that comprise the Zung scale.

The divergence observed in the classification of groups of responses to two questionnaires similar symptoms reinforces the comment made above. Differences were observed mainly in intermediate levels of score where, for example, the frequency of symptoms called "sometimes" scale Zung Self assessment score 3 were related not to the second score on the Hamilton scale.

The results of the Hamilton scale, before and after the intervention are shown in Tables 1 and 2 demonstrated the mean scores of each volunteer.

Table 1 - Distribution of mean scores according to the Hamilton scale before and after the intervention in Group Acupuncture (AA).

Vol.	MÉDIA		Variação %	
	Antes	Depois	(+) piora (--) melhora	
38	1,1	0,1	-87	
2	2,9	1,3	-56	(a)
36	1,4	0,5	-63	
10	1,1	0,1	-88	
44	0,9	0,2	-77	
32	2,4	0,5	-79	
4	2,0	0,6	-72	
6	1,5	0,4	-73	
40	1,9	0,6	-66	
31	1,2	0,4	-65	
41	2,5	1,2	-52	(a)
3	1,1	0,4	-65	
35	1,8	0,6	-68	
37	1,2	0,3	-77	
14	2,4	1,1	-55	(b)
39	2,9	0,6	-78	
5	1,7	0,9	-45	(a)
9	2,8	1,1	-62	
7	1,3	0,6	-53	(a)
1	2,1	0,7	-66	
15	1,1	0,3	-75	
11	1,3	0,4	-66	
42	1,2	0,1	-94	
34	2,0	0,3	-86	
33	2,0	0,8	-61	
8	3,8	1,3	-66	
13	1,9	0,3	-85	
12	2,1	1,0	-52	(c)
43	1,0	0,2	-79	
45	1,9	0,4	-78	
Média / Grupo	**1,8**	**0,6**	**-68**	

Obs: (a) stress profissional
(b) reforma
(c) doença na família

Table 2 - Distribution of mean scores according to the Hamilton scale before and after the intervention in the control group.

Vol.	MÉDIA		Variação %	
	Antes	Depois	(+) piora (--) melhora	
25	1,9	1,9	4	
30	2,1	2,2	3	
22	2,7	2,8	3	
46	3,0	3,7	23	(a)
18	1,1	1,3	12	(a)
24	1,6	1,7	4	
59	2,7	2,8	3	
19	2,1	2,2	7	
57	2,0	2,1	3	
51	1,9	1,9	4	
56	3,5	3,6	2	
21	1,5	1,6	5	
54	2,6	2,7	3	
20	1,6	1,7	4	
55	2,6	2,6	0	
50	2,4	2,5	4	
26	1,4	1,6	10	(d)
58	1,4	1,4	5	
29	3,0	2,7	-10	(e)
60	0,9	1,0	8	
17	1,2	1,4	16	(c)
28	2,4	2,7	11	(c)
27	2,5	2,6	3	
47	2,0	2,1	3	
48	1,6	1,7	4	
52	1,5	1,6	5	
16	2,5	1,4	-43	(e)
23	1,9	2,0	4	
49	1,0	1,1	7	
53	1,6	1,7	4	
Média / Grupo	**2,0**	**2,1**	**3**	

Obs: (a) stress profissional
(b) reforma
(c) doença na famíla
(d) TCC/formatura
(e) férias

It is observed that 80% of volunteers Group AA completed the treatment with improvement above 60%. Volunteers who completed the treatment with improvement less than 60% highlighted the case of two volunteers, health professionals who work in the hospital, which provides a work environment of continuous stress factor. But both reported significant improvement in symptoms of insomnia and gastric disorders.

As for the control group (Table 2) evidenced the case of two volunteers who showed improvement of symptoms due to the fact anxiolytics enter into enjoyment of the holiday period during the study.

To summarize the results, Table 3 shows the mean scores of each group before and after the intervention, according to the Hamilton scale.

Table 3 - Mean scores of the Hamilton Rating Scale before vs. after the intervention.

	ANTES	DEPOIS	VARIAÇÃO
Média / Grupo AA	1,8	0,6	68%
Média /Grupo Controle	2,0	2,1	3%

In Tables 4 and 5 is expressed in the percentage distribution of responses to each question X intensity before and after the intervention.

Table 4 - Distribution of the questionnaire responses% of the Zung - Group AA.

Perguntas	% de respostas do grupo AA							
	Antes				Depois			
	N	AV	BPT	MPT	N	AV	BPT	MPT
1. ansioso (...)	0	33	43	23	47	53	0	0
2. medo (…)	53	40	7	0	100	0	0	0
3. pânico (…)	47	37	13	3	87	13	0	0
4. estivesse "para explodir" (…)	3	50	30	17	53	43	0	3
6. braços e pernas tremerem (…)	57	40	3	0	93	7	0	0
7. dores de cabeça, pescoço e costas (…)	10	30	30	30	57	40	3	0
8. fraco e cansado (…)	13	33	33	20	53	40	7	0
10. taquicardia (…)	37	43	17	3	83	17	0	0
11. tonturas (…)	67	30	3	0	93	7	0	0
12. desmaio (…)	83	13	3	0	97	3	0	0
14. dormência ou formigamento (…)	47	30	17	7	77	20	3	0
15. má digestão (…)	10	33	30	27	43	50	7	0
16. micção frequente (…)	37	30	20	13	67	23	7	3
20. pesadelos (…)	53	23	17	7	83	17	0	0
Média do grupo	**36,9**	**33,3**	**19,0**	**10,7**	**73,8**	**23,8**	**1,9**	**0,5**

Obs.: Foram excluídas as questões 5,9,13,17,18 e 19 da tabela acima, cujos conteúdos estão no anexo 10, em virtude de expressarem estados de calma e tranquilidade.

N – Nunca ou raramente
AV – Algumas vezes
BPT – Boa parte do tempo
MPT – Maior parte do tempo

Table 5 - Distribution of the questionnaire responses% of the Zung - Control Group

Perguntas	% de respostas do grupo controle							
	Antes				Depois			
	N	AV	BPT	MPT	N	AV	BPT	MPT
1. ansioso (...)	0	37	43	20	0	27	40	33
2. medo (…)	50	33	10	7	50	37	10	3
3. pânico (…)	63	33	3	0	60	33	7	0
4. estivesse "para explodir" (…)	7	60	20	13	10	53	20	17
6. braços e pernas tremerem (…)	50	33	13	3	47	37	13	3
7. dores de cabeça, pescoço e costas (…)	10	43	30	17	10	40	40	10
8. fraco e cansado (…)	17	50	30	3	20	47	30	3
10. taquicardia (…)	47	33	20	0	47	40	13	0
11. tonturas (…)	60	37	3	0	60	37	3	0
12. desmaio (…)	83	13	3	0	80	17	3	0
14. dormência ou formigamento (…)	43	43	13	0	43	37	20	0
15. má digestão (…)	33	33	23	10	30	40	23	7
16. micção frequente (…)	27	37	30	7	23	43	30	3
20. pesadelos (…)	50	33	17	0	53	40	7	0
Média do grupo	**38,6**	**37,1**	**18,6**	**5,7**	**38,1**	**37,6**	**18,6**	**5,7**

Obs.: Foram excluídas as questões 5,9,13,17,18 e 19 da tabela acima, cujos conteúdos estão no anexo 10, em virtude de expressarem estados de calam e tranquilidade.

N – Nunca ou raramente
AV – Algumas vezes
BPT – Boa parte do tempo
MPT – Maior parte do tempo

According to the scale of Zung self assessment, the AA group showed an average improvement after treatment, 90% of respondents classified as "Biggest Part of Time" and 95% of respondents classified as "Good Time Party".

The improved state of anxiety and symptoms was observed mainly in the categories humor "anxious" feeling "is about to explode," sore "head, neck and back," feeling "weak and tired" as well as the symptoms of "indigestion".

It was also observed that the control group did not change in the middle of the scale of the responses rated "Biggest Part of Time" or "Much of Time."

DISCUSSION

In their study, Maccarri & Silverio-Lopes (2009), the average improvement in treating anxiety in high school students through the use of the combination of systemic and auricular acupuncture was 62%. It is evident that this medium is very close to the average of 68% obtained in this study by the Hamilton Rating Scale.

Another finding was observed very close comparison of the results cited by Haddad (2009), who proposed the use of ear acupuncture electro acupuncture associated with, as a treatment option for the management of anxiety and appetite in obese individuals.

Obtained after the intervention, a reduction of 19% in the moderate degree of anxiety and 100% reduction in the degree of severe anxiety, using as an instrument to measure the classification of the Zung Anxiety Scale.

Compared to data obtained by Haddad (2009), we noted that this study achieved a percentage value next (90%) the degree of severe anxiety, known by the acronym MPT, and higher (95%) in moderate degree of anxiety, called by BPT acronym.

Points used in this study, men and Anxiety Shen 1 and 2 were also used in the studies cited above (MACARRI & SILVERIO LOPES, 2009; HADDAD, 2009). The other points Rim, sympathetic, and stomach were used only by Maccarri and Silverio-Lopes (2009).

The author Souza (2007), also referenced by Maccarri & Silverio-Lopes (2009) and Neves (2005), includes the Heart point in its proposal to treat anxiety, because the fact that it is seen by MTC as a imbalance that affects primarily the Heart and Kidney.

In this study, we excluded the point of the heart in order to avoid possible side effects in volunteers to present heart problems or blood pressure variations.

Regarding references, agreeing with the comments that Neves (2005), there are few papers available in a database indexed evidencing practical studies relating only auricular acupuncture. Most studies associated with other forms of acupuncture (systemic, electro acupuncture, etc.).

No were found in the database indexed papers that related specifically GAD having acupuncture as a treatment option. The studies found related only treatment options through pharmacological or psychotherapeutic approach. This factor

complicated the comparative analysis of the data obtained in this study compared to data obtained by other authors.

Neves (2005), in their literature review, selected from among the 77 items surveyed, only four articles that had the criteria expected delimiters: auricular acupuncture, anxiety and trial. When referring to the four selected studies, it cites that most statistical significance ($p < 0.05$) demonstrating the effectiveness of Auricular Acupuncture treatment for anxiety.

FINAL CONSIDERATION

Using data obtained in this study, the Ear acupuncture was effective in improving symptoms of GAD in 68%, according to the Hamilton scale and the Zung scale, improvement of 90% of respondents classified as "Biggest Part of Time" and 95% of respondents classified as "Good Time Party" after the intervention.

We do not recommend the use of self-assessment scales in studies requiring quantitative measurement data, due to the need for cognitive interpretation and dependence on level of education and interpretation of the interviewee.

We suggest the use of the Heart in studies point where we want to assess the level of anxiety in people with a prior history of heart disease or hypertension, as well as in studies where researchers are provided with conditions for monitoring the possible side effects from the use of this point in anxiety disorders.

We note the limited availability of specific references on the effectiveness of the exclusive use of auricular acupuncture in the treatment of anxiety disorders. We see this as a vast field for future research front the notorious relevance to these disorders has shown in public health, with high morbidity and costs, as well as the low remission of symptoms with the use of current pharmacological treatments.

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AURICULAR ACUPUNCTURE IN THE TREATMENT OF GENERALIZED ANXIETY DISORDER (GAD)

ABSTRACT

Anxiety is a normal reaction to any individual, but is now recognized as pathological when it becomes excessive, leading to a decrease in quality of life, loss of performance and emotional distress. The Generalized Anxiety Disorder (GAD) affects 5.1% of the population, with a prevalence of 11.5% of the care in public health facilities. Objective: To assess the improvement of symptoms in patients with GAD anxiolytics by auricular acupuncture. Methodology: This was a quasi-experimental study, quantitative. The study included 60 subjects of both sexes aged between 20 and 64 years suffering from GAD. To review the TAG were used two questionnaires, scales Hamilton and Zung, applied before and after the intervention. 10 applications were made of auricular acupuncture points Shen Men, sympathetic, Rim, Stress, Anxiety and Stomach 1 and 2 with 1.5 mm needles. The volunteers were randomly divided into two groups of 30, one treated and one control group. Results: The study showed a 68% improvement in symptoms of GAD according to the Hamilton scale and between 90 and 95% improvement in Zung Scale. Conclusion: The results obtained in this study it was concluded that the use of auricular acupuncture was effective for GAD, suggesting the possibility of its use in public and private segments as an effective strategy and low cost.

KEYWORDS: Acupuncture Auricular. Generalized Anxiety Disorders(GAD).

LES TRAITEMENTS D'ACUPUNCTURE DANS CASQUES TROUBLE D'ANXIÉTÉ GÉNÉRALISÉE (TAG).

RÉSUMÉ

L'anxiété est une réaction normale à un individu, mais il est maintenant reconnu comme potológica quand elle devient excessive, conduisant à une diminution de la qualité de vie, la perte de la performance et de l'inconfort emocional.O trouble d'anxiété généralisée (TAG) atteint 5,1 % de la population, avec une prévalence de 11,5% des visites aux centres de santé publics. Objectif: Pour évaluer l'amélioration des symptômes chez les patients anxiolytiques et TAG par l'acupuncture auriculaire. Méthodologie: Il s'agit d'une étude quase expérimentale quantitativo. Participam 60 sujets des deux sexes âgés de 20 à 64 ans souffrant de TAG. Pour l'évaluation de TAG ont utilisé deux questinários, les échelles de Hamilton et applications Zung, appliqué avant et après intervençao.Foram fait 10 applications de l'acupuncture auriculaire chez les hommes positions

Shen, sympathique, Rim, la tension, l'anxiété et de l'estomac 1 et 2 avec des aiguilles 1,5 mm. Les volontaires ont été répartis au hasard en deux groupes de 30, un traité et un groupe témoin. Résultats: L'étude a montré une amélioration de 68% des symptômes de l'anxiété généralisée selon l'échelle de Hamilton et entre 90 et 95% d'amélioration dans Zung échelle. Conclusion: Avec les résultats de cette étude ont conclu que l'utilisation de l'acupuncture auriculaire a été efficace pour le TAG, ce qui suggère la possibilité de son utilisation dans les secteurs public et privé comme une stratégie efficace et à faible coût.

MOTS-CLÉS: Acupuncture auriculaire, Le Trouble d'anxiété Généralisée (TAG).

ACUPUNTURA EN EL TRATAMIENTO AURICULARES TRASTORNO DE ANSIEDAD GENERALIZADA (TAG).

RESUMEN

La ansiedad es una reacción normal a cualquier persona, pero ahora se reconoce como potológica cuando se vuelve excesiva, lo que lleva a una disminución en la calidad de vida, la pérdida de rendimiento y el malestar emocional.O Trastorno de Ansiedad Generalizada (TAG) llega a 5,1 % de la población, con una prevalencia del 11,5% de las visitas a los centros de salud pública. Objetivo: Para evaluar la mejoría de los síntomas en pacientes con TAG y ansiolíticos por la acupuntura auricular. Metodología: Se trata de un estudio cuasi experimental quantitativo.Participam 60 sujetos de ambos sexos con edades comprendidas entre 20 y 64 años que sufren de TAG. Para la evaluación de TAG se utilizaron dos questinários, las escalas de Hamilton y Zung aplicaciones, aplicado antes y después de intervençao.Foram hizo 10 aplicaciones de la acupuntura auricular en posiciones Shen Men, simpático,rinon, la tensión, la ansiedad y el estómago 1 y 2,con agujas 1,5 mm. Los voluntarios fueron divididos aleatoriamente en dos grupos de 30, uno tratado y un grupo control. Resultados: El estudio mostró una mejora del 68% en los síntomas del trastorno de ansiedad generalizada según la escala de Hamilton y entre el 90 y el 95% de mejoría en la Escala de Zung. Conclusión: Con los resultados de este estudio concluyeron que el uso de la acupuntura auricular es eficaz para el TAG, lo que sugiere la posibilidad de su uso en los segmentos público y privado como una estrategia efectiva y de bajo costo.

PALABRAS CLAVE: Acupuntura auricular, El trastorno de Ansiedad Generalizada (TAG).

ACUPUNTURA AURICULAR NO TRATAMENTO DO TRANSTORNO DE ANSIEDADE GENERALIZADA (TAG)

RESUMO

A ansiedade é uma reação normal a qualquer indivíduo, porém passa a ser reconhecida como patológica quando se torna exagerada, levando a uma diminuição na qualidade de vida, perda de desempenho e desconforto emocional. O Transtorno de Ansiedade Generalizada (TAG) atinge 5,1% da população, com prevalência de 11,5% dos atendimentos em unidades de saúde pública. Objetivo: avaliar a melhora dos sintomas ansiolíticos em portadores de TAG através da acupuntura auricular. Metodologia: Trata-se de um estudo quase experimental, quantitativo. Participaram do estudo 60 indivíduos de ambos os sexos com idades entre 20 e 64 anos portadores de TAG. Para avaliação do TAG foram utilizados dois questionários, as escalas de Hamilton e Zung, aplicadas antes e após a intervenção. Foram realizadas 10 aplicações de acupuntura auricular nos pontos Shen Men, Simpático, Rim, Tensão, Ansiedade 1 e 2 e Estômago com agulhas de 1,5mm. Os voluntários foram divididos aleatoriamente em dois grupos de 30, sendo um grupo tratado e outro controle. Resultados: o estudo demonstrou 68% de melhora dos sintomas de TAG segundo a escala de Hamilton e entre 90 e 95% de melhora na escala de Zung. Conclusão: Com os resultados obtidos neste estudo concluiu-se que o uso da acupuntura auricular para o TAG foi eficaz, sugerindo a possibilidade de seu uso em seguimentos públicos e privados como uma estratégia eficiente e de baixo custo.

PALAVRAS-CHAVE: Acupuntura Auricular.Transtorno de Ansiedade Generalizada (TAG).