

Acupuncture for Schizophrenia

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Background

Acupuncture, with many categories such as traditional acupuncture, electroacupuncture, laser acupuncture, and acupoint injection, has been shown to be relatively safe with few adverse effects. It is accessible and inexpensive, at least in China, and is likely to be widely used there for psychotic symptoms.

Objectives

To review the effects of acupuncture, alone or in combination treatments compared with placebo (or no treatment) or any other treatments for people with schizophrenia or related psychoses.

Search Methods

We searched the Cochrane Schizophrenia Group Trials Register (February 2012) and inspected references of all identified studies. We contacted relevant authors for additional information.

Selection Criteria

We included all relevant randomized controlled trials involving people with schizophrenia-like illnesses, comparing acupuncture added to standard dose antipsychotics with standard dose antipsychotics alone, acupuncture added to low dose antipsychotics with standard dose antipsychotics, acupuncture with antipsychotics, acupuncture added to traditional chinese medicine (TCM) drug with TCM drug, acupuncture with TCM drug, electric acupuncture convulsive therapy with electroconvulsive therapy.

Data Collection and Analysis

We reliably extracted data from all included studies, discussed any disagreement, documented decisions and

contacted authors of studies when necessary. We analyzed binary outcomes using a standard estimation of risk ratio (RR) and its 95% confidence interval (CI). For continuous data, we calculated mean differences with 95% CI. For homogeneous data we used fixed-effect model. We assessed risk of bias for included studies and created a summary of findings table using GRADE.

Main Results

After an update search in 2012, the review now includes 30 studies testing different forms of acupuncture across 6 different comparisons. All studies were at moderate risk of bias. When acupuncture plus standard antipsychotic treatment was compared with standard antipsychotic treatment alone people were at less risk of being “not improved” ($n = 244$, 3 RCTs, medium-term RR 0.40 CI 0.28–0.57, *very low quality evidence*, [figure 1](#)). Mental state findings were mostly consistent with this finding as was time in hospital ($n = 120$, 1 RCT, days MD -16.00 CI -19.54 to -12.46 , *moderate quality evidence*). If anything, adverse effects were less for the acupuncture group (eg, central nervous system, insomnia, short-term, $n = 202$, 3 RCTs, RR 0.30 CI 0.11–0.83, *low quality evidence*). When acupuncture was added to low dose antipsychotics and this was compared with standard dose antipsychotic drugs relapse was less in the experimental group ($n = 170$, 1 RCT, long-term RR 0.57 CI 0.37–0.89, *very low quality evidence*) but there was no difference for the outcome of “not improved.” Again mental state findings were mostly consistent with the latter. Incidences of extrapyramidal symptoms—akathisia, were less for those in the acupuncture added to low dose antipsychotics group ($n = 180$, 1 RCT, short-term RR 0.03 CI 0.00–0.49, *low quality evidence*)—as dry mouth, blurred vision, and tachycardia. When acupuncture was compared with antipsychotic drugs of known efficacy in standard doses, there were equivocal data for outcomes such as “not improved” using different global

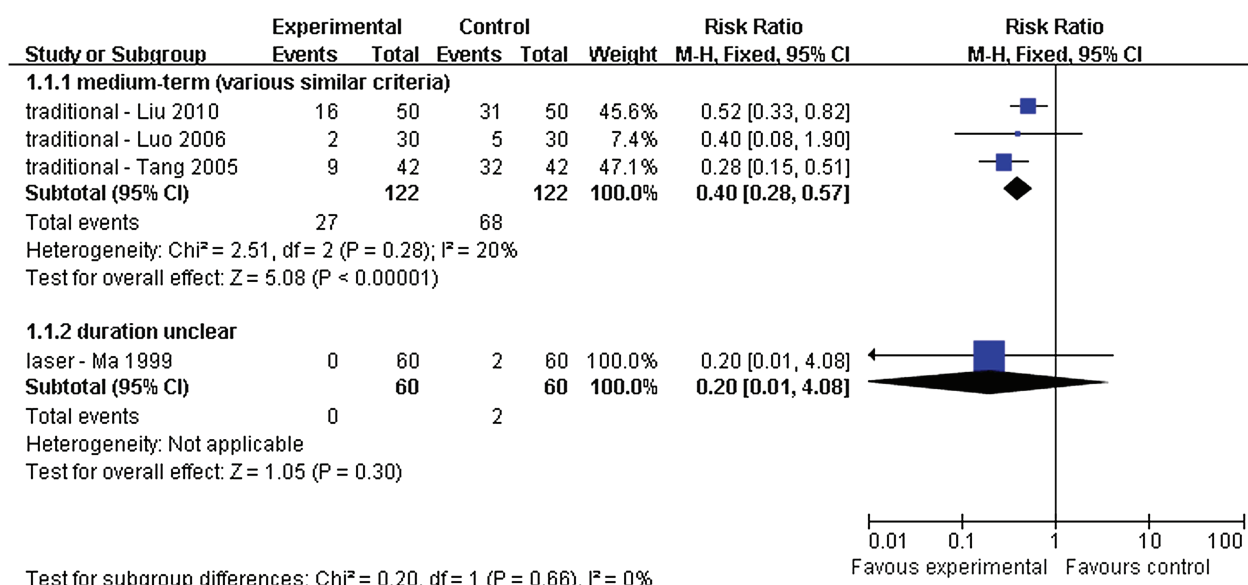


Fig. 1. Comparison—acupuncture added to standard dose antipsychotics versus standard dose antipsychotics. Outcome—global state: not improved.

state criteria. Traditional acupuncture added to traditional chinese medicine (TCM) drug had benefit over use of TCM drug alone ($n = 360$, 2 RCTs, RR no clinically important change 0.11 CI 0.02–0.59, *low quality evidence*) but when traditional acupuncture was compared with TCM drug directly there was no significant difference in the short term. However, we found that participants given electroacupuncture were significantly less likely to experience a worsening in global state ($n = 88$, 1 RCT, short-term RR 0.52 CI 0.34–0.80, *low quality evidence*). In the one study that compared electric acupuncture convulsive therapy with electroconvulsive therapy there was significantly different rates of spinal fracture between the groups ($n = 68$, 1 RCT, short-term RR 0.33 CI 0.14–0.81, *low quality evidence*). Attrition in all studies was minimal. No studies reported death, engagement

with services, satisfaction with treatment, quality of life, or economic outcomes.

Authors' Conclusions

Limited evidence suggests that acupuncture may have some antipsychotic effects as measured on global and mental state with few adverse effects. Better designed large studies are needed to fully and fairly test the effects of acupuncture for people with schizophrenia. Full details of the review are published on the Cochrane Library.¹

Reference

1. Shen X, Xia J, Adams CE. Acupuncture for schizophrenia. *Cochrane Database of Syst Rev.* 2014, Issue 11. Art. No.: CD005475. doi:10.1002/14651858.CD005475.