

# ASK AHSC

## ANSWERS TO HEALTH QUESTIONS

From The University of Arizona Health Sciences Center (AHSC) in Tucson

**Q** I'm new to Tucson and I heard that valley fever is a problem here. How serious is it?  
N.C., Tucson

**A** Valley fever is as common to the desert Southwest as cacti. This regional health problem is gaining national importance, however, because of the mobility of modern society.

Perhaps the most important trend has been the massive migration of Americans to the Southwest, in particular Arizona, which in 1996 was the third fastest-growing state. Similar expansion has occurred in central California and west Texas, which also are areas where the fungus that causes valley fever is endemic.

As populations expand in these areas, researchers are seeing a growing number of people who are unusually susceptible to the most serious consequences of valley fever, due to corticosteroid therapy, antineoplastic chemotherapy, immune suppression for organ transplantation, and diseases that impair cellular immunity, such as AIDS.

Although valley fever is still most apparent in the Southwest, it isn't limited to this area. People who move from the area to other parts of the country subsequently may acquire a condition that suppresses their immunity, which permits reactivation of infections

they acquired here years earlier.

Valley fever is one of the most difficult illnesses to prevent, detect and treat. The fungus that causes valley fever — also called coccidioidomycosis — is abundant in Sonoran Desert soil and people are exposed to it by breathing the air where the fungus exists.



Most people recover in a few weeks from valley fever's flu-like symptoms and fatigue. Some may develop pneumonia that doesn't respond to antibiotics, but usually is cured by the body's natural immunity to the fungus. Those who have conditions or are taking medicines that reduce their immunity may be unable to prevent the spread of the fungus to other parts of the body, a life-threatening situation.

Additional research is needed into the biology, immunology and treatment of valley fever—including development of a vaccine.

—John N. Galgiani, M.D.,  
director, The University of  
Arizona Valley Fever Center  
for Excellence, Tucson (the  
center is jointly sponsored by  
the UA and the Veterans Affairs  
Medical Center in Tucson)

**PLEASE NOTE:** For more information about valley fever, call the UA Valley Fever Center for Excellence, (520)629-4777, or visit the center's website at [www.arl.arizona.edu/vfce/vfce.what.html](http://www.arl.arizona.edu/vfce/vfce.what.html)

**Q** Can acupuncture be used to treat depression? A.P., Tucson

**A** A recent study at the UA indicates that acupuncture holds promise as an effective alternative treatment for depression. (Acupuncture is a centuries-old Chinese tradition that uses needles inserted into specific body points to correct imbalances believed to trigger illness.)

In the UA study, 34 women diagnosed with major depression were treated with either one of two types of acupuncture treatment or no acupuncture.

One type of acupuncture treatment specifically addressed the acupuncture pressure points that (according to Chinese medicine) would relieve the underlying pattern of disharmony responsible for the depression. The other acupuncture treatment addressed a pattern of disharmony

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believed to be responsible for another problem, such as back pain or headaches.

After 8 weeks, the women who received the acupuncture treatment specifically aimed at relieving depression had a greater reduction in depressive symptoms than the women who received similar but nonspecific acupuncture treatment.

At the conclusion of the study, all the women received specific treatment and about two out of three experienced significantly improvement in mood elevation. This rate is comparable to that seen in randomized clinical trials of antidepressant medication or psychotherapy.

Although this study was small, these preliminary results indicate that acupuncture holds

significant promise and warrants a larger-scale clinical trial. Additional research is needed to assess acupuncture's effectiveness for severe or chronic depression; the long-term effects of treatment; and whether acupuncture can help people who do not respond to conventional treatment with psychotherapy or drugs.

Conventional treatments provide significant relief from depression for about 50 to 70 percent of those who complete treatment. Unfortunately, about a third of people end treatment prematurely due to dissatisfaction with the treatment or intolerable side-effects.

Not only does acupuncture have few or no side-effects, it also may hold promise as a preventive

treatment for future episodes of depression, a significant concern because people who've had one bout of depression have a 50 percent chance of having another.

—*John J.B. Allen, Ph.D., associate professor of psychology, cognitive science and neuroscience, Department of Psychology, The University of Arizona, Tucson*

**PLEASE NOTE:** "Getting the Point: Acupuncture in the Treatment of Depression," a free lecture open to the public, will be presented by Dr. Allen on **Mon., March 22, 11:30 a.m. to 1 p.m.,** at University Medical Center, DuVal Auditorium, 1501 N. Campbell Ave., Tucson. For more information, call (520) 626-6509.

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