ECHO Idaho: Opioid Addiction and Treatment

Acupuncture and Pain Conditions

11/08/18

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The speaker has no significant financial conflicts of interest to disclose.
Discussion Points

- Mechanism of action of acupuncture
- Evidence for acupuncture in pain conditions
- Limitations of research
- How to counsel patients on acupuncture
Acupuncture Heads West

• New York Times; July, 1971

• Modern providers
  – LAc
  – “Medical acupuncture”
Cochrane Meta-Analysis

• Low-moderate evidence:
  – Fibromyalgia pain/stiffness
  – Peripheral OA
  – Episodic migraine prevention
  – Labor pain management
  – Postoperative pain management
Low back pain

- NEJM 2010. Acupuncture for Chronic Low Back Pain
  - Meta-analysis 2008; 6359 patients
    • Conclusion: Real acupuncture no more effective than sham, however more effective than usual care
    • Subsequent meta-analysis from Cochrane Back Review Group agreed
  - German studies:
    • 1162 patients over 8 years randomly assigned real/sham/conventional therapy
      • Sham=real, but significantly > conventional therapy (>33% improvement on Von Korff Chronic Pain Scale or >12% Hannover Functional Ability Questionnaire.

- JAMA 2009. RCT Comparing Acupuncture, Simulated Acupuncture, and Usual Care
  - Mean dysfunction scores improved by ~4.5 for acupuncture vs. 2.1 with usual care
Migraine/Headache

• Cochrane Review, June 2016
  – Acupuncture for the prevention of episodic migraine.
  – Conclusion: Reduction in frequency of migraines comparable to standard prophylactic treatments
  – Real acupuncture > sham
  – Need longer term studies

• JAMA, April 2017
  – 2 year study, 245 patients. 20 sessions of acupuncture. Primary outcome- frequency of migraines.
  – Conclusion: At 16 weeks, significant improvement in TA group. Indicates likelihood for long term results
  – Electroacupuncture > sham/waiting list (control)
Reducing Opioid Consumption

• Efforts to reduce Opioid Consumption After Total Knee Arthroplasty.

• Large meta-analysis JAMA Surg 2017
  – 2391 patients, 39 RCTs
  – Electrotherapy/acupuncture reduce or delay opioid consumption, but may not improve pain scores (moderate)
  – Continuous passive movement, preoperative exercise, cryotherapy do not improve pain or reduce opioid consumption
What do the guidelines say?

- From the American College of Physicians
- Recommendation 1: Given that most patients with acute or subacute low back pain improve over time regardless of treatment, clinicians and patients should select nonpharmacologic treatment with superficial heat (moderate-quality evidence), massage, acupuncture, or spinal manipulation (low-quality evidence). If pharmacologic treatment is desired, clinicians and patients should select nonsteroidal anti-inflammatory drugs (NSAIDs) or skeletal muscle relaxants (SMRs) (moderate-quality evidence). (Grade: strong recommendation)
- Recommendation 2: For patients with chronic low back pain, clinicians and patients should initially select nonpharmacologic treatment with exercise, multidisciplinary rehabilitation, acupuncture, mindfulness-based stress reduction (moderate-quality evidence), tai chi, yoga, motor control exercise, progressive relaxation, electromyography biofeedback, low-level laser therapy, operant therapy, cognitive behavioral therapy, or spinal manipulation (low-quality evidence). (Grade: strong recommendation)
Challenges in research

• Funding
• Variation of end-points used
• “Last resort” bias
• Difference in treatment
  – General approach
  – Number of needles used
  – Number of sessions
  – Duration of treatment
• Use of sham /simulated versus true acupuncture
• Partial treatment in sham acupuncture
• Role of patients’ beliefs, expectations, attention from provider
But I’m in rural Idaho...

- LAc in:
  - Boise
  - Meridian
  - Salmon
  - Sandpoint
  - Moscow
  - Coeur D Alene
  - Hailey
  - Bonners Ferry
  - Hope
  - Ketchum

- Physician Providers:
  - Cocolalla
  - Twin Falls
  - Idaho Falls
  - Driggs
  - Hayden
  - Blackfoot
  - McCall
  - Ketchum
  - Blackfoot
  - Eagle
  - Nampa
  - Pocatello
  - McCall
  - Idaho Falls
How to use this information

• Get to know your local resources
  – Use NCCAOM.org website to find local L.Ac.
  – Use AAMA.org website to find local medical acupuncturists

• Consider referring your patient particularly for migraine prophylaxis, back pain
  – (OR ANYTHING ELSE)

• Consider training
Key Points

• Acupuncture is a low-risk procedure that may be useful in acute and chronic pain conditions.
• There are inherent challenges in researching acupuncture.
• Get to know your local resources, and give it a try yourself!
Sources

- NHIS is conducted periodically by CDC
Sources, cont