

CAHE *Allied Health News in Review*

Acupuncture and lower back pain.

Evidence Background

Acupuncture relieves low back pain over long-term was reported by *Reuters Health Information* on 15 September 2006.

The origin of evidence: This report was based on research conducted by KJ Thomas and colleagues from the School of Health and Related Research, University of Sheffield.

The objectives of research: The objective of this research was to determine whether a short course of traditional acupuncture improves longer term outcomes for patients with persistent non-specific low back pain in primary care.

The nature of evidence: Randomised Controlled Trial

Setting of research: Private acupuncture clinics (3) & 18 general practices in York, England.

Participants involved in research: 241 adults aged 18-65 with non-specific low back pain of 4-52 weeks duration.

Interventions utilised: Ten individualised acupuncture treatments from one of six qualified acupuncturists (160 patients) or usual care only (81 patients).

Outcome measures: The primary outcome measure was SF-36 bodily pain, measured at 12 and 24 months. Other secondary outcome measures were reported use of analgesics, scores on Oswestry pain disability index, safety and patient satisfaction.

Key findings: Weak evidence was found of an effect of acupuncture on non-specific low back pain at 12 months, but stronger evidence of a small benefit at 24 months. At 12 months, the average SF-36 pain scores increased from 33.2 to 64.0 in the acupuncture group and from 27.9 to 58.3 in the control group. The estimated intervention effect was 5.6 points at 12 months and statistically significant 8.0 point at 24 months.

Validity of methodology and reliability of the conclusions: This research used strong well-established methodology to investigate the long term effect of acupuncture on low back pain. While the researchers have undertaken many steps to strengthen the methodology, there are some limitations which need to be considered. These include lack of standardisation of adjunct care (in addition to acupuncture) and usual care, possibility of an effect of clustering by acupuncturist (as six delivered care), provision of package of care and not isolated to acupuncture alone and a large loss of subjects to follow up at 24 months.

Clinical implications: This research evidence highlights that acupuncture does to provide some relief for persistent non-specific low back pain in the long term. As witnessed in other research concerning acupuncture, the positive benefit cannot be attributed to needling itself, and other factors might have contributed to the overall effect. As the authors acknowledge, these include individualising the treatment, interaction effect generated by combining treatments, practitioner skills in developing good therapeutic relationships, the time and attention from the practitioner and relaxing effect of the treatment itself. While these are limitations the results indicate acupuncture could be trialled as a safe and cost effective option which is acceptable for patients with persistent non specific, low back pain.

Reference: Thomas KJ, MacPherson H, Thorpe L, Brazier J, Fitter M, Campbell MJ, Roman M, Walters SJ, Nicholl J. *Randomised controlled trial of a short course of traditional acupuncture compared with usual care for persistent non-specific low back pain.* BMJ 2006; 333:623 (23 September), doi:10.1136/bmj.38878.907361.7C (published 15 September 2006). Reuters Health Information: <http://www.reutershealth.com/en/index.html>

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