

# Spring Scientific Meeting 2003

26th and 27th April, Coventry

## **Acupuncture for the treatment of chronic shoulder pain**

*Albrecht Molsberger, Dusseldorf*

In Germany, 30,000 physicians offer acupuncture. Dr Molsberger described the results of **GRASP**, German Randomised Acupuncture Trial for Shoulder Pain, a randomised controlled trial including 424 patients with shoulder pain who entered into one of three treatment groups: true acupuncture, sham acupuncture or standard conservative orthopaedic therapy.

The real acupuncture group were treated over 6 weeks with 15 treatments, each lasting 20 minutes, applied to a number of acupuncture points selected according to TCM principles from a range of points decided by consensus. The sham acupuncture consisted of 8 needles applied to the anterior of the tibia. The standard conservative therapy included physiotherapy, exercise and ultrasound, but excluded injections and steroid treatment.

The primary end point was a visual analogue score improvement of 50% or greater, 3 months after the end of therapy. 78% of the acupuncture group achieved this, compared to 47% and 43% in the sham and conservative group respectively. This represented a significant ( $p < 0.0001$ ) result for the group treated with true acupuncture.

## **Acupuncture for neck pain: What do the trials tell us?**

*Adrian White, Exeter*

Systematic reviews are often not very relevant for the practitioner. This rather exploratory systematic literature review includes all 27 interpretable studies of acupuncture for neck pain (or neck and back) pain that are known to the reviewer. It attempts to draw out the evidence on how effective a course of acupuncture is likely to be, in terms of pain relief, how this compares with any control treatments offered, and whether any treatment protocol appears to be more successful. The results should be regarded with caution as they include studies of different quality and make certain assumptions.

## **The use of acupuncture in acute injury**

*Mike Gould, Leicester*

Dr Gould is a GP in a Student Health Centre and Sports Physician for a number of sports clubs, including Leicester City Football Club. When treating sports injuries, due attention must be paid to safety, appropriateness, time and place, choice of needles and choice of technique. The treatment of common injuries was discussed, including patellar tendinitis, ankle inversions, whiplash and tennis elbow. Treating other illnesses (such as dysmenorrhoea, IBS, and acute labyrinthitis) could enable athletes to compete at important sporting events.

## **How to establish the dosage of stimulation for effective TENS and electroacupuncture analgesia**

*Panos Barlas, Keele*

When applying acupuncture, as well as TENS, other than considering the indications for the use of these modalities, clinicians are frequently faced with dilemmas relating to the most appropriate parameters of stimulation for optimal pain relief. The results of laboratory experiments are presented, investigating the effects of intensity, site, frequency and duration of stimulation upon experimentally induced muscle pain, using normal healthy volunteers.

## **The safety of acupuncture in valvular heart disease**

*Anthony Stellan, Dover*

There are 5 reported cases of bacterial endocarditis following acupuncture (1966 - 2002). 4 of these cases involved semi-permanent needles and only 1 of these appears to have occurred after brief needling.

Dr Stellan, a single handed GP in Kent undertook a retrospective analysis and found 37 patients with pre-existing heart disease or history of valve replacement who had received acupuncture treatment with brief needling in his practice between 1992 and 2002. 1 patient had left the practice and 4 had died from causes not related to bacterial endocarditis. The remaining 32 patients were recalled for examination and investigation. No evidence of bacterial endocarditis was found.

Based on these observations, acupuncture treatment with brief needling appears to be safe in patients with valvular heart disease.

## **The results of a survey of ICMART**

*Christopher Jenner, London*

ICMART, the International Council of Medical Acupuncture and Related Techniques is a society of Medical Acupuncturists worldwide and currently has 60 societies from 38 countries. A postal survey was undertaken to find out further details about the composition of societies in ICMART including the numbers of members, the different membership categories, some basic Education and Training data, the status of National Regulation and views on Acupuncture Funding.

### **An audit of ASAD dyspnoea and anxiety points**

*Ros Taylor, Hospice of St Francis, Berkhamstead*

Breathlessness is a common symptom in advanced cancer and in our own Hospice population, 31% of patients identify breathlessness as one of their major symptoms. To date five in-patients have had acupuncture for severe breathlessness and audit confirmed less oxygen and p.r.n. opioid use in this small group of patients.

### **Audit of acupuncture in a pain clinic**

*Peter Evans, Charing Cross Hospital, London*

Acupuncture is a treatment modality commonly employed in the management of chronic pain. It is simple to apply but can be time consuming to administer. 100 consecutive patients who were undergoing therapy in this Pain Clinic were asked to complete a questionnaire. This audit suggested that while many patients achieved short-term gains, many sought repetition of treatment within 3 months, at a frequency that could not be sustained without jeopardising the entry of new patients into the service.

### **Acupuncture for hot flushes in cancer patients, associated with hormone therapy: Overview and clinical aspects.**

*Jacqueline Filshie, Royal Marsden Hospital, London*

15 A retrospective survey of patients treated by acupuncture for hot flushes was carried out from 1995 – 2003. 194 patients, 182 female and 12 male patients were identified and their notes examined. The majority of patients were given an initial course of treatment of six weekly treatments, using the points SP6, LR3, LI4 and TE5 plus or minus two points on the manubrium of the sternum for relaxation.

### **Using traditional acupuncture for hot flushes and night sweats in women taking tamoxifen - a pilot study.**

*Beverley de Valois, Mount Vernon Hospital, Middlesex*

The protocol and results of a study using acupuncture applied according to TCM principles from a selection of points was described. 52 women were recruited and 50 completed 8 weekly treatments. Hot flush diaries, the Women's Health Questionnaire and subjective measurement questionnaires were used, with final follow up 20 weeks after completion of treatment. The treatment was acceptable to patients and was effective in reducing both the number and frequency of flushes. There was significant improvement in WHQ scores for vasomotor, somatic, sleep, anxiety and depression symptoms.

## **Day 2, Master Classes**

### **Master Class - Myofascial Pain syndrome**

*Robert Gerwin, Medical Director, Pain and Rehabilitation Medicine, Bethesda*

Dr Gerwin is a neurologist who specialises in the field of chronic pain and has a special interest in myofascial pain. He delivered a fascinating overview of myofascial pain and gave an update on our current understanding of the neurophysiology of trigger points. Guidance on the pattern of referred pain was given, along with a useful review of anatomy as applied to the examination of muscles and the identification of trigger points. Practical demonstrations of history taking, examination and treatment took place. Treatments demonstrated included dry needling of trigger points and the application of muscle stretch techniques.