



Title	Longer Term Clinical and Economic Benefits of Offering Acupuncture Care to Patients with Chronic Low Back Pain
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Aim

To test the hypothesis that patients with persistent non-specific low back pain (LBP), when offered traditional acupuncture care alongside conventional primary care, gained more long-term pain relief than those offered conventional care only, for equal or less cost; and to monitor safety and acceptability of acupuncture and to assess the evidence for an 'acupuncturist effect'.

Conclusions and results

The trial included 159 patients in the *acupuncture* arm and 80 in the *usual care* arm. Patients randomized to acupuncture received 8 treatments (average). Analysis of covariance, adjusting for baseline score, found an effect size of 5.6 points on the SF-36 Pain dimension in favor of the acupuncture group at 12 months, and 8.0 points at 24 months. No evidence of heterogeneity of effect was found for different acupuncturists. Sixteen patients dropped out of acupuncture treatment. No significant treatment effect was found for any of the SF-36 dimensions other than Pain, or the Present Pain Index, or the Oswestry Pain Disability Questionnaire. The acupuncture group reported a significantly greater reduction in worry about back pain at 12 and 24 months compared to the usual care group. At 24 months, the acupuncture group was significantly more likely to report that they had been pain free for the past 12 months and less likely to report use of medication for pain relief in the past month. Over 2 years, the direct NHS costs (discounted) were greater in the acupuncture group. However, acupuncture was found to be cost effective at 24 months.

Recommendations

Traditional acupuncture delivered in a primary care setting is safe and acceptable to patients with non-specific LBP. Acupuncture and usual care both showed clinically significant improvement at 12- and 24-month followup. Acupuncture is significantly more effective in reducing pain than usual care at 24 months. General practitioner (GP) referral to traditional acupuncture care offers a cost-effective intervention for reducing LBP over a

2-year period. Commissioners of musculoskeletal services would be justified in considering making GP referral to a short course of traditional acupuncture care available for a typical primary care population with persistent non-specific LBP.

Methods

The study was a pragmatic, two parallel group, randomized controlled trial (n=241) involving 3 non-NHS acupuncture clinics, with referrals from 39 GPs in York, UK.

Further research/reviews required

- Assess the impact of traditional acupuncture on the persistence and recurrence of LBP compared with other short-term care delivered for non-acute LBP.
- Investigate the optimum timing of acupuncture treatment for LBP, and assess the value of repeated courses of acupuncture.
- Explore the underlying causes and mechanisms for continued improvement of patients with LBP receiving a short course of traditional acupuncture.
- Distill a protocol for traditional acupuncture for LBP that allows delivery of individualized treatment while defining care that represents value for money, reliability, and safety.
- Compare cost effectiveness of different modes of short-term acupuncture for non-acute LBP, eg, acupuncture by physiotherapists in a primary care setting.
- (See full report for additional items).