

ACR: Study pins OA improvement on acupuncture treatment

Therapy leads to pain reduction and improvement in function for patients with osteoarthritis - By Robert Carlson

SAN ANTONIO, TEX. – Some clinicians get prickly when osteoarthritis patients ask about acupuncture. Words such as unproven, unscientific and hokum might feature in the physician's answer.

Well, consider this: According to a presentation here at the American College of Rheumatology annual meeting, traditional Chinese acupuncture in conjunction with standard medical treatment leads to a small but measurable reduction in pain and improvement in function for patients with osteoarthritis of the knee.

The treatment effect is not very strong, researchers stressed, hoping to dissociate their results from anything that might irresponsibly be called a cure. But acupuncture does have potential as an arthritis treatment, they said, as an effective adjunct to other therapies or adequate in itself for some individuals.

In a phase III 26-week trial, 570 patients were randomized to one of three study arms: acupuncture, sham acupuncture and an arthritis self-help course, said lead researcher Dr. Marc Hochberg, professor of medicine and head of the division of rheumatology and clinical immunology at the the University of Maryland school of medicine in Baltimore.

Dr. Hochberg said acupuncture patients received 23 treatments at points predefined according to the traditional Chinese diagnosis of "bi syndrome." Those in the sham-acupuncture arm had needles tapped on the skin at the same points. Patients in the third arm attended 12 weekly two-hour arthritis self-help group sessions. All patients continued their regular medical analgesic or anti-inflammatory regimen.

He said patients had a mean age of 65 years and were typical of an osteoarthritis study population, with symptomatic knee osteoarthritis with moderate or greater pain (on the five-point Likert scale) despite background therapy.

Changes in pain, joint stiffness and function levels were measured using the Western Ontario McMaster osteoarthritis pain and function questionnaire.

At 26 weeks, there was greater decrease in pain subscores and improvement in function subscores for the acupuncture group (minus 3.79 and minus 12.42 from baseline, respectively) than with the sham group (minus 2.92 and minus 9.87, respectively), Dr. Hochberg reported.

Although the treatment effect of acupuncture was quite modest, far less than the effect of an NSAID, for example, Dr. Hochberg said acupuncture nonetheless has a place in treatment because it is done in addition to standard treatments such as NSAIDs for an additive effect.

"This is nowhere near the pain improvement one would see with total joint replacement, but many people are ineligible for knee replacement," Dr. Hochberg said. "And acupuncture is safer than surgery."

Interestingly, there was a twist on the placebo effect seen in the study, in that about half of the sham-arm patients who said they believed they were receiving true acupuncture reported greater improvements than sham-treatment patients who had no idea what they were receiving.

It was noteworthy that Dr. Hochberg and the session moderators all expressed fear of having these data misinterpreted in the popular press. Dr. Hochberg would not consent to interviews after his presentation.

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