

Acupuncture Evidence-Based Review



Acupuncture is included by ACC within the suite of allied health treatments that are covered in the event of an accident with two sets of treatment modalities within acupuncture services, conventional therapies (such as needling, laser acupuncture, electroacupuncture and auricular acupuncture) and adjunct therapies (such as cupping, Gua Sha scraping, tuina massage and moxibustion).

ACC commissioned the University of South Australia to undertake an evidence-based review of acupuncture services delivered in a primary care setting; to better understand the effectiveness and safety of acupuncture across a wide range of musculoskeletal conditions.

ACC worked with the Acupuncture Expert Reference Group (ERG) to support the review's development and interpretation. The ERG, formed in 2017, is a multi-disciplinary advisory group representing ACC, the New Zealand Acupuncture Standards Authority (NZASA), Acupuncture New Zealand (AcNZ), and academic researchers, in the use of acupuncture for the management of musculoskeletal conditions.

The review focussed on adult patients (18 years and over) with musculoskeletal conditions being treated in primary care settings.

Timeframes (point from which treatment was started) across the studies were divided into short-term (< 6 weeks), medium term (6 to 12 weeks) and long term (> 12 weeks) outcomes. Only English, Chinese, Japanese and Korean articles published in peer-reviewed journals, accessible in full text, were included.

The high-level findings by the ERG from the evidence-based review were:

- There is some evidence that **conventional acupuncture** is effective for short-term (up to 6 weeks) relief of pain associated with some musculoskeletal conditions, but there is little evidence of medium (6 – 12 weeks) or long-term pain relief.
- Overall, insufficient evidence was available to determine whether **adjunct therapy** modalities are effective for the relief of pain or improving functional outcomes associated with musculoskeletal conditions.

For medium and long-term follow-up of pain and functional outcomes there are significant gaps in the evidence for some conventional and most adjunct therapy types.

- Across studies there was a lack of consistency in the rationale for, and use of, both needle and non-needle based acupuncture. This includes a variability in the number of treatment sessions, and the frequency and duration of treatment.
- Needle based acupuncture interventions have a low rate of adverse events, when provided by licensed and qualified practitioners. Possible adverse events, including allergies, burns and infection were associated with moxibustion and cupping, meaning they are not entirely risk-free and should be monitored with a degree of caution.
- Most studies restricted the length of follow-up to short-term timeframes only (< 6 weeks) and some only collected outcomes during the treatment period or immediately after. Follow-up time during the studies was often not sufficient to evaluate the extended effectiveness of acupuncture. More evidence is required to support evidence for any long-term benefits in pain or function.

For full details of the evidence review please request a full copy of the findings by emailing primarycare@acc.co.nz.