

Acupuncture therapy acute pain (not peri-operative)

Emergency Department

Three hundred patients presenting to an emergency department with acute pain were randomized to either acupuncture treatment (150) or IV morphine (150.) Effect was defined as at least 50% reduction in pain. Acupuncture was better than IV morphine in relieving acute pain (92% compared to 78%), in a shorter period (8-24 minutes compared to 14-42 minutes) and with considerable fewer adverse effects (4 compared to 86).

Grissa MH, Baccouche H, Boubaker H, et al. Acupuncture vs intravenous morphine in the management of acute pain in the ED. *Am J Emerg Med.* 2016;34(11):2112-2116.

In a retrospective observational study of feasibility and acceptability 182 emergency department patients who received acupuncture resulted in 94 (52%) who did not have analgesic medicine before or during acupuncture session had a decrease in pain comparable to patients who had received analgesics but with the addition of reduction in anxiety.

Reinstein AS, Erickson LO, Griffin KH, et al. Acceptability, Adaptation, and Clinical Outcomes of Acupuncture Provided in the Emergency Department: A Retrospective Pilot Study. *Pain Med.* 2016.

A retrospective trial of 200 patients presenting to the emergency department in acute pain received usual care and acupuncture. Over half (57%) reported a satisfaction score of 10 for acupuncture treatment demonstrating feasibility and benefit.

Zhang AL, Parker SJ, Smit de V, Taylor DM, Xue CC. Acupuncture and standard emergency department care for pain and/or nausea and its impact on emergency care delivery: a feasibility study. *Acupunct Med.* 2014;32(3):250-256.

A 2006 study of acute pain emergency department patients compared 50 patients having ear acupuncture to 50 who had usual care found participants who received acupuncture had a 23% reduction of pain before leaving ER compared to no change in standard medical group.

Goertz CMH, Niemtow R, Burns SM, Fritts MJ, Crawford CC, Jonas WB. Auricular acupuncture in the treatment of acute pain syndromes: A pilot study. *Mil Med.* 2006;171(10):1010-1014

Authors describe 4 cases in which emergency physicians with brief training performed an auricular acupuncture protocol to treat patients with acute pain in EDs when opioid analgesia was not an acceptable option.

Tsai SL, Fox LM, Murakami M, Tsung JW. Auricular Acupuncture in Emergency Department Treatment of Acute Pain. *Ann Emerg Med.* 2016;68(5):583-585.

A 2008 review of the Japanese literature finds acupuncture treatment is valuable for acute pain conditions including post-operative pain and for use as anesthesia in tooth extraction.

Taguchi R. Acupuncture anesthesia and analgesia for clinical acute pain in Japan. *Evid Based Complement Alternat Med.* 2008;5(2):153-158.

Acute Migraine

One hundred seventy-five acute migraine patients presenting at hospital were randomized to receive verum acupuncture or one of two kinds of sham treatment that included needle insertion. Change in VAS scores from baseline at 0.5, 1, 2, and 4 hours after treatment with verum acupuncture reducing pain at 2 and 4 hours. Most patients in the verum acupuncture group experienced pain relief within 24 hours and did not experience recurrence or intensification of pain (79.6%).

Li Y, Liang F, Yang X, et al. Acupuncture for treating acute attacks of migraine: a randomized controlled trial. *Headache.* 2009;49(6):805-816.

Acute and Subacute Low Back Pain

The **2017 Clinical Guidelines of the American College of Physicians** for acute, subacute, and chronic low back pain recommend that for **acute or subacute low back pain** patients should select nonpharmacologic treatment with **superficial heat, massage, acupuncture, or spinal manipulation**.

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Qaseem A, Wilt TJ, McLean RM, Forcica M, for the Clinical Guidelines Committee of the American College of P. Noninvasive treatments for acute, subacute, and chronic low back pain: A clinical practice guideline from the American College of Physicians. *Ann of Intern Med.* 2017.