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ACUPUNCTURE MAY BE EFFECTIVE FOR **PREVENTION** OF **TENSION-TYPE** HEADACHE, **BUT MAGNITUDE** OF **IMPROVEMENT SMALL** MAY BE COMPARED TO SHAM

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SECTION HEAD: Evidence-based Integrative Medicine Updates

Acupuncture may be effective for prevention of tension-type headache, but magnitude of improvement may be small compared to sham

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Column Description: *DynaMed* is an evidence-based clinical reference, which is updated daily through systematic surveillance and critical appraisal of the research literature. DynaMed editors and reviewers select content of interest for integrative medicine, summarize the current evidence, and describe challenges in evidence analysis and application. Evidence quality is rated *level 1* (*likely reliable*) evidence for studies with clinical outcomes and minimal risk of bias, *level 2* (*mid-level*) evidence for studies with clinical outcomes and significant methodological or statistical limitations, and *level 3* (*lacking direct*) evidence for reports that do not include scientific analysis of clinical outcomes. When applicable, the number of patients needed to be treated to lead to one patient having an improved outcome (NNT for number needed to treat) or a worse outcome (NNH for number needed to harm) is presented. DynaMed is available at http://www.dynamed.com/. For more information, contact Brian S. Alper, MD, MSPH, FAAFP, at DynaMedEditor@ebscohost.com.

Acupuncture may be effective for prevention of tension-type headache, but magnitude of improvement may be small compared to sham

Level 2 [mid-level] evidence Cochrane Database Syst Rev 2016 Apr 19;(4):CD007587

Tension-type headache is the most common kind of primary headache worldwide,¹ with a lifetime prevalence of 30 – 78%.² The burden of suffering imposed by tension-type headaches (TTH) largely depends on their frequency. Episodic TTH is considered frequent when it occurs on 1 - 15 days per month. If the frequency increases to > 15 days, it is considered chronic TTH.³ As headache frequency increases, so do the risks associated with the overuse of abortive analgesics, such as rebound headaches.⁴ Electromyographic biofeedback and amitriptyline may be separately beneficial for reducing the frequency of TTH.⁵,6 Acupuncture has been used for the management of TTH for centuries in China and, more recently, has become popular in Western countries as well.⁵ Notwithstanding its popularity, two previous systematic reviews found no clear distinction between acupuncture and sham for the reduction of TTH frequency.^{8,9}

In the present systematic review, researchers analyzed 12 randomized controlled trials investigating the effectiveness of acupuncture for preventing frequent episodic or chronic TTH in 2,349 adults. Treatment response was defined as a $\geq 50\%$ reduction in headache frequency. Number of weekly treatment sessions ranged from 6 to 15 and the follow-up period lasted from 8 to 24 weeks. Five of the trials were at high risk of performance or detection bias due to non-blinding, and 10 trials were additionally at unknown risk for selection, reporting and/or attrition bias.

Compared to a sham control, acupuncture was associated with increased pooled response rate at 3-4 months [risk ratio (RR) = 1.27 (95% CI 1.09-1.48, NNT 5-26) in analysis of 4 trials with 703 patients] and at 5-6 months [RR = 1.17 (95% CI 1.02-1.35, NNT 6-107) in analysis of 4 trials with 723 patients]. Acupuncture was also associated with fewer headache days during the same time windows: mean difference (MD) = -1.62

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