

ACUPUNCTURE TO TREAT THE SYMPTOMS OF PATIENTS IN A PALLIATIVE CARE SETTING

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Introduction: Patients enrolled in hospice and palliative care programs experience a vast array of symptoms requiring the expertise of a multidisciplinary team to address. Acupuncture can be an effective addition to a hospice team whose goal is maximum comfort and quality of life (QOL). The objective of this project was to examine the effectiveness of acupuncture to relieve symptoms commonly observed in patients in a hospice program.

Methods: All over 26 patients participated in the acupuncture trial, receiving a course of weekly treatments that ranged from 1 to 14 weeks. The average number of treatments was five. The Edmonton Symptom Assessment Scale (ESAS) was used to assess the severity of pain, tiredness, nausea, depression, anxiety, drowsiness, appetite, well-being, and dyspnea. A two-tailed, paired *t* test was applied to the data to compare symptom scores pre- versus post-acupuncture treatment.

Settings/Participants: Patients enrolled in All Care Hospice's home care program were given the option to receive acupuncture to supplement usual care offered by the hospice

team. Treatment was provided by licensed acupuncturists in the patient's place of residence.

Results: Seven out of nine symptoms were significantly ($P < .001$) improved with acupuncture, the exceptions being drowsiness and appetite. Although the ESAS scale demonstrated a reduction in symptom severity post-treatment for both drowsiness and appetite, this reduction was not found to be significant.

Conclusion: Acupuncture was found to be effective for the reduction and relief of symptoms that commonly affect patient QOL. Acupuncture effectively reduced symptoms of pain, tiredness, nausea, depression, anxiety, and shortness of breath, and enhanced feelings of well-being. More research is required to assess the long-term benefits and symptom reduction of acupuncture in a palliative care setting.

Key words: palliative, hospice, acupuncture, pain, well-being, anxiety

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INTRODUCTION

This report reviews the formation of and preliminary clinical effects of an acupuncture treatment program for symptoms commonly observed in patients in a hospice program. Many terminally ill patients turn to acupuncture to enhance quality of life (QOL).¹ The need for self-empowerment as well as physical and emotional healing attracts some patients to seek out unorthodox therapy with fewer side effects than conventional medicine² or to control side effects of the disease or its treatment.³ Acupuncture therapy integrates well into hospice

care as both are holistic and focus on addressing symptoms that negatively impact an individual's quality-of-life; important considerations for a hospice population facing progressive, life-limiting illnesses. Among the common symptoms that reduce patients' quality of life (QOL) often addressed by hospices and acupuncturists, pain and shortness of breath or breathlessness (dyspnea)⁴ are the most common and, usually, the most problematic. Other symptoms that are often the focus of care include nausea/vomiting, constipation, fatigue, anxiety, depression, and lack of well-being.⁵ There have also been studies that have looked at xerostomia (dry mouth) and hot flashes.⁶

Many patients and healthcare providers are supportive of acupuncture as a treatment modality in palliative care. In a survey to assess patients' knowledge about acupuncture, 80% of respondents expressed an interest in receiving acupuncture, with pain being noted as the most common symptom that patients would seek acupuncture to help treat.⁷ In a study looking at the feasibility of integrating acupuncture into a palliative care oncology facility, 97% of patients considered acupuncture an important therapy for symptom management.⁶

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In a similar survey, 140 healthcare professionals ranked acupuncture number at one of 19 treatment therapies that they would like to know more about.⁸ Interestingly, some investigators have reported difficulty in recruiting patients to participate in acupuncture trials, as many of them did not want to be randomized to a non-acupuncture arm.⁵

In 2011, patients attending a pain and symptom clinic for palliative care were recruited to take part in a pilot study⁵ utilizing acupuncture to reduce commonly experienced symptoms of pain, tiredness, nausea, depression, anxiety, drowsiness, anorexia, lack of well-being, and shortness of breath. Symptom severity was assessed by each patient through the Edmonton Symptom Assessment Scale (ESAS). Patients were included in the study if they endorsed at least a 5 out of 10 on one or more of the symptoms tiredness, drowsiness, anxiety, or lack of well-being.⁵ All nine symptoms were improved immediately after acupuncture, with improvements continuing in all but three symptoms (pain, nausea, and appetite) after 6 weeks. The lack of continued pain reduction following cessation of acupuncture treatments corresponds with other findings that the analgesic effects of acupuncture wear off more quickly toward the end of life.⁹

Dean-Clowder et al. also reported on the improvement in QOL and relief of symptoms of patients receiving acupuncture in a palliative setting. A total of 32 patients reported immediate improvement post-treatment for anxiety, fatigue, pain, and depression. One month following the eight-week treatment schedule patients continued to report sustained benefit for QOL measures of pain, physical and psychological distress, life satisfaction, and mood state.¹⁰ Fatigue has further been individually studied with patients reporting reductions in fatigue levels following acupuncture treatments.¹¹

Of the studies that focused specifically on pain relief, acupuncture continues to prove effective in reducing symptoms of pain,¹² even when traditional approaches to pain relief were not effective.¹³ One study utilizing auricular acupuncture to treat acute and chronic pain that was uncontrolled by conventional means reported a significant reduction in pain within two days of insertion of semi-permanent acupuncture studs, with 93% of patients reporting moderate to complete relief of symptoms after two weeks.¹⁴ Along with reducing pain levels in terminally ill patients, acupuncture also has the added benefit of reducing the need for analgesic medications.¹⁵ However, a systematic review of 15 randomized controlled trials (RCTs) investigating the use of acupuncture in patients with terminal cancer concluded that there was no strong evidence for the effectiveness of acupuncture in the treatment of cancer pain.¹ These conclusions were drawn despite the fact that all but one of the RCTs reported reduction of pain with acupuncture versus, or in conjunction with, usual care and despite the fact that "all of the included RCTs reported subjective symptom relief from the patients' baseline cancer pain status."¹ With no current objective measures of pain in a palliative care setting, surely any treatment that benefits the patients' QOL must be viewed as successful and effective. A second systematic review concluded similar findings, although many of the individual trials reported that

acupuncture was successful for the relief of pain associated with terminal cancer.¹⁶ What these reviewers fail to realize is that the standard being measured against, i.e., usual care, is more often than not failing patients when it comes to relief from their pain. The integration of acupuncture into a palliative setting will by no means replace conventional medical care and treatment. Rather, it serves as a complementary modality to improve QOL physically, emotionally, and spiritually. However, for patients who are unable to tolerate or are reluctant to take pain medications, acupuncture serves as an ideal adjuvant.¹⁷

Dyspnea is reported as a side effect, affecting the QOL in an estimated 50–70% of patients with terminal illness.⁴ Three studies were conducted on the effects of acupuncture on dyspnea in patients receiving palliative care. While all studies reported that acupuncture was beneficial in improving the symptom and offering relief, two of the studies were unable to show a significant difference in results between verum acupuncture and sham¹⁸ or sham transcutaneous electrical nerve stimulation.¹⁹ The most successful study reported a 42% reduction in breathlessness in 70% of patients following a single acupuncture treatment.²⁰ This improvement, along with a significant reduction in respiratory rate and anxiety, was sustained for 90 min after treatment.

Nausea has been reported to affect between 40% and 70% of terminal cancer patients near the end of life.²¹ As one of the few symptoms recognized by the NIH that acupuncture is successfully able to treat,²² acupuncture plays an important role in the palliation of nausea and vomiting, especially when conventional anti-emetics fail to offer any relief. Overall, 94% of patients reported significantly reduced nausea following acupuncture treatments and 75% of patients remained nausea free throughout the acupuncture sessions, even while they were undergoing chemotherapy.²¹

While the majority of articles published to date in the field of palliative care and acupuncture have focused mainly on cancer, research has also been done looking at the use of acupuncture for symptom management of non-malignant terminal illnesses such as HIV²³ and chronic obstructive pulmonary disease,¹⁹ demonstrating the salutatory effects of acupuncture.⁹ Despite the widely held misconception that hospice is intended to provide care just to people with cancer, the Medicare hospice benefit was created to provide care to all people with terminal illnesses. For many years now, the majority of patients receiving hospice care have had non-malignant disease. In 2011, non-malignant diagnoses accounted for 62.3% of all patients' admitted to hospice. Among the most common non-malignant diagnoses leading to admission to hospice were 13% with a diagnosis of dementia, 14.3% with a diagnoses of heart disease, 8.3% with a diagnoses of pulmonary disease, and 13.9% with a diagnosis of "terminal debility" (National Hospice and Palliative Care Organization, *Hospice Care in America*, 2012 edition). Acupuncture demonstrated potential as an adjunctive technique in palliative care and is clinically cost effective.²⁴ No adverse events were reported in the literature for patients receiving acupuncture for palliative care to reduce symptoms and improve QOL. Although adverse events do occur with

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