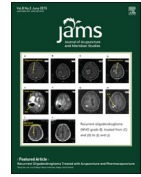


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## RESEARCH ARTICLE

# Patient-reported Outcomes of Acupuncture for Symptom Control in Cancer



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satisfaction

### Abstract

Acupuncture is increasingly offered as a treatment option for managing cancer-related symptoms. In addition to randomized controlled trials, patient-reported outcomes may be needed to establish treatment effectiveness. This study retrospectively examined the symptoms and the satisfaction ratings of 90 patients receiving acupuncture at an integrative oncology clinic. At least two acupuncture sessions were completed by 72% of the sample. The prevalence rates of fatigue, pain, anxiety, physical distress, emotional distress, and poor quality of life before acupuncture were > 62%. Paired *t* tests revealed a significant reduction in symptoms from baseline until after the first acupuncture session and after the last session ( $p < 0.05$ ). Fewer (21%) patients reported nausea, which was significantly reduced after the first session, but not the last session. Reductions represented clinically meaningful differences in 33–41% of patients after the first session and in 41–53% of patients after the last session for all symptoms, except nausea. A small subset of patients (0–8%) reported worsening symptoms after acupuncture. The majority were satisfied with the service. The results of this study suggest that acupuncture may be useful as an adjunct treatment for cancer symptom management. While high-quality trials are still needed to establish the treatment's efficacy, patients may benefit from these primarily safe, low-cost services.

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## 1. Introduction

Acupuncture has been used for thousands of years in Eastern medicine, although Western medicine has only recently recognized acupuncture as an acceptable treatment modality for managing physical symptoms and illnesses [1]. In 1996, the United States Food and Drug Administration approved acupuncture needles as medical devices [2], which legitimized acupuncture as a health practice. The National Institute of Health Office of Alternative Medicine was created in 1991, which spurred research into unconventional practices such as acupuncture [3]. (In 1998, this office was transformed into the National Center for Complementary and Alternative Medicine; in December 2014, the center was renamed the National Center for Complementary and Integrative Health [3].) Emerging evidence suggests that acupuncture may reduce pain [4,5], chemotherapy-related nausea and vomiting [6], hot flashes [7–9], fatigue [10], xerostomia [11,12], and other symptoms [13,14] experienced by cancer patients. The positive impact of acupuncture on mood and sleep has also been documented [15].

Gaps exist in the research literature, particularly in relation to understanding the mechanisms of action [16] and designing adequate randomized controlled trials (RCTs) [5] to demonstrate the effectiveness of acupuncture; however, it has been established that acupuncture performed by a qualified provider is safe. Studies of large samples of individuals receiving acupuncture have identified low rates of serious or minor adverse events [17–19]. Within the oncology setting, evidence-based clinical practice guidelines have been published, and these guidelines recommend that acupuncture be avoided in patients with severe bleeding tendencies (e.g., neutropenia, thrombocytopenia) and that needles should not be directly inserted into tumor sites or areas of lymphedema [20].

Because of the established safety and potential benefits of acupuncture, several integrative oncology programs in the United States and Europe now offer this service to their patients [21,22]. A review of studies published in English that examined the use of complementary and alternative medicine by cancer patients suggests that the rate of acupuncture use is between 0.2% and 17% [23]. Because cancer patients are already receiving acupuncture services, it is important to document the patients' response to these treatments. Randomized controlled trials are the gold standard for establishing the effectiveness of acupuncture; however, patient-reported outcomes may also be needed to understand whether patients perceive acupuncture to be effective [24]. In recent observational studies, cancer patients have reported improvements in symptoms such as pain, nausea, anxiety, and well-being after receiving acupuncture [25,26]. An acupuncture service was established in 2005 at the Moffitt Cancer Center (Tampa, FL, USA), which is a National Cancer Institute-designated comprehensive cancer center in southeast United States and serves > 50,000 patients per year with nearly 340,000 outpatient visits. Acupuncture was provided by a physician on a fee-for-service basis. Oncologists could refer patients to the service for pain and symptom management or patients could self-refer. Self-referred patients required

approval from their oncologist before receiving the service. As part of clinical care, patients provided information on their symptoms and satisfaction with acupuncture services. The purpose of this retrospective study was to obtain preliminary patient-reported data on the impact of acupuncture on symptom management in cancer.

## 2. Materials and methods

### 2.1. Study design

This was a retrospective review of acupuncture data collected by a physician acupuncturist as part of clinical care delivered between September 2010 and October 2012. The study was approved by the University of South Florida Institutional Review Board (Tampa, FL, USA).

### 2.2. Records

A total of 153 adults received 558 acupuncture treatments from a physician–acupuncture provider. Data collected as part of clinical care was de-identified for research purposes. Records with no symptom data ( $N = 9$ ) and records for noncancer patients (i.e., cancer caregivers or cancer center employees;  $N = 54$ ) were excluded. After applying the exclusion criteria, 90 cancer patients remained who had at least one acupuncture visit. Available demographic data included sex, race, ethnicity, age, and cancer diagnosis. Data are presented for the first visit and final visit, if available.

### 2.3. Measure

Before (i.e., baseline) and after (i.e., post) each acupuncture treatment, patients completed clinical symptom rating scales that assessed individual symptoms of pain, nausea, fatigue and anxiety and overall physical distress, overall emotional distress, and quality of life on a 10-point numerical rating scale from 1 (“no problem”) to 10 (“as bad as it can be”). The rating scales were designed for clinical use and assessed only a limited number of symptoms to minimize patient response burden. The post-acupuncture rating scale also included three satisfaction items (rated on a 5-point numerical rating scale) that measured the patient's satisfaction with the session, satisfaction with the provider, and likelihood of recommending the service to others. Higher ratings represented more satisfaction and greater likelihood of recommendation.

### 2.4. Acupuncture treatment

Western medical acupuncture treatment was offered by one internal medicine physician provider who trained in acupuncture at a Western medical school. The provider had been practicing acupuncture for approximately 6 years. The service was provided in consultation rooms located in the cancer center. Patients could be referred by their oncologist or could be self-referred. For self-referred patients, the acupuncture physician obtained approval from

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