



Research paper

Evidence-based (GRADE approach) Korean medicine clinical practice guidelines of manual acupuncture for the treatment of shoulder pain

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ABSTRACT

Introduction: Shoulder pain is a common musculoskeletal problem and one of the highest health expenditures in Korea. This article describes the development of evidence-based Korean medicine (KM) clinical practice guidelines (CPGs) for manual acupuncture for the management of shoulder pain.

Methods: The CPG-KM Development Committee was provided with 12 clinical questions on manual acupuncture for the management of shoulder pain. A literature search was then conducted on seven databases (PubMed, Medline, the Cochrane Library, three Korean medical databases and one Chinese medical database).

Results: The final recommendations were developed by reaching official agreement on the draft using the Delphi method and the CPG-KM for shoulder pain which was approved by The Society of Korean Medicine Rehabilitation. Twelve clinical questions and eleven of the recommendations (grade A (2), B (5), C (2) and GPP (2)) were primarily related to manual acupuncture methods. A manual acupuncture treatment is recommended as grade A, to alleviate pain and improve the range of motion and shoulder joint function of an adult shoulder pain patient. An acupuncture treatment for shoulder pain should simultaneously consider local and distal acupoints.

Conclusion: The CPG KM for shoulder pain provides a standard procedure for the treatment process to ensure that a high quality medical service is provided globally to all patients for traditional KM, thereby supporting international traditional medicine research methodology. If additional clinical research is conducted in the future, this CPG can be updated to reflect the most up-to-date evidence.

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1. Introduction

Shoulder pain is a common musculoskeletal problem that affects 25% of the entire population at least once in their lifetime [1]. Having the highest mobility of all joints in the body, the shoulder can be unstable, which is likely to cause pain or tissue damage and frequently leads to degenerative changes. According to the 2004–2009 Annual Statistical Reports by the Health Insurance Review and Assessment Service (HIRA), the largest expenditures in traditional Korean medical hospitals go on treating low back pain; the second highest amount is spent on the treatment of shoulder pain [2].

The Korean health care system is characterised by dual systems, traditional Korean medicine (KM) and Western medicine. Many patients with chronic diseases and musculoskeletal disorders use traditional Korean treatment or integrated treatment combining traditional Korean and Western medicine [3]. While a considerable number of shoulder pain patients opt for surgery, there is a widespread cultural preference for non-invasive treatment in Korea. Patients seek KM (e.g., acupuncture, Chuna, herbal medicine, and pharmacopuncture) for a broad range of complaints but predominantly for musculoskeletal disorders [4].

However, KM treatment for shoulder pain is inadequate; most studies in this area are on single interventions and fail to reflect actual clinical practice [5–8]. Because KM is not highly standardized, with various factors contributing to subjective diagnosis and treatment methodologies, there is increasing demand in the KM communities for clinical practice guidelines (CPGs) [4].

Several CPGs for shoulder pain were developed in USA [9–12]. Among the several CPGs, very few include KM related content.

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Recent CPGs have reported that acupuncture is recommended for subacute or chronic pain patients who are trying to increase function and/or decrease medication usage and have an expressed interest in this modality.

Clinical questions in this CPG are focused on therapeutic effects, detailed plans of action and side effects for each treatment. Early intervention for shoulder pain using KM may delay or avoid the need for surgery. It is possible to reduce the economic and temporal burden on shoulder pain patients. The target users of these guidelines are KM doctors within KM hospitals and clinics. In this study, we developed the CPG for manual acupuncture for shoulder pain. Therefore, we aimed to provide the evidence based recommendations necessary to develop CPG to improve the appropriate use of traditional KM for shoulder pain.

2. Methods

The guideline group consisted of three groups including a professional group, a working group, and a review committee group. Acting on the premise that The Society of Korean Medicine Rehabilitation (<http://www.ormkorea.org/>) experts on shoulder pain were involved, individual groups consisting of multidisciplinary experts were formed for the developmental process. Details of the guideline development committee are listed in Table 1. Then, through a systematic review of the literature, which served as a main methodology for the development of evidence-based CPGs, we analysed the clinical evidence currently available. By summarizing clinical expert opinions based on scientific evidence and clinical experience, the final recommendations were prepared through a formal consensus of methodologies. A review committee amended the CPGs, which were then approved by The Society of Korean Medicine Rehabilitation.

Table 1

Composition of development committee.

Group	Member of name	Member of name
Professional group	Myeong Soo Lee Ju Ah Lee Tae-Young Choi Jiae Choi Ji Hee Jun Byoung-Kab Kang Mi Mi Go Soo Seong You Jeeyoun Jung	Korea Institute Oriental Medicine
Review committee group	Jongwoo Kim Ho-Yeon Go Dong il Kim Byung-Cheul Shin Gi Young Yang Jung-Han Lee Hyangsook Lee Byungmook Lim	Kyung Hee University Semyung University Dongguk University Pusan National University Pusan National University Wonkwang University Kyung Hee University Pusan National University
Working group	Seung-Ryong Yeom Min-Soo Kim Jun-Hui Kim Seonjeng Min Dongsu Park Wonhyung Park Jungyo Park Woosuk Shin Donghun Jung Suhyeon Jeong Hae Chang Jung Yunyeop Cha	Wonkwang University Wonkwang University Wonkwang University Wonkwang University Semyung University Sangji University Semyung University Sangji University Sangji University Sangji University Semyung University Semyung University Sangji University

2.1. Establishment of a network to develop CPG-KM

The Society of Korean Medicine Rehabilitation convened to develop a working group of 12 KM doctors represented Oriental Rehabilitation Medicine experts nationwide. They controlled the quality of the entire development process and determined the contents of the CPG-KM. A panel was established as a technical assistance team to prepare related guideline documents, review the literature, conduct the Delphi survey, and draft and edit the CPG-KM.

2.2. Education program to train CPG developers

A methodology was needed for developing CPGs for the KM environment that was lacking supporting evidence, and technical support was provided. The Korea Institute of Oriental Medicine (KIOM) provided four workshops and education programs for members of the guideline development groups. This program aimed to create a standard for developing rigorous and trustworthy clinical practice guidelines and thus contained varied content that included the following: 1) from setup to clinical questions settings; 2) literature search/screening according to PICO (population, intervention, comparison, outcome); 3) evaluation and integration of body of evidence [Grading of Recommendations Assessment, Development, and Evaluation (GRADE) approach]; and 4) from evidence to recommendation determination. The purpose of this workshop was to share information about evidence-based methodologies of the most important elements of CPGs. We invited methodology experts, and a bond of compatibility developed among the group members.

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