



Research paper

General Practitioners' use of and attitudes to acupuncture in relation to the UK's National Institute for Health and Care Excellence (NICE) clinical guidelines—A pilot study

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ABSTRACT

Introduction: Until April 2016, acupuncture in the UK was recommended by the National Institute for Health and Care Excellence (NICE) as a potential treatment modality for three conditions, but use of this guidance in primary care is unknown. The aim of this study was to update the mapping of acupuncture on NICE clinical guidelines and to explore general practitioners' (GPs') awareness of those guidelines, as well as their views on and referral to acupuncture. It also examined the feasibility of research through electronic questionnaires administered to GPs.

Methods: Initially, a literature search was conducted of NICE guidelines mentioning acupuncture (up to July 2015). Subsequently, a random sample of 57 GPs in North London was asked to complete an electronic survey.

Results: Literature search identified one new "do not offer" recommendation (CG171: *Urinary Incontinence*). Four guidelines discussed acupuncture, concluding evidence was insufficient. The survey yielded 19 responses from 34 potential respondents. Patient demand appeared widespread but small; several GPs received enquiries but provided no access. The most common reason for enquiry was pain management. Importance assigned to guidance and awareness of guidance other than for pain varied significantly: GPs' decision to offer access did not correlate with guideline awareness. GPs often expected recommendations where there were none. GPs professing least trust in guidance appeared more likely to offer acupuncture access.

Conclusion: NICE guidelines appeared not to reflect acupuncture provision in primary care. Electronic questionnaires are a feasible research method in primary care, although obtaining up-to-date contact details poses a challenge.

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1. Introduction

In England, clinical guidance is developed by the National Institute for Health and Care Excellence (NICE),² a non-

departmental public body. NICE guidelines are developed by Guidance Development Groups, who determine review questions relating to the considered condition or intervention and search for evidence that best answers them.

In the most recent review of NICE clinical guidelines in the UK [1], acupuncture was reported to be the most frequently mentioned Complementary and Alternative Medicine (CAM), discussed in 35 guidelines, and, at that time, recommended as one of the treatment options for three conditions. These were: low back pain in Clinical Guideline 88: *Low back pain: early management of persistent non-specific low back pain*, 2009 (CG88), and for headaches and migraines in Clinical Guideline 150: *Headaches: diagnosis and management of headaches in young people and adults*, 2011 (CG150). At the time of writing, those remained the only guidelines recommending acupuncture as a potential treatment modality, while Clinical Guideline 62: *Pregnancy Care* (CG62), recommended discussing wrist acupressure for pregnancy nausea,

Abbreviations: CAM, Complementary and Alternative Medicine; CCG, Clinical Commissioning Group; GP, General Practitioner; NHS, National Health Service; NICE, National Institute for Health and Care Excellence.

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² The naming of this institution occasionally presents some confusion. Between 1999 when it was established and 2005, NICE was known as the National Institute for Clinical Excellence. In 2005, it merged with the Health Development Agency, changing its name to the current one.

while informing women to minimise their use of CAM in general. However a revised version of CG88, currently under consultation until May 6th, 2016, does not include acupuncture as a recommendation. Most guidelines which discuss acupuncture conclude it cannot be recommended based on weak or insufficient evidence (e.g. CG70: *Labour induction*; CG111: *Nocturnal Enuresis*; CG 120: *Psychosis with coexisting substance misuse*).

At the same time, systematic reviews point to a substantial body of evidence for acupuncture use for other conditions: for instance, neck pain [2,3], obstetric conditions [4], and chronic pain conditions, including shoulder and osteoarthritis [5]. Hence, international clinical guidelines sometimes include acupuncture recommendations which are not endorsed by NICE, such as the 2007 Guidelines of the American College of Chest Physicians for lung cancer, or the French Haute Autorité de Santé guidance for Nausea and Vomiting of Pregnancy [6].

Additionally, the relationship between guidelines and clinical practice is often questioned. Reports suggest that general practitioners may be “critical” of such guidance [7] and “not implementing the guidelines they disagree with” [8].

To the best of the authors’ knowledge, GPs’ awareness and implementation specifically of acupuncture guidelines has not yet been studied in the UK. Also, no studies of GPs’ attitudes to guidelines have been conducted since 2009, when acupuncture was first mentioned by NICE as a potential recommendation in CG88.

A better understanding of the inter-relation between GPs, acupuncture and guidelines can inform ways to enable patients to benefit from the choice of more treatment options. Should patients require acupuncture for a condition not supported by NICE, they have to cover the cost, which may constitute a barrier to treatment. In 2009, of the 4 million reported annual acupuncture treatments, about one-third were provided within the NHS, the remaining being private [9]. In order to enable equal access to beneficial treatment modalities, the question of whether official bodies such as NICE develop guidelines which match the realities of patient-doctor interaction becomes ever more pertinent.

Furthermore, some researchers specify advantages of CAM integration for the NHS, such as lower long-term costs of care [10]. Additionally, examining GPs’ attitudes to NICE guidelines for acupuncture can help illuminate whether the time and budget of national organisations is spent developing guidelines that serve the intended public, or “fall on stony ground”, as Rashidian et al. [7] suggested of guidelines. However, as GPs are facing increasing time pressures, research involving this group is notoriously difficult [11,12].

In the view of the above, there appears to be a gap in research pertaining to the use of NICE guidelines relating to acupuncture in primary care. Phase one of this study aimed at updating the mapping of acupuncture within NICE guidelines. This information was used in phase two, which piloted an electronic questionnaire to assess the feasibility of questionnaire-based research methods in general practice. The research objectives of phase two were to explore, firstly, acupuncture usage in primary care, secondly, GPs’ attitudes to this treatment modality and thirdly, their awareness and attitude to official NICE guidelines for acupuncture.

2. Methods

2.1. Study design

There were two parts to this study. The first part consisted of generating an updated review of NICE guidelines on acupuncture, by tracing which NICE guidelines provide a recommendation relating to acupuncture and the specific recommendations for each guideline. The second part was a pilot survey of a random sample of

General Practitioners in a multi-ethnic London Borough, (Brent) using an electronic questionnaire.

2.2. Part 1: reviewing NICE guidance on acupuncture

It was intended for this phase to update the 2014 review by Lorenc et al. [1], but focusing only on acupuncture. The initial search covered a time period which overlapped with Lorenc’s review, in order to be cross-checked with that review to assess the accuracy of the search method. The NICE website was searched for the keyword “acupuncture” within clinical guidance. This yielded 38 hits; leading to 13 clinical guidelines. Cross-checking revealed that there were four guidelines discussed by Lorenc et al. as relevant to acupuncture (CG120; CG143; CG52 and CG112) which had not been identified by our search. As a result; the initial search process was proved inadequate and was modified. The full text of all guidelines published between July 2013 and July 2015 was searched for the keyword “acup*”; allowing identification of both acupuncture and acupressure.

The updated list of guidelines pertaining to acupuncture was then used in Part Two of the study, to assess correct recognition of guidelines by questionnaire respondents.

2.3. Part 2: electronic questionnaire survey of general practitioners

2.3.1. Data collection

A random sample of 57 General Practitioners from the London Borough of Brent were sent an email invitation to complete a questionnaire survey, hosted on SurveyMonkey (www.surveymonkey.com). The biggest challenge of the study was to obtain GP contacts and secure a sufficient response rate, hence the study was conducted through the Applied Research Unit in Brent CCG, who also handled the randomisation process. Participant inclusion criteria were:

- currently registered as a General Practitioner,
- working in the London Borough of Brent, irrespective of place of residence.

Required sample size was calculated based on Yamane’s simplified formula [13]:

$$\text{Population} / (1 + \text{population} \times \text{sampling error}^2)$$

Consequently, the study aimed to collect 23 responses, in order to analyse results to a margin of error of 0.2. An assumption about the expected response rate was made on the basis of studies into GP questionnaire responsiveness, which is notoriously low [7,11,12]. Taking into account that the collaboration with Brent’s CCG raised the profile of the research, we assumed a response rate of around 30%–35% for this study, leading to an initial sample of 57. The initial mailing on the 26th of June 2015 was followed by two reminders, sent on the 21st of July and the 5th of August 2015, with the view to increasing the response rate since there was a high probability that GPs would be on annual leave at this time of year.

2.3.2. Questionnaire design and administration

The questionnaire was electronic, largely quantitative with a qualitative component, and hosted on SurveyMonkey.com (Appendix A). A questionnaire approach was chosen over interviews as less demanding on the time of the respondents.

The questionnaire was designed specifically for this pilot study, based on the guidance offered in Oppenheim [14] and Foddy [15]. There was consultation with the research unit in Brent CCG prior to use. There were four parts: (1) demand for and provision of acupuncture, (2) attitude to acupuncture, (3) NICE guideline

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