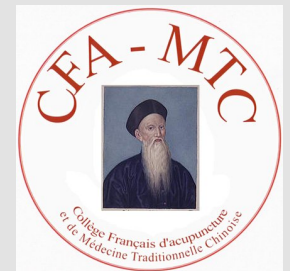


Evidence-Based Guidelines : Good or Bad Thing for Acupuncture ?

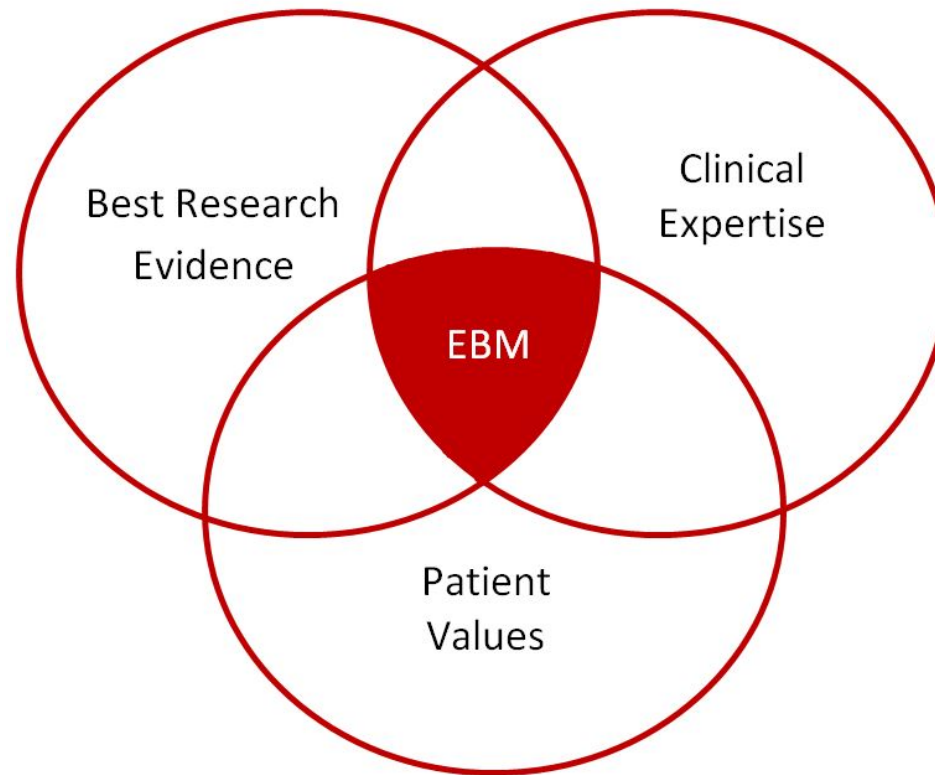
Henri Yves Truong Tan Trung, MD
French College of Acupuncture, Chair



Key objectives of this session

- Understand the importance of an evidence based guideline
- be able to say why this kind of guideline can be a good or bad thing for acupuncture...or maybe still questioning.

Evidence Base Medicine

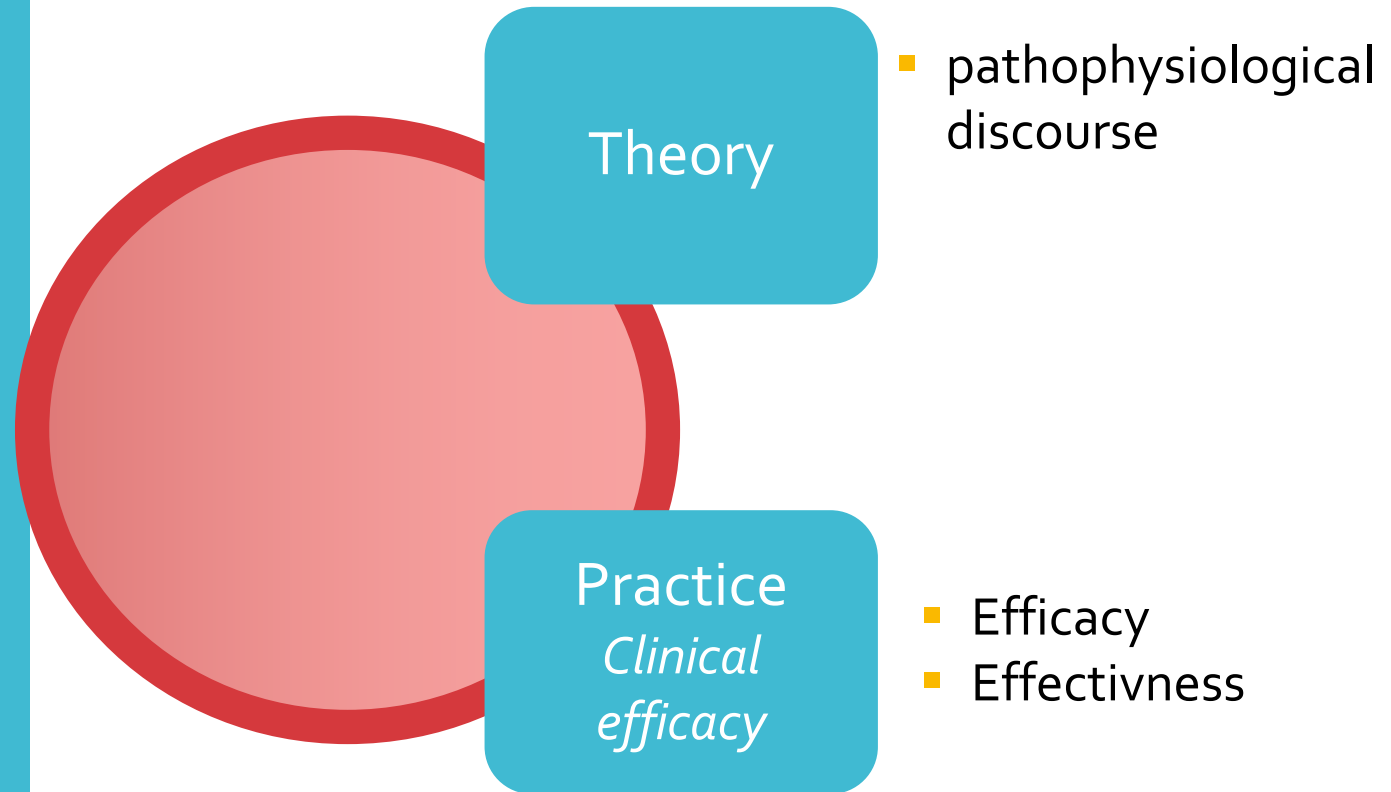


1. [Sackett DL](#), [Rosenberg WM](#), [Gray JA](#), [Haynes RB](#), [Richardson WS](#). Evidence based medicine: what it is and what it isn't. [BMJ](#). 1996 Jan 13;312(7023):71-2.

The 5 A's of the Evidence Cycle

- **Ask** - Develop a searchable question. PICO is a helpful format for ensuring that a clinical question includes four essential elements: patient, intervention, comparison, and outcome.
- **Acquire** - Once a searchable question is developed, EBM resources are used to locate a high quality information source to answer that question.
- **Appraise** - Use critical appraisal to ensure that the information being used is high quality, authoritative, and relevant to the patient.
- **Apply** - Combine the best research evidence, clinical expertise and patient values to determine a course of action and apply the it to the patient.
- **Analyze** - Reflect on the course of action taken, and seek ways to improve.

EBM : dissociation between Theory and Practice

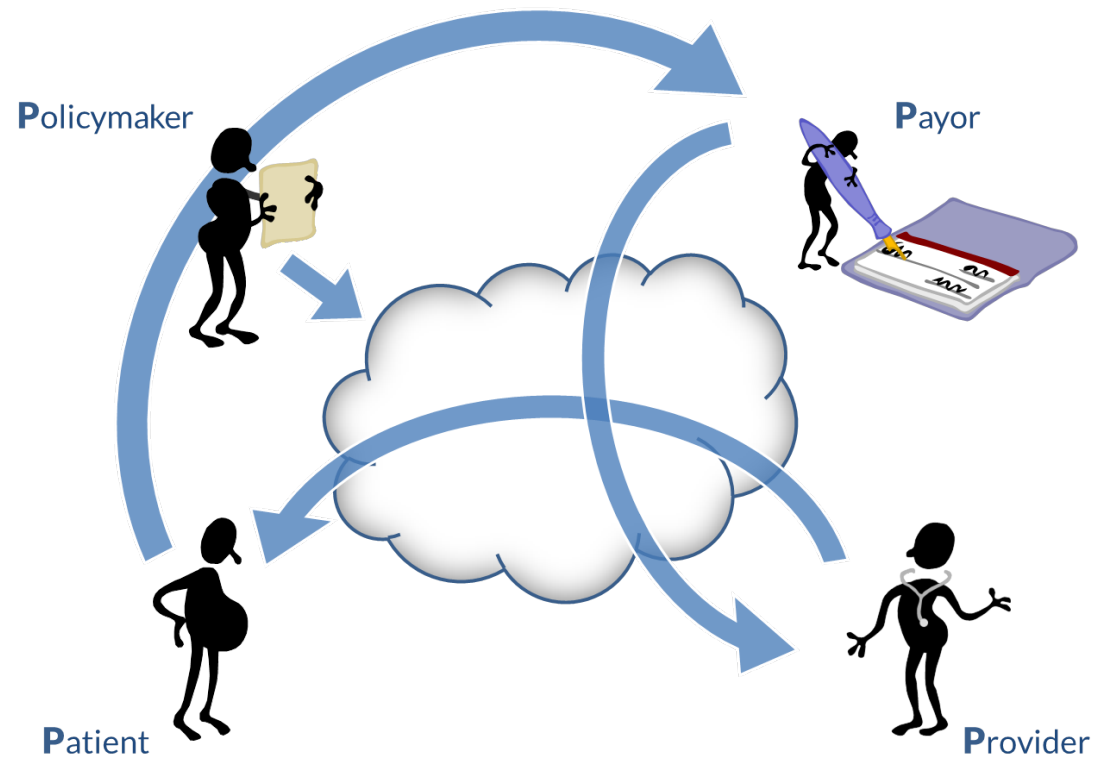


What is a
guideline?

Evidence-Based Guidelines (EBGs)
Good Practice Guidelines (GPGs)
Clinical Practice Guideline (CPGs)

are "Statements that include recommendations intended to optimize patient care that are informed by a ***systematic review of evidence*** and an assessment of the *benefits and harms of* alternative care options".

Who's the
EBGs made
for?



Optimize Patient Care

The “good practice guidelines” (GPG) are defined in the health field as *“methodically developed proposals to assist the practitioner and the patient to find the most appropriate care in given clinical circumstances”* .

They have the objective of making available to the various actors in the healthcare system (professionals, patients and users, decision-makers), **a rigorous synthesis of the latest developments and scientific data**, in order to:

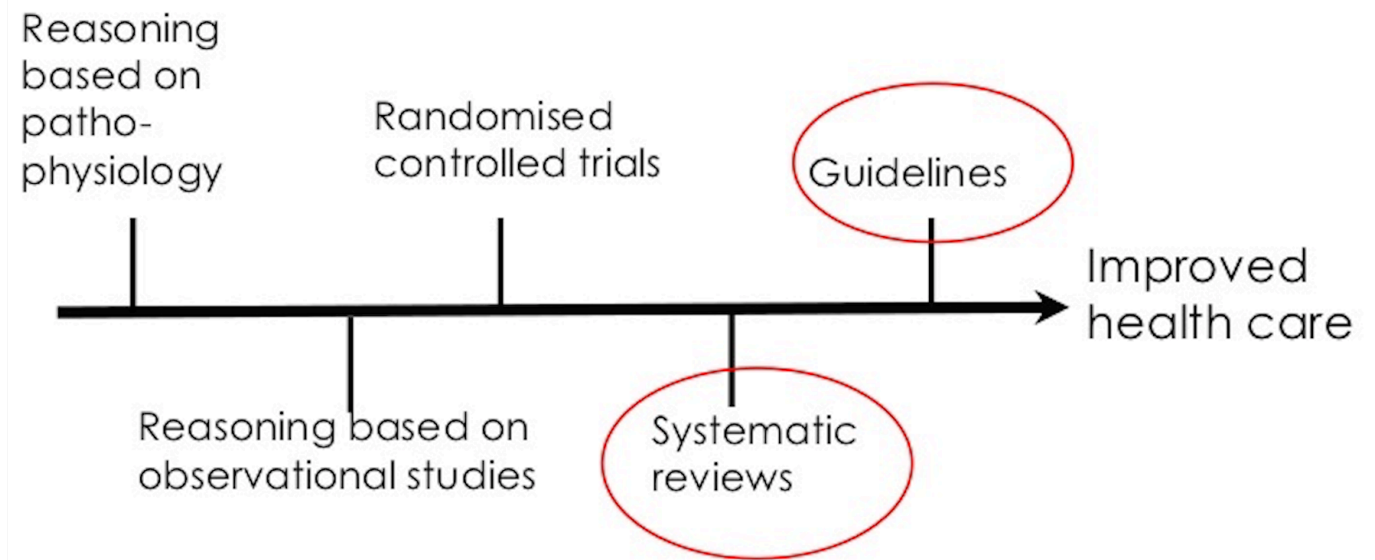
- help with decision-making in choice of care;
- standardise practices;
- reduce useless or risky treatments and procedures;
- reduce breaks in the care pathway

The goal of the GPG is to improve patient management, and therefore the care provided to them.

HAS/Department for Good Professional Practice/December 2010/Update: March 2016

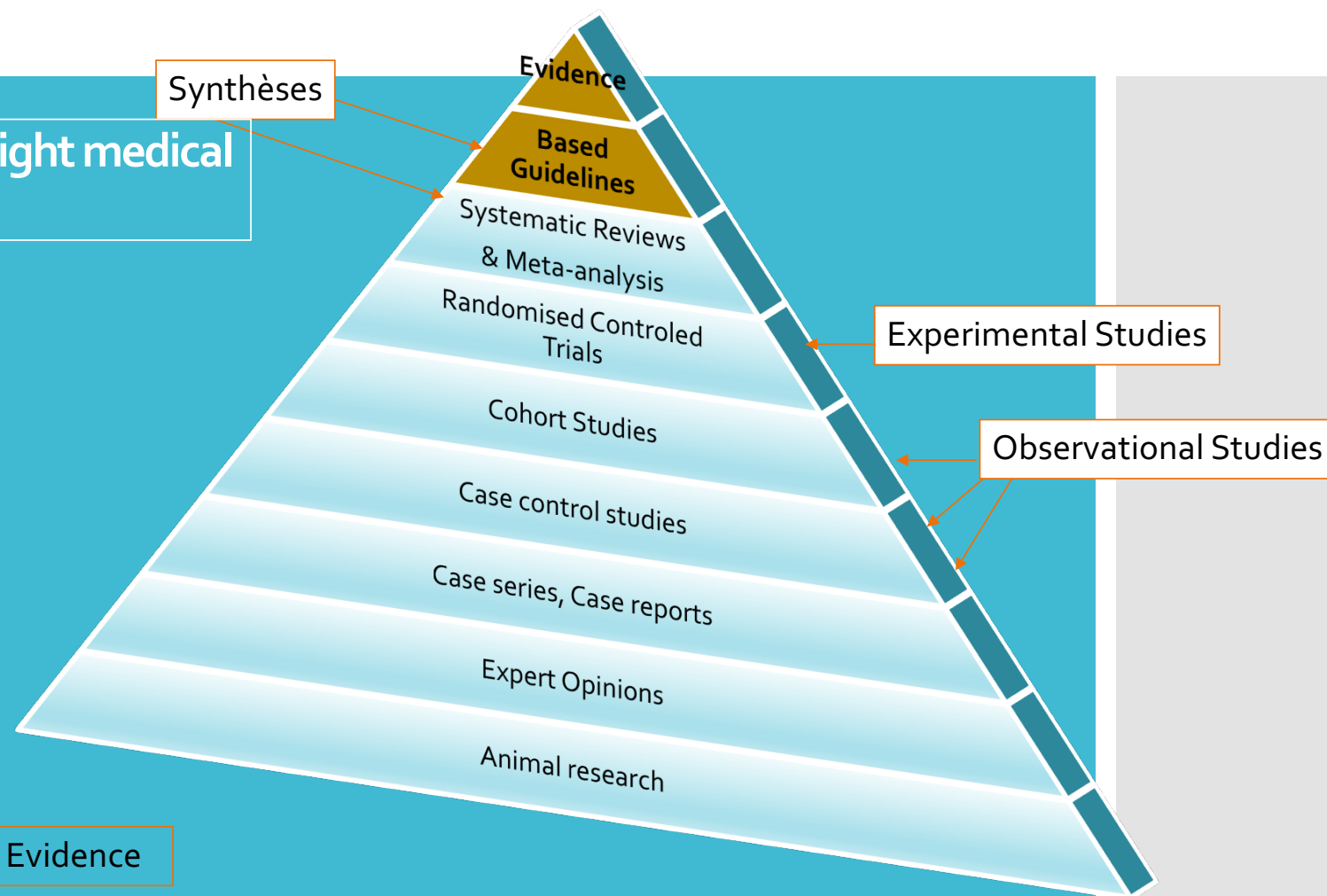
Why is it important?

How to make a right medical decision ?



Pr Cindy Farquhar (University of Auckland) : Cochrane reviews and guideline development : is there anything new under the sun ?

How to make a right medical decision ?



Some Examples

Low back pain and sciatica in over 16s: assessment and management

NICE guideline [NG59] Published date: November 2016

Acupuncture

1.2.8 Do not offer acupuncture for managing low back pain with or without sciatica.

Osteoarthritis and Cartilage



OARSI guidelines for the non-surgical management of knee osteoarthritis



Acupuncture **Recommendation:**

- **Uncertain**

Some Examples

Cochrane Database of Systematic Reviews

Acupuncture for the prevention of episodic migraine

Cochrane Systematic Review - Intervention | Version published: 28 June 2016 [see what's new](#)

<https://doi.org/10.1002/14651858.CD001218.pub3>



Used in 1 guideline [View article information](#)

✉ Klaus Linde | Gianni Allais | Benno Brinkhaus | Yutong Fei | Michael Mehring | Emily A. Vertosick | Andrew Vickers
| Adrian R White

The available evidence suggests that adding acupuncture to symptomatic treatment of attacks reduces the frequency of headaches. Contrary to the previous findings, the updated evidence also suggests that there is an effect over sham, but this effect is small. The available trials also suggest that acupuncture may be at least similarly effective as treatment with prophylactic drugs. Acupuncture can be considered a treatment option for patients willing to undergo this treatment. As for other migraine treatments, long-term studies, more than one year in duration, are lacking.

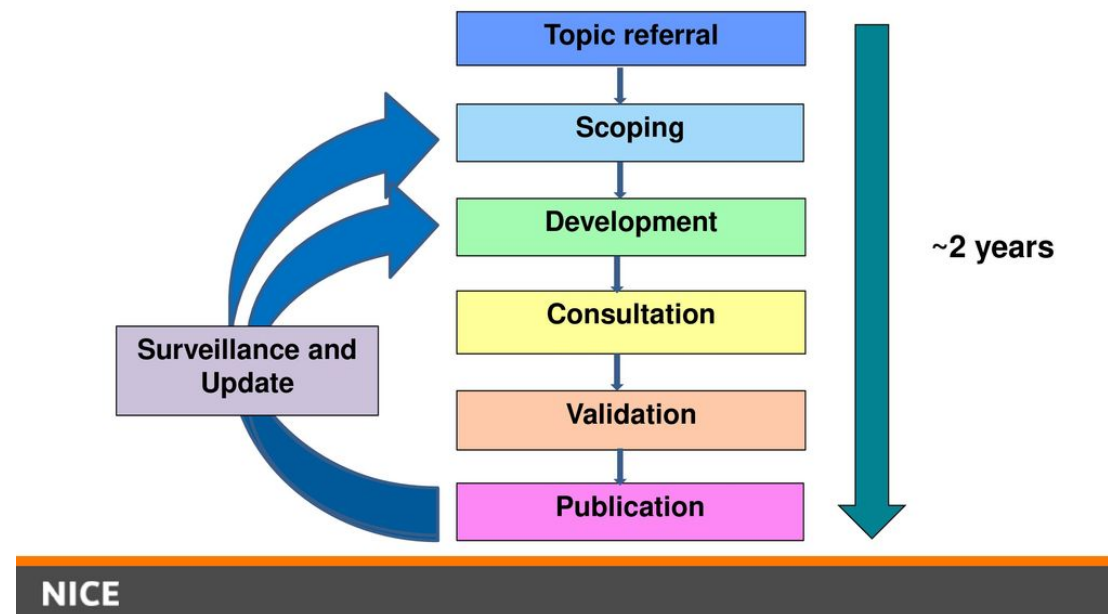
FICHE MÉMO

Prise en charge du patient présentant une lombalgie commune

Acupuncture, acupressure and dry needling have not demonstrated efficacy on the progression of low back pain (NP2).

Key steps in developing a guideline

Guideline Development Process



GROUPS

WORKING GROUP

- **The working group must bring together people concerned by the topic under consideration.** Depending on the topic, the members of the working group may be:
 - physicians and non-physician healthcare professionals: nurses, physical therapists, speech therapists, etc.;
 - researchers, epidemiologists, methodologists, etc.;
 - members of associations of patients or users of the healthcare system; experts in non-medical fields: economists, legal experts, ethics specialists, sociologists, psychologists, etc.;
 - representatives of public agencies, if necessary.
- **Representatives of the administration, health insurance or industry do not participate in the working group.** However, the working group can consult them in order to ask them for information that the working group deems useful.

READING GROUP

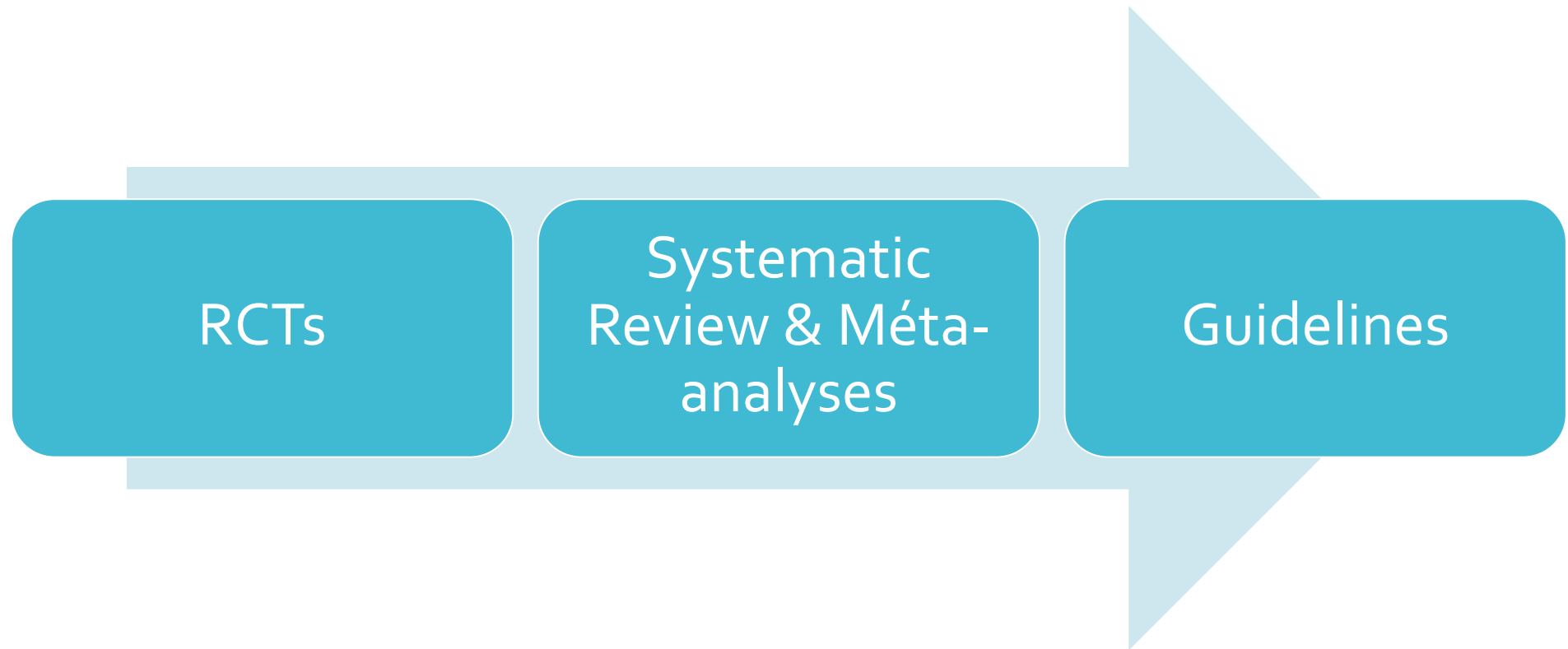
Procedure of the method

- The procedure of the method is split into 4 phases:
 - Systematic review and synthesis of the literature;
 - Drafting of the initial version of the guidelines;
 - Reading;
 - Finalisation.

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Process



Systematic literature review and drafting phase

- **Before the first meeting of the working group**
 - Call upon **learned societies**, national professional speciality councils, the Board of general medicine, user associations, etc., at least 4 months before the first meeting of the working group, to collect the names of experts. ..

Document search

- Systematic, hierarchical and structured.
- Not limited to articles published and indexed in databases.
- *grey literature* is found by consulting relevant sources.
- Identify domestic and International guidelines and evidence reports produced by governmental agencies, independent evaluation agencies and learned societies.
- Domestic and International biomedical databases and, depending on the topic of the work, specific databases, are queried.

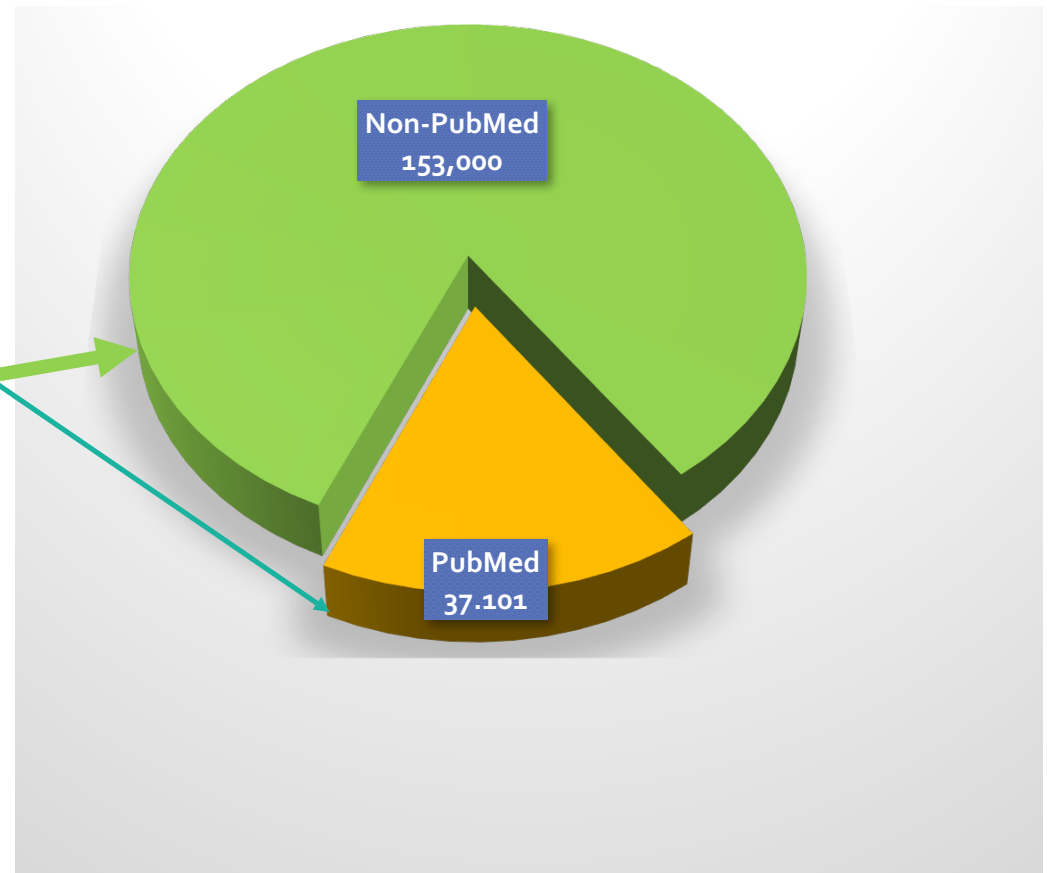
HAS/Department for Good Professional Practice/December 2010/Update: March 2016

Acudoc2 vs PubMed

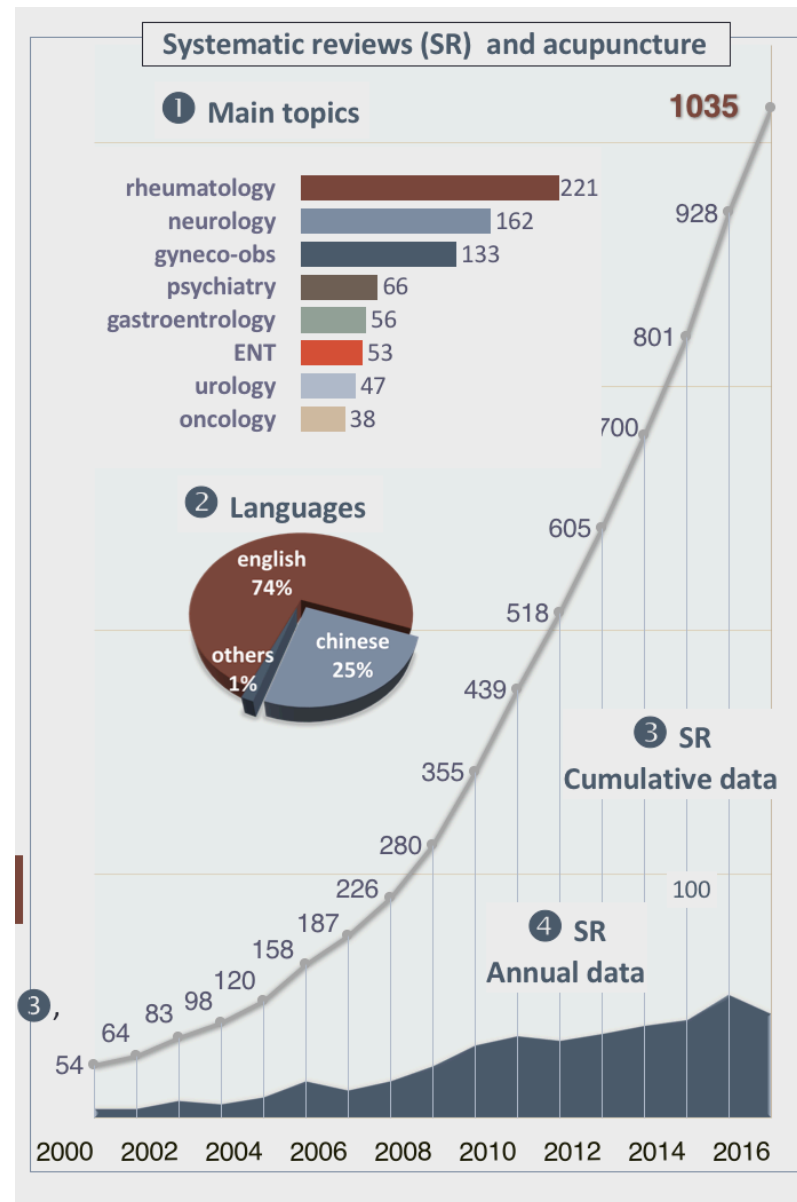


190101
références

- Retrospective
- Research 1683 ←)
- Humanities
- Not indexed in PubMed Journals
- Not cited in PubMed Documents (books, theses, congresses...)



On January 31TH, 2017,
1035 systematic
 reviews assessing
 acupuncture ,
203 different
 pathologies,
20 medical specialties



Best Evidences Avalaible

Six Meta-Analysis

- Vickers et al, 2018.
- Yuan et al. 2016.
- Yuan et al. 2015
- Lee et al; 2013
- Lam et al, 2013;
- Xu et al, 2013

Five CPGs

- Low back pain, adult-emergency. CPG Alberta Health Services (Canada) 2017
- Henrard 2017 Société Scientifique de Médecine Générale Belgique
- Noninvasive Treatments for Low Back Pain: Current State of the Evidence. (AHRQ, USA). 2016.
- Scottish Intercollegiate Guidelines Network (SIGN)2013
- Associação Brasileira de Medicina Física e Reabilitação. 2013

Six MA and SR

- Vickers AJ, Vertosick EA, Lewith G, MacPherson H, Foster NE, Sherman KJ, Irnich D, Witt CM, Linde K; Acupuncture Trialists' Collaboration. Acupuncture for Chronic Pain: Update of an Individual Patient Data Meta-Analysis. *J Pain*. 2018;19(5):455-74
- • Yuan QL, Wang P, Liu L, Sun F, Cai YS, Wu WT, Ye ML, Ma JT, Xu BB, Zhang YG. Acupuncture for musculoskeletal pain: A meta-analysis and meta-regression of sham-controlled randomized clinical trials. *Sci Rep*. 2016;6:30675
- Yuan QL, Guo TM, Liu L, Sun F, Zhang YG. Traditional Chinese Medicine for Neck Pain and Low Back Pain: A Systematic Review and Meta-Analysis. *PLoS One*. 2015 Feb 24;10(2):e0117146
- Lee JH, Choi TY, Lee MS, Lee H, Shin BC, Lee H. Acupuncture for acute low back pain: a systematic review. *Clin J Pain*. 2013;29(2):172-85
- Lam M, Galvin R, Curry P. Effectiveness of acupuncture for nonspecific chronic low back pain: a systematic review and meta-analysis *Spine (Phila Pa 1976)*. 2013;38(24):2124-38
- Xu M, Yan S, Yin X, Li X, Gao S, Han R, Wei L, Luo W, Lei G. Acupuncture or chronic low back pain in long-term follow-up: a meta-analysis of 13 randomized controlled trials. *Am J Chin Med*. 2013;41(1):1-19.

Five CPGs

- Low Back Pain, Adult – Emergency. Clinical Practice Guideline. AlbertaHealth Services (Canada). 2017.
- Henrard G, Cordyn S, Chaspierre A, Kessels T, Mingels S, Vanhalewyn M. Guide de Pratique Clinique - Prise en charge de la douleur chronique en première ligne de soins. Société Scientifique de Médecine Générale (Groupe de Travail Développement Recommandations de Bonne Pratique Première Ligne) Belgique. 2017
- Noninvasive Treatments for Low Back Pain: Current State of the Evidence. Agency for Healthcare Research and Quality (AHRQ, USA). 2016.
- Scottish Intercollegiate Guidelines Network (SIGN). Management of chronic pain. A national clinical guideline. Edinburgh (Scotland): Scottish Intercollegiate Guidelines Network (SIGN). 2013.
- Associação Brasileira de Medicina Física e Reabilitação. Chronic nonspecific low back pain: rehabilitation. Rev Assoc Med Bras (1992). 2013;59(6):536-53.

French HAS Guideline for LBP Management/ Acupuncture

		Xu 2013	Lam 2013	Yuan 2015	Lee 2013 (lombalgies aiguës)
Centre fédéral d'expertise des soins de santé, 2017 (6) (Belgique)	Ne statue pas	- non cité	non cité	Non cité	non cité
National Institute for Health and Care Excellence, 2016 (7) (GrandeBretagne)	Reco négatives	non cité	non cité	non cité	non cité
Stochkendahl et al., 2018 (8) (Danemark)	Reco négatives	non cité	non cité	non cité	non cité
American College of Physicians, 2017 (9, 13, 14) (USA)	Reco positives	Ref 110 (Chou)	Ref 59 (Chou) Ref 125(Qaseem)	non cité	Ref 58 (Chou) Ref 76 (Qaseem)
Institute for Clinical Systems Improvement, 2018 (10) (USA)	Reco positives	non cité	non cité	non cité	non cité
Toward Optimized Practice, 2015 (11) (Canada)	Reco positives	non cité	non cité	non cité	non cité
Chenot et al., 2017 (12) (Allemagne)	Reco positives	Ref 56	Ref 55	Ref 28	non cité

The assessment of acupuncture is unfair

- Use of **disability improvement** for acupuncture as primary outcome but use of **pain relief** for others therapies
- **Paracetamol** is indicated as a first-line treatment, whereas studies show a lack of efficacy in either pain or disability. (EO)
- - **Opioids** (grade B) are indicated as second-line, but with an effect on pain below the clinical significance level, including strong opioids and no demonstrated effect on disability.
- - That **Gabapentinoïds** (grade B) are indicated as second-line agents whereas the two available reviews explicitly conclude that there is a significant risk of side effects in the absence of any demonstrated benefit.

The
assessment of
acupuncture is
unfair
*What is always
criticized about
clinical trials in
acupuncture?*

- **Quality of acupuncture trials, heterogeneity, size effect**
- three meta-analyses concerning NSAIDs have found a higher efficacy of NSAIDs" but :
- **The Rasmussen-Barr 2016** review is negative versus placebo on both pain and disability and is positive only on the "overall improvement" criterion, with significant heterogeneity and a very low level of evidence.
- **The Enthoven review of the Cochrane** Collaboration is reported in a truncated manner in the development report without mention of the elements highlighted by the authors: the small effect size , the heterogeneity, and the fact that the results are no longer significant by taking into account only studies with a low risk of bias.
- **The Machado 2017** review clearly states that the effect size of NSAIDs is below the clinical significance level.

WHY IS IT IMPORTANT?

- Subject : a real scientific questioning
- Issue : The place of acupuncture in medicine and the healthcare system



Good Thing ?

- What's true for medicine is also true for acupuncture

but

2189 positive recommendations were found for the use of acupuncture

1486 were related to 107 pain indications
703 were related to 97 nonpain indications.

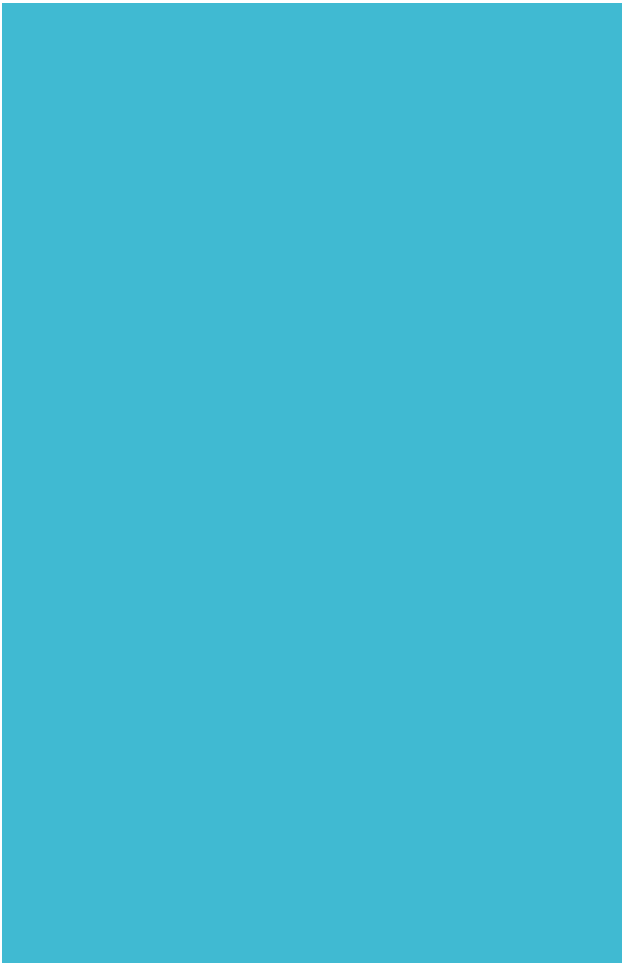
1. Birch S, [Lee MS](#), [Alraek T](#), [Kim TH](#). Overview of Treatment Guidelines and Clinical Practical Guidelines That Recommend the Use of Acupuncture: A Bibliometric Analysis. [J Altern Complement Med](#). 2018 Aug;24(8):752-769.

Bad Thing ?

- If we are « forgotten » at the reviewing research evidence step
- If acupuncture is not treated like other treatment options

Solutions

- Be fully familiar with the guideline development process,
- Be present as a stakeholder in the development of the guidelines,
- Be able to provide updated bibliographic references.



Many thanks for your attention

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