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Joshua Longford, M.D.  
 Andrea Doughty, Ph.D.  
 Mian Wang, M.D.  
**University of Illinois College of Medicine  
 Rockford, IL**  
 Lawrence Clayton, M.A.  
**Licensed Audiologists  
 Rockford, IL**  
 Michael Bahich, Ph.D.  
**ImmvaRx, Inc.  
 Auburn, CA**  
**University of Illinois College of Medicine  
 Rockford, IL**

Address reprint requests to:  
**Michael Babich, Ph.D.**  
**ImmvaRx, Inc.**  
**12641 Princeton Drive**  
**Auburn, CA 95603**

E-mail: [michaelb@immvarx.com](mailto:michaelb@immvarx.com)

## ADHERENCE TO ACUPUNCTURE TREATMENT FOR CHRONIC PAIN

Dear Editors:

We would like to share our experience in conducting an acupuncture efficacy research study in a setting of an urban municipal hospital and describe the difficulties we encountered.

We attempted to investigate the outcome of acupuncture treatment performed at an urban tertiary care center. However, we encountered several difficulties.

This prospective observational study was conducted from August 2000 through August 2001 at the Acupuncture Clinic at Bellevue Hospital Center of New York City. All treatments were provided by a licensed acupuncturist possessing a Master of Science degree trained in Traditional Chinese Medicine, Acupuncture Physical Medicine, and Kiiko Matsumoto's Japanese style of acupuncture.

Thirty five (35) patients consecutively referred to the clinic were screened. Exclusion criteria were severe clotting disorders, anticoagulant therapy, pregnancy, inability to speak English or Spanish, and severe or progressive neurologic deficits. A physician interviewed every patient to confirm eligibility and collect baseline data.

Two patients were excluded because of a language barrier and one because of cognitive deficits. The remaining 32 patients were advised to undergo ten acupuncture treatments, once weekly.

TABLE 1. DEMOGRAPHICS AND BASELINE MEDICAL CHARACTERISTICS

<b>Gender</b>	Female	20	63%
	Male	12	27%
<b>Age (in years)</b>	Mean	56.6	
	SD	11.63	
	Range	36-86	
<b>Pain Duration (yrs)</b>	Mean	4.66	
	SD	5.65	
	Range	0.5-22	
<b>Pain location</b>	Chronic LBP	13	41%
	Multiple pain	8	25%
	Knee pain	4	13%
	Myofascial pain	2	6%
	Chronic neck pain	1	3%
	Miscellaneous	4	13%
<b>Previous treatment</b>	Physical therapy	29	91%
	Medication	29	91%
	Pain evaluation	16	50%
	Injection	8	25%

LBP = low back pain; SD, standard deviation.

An evaluation instrument was created to assess pain perception and quality of life using visual, verbal (English/Spanish), and numerical ratings. The same test was administered to all patients during each visit. Final interviews of each participant were conducted by telephone to inquire about current health and issues encountered during the study. For the patients that withdrew from the program, a reason for termination was recorded.

Baseline demographic and medical data are presented in Tables 1 and 2, respectively. Chronic pain was the most common reason for seeking acupuncture, and conventional medical interventions had failed to relieve these subjects' pain.

Of the 32 participants in the study, only 13 completed all ten acupuncture treatments (Table 3). Six (6) reported significant pain relief, 3 were disappointed with the outcome, and 4 participants felt the same. Reasons for treatment interruption and the number of visits completed are recorded in Table 3. Of the remaining 19 patients, 5 were lost to follow-up, 5 had severe illness. 1 died, 1 experienced pain relief, and 7 reported no pain relief or other reasons for termination.

Some of the difficulties we encountered are generic to acupuncture research. When referring to areas of difficulty of assessing the results of acupuncture, most researchers outline the selection of appropriate controls, an appropriate de-

TABLE 2. ADHERENCE TO TREATMENT

Completed visits	Number of patients	Percentage
1-5	11	34%
6-10	8	25%
11-15	13	41%

TABU-3. REASON FOR TREATMENT TERMINATION

<i>Reason for stopping/outcome</i>	<i>Number of participants (%)</i>	<i>Completed JO visits</i>
Completed treatment/not improved	7(21)	Yes
Completed treatment/improved	6(19)	Yes
Unable to contact/lost to follow-up	5(16)	No
Illness/surgery	5(16)	No
Not improved	4(13)	No
Improved a lot	1 (3)	No
Death	1 (3)	No
Insurance changed	1 (3)	No
Lost appointment card	1 (3)	No
Was sent to acupuncture by mistake	1 (3)	No

sign, and the application of relevant measures (Moroz, 1999). Recent reviews revealed the difficulty of conducting rigorous randomized controlled trials, and the need for better-designed studies to prove acupuncture efficacy (Park et al., 2001; Tulder et al., 2002).

In our study, the sample size was small. Variation in treatment adherence, treatment interval, and confounding variables made interpretation of the results difficult. Only 41 % (13/32) of the participants completed the treatment. Our study lacked a control group, making it difficult to determine the precise cause for improvement in symptoms. Because many of the participants received interventions before and concurrently with acupuncture, the outcome could not be attributed to one source in an observational study. In addition, our evaluation instrument has not been validated which complicated interpretation of results further.

The acupuncture treatment was interrupted for a variety of medical, social, and financial reasons, which probably reflected the population served. Additionally, a lack of close follow-up and regular interaction between patients and providers needed for this population made this study difficult to conclude.

In conclusion, we believe that acupuncture can and should become an integral part of the health care system. Our study demonstrates difficulties in providing acupuncture services for underserved population in an inner-city municipal hospital. Many factors play a role; patients have various problems and frequently get lost in the complicated care delivery system. In order to evaluate the efficacy of acupuncture treatment for chronic pain patients, continuing regular treatment is important. These results can only be achieved with a close relationship between patients and health care providers, follow-up, and, possibly, home visits. While some authors suggest a crossover design (Manias et al., 2000), the reality of an acupuncture clinic at a municipal hospital makes this complicated. When the obstacles intrinsic to acupuncture research and the particular setting and patient population we describe are overcome, perhaps then, a well-designed study of acupuncture can be conducted.

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*Alex Moroz, M.D.*

*Stacy Spivack, M.D.*

*Mathew H.M. Lee M.D., M.P.H.*

*New York University School of Medicine  
New York, NY*

Address reprint requests to:

*Alex Moroz, M.D.*

*Rusk Institute of Rehabilitation Medicine*

*New York University School of Medicine*

*400 East 34th Street, Room 228*

*New York, NY 10016-4901*

E-mail: [alexmoroz@pol.net](mailto:alexmoroz@pol.net)

## FACTORS INFLUENCING THE USE OF COMPLEMENTARY AND ALTERNATIVE MEDICINE IN CHILDREN

Dear Editor:

In the last 20 years, numerous studies have estimated the use of complementary and alternative medicine (CAM) by children. Children with disabilities and chronic illnesses are more likely to receive CAM than other children, and previous empirical studies estimating CAM use in children with