

# **NKR 40: PICO 7 *Bør patienter med nyopståede lænderygsmerter tilbydes akupunktur teknikker i tillæg til vanlig behandling?***

## **Review information**

### **Authors**

[Empty name]<sup>1</sup>

<sup>1</sup>[Empty affiliation]

Citation example: [Empty name]. NKR 40: PICO 7 *Bør patienter med nyopståede lænderygsmerter tilbydes akupunktur teknikker i tillæg til vanlig behandling?*.  
Cochrane Database of Systematic Reviews [Year], Issue [Issue].

## **Abstract**

### **Background**

### **Objectives**

### **Search methods**

### **Selection criteria**

### **Data collection and analysis**

## Main results

## Authors' conclusions

## Characteristics of studies

### Characteristics of included studies

#### *Kennedy 2008*

<b>Methods</b>	<p><b>Study design:</b> Randomized controlled trial</p> <p><b>Study grouping:</b> Parallel group</p> <p><b>Open Label:</b></p> <p><b>Cluster RCT:</b></p>
<b>Participants</b>	<p><b>Baseline Characteristics</b></p> <p>Acupuncture Sham acupuncture</p> <p><b>Included criteria:</b> Adults able to give informed consent, males and females aged 18—70 years. Current episode of non-specific LBP, with or without referred pain, of up to 12 weeks duration. LBP was defined as pain localised below the lowest ribs, and above the inferior gluteal folds, with or without radiation to the lower extremities.<sup>12</sup></p> <p><b>Excluded criteria:</b> Pain lasting more than 12 weeks. Presentation of red flags as defined by the Clinical Standards Advisory Guidelines<sup>13</sup>; contra-indications to acupuncture or previous acupuncture treatment; conflicting or ongoing treatment.</p> <p><b>Pretreatment:</b> No significant differences between the two groups were identified; however the placebo group had higher scores on VAS and RMDQ at baseline</p>
<b>Interventions</b>	<p><b>Intervention Characteristics</b></p> <p>Acupuncture</p> <ul style="list-style-type: none"> <li>● <i>Acupuncture style was based on a western medical approach, 3-12 session over 4-6 weeks: x</i></li> <li>● <i>Park Sham Device (non-penetrating device), with follow up session, no ?:</i></li> </ul>

	<p>Sham acupuncture</p> <ul style="list-style-type: none"> <li>● <i>Acupuncture style was based on a western medical approach, 3-12 session over 4-6 weeks:</i></li> <li>● <i>Park Sham Device (non-penetrating device), with follow up session, no ? : x</i></li> </ul>
<p><b>Outcomes</b></p>	<p><i>pain</i></p> <ul style="list-style-type: none"> <li>● <b>Outcome type:</b> ContinuousOutcome</li> <li>● <b>Reporting:</b> Fully reported</li> <li>● <b>Scale:</b> VAS</li> <li>● <b>Range:</b> 0-100</li> <li>● <b>Unit of measure:</b> none</li> <li>● <b>Direction:</b> Lower is better</li> <li>● <b>Data value:</b> Endpoint</li> </ul> <p><i>Disability</i></p> <ul style="list-style-type: none"> <li>● <b>Outcome type:</b> ContinuousOutcome</li> <li>● <b>Reporting:</b> Fully reported</li> <li>● <b>Scale:</b> Roland Morris Disability Questionnaire</li> <li>● <b>Range:</b> 0-23</li> <li>● <b>Unit of measure:</b> none</li> <li>● <b>Direction:</b> Lower is better</li> <li>● <b>Data value:</b> Endpoint</li> </ul> <p><i>Days off work</i></p> <ul style="list-style-type: none"> <li>● <b>Outcome type:</b> ContinuousOutcome</li> <li>● <b>Reporting:</b> Fully reported</li> <li>● <b>Scale:</b> days</li> <li>● <b>Range:</b> 0-48</li> <li>● <b>Unit of measure:</b> none</li> <li>● <b>Direction:</b> Lower is better</li> <li>● <b>Data value:</b> Change from baseline</li> </ul>
<p><b>Identification</b></p>	<p><b>Sponsorship source:</b></p> <p><b>Country:</b></p> <p><b>Setting:</b></p>

	<p><b>Comments:</b>  <b>Authors name:</b> S. Kennedy, G.D. Baxter, D.P. Kerra, I. Bradbury, J. Park, S.M. McDonough,*  <b>Institution:</b> Health and Rehabilitation Sciences Research Institute, School of Health Sciences, University of Ulster, Northern Ireland, United Kingdom  <b>Email:</b> s.mcdonough@ulster.ac.uk (S.M. McDonough).  <b>Address:</b> Tel.: +44 2890366459; fax: +44 2890368068.</p>
<b>Notes</b>	

## Risk of bias table

Bias	Authors' judgement	Support for judgement
Blinding of outcome assessors	Low risk	Quote: "The primary researcher, who was unaware of patient allocation until the completion of the data analysis, carried out data collection at all time points."
Blinding of participants and personnel	Low risk	Judgement Comment: Blinding of patients, but not clinicians - however, unlikely to influence results
Incomplete outcome data	Low risk	Quote: "Outcome data were obtained from 94% of participants at the end of treatment; at 3 months follow up this had reduced to 83%. Reasons given for not completing treatment were: no benefit gained, no time available, and work commitments."
Selective outcome reporting	Low risk	Judgement Comment: No protocol
Allocation concealment	Unclear risk	Quote: "To ensure concealment of allocation, an administrative assistant not otherwise involved in the study held the randomization list."
Sequence Generation	Low risk	Quote: "Subjects were randomly allocated into groups using a computer generated randomization table ( <a href="http://www.randomization.com">http://www.randomization.com</a> )."
Other sources of bias	Low risk	

**Liu 2010**

<b>Methods</b>	<p><b>Study design:</b> Randomized controlled trial</p> <p><b>Study grouping:</b> Parallel group</p> <p><b>Open Label:</b></p> <p><b>Cluster RCT:</b></p>
<b>Participants</b>	<p><b>Baseline Characteristics</b></p> <p>Acupuncture Medicine Acupuncture + medicine</p> <p><b>Included criteria:</b> Acute lower back pain, restricted movements, or accompanied with radiating leg pain. The disease duration was less than 2 weeks, and there was no history of back pain in past 4 weeks before the onset.</p> <p><b>Excluded criteria:</b> Lumbar trauma, spine-derived pain (tumor, inflammation, infection, fracture, or syndrome of cauda equina); muscular weakness, sensory paralysis, weakness or hyperfunction of tendon reflex; history of peptic ulcer; recent medical history of nonsteroidal anti-inflammatory drug (NSAIDs) or anticoagulant, allergic history of NSAIDs; severe abnormal function of heart, liver or kidney.</p> <p><b>Pretreatment:</b> There were no significant differences in gender, age and duration among the three groups</p>
<b>Interventions</b>	<p><b>Intervention Characteristics</b></p> <p>Acupuncture</p> <ul style="list-style-type: none"> <li>● <i>The needles were retained for 30 min, and manipulated every 10 min. The treatment was done once daily for 5 d.: x</i></li> <li>● <i>Diclofenac Sodium was administered orally, 50 mg per time, twice one day for 5 d.:</i></li> </ul> <p>Medicine</p> <ul style="list-style-type: none"> <li>● <i>The needles were retained for 30 min, and manipulated every 10 min. The treatment was done once daily for 5 d.:</i></li> <li>● <i>Diclofenac Sodium was administered orally, 50 mg per time, twice one day for 5 d.: x</i></li> </ul> <p>Acupuncture + medicine</p> <ul style="list-style-type: none"> <li>● <i>The needles were retained for 30 min, and manipulated every 10 min. The treatment was done once daily for 5 d.: x</i></li> <li>● <i>Diclofenac Sodium was administered orally, 50 mg per time, twice one day for 5 d.:</i></li> </ul>
<b>Outcomes</b>	<p><i>pain</i></p> <ul style="list-style-type: none"> <li>● <b>Outcome type:</b> Continuous Outcome</li> <li>● <b>Reporting:</b> Fully reported</li> </ul>

	<ul style="list-style-type: none"> <li>● <b>Scale:</b> NRS</li> <li>● <b>Range:</b> 0-10</li> <li>● <b>Unit of measure:</b> none</li> <li>● <b>Direction:</b> Lower is better</li> <li>● <b>Data value:</b> Endpoint</li> </ul> <p><i>Disability</i></p> <ul style="list-style-type: none"> <li>● <b>Outcome type:</b> ContinuousOutcome</li> <li>● <b>Reporting:</b> Fully reported</li> <li>● <b>Scale:</b> Roland Morris Disability Questionnaire</li> <li>● <b>Range:</b> 0-24</li> <li>● <b>Unit of measure:</b> none</li> <li>● <b>Direction:</b> Lower is better</li> <li>● <b>Data value:</b> Change from baseline</li> </ul>
<b>Identification</b>	<p><b>Sponsorship source:</b> not reported</p> <p><b>Country:</b> Kina</p> <p><b>Setting:</b> hospital - outpatients</p> <p><b>Comments:</b></p> <p><b>Authors name:</b> LIU Jing (刘静), LI Ning (李宁)</p> <p><b>Institution:</b> Jiangsu Provincial Hospital of Integrated Traditional Chinese and Western Medicine, Nanjing 210028, P. R. China</p> <p><b>Email:</b></p> <p><b>Address:</b> Jiangsu Provincial Hospital of Integrated Traditional Chinese and Western Medicine, Nanjing 210028, P. R. China</p>
<b>Notes</b>	

### Risk of bias table

Bias	Authors' judgement	Support for judgement
Blinding of outcome assessors	Unclear risk	No info
Blinding of participants and personnel	Unclear risk	No info
Incomplete outcome data	Low risk	
Selective outcome reporting	Low risk	
Allocation concealment	Unclear risk	No info
Sequence Generation	Unclear risk	No info
Other sources of bias	High risk	Judgement Comment: Statistical analysis not reported

*Footnotes*

## References to studies

### Included studies

#### *Kennedy 2008*

Kennedy S.; Baxter GD.; Kerr DP.; Bradbury I.; Park J.; McDonough SM.. Acupuncture for acute non-specific low back pain: a pilot randomised non-penetrating sham controlled trial.. *Complementary therapies in medicine* 2008;16(3):139-46. [DOI: 10.1016/j.ctim.2007.03.001]

#### *Liu 2010*

Liu,J.; Li,N.. Clinical observation of a combination of acupuncture and drug administration for non-specific acute lumbar sprain. *Journal of Acupuncture and Tuina Science* 2010;8(1):47-49. [DOI: ]

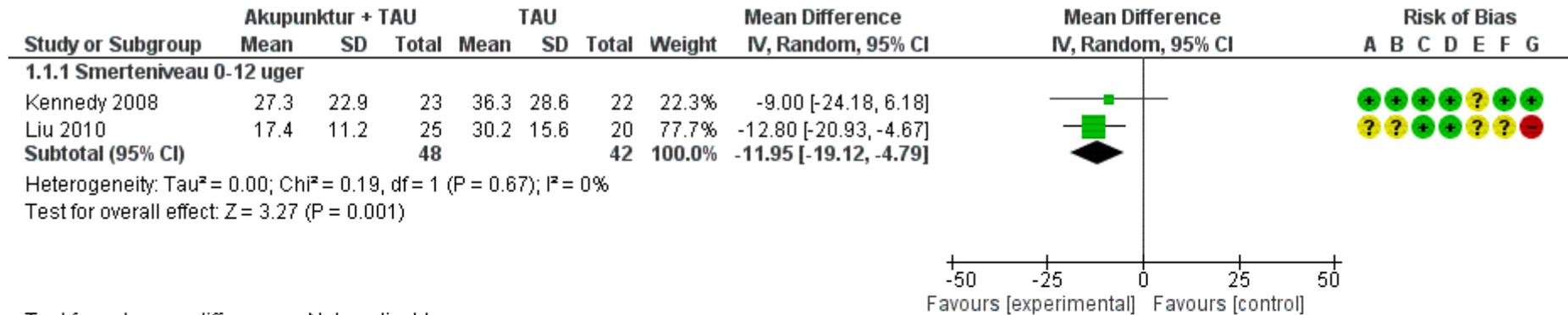
## Data and analyses

**1 Acupuncture + TAU vs TAU**

Outcome or Subgroup	Studies	Participants	Statistical Method	Effect Estimate
1.1 Smerteniveau 0-12 uger	2		Mean Difference (IV, Random, 95% CI)	Subtotals only
1.1.1 Smerteniveau 0-12 uger	2	90	Mean Difference (IV, Random, 95% CI)	-11.95 [-19.12, -4.79]
1.2 Funktionsniveau 0-12 uger - final score	2		Mean Difference (IV, Random, 95% CI)	Subtotals only
1.2.1 Funktionsniveau 0-12 uger (EoT)	2	89	Mean Difference (IV, Random, 95% CI)	-1.16 [-4.09, 1.77]
1.4 Smerteniveau 6-18 måneder	0	0	Mean Difference (IV, Fixed, 95% CI)	Not estimable
1.5 Funktionsniveau 6-18 måneder	0	0	Mean Difference (IV, Fixed, 95% CI)	Not estimable
1.6 Sygefravær - antal sygedage 6-18 måneder	1		Mean Difference (IV, Fixed, 95% CI)	Subtotals only
1.6.1 Sygefravær - antal sygedage 6-18 måneder	1	45	Mean Difference (IV, Fixed, 95% CI)	3.00 [-10.12, 16.12]
1.7 Livskvalitet 6-18 måneder	0	0	Mean Difference (IV, Fixed, 95% CI)	Not estimable
1.8 Recidiv - antal smerteepisoder 6-18 måneder	0	0	Odds Ratio (M-H, Fixed, 95% CI)	Not estimable
1.9 Sygefravær - tid tilbage-til-arbejde	0	0	Mean Difference (IV, Fixed, 95% CI)	Not estimable
1.10 Sygefravær - proportion i arbejde	0	0	Odds Ratio (M-H, Fixed, 95% CI)	Not estimable
1.11 Frafald pga. bivirkninger	0	0	Odds Ratio (M-H, Fixed, 95% CI)	Not estimable

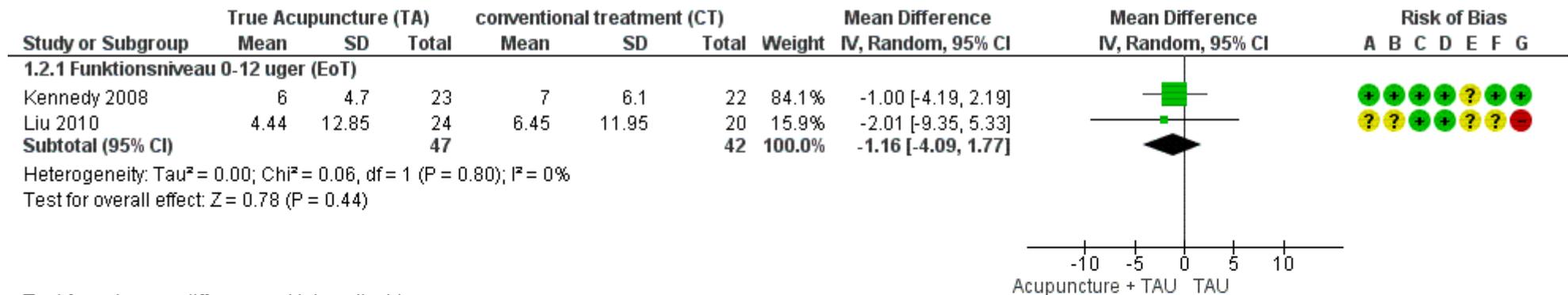
## Figures

Figure 1 (Analysis 1.1)



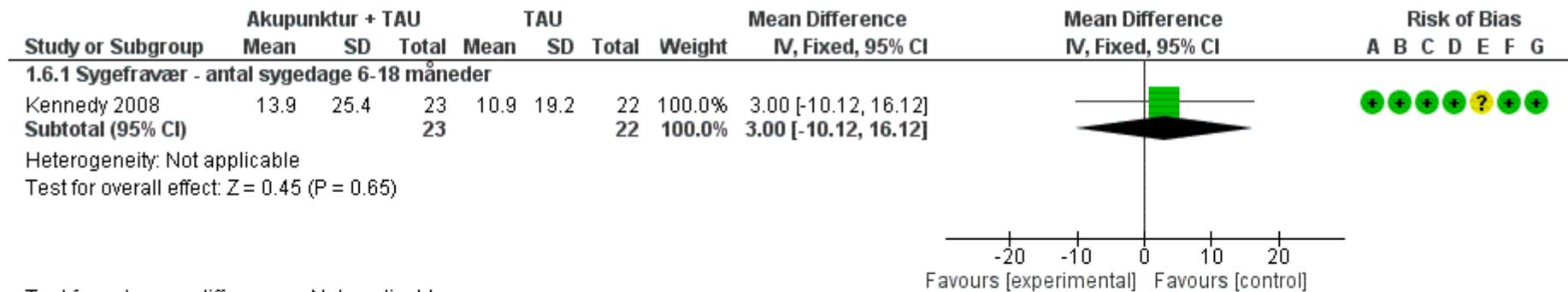
Forest plot of comparison: 1 Acupuncture + TAU vs TAU, outcome: 1.1 Smerteniveau 0-12 uger.

Figure 2 (Analysis 1.2)



Forest plot of comparison: 1 Acupuncture + TAU vs TAU, outcome: 1.2 Funktionsniveau 0-12 uger - final score.

**Figure 3 (Analysis 1.6)**



Forest plot of comparison: 1 Acupuncture + TAU vs TAU, outcome: 1.6 Sygefravær - antal sygedage 6-18 måneder.