



Pain in the Neck? Try Acupuncture

Mel Borins, MD, CCFP, FCFP

Primary care physicians commonly see patients with neck pain. Often, anti-inflammatory medicine, physiotherapy, collars and sometimes alternative therapies (e.g., massage, cranial sacral therapy, Feldenkrais technique and chiropractic therapy) are prescribed. Acupuncture, which has been used for thousands of years and is one part of Traditional Chinese Medicine, has been increasingly used for this condition. An initial review in 1999 by White and Ernst¹ found that evidence of “acupuncture [as] efficacious in the treatment of neck pain” was not sound. Since then, there have been more studies published.

Metanalysis of acupuncture for neck disorders²

Trinh, *et al* recently looked at 19 studies using acupuncture for neck pain. Of these, only 10 qualified as being acceptable for inclusion due to various design difficulties. The overall quality of these 10 studies was not considered high (only 40% were considered to be of high quality).

Acupuncture vs. sham

Two trials of 114 patients comparing acupuncture to sham acupuncture for mechanical neck disorders concluded there is moderate evidence that acupuncture treatment is more effective for pain relief than some types of sham therapy.

Acupuncture vs. active treatment

One study compared acupuncture to mobilization post-treatment and showed no difference between the two using a visual analogue score.

Another study comparing acupuncture to mobilization using visual analogue scores at short-term

follow-up of less than three months showed no difference between the two treatments.

Another study compared acupuncture to massage. Acupuncture was found to be significantly better than massage at short-term follow-up.

One low-quality study analyzing subjective improvement at six weeks time showed that patients who were treated with acupuncture reported more improvement than patients treated with traction.

Acupuncture vs. inactive treatment

Two studies looked at pain intensity post-treatment. One underpowered study comparing acupuncture to sham transcutaneous electrical nerve stimulator (TENS) showed no difference between the two groups.

A second study compared two types of acupuncture treatment to sham laser treatment. There was no difference between direct needling over Ah Shi or trigger points and sham laser. Non-local acupuncture, according to the channel group, showed significant improvement vs. the sham laser treatment.

Another trial of 36 patients demonstrated that (non-local) acupuncture was more effective for pain relief than inactive treatment for patients with chronic neck pain, measured at the end of treatment.

Three studies looked at pain intensity at short-term follow-up. Two of the studies comparing acupuncture to sham TENS and to sham laser treatment did not show a difference. However, a re-analysis by Vickers using a regression analysis and adjusting for baseline pain, showed that acupuncture resulted in a 9.4 point greater reduction in pain than compared to sham laser. The other study which

compared acupuncture to sham electro-acupuncture stimulator yielded positive results at one-week follow-up, but the results were not sustained at the eight-week follow-up. A meta-analysis of these three studies found the results favoured acupuncture.

Acupuncture vs. wait-list controls

There is evidence that acupuncture is more effective at pain relief than a wait-list control for patients at short-term follow-up.

The authors of this Cochrane Review concluded that acupuncture was an effective treatment for neck pain but recommended a need for additional acupuncture trials with adequate sample sizes, addressing the long-term efficacy or effectiveness of acupuncture compared to sham acupuncture.

Chronic uncomplicated neck pain³

A single blind prospective study randomly assigned 123 patients who were diagnosed with uncomplicated neck pain. Treatment with acupuncture was compared with TENS-placebo, applied for five sessions over three weeks. The primary endpoint was a change in the maximum pain intensity related to motion of the neck, one week after the final treatment. The authors noted clinically and statistically significant improvements in pain among the experimental group and along with improvements in quality of life, active neck mobility and reduced rescue medication. As a result, the authors felt that acupuncture presents a safety profile making it suitable for routine use in clinical practice.

Acupuncture in Germany⁴

Fourteen thousand, one hundred and sixty one patients with chronic neck pain (*i.e.*, duration more than six months) were randomly assigned to acupuncture or a control. Patients in the acupuncture

group received up to 15 acupuncture sessions over three months. Patients who did not consent to randomization received acupuncture treatment. All subjects were allowed to receive usual medical care in addition to study treatment. Of the 14,161 patients, 1,880 were randomized to acupuncture and 1,886 to control, while 10,395 were included into the non-randomized acupuncture group. Acupuncture treatment added to routine care in patients with chronic neck pain was associated with improvements in neck pain and disability compared to treatment with routine care alone.

Cost effectiveness⁵

A cost-benefit analysis was made based on 3,451 patients who were randomized to acupuncture or routine care. Acupuncture treatment was associated with significantly higher costs over the three month study. However, the authors concluded that according to international cost-effectiveness threshold values, acupuncture is a cost-effective treatment strategy in patients with chronic neck pain.

Adverse effects

Adverse effects of treatment with acupuncture were mild and included increase in pain, bruising and dizziness.

Conclusion

If pains in the neck are a pain in the neck for your patients, then consider treatment with acupuncture.



Dr. Borins is an Associate Professor, Faculty of Medicine, University of Toronto and a Staff Member, St. Joseph's Health Centre, Toronto, Ontario. www.melborins.com.

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