Intensive Acupuncture May Improve Pain, Function in Knee Osteoarthritis

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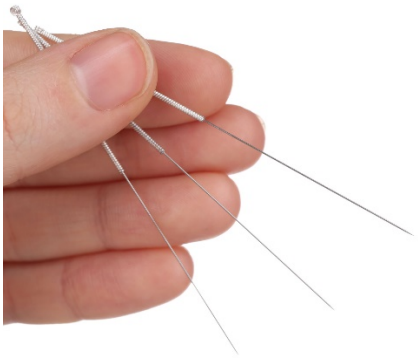

An 8-week intensive course of electro-acupuncture (EA) could improve pain and function in patients with knee osteoarthritis (OA), with the effects lasting for up to 26 weeks, Chinese research shows.

Manual acupuncture (MA) also improved pain and function relative to sham acupuncture (SA), but the results did not reach statistical significance until week 16, report Cun-Zhi Liu (Beijing University of Chinese Medicine) and colleagues in *Arthritis & Rheumatology*.

Liu and team found that 60.3% of 151 individuals with knee OA who were randomly assigned to receive EA three times per week for 8 weeks achieved a minimal clinically important improvement in pain and function at week 8, which was defined as a 2-point improvement on an 11-point numeric rating scale for pain and a 6-point improvement on the 68-point WOMAC function subscale.

By comparison, 58.6% of 145 patients treated with MA and 47.3% of 146 patients treated with SA, both at the same dose as EA, experienced clinically important improvements at 8 weeks.

The difference of 13.0% between EA and SA was statistically significant, but that of 11.3% between MA and SA was not.

However, at 16 weeks, significantly more participants in both the EA and MA groups had a clinical response relative to those in the SA group, at 60.3% and 56.6% versus 36.3%, respectively, with the differences persisting up to week 26 (57.0 and 52.4 vs 34.2%).

Liu et al note that the observed effect size of EA for knee OA was similar to that of topical nonsteroidal anti-inflammatory drugs (NSAIDs), which are recommended before oral NSAIDs

They say: "In the present trial, 60.3% of participants in the EA group achieved significant improvement in pain and function; this was almost the same as the use of topical diclofenac or ketoprofen for pain relief in chronic musculoskeletal pain (60%)."

In an accompanying editorial, David Hunter (The University of Sydney, New South Wales, Australia) and Richard Harris (University of Michigan, Ann Arbor, USA) point out that previous studies have shown "questionable" clinical relevance for the benefits of acupuncture in knee OA.

They say that "[t]ime will tell" whether guidelines will use the current data to change their conditional recommendations for acupuncture, particularly as the "significant size of the placebo effect seen in the sham acupuncture group means that some of the action of this intervention is simply needle insertion, irrespective of location."

Hunter and Harris therefore suggest that "[i]n the interim, there continues to be further need for research, in particular, dose response relationships, effects of blinding the acupuncturist, feasibility of 3 times weekly regimens and clarifying the mechanism of effect, particularly given the persistence of benefit."

They add: "There is some suggestion that the benefit is partly mediated by changes in major inflammatory factors (TNF-α, IL-1β and IL-13) which may in part explain the persistence of effect."

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