

IS ACUPUNCTURE COST-EFFECTIVE FOR LOW BACK PAIN? RESULTS FROM A PRAGMATIC RANDOMISED CONTROLLED TRIAL

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Objectives

Many people use acupuncture to help manage low back pain (LBP). Existing evidence for effectiveness relates to short-term outcomes, and no evidence exists on cost-effectiveness of acupuncture as a management strategy for LBP. We undertook this study to establish the cost-effectiveness of a defined package of acupuncture care.

Methods

The study was a pragmatic, randomised controlled trial (N = 241). The control group received usual care from their GP. Adults with a non-specific LBP episode of 4 to 52 weeks duration, were randomised in a ratio of 2:1 to receive up to 10 sessions of traditional acupuncture. The study was conducted York, England. The primary outcome was SF-36 Bodily Pain, measured at 12 and 24 months. Cost utility analysis was conducted at 24 months using EQ-5D and SF-6D.

Results

241 patients were successfully recruited in to the trial. In the acupuncture arm, the most commonly diagnosed syndrome was Qi and Blood Stagnation (88% of patients), followed by Kidney Deficiency (53%) and Bi Syndrome (28%). Where patients were rated twice, 47% to 80% of classifications were congruent, and Cohen's Kappa was between 0 ("same as chance") and 0.67 ("good"). Most commonly used channels were Bladder and Gall Bladder, and commonest points were BL-23 and the lowest two Huatuojiayi points. Analysis of covariance, adjusting for baseline score, found an effect size of six points on the SF-36 Pain dimension (95% CI -0.6 to 12.6; p=0.074) in favour of the acupuncture group at 12 months, and nine points (95% CI 1.8 to 16.2; p=0.015) at 24 months. Patients did not report any serious adverse events. The acupuncture service was cost-effective at 24 months; the estimated cost per QALY was £2,436 (95% CI £199 to £25,364) using the SF-6D scoring algorithm based upon responses to the SF-36, and £3,156 (95% CI £154 to £21,791) using the EQ-5D health status instrument.

Discussion

GP referral to a service providing traditional acupuncture for a typical population of primary care attendees with persistent mechanical low back pain offers a cost-effective management strategy that is acceptable to GPs and to patients.

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