Acupuncture for stroke: perceptions and possibilities

Emeritus Professor Nicola Robinson
London South Bank University

and

Visiting Professor, Centre for Evidence based Chinese Medicine, Beijing University of Chinese Medicine
Why Stroke?

• A major cause of mortality and disability in the UK.

• 1 stroke occurs every 3 minutes and 3/10 people are likely to have a reoccurrence.

• About 1.2 million UK stroke survivors

• One of the largest causes of disability impacting on both patients and carers quality of life and costing approximately £9 billion a year.
• In China, acupuncture is routine for post stroke rehabilitation

• Some evidence from RCT’s about effectiveness

• Heterogeneous condition - range of symptoms and degrees of disability
Heterogeneity of post stroke care

- **Mental health** issues such as - depression and anxiety
- **Pain** - neuropathic
- **Motor impairment** – function, balance, mobility
- **Communication** problems - aphasia, dysarthria
- **Cognition** and memory loss
- **Sensory** impairments – touch, vision, hearing
- **Sensorimotor** impairments – dysphagia, and problems regarding nutritional support.
A role for acupuncture?

The same symptoms are also experienced by individuals who have not had a stroke – and there is good evidence for some of these, so acupuncture for individuals who have experienced a stroke suggests that as an intervention its potential to improve quality of life.

also

Systematic reviews and meta analyses suggest a role for acupuncture in stroke rehabilitation for a variety of symptoms (improving dysphagia, neurological function, dependency, global neurological deficiency, and specific neurological impairments)
Exploring stakeholder perceptions, acceptability and feasibility of integrating acupuncture into post stroke care

Professor Nicola Robinson ¹
Principal Investigator
Professor of Traditional Chinese Medicine (TCM) and Integrated Health
School of Health and Social Care
London South Bank University
103 Borough Road
London SE1 0AA
T: +44 (0) 207 815 7940
nicky.robinson@lsbu.ac.uk

Research collaborators

Dr David Smithard², Dr Pietro Emanuele Garbelli², Dr Patricia Ronan¹, Dr Tian Ye¹, Assoc. Professor Clare Deary¹, Dr Tingting Liu¹,

1: London South Bank University
2: Princess Royal University Hospital, King’s College Hospital NHS Foundation Trust.
The evidence for acupuncture and stroke
Cochrane Reviews on stroke rehabilitation

‘acupuncture may have beneficial effects on improving dependency, global neurological deficiency, and specific neurological impairments for people with stroke in the convalescent stage, with no obvious serious adverse events.’

However, most included trials were of inadequate quality and size. There is, therefore, inadequate evidence to draw any conclusions about its routine use.’

GRADing the evidence for Stroke

‘acupuncture yields benefits in stroke rehabilitation (neurological function improvement: RR=1.34; swallowing improvement: RR=1.61, 1.49, 1.07; disability: SMD=0.49 or 0.07)’ and that ‘acupuncture may improve stroke rehabilitation, as the GRADE approach indicated a weak recommendation for acupuncture’s usage in this context.’

* Note, GRADE is the Cochrane Collaboration’s recommended approach for grading the quality of evidence and the strength of recommendations made on that evidence. http://training.cochrane.org/path/grade-approach-evaluating-quality-evidence-pathway

2018 Cochrane review on acupuncture for acute stroke

22 trials compared acupuncture with any control and 6 compared with sham

Acupuncture reducing - death, dependency, improved neurological and movement scores at follow-up, was seen in trials comparing acupuncture with any control but not seen in trials comparing acupuncture with sham, as the authors phrased it ‘the more reliable control of sham acupuncture’.

Adverse events such as pain, dizziness, and fainting were reported in 6.2% (64/1037) of participants, and although reported as minor, 1.4% (n=14) of these had to discontinue acupuncture.

Conclusion - ‘improved outcomes with the use of acupuncture in cases of acute stroke but was confounded by the risk of bias related to the use of open controls.’

The trial quality and lack of reporting long term outcome were felt to be problematic, as with most Cochrane Reviews.

Acupuncture as a potential treatment option

Therefore, it is not surprising that given the lack of quality evidence on acupuncture as a potential treatment option, acupuncture is not currently included in the UK NHS NICE guidance for stroke.

Although

‘there was some evidence that acupuncture improved activities of daily living and a number of aspects of neurological function. However, these conclusions were based on studies with low quality evidence. No serious side effects were reported and there was no information on the effects of acupuncture on death or the need for institutional care.’

Information lacking on

• Is acupuncture included in clinical guidelines and what research evidence is used?

• Do acupuncturists currently treat this group of patients either within the UK NHS or privately

• What are NHS clinicians’ views on the use of acupuncture post-acute stroke or as part of rehabilitation?
Aims of the BAcC stroke project


2. Conduct 3 surveys on stakeholder perceptions
1. Exploring International guidelines on stroke

International and National Clinical Practice Guidelines and their evidence on the after care and rehabilitation of post-acute stroke patients.

Treatment Guidelines (TGS) less scientific and focus on providing clinical recommendations directly to health care practitioners often using non-academic methods for dissemination such as medical society websites, medical journals and medical expert websites.
Organisations responsible for providing guidance on the care and treatment of people recovering from a stroke

Departments of Health,
Royal Medical Colleges,
Stroke associations

A snow-balling approach, following links in one publication to other publications or websites was employed.
Recommendations from many sources

- National Government Departments of Health
- Ministries of Health,
- State Departments of Health,
- State reimbursement systems,
- National guideline groups,
- National expert groups,
- Local health authorities
- International expert groups,
- Insurance companies,
- On-line patient support groups
Results

• A total of **48 Clinical Practice and Treatment Guidelines from 26 countries** on post stroke after-care were identified, dated between 2001- 2018.

• **33 CPGs from 15 countries and 8 TGs from 2 countries** made recommendations concerning the use of acupuncture

• **Overall a total of 35 positive recommendations on the use of acupuncture** were identified for various stroke sequelae, most for acupuncture use in rehabilitation
• **Canada** has issued the most regularly updated guidance and had **positive recommendations for stroke rehabilitation, dysphagia, shoulder pain, depression, cognitive dissonance and insomnia**

• **At least one country provided a positive recommendation for the use of acupuncture for**

  – stroke rehabilitation, dysphagia, spasticity, upper limb extremity impairment, post stroke pain, shoulder pain, post stroke pain, central post stroke pain, depression, cognitive impairment, insomnia, and acute stroke.
### Summary of acupuncture related stroke symptom recommendations by country and year

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<th>UK</th>
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<th>Canada</th>
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Summary

• The quality of the evidence and its strength may not be assessed in CPGs and often evidence is not cited even if it is available.

• Given the range of symptoms experienced by people who have had a stroke, searches for guidelines were wide but specifically focussed on the care and treatment of stroke and not for a specific symptom such as pain.

• Comparing systematic review evidence and the guidelines which had positive recommendations, there appears some synergy supporting the use of acupuncture for a range of symptoms associated with stroke.
How many recommendations are there which recommend acupuncture for the treatment of different symptoms, diseases?

Where do these recommendations come from?

Overview of treatment guidelines that recommend the use of acupuncture: a bibliometric analysis.
Stephen Birch, Terje Alraek, Myeong Soo Lee, Tae-Hun Kim

• JACM 2018 Published Online: 18 Jun 2018
https://doi.org/10.1089/acm.2018.0092
Evidence-Based Recommendations in Treatment guidelines for Acupuncture
The Challenge

The challenge is to ensure research underpinning the evidence base facilitates integrated care provision and that this is explicitly linked to clinical guidelines.
2. Stakeholder Surveys

Three separate and discrete surveys were carried out between Sept 2017 and March 2018.

- Acupuncturists (British Acupuncture Council members)
- Stroke health care professionals (NHS)
- Stroke club co-ordinators
Stakeholders perceptions

- Ascertain whether **acupuncturists** (British Acupuncture Council members) were interested in or have experience of treating stroke within the NHS or private practice and identify their views on the use and effectiveness of acupuncture in post stroke care.

- Assess **stroke health care professionals** knowledge, views and perceptions on the potential use of acupuncture in stroke early recovery, rehabilitation and the feasibility of delivering acupuncture as part of practice.

- Explore access, perceptions, acceptability and experience of acupuncture for people recovering from a stroke through the **stroke club co-ordinator** network.
Survey 1-Traditional acupuncturists’ views

The participants - British Acupuncture Council (BAcC) acupuncturists - the leading self-regulatory body for the practice of acupuncture in the UK.

Data collection

A Survey Monkey link to the questionnaire, requesting its completion and in addition, hardcopies of the survey and IPad tablet versions were available for completion at the annual BAcC 2017 and ARRC 2018 conferences.

A notice about the survey was also put in the BAcC journal.
Results

• 123 responses
• 64% over 50 years
• 76% women
• 37% in practice for 15 +years
• 7 had additional western medicine training
• 30 mentioned having specialist practice
Comparison of demographic characteristics of acupuncturists completing the survey and a earlier small survey of British Acupuncture Council (BAcC) members

<table>
<thead>
<tr>
<th>Age</th>
<th>Survey N=123</th>
<th>Age</th>
<th>BAcC members* N=115</th>
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<td>&lt; 39 years</td>
<td>13.6% (17)</td>
<td>&lt; 35 years</td>
<td>10%</td>
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<td>40-49</td>
<td>21.14% (26)</td>
<td>40-49</td>
<td>22%</td>
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<td>50-59</td>
<td>41.5% (51)</td>
<td>50-54</td>
<td>33%</td>
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<td>60+</td>
<td>23.6% (29)</td>
<td>55+</td>
<td>35%</td>
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<td>Female</td>
<td>76.4% (94)</td>
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<td>Years in Practice</td>
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<td>20%</td>
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<td>10-14</td>
<td>12.2% (15)</td>
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<td>20+</td>
<td>26.8% (33)</td>
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<td>78.7% (96)</td>
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<td>Nurse</td>
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<td>Other</td>
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<td>Practice base</td>
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<td>87.8% (108)</td>
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<td>87.6% (92)</td>
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<td>8.9% (11)</td>
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<td>13.4% (15)</td>
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How many stroke patients have you treated?

- **78 (63%)** acupuncturists had treated a stroke patient
- 7 had treated more than 20
- 16 had treated between 6-20
- 53 had treated between 1-5
- **70%** had treated a stroke patient within the last year
- **93%** thought acupuncture would be a useful addition to people recovering from a stroke
- **52%** an area of acupuncture practice you they would like to get involved in (39% possibly)
What symptoms were treated?

- 88.2% (67) Motor impairment
- 65.8% (50) Quality of life
- 51.3% (39) Depression/anxiety
- 47.3% (36) Neurological pain
- 46.1% (35) Communication problems
- 27.6% (21) Sleep
- 27.6% (21) Cognition and memory loss
- 26.3% (20) Sensory impairments
- 25.0% (19) Dysphagia
- 11.8% (9) Other
What do you think the barriers are to providing acupuncture to people recovering from a stroke?

- 91.6% (109) Doctors lack of knowledge
- 77.3% (92) Relatives or carers lack of knowledge
- 73.1% (87) Scepticism
- 69.7% (83) Unclear referral pathway
- 44.5% (53) Lack of evidence
- 44.5% (53) No access to hospitals
- 22.7% (27) Other
Qualitative data - Cost

‘Cost of treatment is a drawback as I think very regular treatment is needed’

‘Treatment has to be regular - I have treated the same patient twice daily sometimes. I often end up working for nothing’

‘Finance, most treatment is paid for privately, funding especially for ongoing long term treatment is very limited. I think of the three reasons I have selected, this is the greatest barrier.’

‘Best recovery are patients who have the will to get better and pay for services. This obviously excludes many with the affliction’
Access to and working with NHS health professionals

‘I am very passionate about this subject and asked around consultants etc. to let me do a study and to calculate the economy to NHS and which will bring someone recovered or partially recovered from CVA (Cerebrovascular accident), no luck so far’

‘It would be good to learn a referral path for GP and hospitals. How do we access doctors?’
Access

‘This needs to be hospital based initially and available at home to patients because of their potential mobility issues.’

‘I was allowed access to hospital on the request of patients. Hospital now employs someone who does a bit of Acupuncture! I had nurses watching my treatments and taking notes!’

‘I was contacted through personal contacts and had no problem being allowed into the hospital to treat her... the ancillary staff were very interested but the medical staff kept their distance!’

My clinic has no easy access and patients need to climb and descend stairs’
‘Reliance on a relative to make time for the treatment too’

‘Patients are tied up with many hospital appointments in first three months post stroke and so not normally available for acupuncture during the most potentially responsive period to acupuncture’
‘Stroke is a difficult condition to treat, its effects are very varied, and responses vary too.

The situation is very different to chronic pain, where there is widespread public awareness of the benefits of acupuncture, as a result primarily of word-of-mouth, but also acceptance of acupuncture pain across the biomedical community. This public knowledge does not exist for stroke.’
Specialist training – may be necessary

‘I would be interested in CPD courses on this subject, and happy to volunteer in stroke units.’

‘I think to treat patients post stroke a specialist course perhaps in scalp acupuncture would be relevant or some specialist training.’

‘I spent 3 months working in a training hospital in Shanghai which specialised in Strokes so would like to use that training more over here’
Timing – when to provide acupuncture

‘High frequency i.e. daily in hospital treatment followed at home would lead to the best outcome, within the first month of the stroke.’

‘I believe that acupuncture should start straight after acute care’.

‘Seeing people sooner rather than later is helpful’

‘Acupuncture, if administered immediately after a stroke can be hugely effective and it requires acupuncturists to be available in hospitals to administer this. If acupuncture is used in rehab, the patient needs treatment almost daily to make the most impact.’
Acupuncture may be effective

‘Patients at risk of stroke are good candidates for acupuncture.’

‘Possibility to reduce medication levels. Acupuncture is really about keeping well.’

‘It was particularly difficult with the aphasia as well, but the husband especially felt very supported.’
‘I would love to be treating this patient group but having got nowhere with local GPs in terms of setting up joint treatment programmes for various pain conditions (which have good evidence that GPs may be familiar with) the mind boggles at the mountain to climb to make it worth the time training for and promoting acupuncture as a treatment.’

‘Need to ensure the evidence base is transparent to stakeholders’
Practitioner self reported outcomes

‘Getting incredible results we need to research and publish’

‘In the cases I have treated, mobility did not improve but did not get worse. Other areas, sleep, depression etc. improved’
Survey 2 - NHS professionals’ views

To assess stroke health care professionals knowledge, views and perceptions on the potential use of acupuncture in stroke early recovery, rehabilitation and the feasibility of delivering acupuncture as part of practice.
Survey participants

- Survey of healthcare professionals working in post stroke care, stroke survivors and their carers was carried out at the 12th UK Stroke Forum hosted by the UK Stroke Association held at the 28-30th November 2017 in Liverpool.

- Annual conference attracts a range of participants - doctors, nurses, physiotherapists, occupational therapists, researchers, stroke survivors and carers, important representative snapshot of the stroke community.

The Stroke Association is a coalition of over 30 organisations committed to improving stroke care across the care pathway.
The investigators paid for a conference stand located in the main exhibition hall along with the other 60 exhibitors, 180 posters displayed and where refreshments were served. The stand was visibly situated in the key networking area of the conference and displayed information, systematic reviews and research papers about acupuncture and stroke care.
Three of the project team were based at the conference booth and were in attendance as conference participants which included a consultant physician with 20 years stroke experience, a known expert in stroke medicine and rehabilitation and dysphagia. This provided additional support and integrity, being a ‘known person’ to some of the attendees.
Data Collection

• Participants in the exhibition area were invited to participate by completing the anonymous online survey using an electronic Survey Monkey link via one of the 5 IPAD/tablets available.

• Hard copies of the paper-based questionnaire were also available which were later entered manually onto the Survey Monkey data base.

• They were also given a raffle ticket and entered into a prize raffle for a shopping voucher once completing the questionnaire.

• Consent was implied by their agreement to complete the survey.
Results

- 278 individuals completed the questionnaire (269 online, 9 paper)
- 7 were incomplete and discarded
- 1,450 delegates attended from across the stroke care pathway.

Survey data represented approximately 20% of conference attendees.
- 31% doctors
- 22% nurses
- 11% physiotherapists
- 8% occupational therapists
- 4% speech therapists
- 4% stroke survivors
- 2% psychologists
- 2% orthoptists
- 2% social care
- 6% other professionals
### Breakdown of the acupuncture survey participants and conference attendees by professional grouping

<table>
<thead>
<tr>
<th>Professional Grouping</th>
<th>Attendees completing the survey N=278</th>
<th>2017 Conference attendees N=1450</th>
<th>2016 Conference attendees N=1500</th>
</tr>
</thead>
<tbody>
<tr>
<td>Doctors</td>
<td>31% (86)</td>
<td>26%</td>
<td>22%</td>
</tr>
<tr>
<td>Nurses</td>
<td>22% (61)</td>
<td>20%</td>
<td>23%</td>
</tr>
<tr>
<td>Physiotherapists</td>
<td>11% (30)</td>
<td>10%</td>
<td>4%</td>
</tr>
<tr>
<td>Occupational Therapists</td>
<td>8% (22)</td>
<td>7%</td>
<td>7%</td>
</tr>
<tr>
<td>Speech Therapists</td>
<td>4% (12)</td>
<td>6%</td>
<td>Not available</td>
</tr>
<tr>
<td>Researchers</td>
<td>5% (15)</td>
<td>8%</td>
<td>Not available</td>
</tr>
</tbody>
</table>
Attitudes of NHS professionals to acupuncture

- 46% (101) thought acupuncture would be a useful addition to post stroke care and 50% (112) were unsure, 4% (9) no.
- Do you think acupuncture would be a useful addition to post stroke care for health care professionals?
Have you ever referred a stroke survivor for acupuncture?

- 88%(197)  No
- 4%(9) Once
- 2%(4) Regularly
- 5%(10) Provided by hospital trust
- 1%(3) Provided by GP
Why did you refer?

- 73% Neurological pain
- 35% Motor Impairments
- 15% Quality of life
- 15% Sensory Impairments
- 8% Dysphagia
- 12% Sleep
- 4% Depression/Anxiety
- 4% Cognition/memory loss
- 17% Other
Why did not they refer?

- 52% Do not know enough about acupuncture
- 39% Never been asked by patients and carers about providing acupuncture
- 23% Do not think there is a strong enough evidence for its use
- 21% Do not know how to refer to an acupuncturist
- 17% Other reasons
- 4% Do not believe acupuncture is a useful approach
- 0% Do not think it is safe
Open ended comments

• Availability – not on NHS
• Access – environment
• Lack of knowledge/awareness/
• Unclear about benefits
• Competency
• Finding an acupuncturist
• Scepticism
• Evidence/ research awareness
• Patient acceptance
• Would like to know more
• Not previously considered it
Comments by patients

10 patients who were attending the conference completed the survey, 5 said they would be willing to try acupuncture, 1 had experienced barriers in trying to access acupuncture

‘Had it before and after stroke, but just don't like needles.’

‘The competency of the referral -- depends on the training and willingness of the medical staff dealing with the patient in question.’

‘As a stroke survivor aged only 34 at the time I was willing to try anything that would help me to get my life back especially if it did not harm my recovery.’
Survey 3. Stroke club co-ordinators’ views

- The co-ordinators of the national UK network of 282 Stroke clubs (associated with the UK’s Stroke Association) are advertised on the internet.

- Contact information is publically available.

- An e-mail with a survey monkey link was sent to all co-ordinators.
Results- Stroke Club Co-ordinators

- Survey sent to 221 e mail addresses of these 187 e mails were opened
- 99 valid responses (10 completed at the conference)
- Approximate response rate 45 %

70% had been a co-ordinator for over 5 years
Only 7 had been asked by a member how to access acupuncture treatment
73% they felt that their members would be interested in finding out more about acupuncture
96% felt that contacting the stroke clubs would be a good way to access stroke survivor views on acupuncture
Summary

• Real opportunities to explore acupuncture for the treatment of people requiring post-acute stroke care

• Interest and enthusiasm from acupuncturists to treat this group of patients, some acupuncturists already had experience

• NHS professionals working in post stroke care also demonstrated some enthusiasm for learning more about the use of acupuncture and its evidence base,

• Stroke clubs were keen to have acupuncturists to come to talk to their group and emailed to ask for someone to talk to them.
Recommendations

• Opportunities and barriers identified in the research should inform potential training and education
• Expansion of specialised training for acupuncturists in post stroke care
• Future education, training, research and collaboration between multidisciplinary groups should be explored
• Dissemination of the evidence base and potential benefits of the use of acupuncture for symptoms associated with stroke
• Improve knowledge on access to NHS professionals
• Further work needs to explore whether patients will find acupuncture acceptable.
Thank you for listening

Emeritus Professor Nicola Robinson
Professor of Traditional Chinese Medicine (TCM) and Integrated Health
London South Bank University
nicky.robinson@lsbu.ac.uk
Visiting Professor, Centre for Evidence based Chinese Medicine, Beijing University of Chinese Medicine