

# Mapping Physiotherapist Use of Acupuncture Treatment of Adults With Cystic Fibrosis

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## Background

Cystic Fibrosis is the most common life-threatening inherited disease in the UK. It is a chronic progressive disease affecting the exocrine glands, causing increased viscosity of secretions. This complex multi-organ disease mainly affects the respiratory and gastrointestinal systems but can also affect the pancreatic, hepatobiliary and reproductive tracts. Over 8000 people in the UK have cystic fibrosis and the current median age of survival is 35 years. The most common cause of premature death is respiratory failure.

Patients with cystic fibrosis experience a range of symptoms including respiratory infections, malnutrition, cystic fibrosis related diabetes, liver disease, osteoporosis, arthropathies and rhinosinusitis.

The role of the physiotherapist working with cystic fibrosis adults includes airway clearance techniques, exercise prescription, inhalation therapies, urinary incontinence screening and advice and also teaching saline nasal irrigation to relieve symptoms of rhinosinusitis. Given the range of symptoms experienced by adults with cystic fibrosis, acupuncture could be a useful addition to treatments that physiotherapists currently provide.

The inclusion of acupuncture in the NICE guidelines in the treatment of back pain is a significant step forward (NICE, 2009). However, unfortunately acupuncture is still used in a limited capacity within the NHS.

## Aims

The aim of this study was to explore the use of acupuncture in the treatment of cystic fibrosis adults in the UK and to identify which symptoms acupuncture is being used for. This research also aims to identify any barriers or drivers to the physiotherapy use of acupuncture in this patient group.



## Methods

A questionnaire was sent to all UK specialist adult CF centres (n=23). It explored the availability of physiotherapy techniques, including acupuncture, specifically determining who performed acupuncture treatments, reasons for referral and perceived effectiveness for various symptoms. Respondents were also asked to identify barriers and drivers for the use of acupuncture in the treatment of CF adults.

## Results (1)

There was an 87% response rate (n=20), with 4 centres identified as providing an acupuncture service.

There was no difference in the use of acupuncture in larger (n=2) or smaller (n=2) centres, or centres providing a wide variety of physiotherapy treatments (n=2) compared to those with a more limited service (n=2).

Acupuncture treatment was aimed at treating a wide range of symptoms: most commonly back pain (n=4) but also breathlessness (2), depression (2), wellbeing (2), headaches (2), joint pain (2), anxiety (2), sinus pain (1) and pleuritic chest pain (1).

All 4 respondents reported acupuncture to be of benefit in the treatment of back pain. Breathlessness, well-being, headaches, joint pain and anxiety were each reported to benefit from acupuncture by 2 respondents. Sinus pain and pleuritic chest pain were each reported to benefit from acupuncture treatment by one respondent. Depression was reported of benefit by one respondent and of no benefit from another respondent.

## Results (2)

In all 4 centres where acupuncture treatment was given, it was administered by a physiotherapist. Research was stated as the main reason for using acupuncture treatment (n=3), but anecdotal evidence and personal experience were also cited by 2 of the 4 centres. The main limiting factor for the provision of an acupuncture service was availability of professionals with the skills to do so.

All 20 respondents believed that acupuncture may have a role in the treatment of adults with cystic fibrosis.

Respondents were asked who they believe would be most appropriate to carry out acupuncture treatment if it were administered to adults with cystic fibrosis. It is illustrated in Figure 1 that 15 respondents (71%) felt that a physiotherapist with acupuncture training would be most appropriate. 5 respondents (26%) felt that a professional acupuncturist with an acupuncture degree would be most suitable and 1 respondent (5%) felt that another healthcare professional with acupuncture training would be most suitable. One respondent did not answer this question.

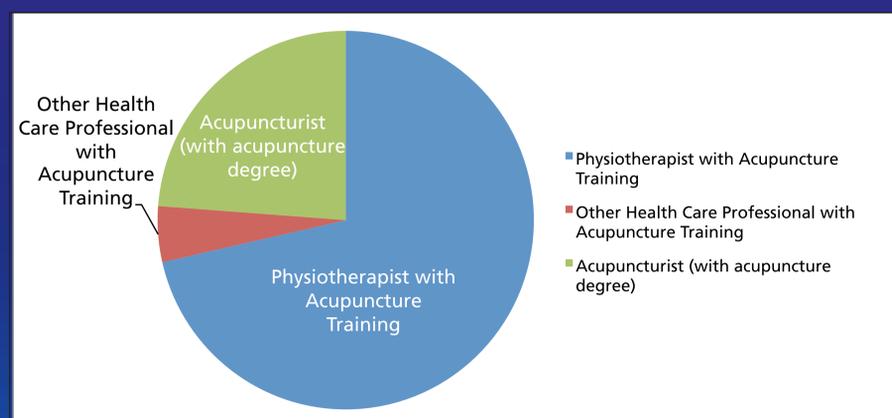


Figure 1: Who Would Be Considered Most Appropriate To Administer Acupuncture

## Conclusion

The size of the cystic fibrosis centre or the number of physiotherapy treatments used does not affect whether acupuncture treatment is offered or not.

Only a small proportion of centres do offer acupuncture and this is aimed at a wide range of symptoms.

Acupuncture does appear to benefit the symptoms it is aimed at treating. The increased provision of acupuncture in UK adult cystic fibrosis centres may be a potentially valuable addition to treatment already provided.

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## Reference

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