Acupuncture sedation in an intensive therapy setting

Paul Farquhar-Smith

Any strategy which may reduce the need for sedative drugs in intensive care is welcomed. The benefits of sedation are compromised by the negative effects, such as hypotension, longer periods of ventilation and contribution to delirium. In this edition, Zheng and colleagues present evidence that using the bispectral index (BIS) as a depth of sedation measure, electroacupuncture at two Chinese acupuncture points (GV24, Shenting and EX-HN3, Yintang) can reduce the rate of midazolam infusion required to sedate patients in a critical care unit (CCU).1 A pilot study has previously implied a role for acupuncture in sedation of critically ill patients.2 Surface electrostimulation (at LI4, ST36, HT7 and LR3) significantly reduced the amount of propofol used to sedate 12 patients.2 In that study, sedation was assessed using a subjective scoring system (Sheffield Sedation Scale).2 Zheng et al used BIS and the Ramsay scoring system to guide sedation in 45 patients in intensive care.1 One group received midazolam only (group A), other groups additionally received acupuncture (B) or electroacupuncture (C) at GV24 and Yintang. There was a modest reduction in hourly mean dosage of midazolam infusion in group C compared with the other groups, equivalent to approximately 2 mg/h of midazolam.1 However, this was an untypical group of patients, described as being ventilated, awake and cooperative before starting the single-agent sedation (also not typical practice) with or without acupuncture. Furthermore, the short duration (6 h) of the study makes applicability of these data problematic.

This paper highlights challenges with electroacupuncture itself (owing to interference, BIS could only be measured when electroacupuncture was off), and also with the use of BIS as a measure of sedation. BIS attempts to ‘measure’ unconsciousness by modulating raw EEG into a single number, processed by an algorithm derived internally peer reviewed.

REFERENCES

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