Inappropriate Rating Scale

Editor – We read with interest the study by Chan et al into the effect of needling HT7 on psychological stress in hospice staff.1 We agree that stress in hospice staff is an important problem and that a simple effective treatment would be useful. However, although Chan et al aimed to measure reductions in psychological stress, we feel that the outcome measure they chose was inappropriate. The Edinburgh Postnatal Depression Scale has not been validated as a measure of psychological stress in the general population and a fall to below 12 or 13 in their study population is meaningless as this threshold was determined in postpartum women.

There have been numerous studies examining stress within hospice staff and the use of a previously used tool would have been more appropriate.2 The general health questionnaire (GHQ) is a widely used and acceptable method of establishing minor psychiatric illness in the general population and has also been validated for use in occupational settings.3,4

Chan et al do not comment on how they determined user friendliness. The 12 point GHQ takes on average less than 5 minutes to complete (the same time as the Edinburgh Postnatal Depression Scale) and is generally well received.5,6

We agree that a further, controlled study is now required but hope that a more appropriate outcome measure will be used.

Reference list

Reply from first author

Editor – I thank Ward and Simpson for their communication regarding the paper recently published in Acupuncture in Medicine: An uncontrolled pilot study of HT7 for ‘stress’. They make a valid point, and some plans have already been made to further the study of HT7 for ‘stress’ using the GHQ12 in a controlled trial.

A recurring problem is that it is difficult to perform rigorous controlled trials with acupuncture, and there is still some discussion ongoing regarding the methodology of the proposed trial.
Acupuncture in a Patient with Neurofibromatosis

Editor – We would like to report the case of a 48-year-old lady with neurofibromatosis who was referred to a cancer pain clinic for treatment of pain in the right leg.

She had been diagnosed with neurofibromatosis type I at the age of 11 years. She had excision of a number of nodules over the years but developed a malignant neurofibrosarcoma in the right groin at the age of 36 that was surgically removed. A month later, re-excision of residual tumour had to be performed. Unfortunately, local recurrence developed after eighteen months and excision was performed again with radical lymph node dissection of the femoral triangle and post-operative external beam radiotherapy. She attended regular follow up at a surgical clinic post-operatively and eight years later reported pain in the right lower leg. She described this as a sharp ache that was present constantly and exacerbated by activity involving the leg. Her pain had been worsening in the last few years to the extent that it interfered with walking and driving. She had had extensive investigations for this including an MRI and PET scan. The only significant finding was the presence of neurofibromata along the femoral nerve.

Simple analgesics and NSAIDs had been administered for the control of pain with little success and she had also been prescribed a course of gabapentin, which had to be discontinued because of troublesome itching. She was referred to our pain clinic for consideration of acupuncture therapy.

For this patient the treatment of choice would involve needling in the relevant paravertebral segments to give some degree of autonomic blockade as well as any trigger points identified in the painful area. On examination in the pain clinic she was found to have extensive neurofibromata all over her body, and particularly over her back (see figure 1). Identification of landmarks and skin areas free of neurofibromata where needles could be inserted was very difficult. Examination of the leg again revealed the presence of many neurofibromata and the presence of myofascial trigger point patterns was difficult to elicit in the usual fashion. On account of the dense aggregation of neurofibromata in the paravertebral region and around the gluteus minimus areas, no needling was performed and she was prescribed oral tramadol 50-100 mg. This was very effective in the control of her pain to the extent that she was able to resume her favourite leisure activity of walking in the country.

Acupuncture anaesthesia has been reported in neurofibromatosis with no complications.1 In this case, however, we did not feel that needling could be performed without interfering with existing neurofibromata. Fortunately the patient’s symptoms could be controlled with systemic drug therapy.

Reference list

Figure 1 This is an image of the back of the patient. Note the density of neurofibromata in the paravertebral areas.
Dear Editor

A gentleman (RH) of my acquaintance was unfortunate enough to be involved in a road traffic accident where he mistakenly pulled out in front of a Cherokee Jeep. The Jeep’s near-side struck RH’s car at a speed between 45 and 55 miles per hour.

RH was treated in the local hospital after various X-rays of his neck, chest and right shoulder. I saw him a week after his accident when he was troubled with intractable hiccups. From ten o’clock that morning he was having hiccups every two to three minutes which was extremely painful as he had severe bruising to his right lower rib cage. At six o’clock that evening I inserted needles into PC6 bilaterally and left the needles in situ for twenty minutes after ‘di qi’ sensation was felt. By twenty minutes the hiccups had gone and did not return. Both the patient and the acupuncturist were very happy. I enclose a picture of the car and driver for your information.

Max Forrester
medical acupuncturist
Taunton, UK
maxforrester@yahoo.co.uk
Acupuncture in a patient with neurofibromatosis

Roxaneeh Zarnegar, Christopher Jenner and Jacqueline Filshie

Acupunct Med 2003 21: 66
doi: 10.1136/aim.21.1-2.66

Updated information and services can be found at:
http://aim.bmj.com/content/21/1-2/66.citation

These include:

Email alerting service
Receive free email alerts when new articles cite this article. Sign up in the box at the top right corner of the online article.

Notes

To request permissions go to:
http://group.bmj.com/group/rights-licensing/permissions

To order reprints go to:
http://journals.bmj.com/cgi/reprintform

To subscribe to BMJ go to:
http://group.bmj.com/subscribe/