A survey of the use of self-acupuncture in pain clinics - a safe way to meet increasing demand?

Michele Orpen, Gale Harvey, Jeff Millard

Abstract
An acupuncture service is well established within a pain clinic in Nottingham, England, and is now unable to meet the increasing demand for treatment despite recent expansion. Patients used to be offered training in self-acupuncture. This was withdrawn because of safety concerns, but is being considered again as a way of meeting the demand. There is little published research on the topic, so a survey of 42 English hospitals was conducted to establish whether acupuncture services are provided, and to discover whether others were offering training in self-acupuncture to patients. Thirty hospitals replied, 23 of which offer an acupuncture service. The average waiting time for the first acupuncture treatment was 18.5 weeks, and the average waiting time for follow up treatments was nine weeks. One hospital taught patients auricular self-acupuncture, another was planning to teach patients, and a third hospital had previously taught patients but stopped. Discussing these findings, concerns are raised about the safety of self-acupuncture, and issues about patient selection, training, information, supervision and supply of materials are reviewed. A debate on these issues would be valuable.

Keywords
Self-acupuncture, pain clinic, survey.

Introduction
Acupuncture is a widely used treatment modality, and is offered in about 87% of NHS chronic pain services. It is provided by a variety of staff, alongside a variety of other therapies for patients in chronic pain.

The acupuncture service in the Pain Clinic of Nottingham City Hospital is provided by three nurse specialists, who have all trained in the use of traditional Chinese acupuncture for patients in pain. We offer two new patient and three follow up acupuncture clinics per week. Our service offers an initial trial of acupuncture, consisting of four to six treatments. Following a successful trial of acupuncture, follow up treatments were provided as required by the patient, but more recently have been limited by the resources of the service. On average, our patients require follow up treatments every four to eight weeks. Ideally we would like to offer a longer initial course of treatment of six to ten sessions, and follow up treatments as required by the patient, not as dictated by service limitations. We see around 500 new patients per year, and have a total of 2400 treatment appointments. We do not know how many patients we are treating at present, as many patients have been attending for several years; we are currently setting up a database to record this.

Audit takes place in the department. Effectiveness of treatment is measured as a reduction in pain. Preliminary results from an ongoing acupuncture audit show that, of the 59 patients included so far, 59% had a reduction in their pain. Side effects recorded include vasovagal reactions in 1.6% of patients, and a temporary increase in pain or other symptoms in 37%. Of this 37%, half were not helped by the acupuncture and did not continue treatment. The other half did have a reduction in their pain and continued with acupuncture.

This acupuncture service has been running for more than 30 years and originally consisted of three sessions per week provided by one pain consultant. Patients who responded favourably to acupuncture were taught how to perform self-acupuncture at home. This service was limited to specific conditions, using small needles and dermatomal points. Needles and sharps disposal bins were provided by the clinic, and the pain consultant reviewed all patients annually.

We withdrew the self-acupuncture service two
years ago. The reasons for this were: firstly because we believed that by expanding the service, taking on extra staff, and providing extra acupuncture sessions, the service would meet the demand; and secondly because we had concerns around safety and risks, and we did not know of any other hospital practising self-acupuncture. We decided to stop this service temporarily and review it in the future if necessary.

Despite our best efforts we have recently found ourselves in an unsustainable situation and cannot cope with the current demand for acupuncture. We have been considering a number of options to improve or rationalise the service: cutting the number of patients we treat; increasing the number of acupuncture sessions; teaching suitable patients, their relatives or their carers, to use acupuncture at home; or offering treatment only to patients with conditions that respond best to acupuncture.

A literature search revealed very little published work on self-acupuncture. A recent paper by Fagan and Staten describes an audit of self-acupuncture in primary care. A total of 16 patients who were included all found acupuncture useful, the practitioners encountered no problems and no patients reported adverse effects. This work was not limited specifically to painful conditions and was based in primary care. We could find no publications on self-acupuncture for painful conditions or in secondary care. A literature search on safety in acupuncture showed a variety of publications from around the world, though many were not relevant to our practice as they involved diverse acupuncture practices used in other countries. Two useful recent publications related to British practice were a prospective study by White and colleagues, who reported no serious adverse events in over 30,000 acupuncture consultations by British doctors and physiotherapists; and another prospective survey of adverse events following acupuncture by MacPherson et al who also identified no serious adverse events in over 34,000 consultations.

Considering that acupuncture is providing relief to about 60% of patients with chronic pain, we could only envisage our waiting times getting longer. As a result we decided to undertake a postal questionnaire survey on acupuncture services in NHS hospitals, particularly enquiring about use and experience of self-acupuncture.

**Methods**

A postal questionnaire survey was sent to 42 hospitals throughout the UK, randomly selected from a hospital directory. We asked them to supply information on the number of staff who performed acupuncture, their grades and the number of acupuncture sessions they provided per week. We also asked if they had difficulties with long waiting lists; whether there were long delays between top-up appointments; if they had experience of self- or home-acupuncture; if they thought the practice of teaching patients and relatives was a good idea or not; and if they limited the points used or the conditions or pains treated. We also enquired if the Acute Pain Team at their hospital used acupuncture for pain management.

We addressed the surveys to the pain clinic but did not send a covering letter explaining the reasons for the survey and did not follow up non-responders. We followed up pain clinics that expressed an interest in self-acupuncture by a telephone call to ascertain further details.

**Results**

Of the 42 hospitals contacted, 30 (71%) responded to the survey, of which 23 were providing an acupuncture service in their pain clinics. Three hospitals stated that their Acute Pain Teams were using acupuncture, two specifically for postoperative nausea and vomiting, and one for ‘occasional use’. The mean number of half-day sessions offered per week was three, with a range of 1 to 7. The average number of staff performing acupuncture was 2.5, with a range of 1 to 8. A variety of grades of staff gave acupuncture, including nurses from E grade to nurse consultants, medical staff, physiotherapists and a pharmacist. The mean waiting time for a first acupuncture appointment was 18.5 weeks with a range of 4 to 62 weeks (see Figure 1). When stating the waiting time for follow up treatment, some hospitals gave a range (eg 8 to 52 weeks) from which we calculated the mean. The waiting times for all hospitals who responded are shown in Figure 2, and varied from 1 to 52 weeks with a mean of nine weeks.

In response to our questions about self-
acupuncture or acupuncture by a relative, some respondents offered an opinion even though there was no acupuncture service at their hospital. We analysed only the responses from hospitals where acupuncture was practised. The respondents from seven of the hospitals thought it was a good idea to teach patients or relatives acupuncture for use at home. The respondents from 10 of the hospitals thought it was a bad idea to teach patients or relatives acupuncture. The respondents from the remaining two hospitals were undecided. In three hospitals there was some experience of self-acupuncture or teaching relatives acupuncture. Of these, auricular acupuncture only was being taught to patients in one hospital; in a second hospital a service using traditional acupuncture on limited

Figure 1 Waiting time for first appointment for acupuncture in 22 pain clinics who provided data. The bars indicate the numbers of pain clinics with waiting lists of the stated duration, to the nearest month. One clinic with a waiting list of 62 weeks was included in the 12 month figure.

Figure 2 Waiting time for follow up acupuncture appointments in 19 pain clinics that provided data. The bars indicate the numbers of pain clinics with waiting times of the stated duration.
points was in the process of development; and in the third hospital, patients had been taught self-acupuncture (to traditional points) but this practice had been stopped a few years previously. There was also a hospital in which patients were being taught acupressure.

**Discussion**

The results of the survey showed that our acupuncture clinic was comparable to other acupuncture clinics. We have an average number of staff performing acupuncture: three nurse specialists. We offer an above average number of sessions: five per week. Our waiting time for a first appointment is low: 1 to 9 weeks (this is low as we have no waiting list and patients are given the next available appointment). Our wait between follow up treatments is around eight weeks. Our acute pain team does not use acupuncture, but it has recently started to use acupressure for postoperative nausea and vomiting.

Overall the survey showed the wide variety of acupuncture services offered by pain clinics. Some clinics used a limited number of staff and so offered acupuncture only with long waiting lists. Other clinics provided better services with more staff, more frequent sessions and shorter waiting lists. Waiting times for first appointments varied considerably, as did waiting times for follow up treatments. Very few hospitals showed much interest in self-acupuncture: there was considerable divergence of opinion on its value, with seven clinics supporting it and ten antagonistic to it, mainly because of concerns about safety. However, since the survey, we have had further informal contact with the hospitals that responded positively, and have now identified six hospitals that are practising or considering practising self-acupuncture.

This survey reveals that there is a need for debate around the contentious issues concerning self-acupuncture. The most pertinent issues appear to be the following: is it safe for us to teach limited acupuncture treatments to patients, or to relatives or carers of patients? If so, which acupuncture points and which types of acupuncture are safe for us to teach? Which specific pain conditions are suitable for treatment, and is it more suitable for some patients than others? How often should patients be followed up? And how often should their (or their relatives’) practice be monitored and reviewed? Other issues that we believe need to be addressed are: the provision of needles and disposal bins by the acupuncture clinic; and possible alternatives to needles and traditional Chinese acupuncture, for instance auricular acupuncture or auricular press studs, acupressure or shiatsu. We also need to consider the possible medico-legal implications of this practice, and ask what is the appropriate level of information, and the appropriate amount of training and supervised practice for patients or relatives who administer acupuncture.

It is reassuring to know that we are not the only clinic facing service problems. We are considering rearranging our clinics to establish a limited waiting list for treatment, to ensure that patients are given appropriate and regular appointments.

In response to this survey, correspondence and ongoing audit, we feel encouraged to look further into the possibility of teaching patients self-acupuncture.

**Conclusion**

Acupuncture is popular with patients who attend chronic pain clinics. There is a considerable demand for new appointments and for follow up treatments. In many cases the existing service does not have the resources of clinic time and practitioner availability to meet the demand. One possible way of meeting the demand for follow up treatments is to train patients or their relatives to perform acupuncture at home. This raises many questions about safe practice in choice of condition, choice of patient, training, supervision, supply of materials, and provision of information, as well as medico-legal aspects.

**Reference list**


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