I read with interest the recently published online article by Hasegawa et al. It was the title which first triggered my interest, including the phrase ‘double blind’. Wow, a double blinded study on acupuncture! This is of course the ‘highest’ level of research one can achieve in randomised controlled trials, and consequently highly appreciated among acupuncture researchers. However, it has been impossible to blind practitioners in acupuncture studies, as it is for other complex interventions (eg, psychotherapy and manual therapies). While reading the article it soon becomes evident that it is the assessors who are blinded in this randomised controlled trial. Is it then legitimate to call the study double blind? Some of my concerns are:

- Double blinding is a methodological issue which has strong implications in terms of blinding of the participants and those giving the therapeutic treatment in question—and not the assessors. Using the term as presented in Hasegawa et al’s title might mislead readers into thinking that the biases that double blinding is normally controlling for are avoided. However, as the readers will find out, this is not the case—the therapists are not blinded, which leaves the study open to important biases.

Minor concerns relating to terminology for searching databases. For example, ‘double blind studies on acupuncture’ currently identifies very few studies, and I think it should continue to be the case.

- Although the Jadad scale is outdated, if it were to be used it would unfairly favour studies like the one in question, since one of the criteria is ‘described as double blind’.

There have been concerns regarding acupuncture terminology. This has resulted in agreement on the nomenclature of meridian and point names. Furthermore, a discussion paper in 2011 tried to summarise the issues relating to the use of the terminology of acupuncture itself and also to put forward a consistent use of sham needling versus use of placebo needling. To my knowledge, the discussion around using the term double blind in acupuncture studies when it is only the assessor that is blinded has not been raised in relevant papers. I feel maybe it is timely to raise this issue.

The transparency of acupuncture studies has been greatly improved by STRICTA, for example. Likewise, journals have an important place in setting standards for the correct use of research terminology, and I urge you to be more strict with authors in future.

Terje Alraek

Correspondence to Dr T Alraek, Department of Community Medicine, Faculty of Health Science, National Research Centre in Complementary and Alternative Medicine, NAFKAM, UIT The Arctic University of Norway, Tromsø 9037, Norway; terje.alrak@uit.no

Competing interests None.

Provenance and peer review Not commissioned; not externally peer reviewed.

To cite Alraek T. Acupunct Med Published Online First: [please include Day Month Year] doi:10.1136/acupmed-2013-010514

Received 19 December 2013
Accepted 7 January 2014

REFERENCES


Just to be sure

Terje Alraek

Acupunct Med published online January 24, 2014

Updated information and services can be found at:
http://aim.bmj.com/content/early/2014/01/24/acupmed-2013-010514

These include:

References
This article cites 3 articles, 1 of which you can access for free at:
http://aim.bmj.com/content/early/2014/01/24/acupmed-2013-010514
#BIBL

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/