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Integrating the results of research on acupuncture for nausea at the research site

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The efficacy of acupuncture as antiemetic treatment for postoperative nausea and vomiting might be regarded as evidence-based.[1–3] This issue of *AIM* presents another study indicating the effectiveness of acupuncture and acupressure (acustimulation) as a supplement to ordinary perioperative treatment for children undergoing tonsillectomy, adenoidectomy or both (***see article on page 9***).[4]

In 2003, the Lovisenberg Diaconal Hospital performed an unpublished internal study to assess the incidence of postoperative nausea and vomiting among 2282 patients undergoing orthopaedic, general surgical and ear/nose/throat surgical procedures. Paediatric tonsillectomy and/or adenoidectomy had the highest incidence of all for nausea, retching and vomiting.

The hospital wanted to improve treatment and the nurse anaesthesiologist, Ingrid Liodden, at the department of anaesthesiology approached the National Research Centre in Complementary and Alternative Medicine (NAFKAM) at the University of Tromsø to collaborate in a study on acupuncture for postoperative nausea.

In preparation for the main study, a pilot study in 2008 tested the feasibility of the use of acustimulation for children undergoing tonsillectomy and/or adenoidectomy.[5] It is worth noting that neither this pilot study, nor the main study delayed the surgical procedure and no additional anaesthesia time was attributable to the introduction of acustimulation—all of which was carefully measured.

It is even more noteworthy that the conclusion of the main study is that the results—a reduction in the incidence of vomiting and retching from 66% to 47%—should encourage and promote the implementation of acustimulation for postoperative vomiting in children undergoing tonsillectomy or adenoidectomy.

The medical staff at the study hospital were dedicated and committed throughout the study period. As a successful study had been carried out, acupuncture could then have been introduced as standard care at this hospital. But what does it take to integrate the results of research on acupuncture at the research site?

The whole purpose of randomised controlled clinical trials (RCTs) is to provide the best evidence for changing clinical practice.[6] Despite this fact, it has been estimated that it takes, in general, about 17 years after publication of research for it to be implemented in common clinical practice.[7] In a world that generates enormous quantities of research findings every year, it might be impossible for practitioners to assimilate, evaluate and implement all of these findings into their practice. Clinicians might also argue, in general, that RCTs are done under artificial conditions using strict inclusion and exclusion criteria that are not applicable to daily practice.[8] But these arguments are hardly valid for the lack of integration of the results of research on acupuncture at the research site at Lovisenberg Diaconal Hospital,

As readers may have guessed already, acupuncture has not, so far, been introduced as standard care at the research site. The reasons for this are not yet clear. Acupuncture is popular with patients in primary care, and has occasionally been introduced in Norwegian hospitals.[9] However, there is little previous literature about what factors influence doctors' decisions to integrate acupuncture into secondary care, though there are examples.[10]

One might speculate that the decision will vary by specialty, with some perhaps perceiving acupuncture as 'unscientific' in comparison with the rest of their practice. It might also vary by the type of problem—vomiting, after all, is more likely to have a conventional solution than chronic pain—and by how closely one is confronted by the clinical problem itself—it is an easy option to delegate treatment to recovery staff.

Maybe qualitative research might provide insight into why clinicians do not let personal research influence their daily practice. Why is a cheap, totally safe and effective treatment, which is attractive to patients, not imposed by the management of the hospital for economic reasons? In fairness, this situation is not exclusive to our hospital, but rather is the case in many places, perhaps more often for complementary therapies than for conventional care?

However, one promising outcome is that some of the authors have asked for another study in which acustimulation is implemented for all surgical patients at the hospital. Bearing this in mind, our research has not stimulated change in everyday practice, but has stimulated more research. And what will be the response to the new implementation study, will that stimulate another study? At what stage do studies stop and the service to patients improve?

Competing interests None.

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