

Comparing Group and Individual Acupuncture Therapy for Treating Chronic Pain among Ethnically Diverse Patients with Low Incomes -- AADDOPT-2

Principal investigator

Diane Melissa McKee, MD, MS

Organization

Albert Einstein College of Medicine

What was the research about?

Chronic pain is pain that lasts for months or years. People who live in ethnically diverse communities and neighborhoods with few resources are less likely to receive needed treatment for health issues, such as chronic pain. One way to treat chronic pain is acupuncture therapy. In this therapy, an acupuncturist treats specific points on the body using heat, pressure, or electrical stimulation, or by inserting thin needles. Group sessions, where one acupuncturist treats several patients at a time, could make it easier for patients to get treatment for chronic pain.

In this study, the research team wanted to see if they could show that group acupuncture sessions weren't worse than one-on-one sessions. Such a result would mean no reason exists, based on decreases in pain, to have one-on-one acupuncture sessions rather than group sessions. The team compared how much a patient's pain disrupted his or her daily life. They also looked at patients' pain levels, physical and mental health, and how much better patients said they felt.

What were the results?

Three months after treatment ended, 30 percent of patients who had group acupuncture sessions reported large decreases in how much pain disrupted their daily life, compared with 38 percent of those who had individual sessions. Based on their statistical analyses of these results, the research team could not

say that group acupuncture sessions weren't worse than one-on-one sessions.

Who was in the study?

The study included 706 patients receiving care at six health centers in Bronx, New York. Patients had chronic back or neck pain or pain from osteoarthritis. Of the patients, 35 percent were African American, 13 percent were white, 5 percent were American Indian, and 33 percent marked their race as other; 57 percent were Hispanic. The average patient age was 55, 80 percent were women, and 76 percent had Medicaid. Also, 60 percent said they had poor or fair health and 37 percent couldn't work due to disability.

What did the research team do?

The research team assigned patients by chance to get acupuncture therapy either in group or one-on-one sessions. In both cases, licensed acupuncturists delivered 12 weekly, 45–60 minute sessions. In group sessions, acupuncturists treated up to six patients in a large room at a community health center. Patients sat in chairs for treatment.

In one-on-one sessions, acupuncturists treated patients in a medical exam room. Patients could choose to lie on a table. Appointments started on the half hour in two rooms, which allowed the acupuncturist to move between patients.

The research team surveyed patients by phone before the start of the study and again three months later.

Patients and health professionals gave input to the research team about recruiting patients and conducting the study.

What were the limits of the study?

The research team, acupuncturists, and patients knew who received individual versus group treatment; this may have affected results. The chairs used in group sessions made it hard to treat patients with back pain because they couldn't lie down. Without a comparison group that didn't get acupuncture therapy, the team

can't be certain that the changes were because of the treatment or something else.

Future research could continue to explore ways to make it easier for patients to get acupuncture therapy and other treatments for chronic pain.

How can people use the results?

Health centers can use these results when considering ways to offer acupuncture for patients with chronic pain.

To learn more about this project, visit www.pcori.org/McKee260.