

Editorial

Clinical Practice Guidelines including Acupuncture

The NICE Guidelines (UK) for low back pains and headaches provide information about acupuncture, as is well known, but evidence-based clinical practice guidelines published in Japan have also begun to contain such information in recent years. As of 2013 at least, seven guidelines in Japan provide information about acupuncture. Among these, a grade of recommendation of A or B is given to acupuncture for low back pain, fibromyalgia, chronic headache (excluding tension-type headache, which is given a C grade of recommendation), and tennis elbow. A grade of recommendation of C is given to facial palsy and non-odontogenic toothache, and D is given to alopecia areata (acupuncture should not be performed). Such information about acupuncture is supposedly based on systematic reviews or meta-analyses of randomized controlled trials (RCTs), but in reality, there are some guidelines in which judgments have not been properly drawn out. For example, compared to the NICE guidelines, Japanese guidelines for tennis elbow overestimates acupuncture, as the grade of recommendation is based on the old Cochrane systematic review, while the guidelines for tension-type headache underestimates acupuncture. With respect to alopecia areata, its grade of recommendation goes against the guidelines' definition of recommendation grade to begin with, and is self-contradictory.

Thus, although clinical practice guidelines that deal with acupuncture treatment also exist in Japan, they are not yet sufficiently reliable. Why is this so? One reason is perhaps the absence of any committee that is well-versed in acupuncture treatment and aptly suited to preparing guidelines on the treatment of various diseases. Unlike drug therapy, clinical practice and RCT for acupuncture is complex and unique, so it is difficult for those who are not familiar with this difference to determine the grade of recommendation of acupuncture treatment. Sham acupuncture is frequently regarded as a control in relation to acupuncture treatment, but it actually differs from a placebo in an RCT of a drug, as it has certain specific effects. Another problem is that clinical practice guidelines in Japan mostly refer to RCTs of TCM acupuncture, due to the lack of sufficiently examined and published evidence of Japanese acupuncture treatment.

The fair evaluation of acupuncture treatment in clinical practice guidelines requires the participation of specialists who have knowledge of the characteristics of acupuncture practice and research. When compiling guidelines on diseases for which evidence of acupuncture treatment is gradually being accumulated, an open framework that invites the participation not only of physicians but also acupuncturists is thought to be instrumental to producing even fairer guidelines. Toward this end, it is important that acupuncture clinicians and researchers make greater efforts to more widely disseminate and raise awareness of the differences between acupuncture studies and pharmaceutical studies.

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