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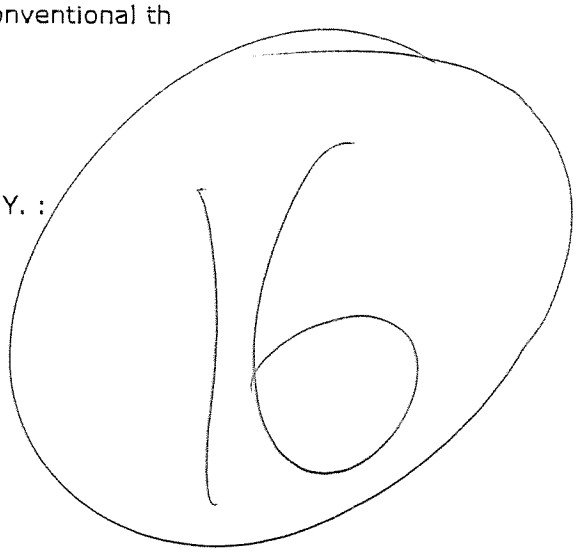

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Is Acupuncture More Effective Than Conventional Therapy in Improving Pain and Functionality for Osteoarthritis of the Knee?

Pharmacologic treatment for osteoarthritis generally involves nonsteroidal anti-inflammatory agents, including nonopioid analgesics and cyclooxygenase-2 inhibitors, combined with patient education, physiotherapy, and social support. Acupuncture was proposed as an option for reducing dosage or avoiding the use of drugs at the 1997 National Institutes of Health Consensus Conference on acupuncture. Researchers from the University of Heidelberg, Germany, and the University of Bochum, Germany, conducted a 26-week study comparing the long-term safety and efficacy of acupuncture; standard minimal-depth acupuncture at nonacupuncture points (sham acupuncture) given with physiotherapy and anti-inflammatory drugs; and conservative therapy, which included anti-inflammatory drugs and physiotherapy, for pain caused by osteoarthritis of the knee.

Eligible patients were at least 40 years of age; had chronic pain in the knee joint during the six months before the study period; and had a radiologic confirmation of osteoarthritis by a Kellgren–Lawrence score of 2 or 3, a Western Ontario and McMaster Universities Osteoarthritis Index (WOMAC) score of at least 3 points, and a chronic pain intensity score of at least 1. A total of 1,007 patients (68.8% women) were randomly assigned to one of the three treatment groups: acupuncture (N = 326 [32.4%]), sham acupuncture (N = 365 [36.2%]), or conservative therapy (N = 316 [31.4%]). Pretreatment, the three groups did not differ with regard to characteristics, demographics, outcome variables, medication use, and disease-specific characteristics. The selected PCPs had at least two years of experience in acupuncture.

Individuals in the conservative therapy group made 10 visits to practitioners with consultation and a prescription for diclofenac until week 23. They were entitled to five additional visits in weeks 7 to 13 if the subject was considered to have a "partially successful" result based on a 10% to 50% pain reduction after six weeks.

The acupuncture and sham acupuncture groups had 10 acupuncture sessions over a six-week period that began two weeks after screening. They were also permitted five additional treatment sessions if they met the criteria for partial success.

The WOMAC score measured the effect on pain and function, with success rates calculated according to a change of at least 36% from the baseline scores at 13 and 26 weeks after treatment began.

Overall success rates for the acupuncture, sham acupuncture, and conservative therapy groups were 53.1%, 51.0%, and 29.1%, respectively. Statistically significant increased success rates were found in the acupuncture and sham acupuncture groups compared with the conservative therapy group ($P < .001$ for both comparisons). No difference existed between the acupuncture and sham acupuncture groups ($P = .48$). The unadjusted relative risks for success were 1.75 (95% CI, 1.43 to 2.13) and 24.0% for acupuncture versus conservative therapy, 1.73 (CI, 1.42 to 2.11) for sham acupuncture versus conservative therapy, and 1.01 (CI, 0.87 to 1.17) for acupuncture versus sham acupuncture. The total WOMAC scores reflected statistically significant changes. More distinct changes were noted for acupuncture and sham acupuncture (-2.3 [CI, -2.5 to -2.0], -2.1 [CI, - 2.3 to -1.8], respectively) than for conservative therapy (-1.2 [CI, -1.5 to -0.9]).

Pain and functionality improved more with both the acupuncture and sham acupuncture groups than with conservative therapy.

It is of note that the physicians in this study were PCPs trained in acupuncture, which would almost certainly not be the case in the United States. It is unclear if additional expertise in acupuncture techniques would have resulted in an incremental change in the patients' outcomes.

Pain and functionality improved more with both acupuncture and sham acupuncture than with conservative therapy. However, no statistically significant difference was noted between acupuncture and sham acupuncture, which suggests that the observed differences may be the result of placebo effects, differences in intensity of provider contact, or a physiological effect of needling.

Scharf HP, Mansmann U, Streitberger K, et al: Acupuncture and knee osteoarthritis: A three-armed randomized trial. *Ann Intern Med* 2006;145;12-20.