

13. Diseases of the Musculoskeletal and Connective Tissue

Reference

Kasuya D, Sawada T, Isobe H, et al. Multi-center randomized controlled trial of acupuncture and moxibustion for rheumatoid arthritis. *Nihon Onsen Kiko Butsuri Igakkai Zasshi (The Journal of the Japanese Society of Balneology, Climatology and Physical Medicine)* 2005; 68(4): 193–202 (in English with Japanese abstract). Ichushi Web ID: 2005266317

1. Objectives

To examine the effectiveness of acupuncture and moxibustion for rheumatoid arthritis (RA).

2. Design

Randomized controlled trial (RCT).

3. Setting

Four medical institutions in Japan: Department of Allergy and Rheumatology, Graduate School of Medicine, the University of Tokyo Hospital (Tokyo); Tokyo Women's Medical University, Institute of Oriental Medicine (Tokyo); Department of Oriental Medicine, Saitama Medical School (Saitama); and Department of Oriental Medicine, Gifu Medical School (Gifu).

4. Participants

Outpatients who received treatment for RA at the various medical institutions from 2001 to 2003 (n=178).

5. Intervention

Arm 1: Drug therapy group (n=82).

Arm 2: Drug therapy plus acupuncture and moxibustion group. Acupuncture and moxibustion treatment was adapted to the RA severity and stage in each patient and was given for approximately one year once every one to two weeks (n=96).

Details of the treatment are not described.

Two patients were dropped from Arm 1, and six from Arm 2.

6. Main outcome measures

The American College of Rheumatology (ACR) core set variables and AIMS-2 (Arthritis Impact Measurement Scales version 2). Both were evaluated at baseline and at 12 months of intervention.

7. Main results

The number of patients who satisfied the ACR core set of improvement criteria was significantly greater in Arm 2 ($P=0.04$). AIMS-2 scores were significantly lower (improved) in Arm 2 ($P=0.01$).

8. Conclusions

Combining acupuncture and moxibustion with drug therapy improves pain and activities of daily living in RA patients.

9. From acupuncture and moxibustion medicine perspective

The paper mentions that a multi-center clinical trial of acupuncture and moxibustion has the advantage of less single-center bias but the disadvantage of more difficult treatment standardization. It also mentions the difficulty of acupuncture and moxibustion clinical research itself, as well as the difficulty of conducting clinical research into RA.

10. Safety assessment in the article

Not mentioned.

11. Abstractor's comments

This important paper involves acupuncture and moxibustion as the intervention for the chronic disease (rheumatoid arthritis), and evaluates the course of treatment over a long period (about one year). The fact that the study was conducted at a number of centers reduces single-center bias, which (as the authors mention) is commendable. A number of issues arose from conducting a multi-center clinical trial, and this study offers a number of suggestions for future studies to deal with these issues. It is also very significant that the clinical study was conducted at four university hospitals that are leading centers of acupuncture and moxibustion as well as oriental medicine in Japan. However, patients were evaluated only at baseline and after one year, so we do not know what changes occurred in the intervening time period. Furthermore, the measures in this study (ACR core set and AIMS-2) are both summary measures based on multiple items, so no analysis identified factors that are beneficially affected by acupuncture. Apparently, the acupuncture treatments were adapted to the needs of each individual patient, however, the details are given in another paper. A broad description of the treatments should have been included in this paper.

12. Abstractor and date

Haruki J, 9 September 2011.