

Source: [American College of Rheumatology \(ACR\)](#)Released: Fri 03-Nov-2006, 12:00 ET  
Embargo expired: Sat 11-Nov-2006, 17:30 ET

## Acupuncture May Ease Rheumatoid Arthritis Discomfort

### Libraries

Medical News

### Keywords

RHEUMATOID ARTHRITIS ACUPUNCTURE  
ALTERNATIVE TREATMENT PAIN

### Contact Information

*Available for logged-in reporters only*

### Description

Electro- and traditional acupuncture may reduce joint tenderness in the treatment of rheumatoid arthritis, according to research presented this week at the American College of Rheumatology Annual Scientific Meeting in Washington, DC.

Newswise — Electro- and traditional acupuncture may reduce joint tenderness in the treatment of rheumatoid arthritis, according to research presented this week at the American College of Rheumatology Annual Scientific Meeting in Washington, DC.

Rheumatoid arthritis, the most common form of inflammatory arthritis, dramatically limits movement and function as well as causing damage to cartilage and bone. For the 60 million individuals around the world (1% of the population) with this immune system disease, the inflammation causes pain, stiffness, swelling and damage of the joints.

Researchers randomly assigned 7 male and 29 female patients, averaging 58 years of age, with rheumatoid arthritis that was unresponsive to other therapies, to one of three acupuncture/placebo groups. The first group of 12 received electro-acupuncture, pulsating electrical currents sent through the acupuncture needles to stimulate target areas. Group two were given traditional acupuncture, and the remaining 12 patients received placebo needles. All patients received a total of 20 sessions over a 10-week period. Most tolerated the procedure well and the majority of those dropping out prematurely were within the placebo group.

At the end of the sessions, those receiving electro-acupuncture had experienced a significant reduction in the number of tender joints and measurable decrease in pain, stiffness and swelling. The traditional acupuncture group also experienced benefits but at a diminished rate, while those in the placebo group saw no change.

"The patient's comfort is as important as relieving the disease itself," says Dr. Lai-Shan Tam, Associate Professor, The Chinese University of Hong Kong, Hong Kong, and an investigator in the study. "So, while the results were not as positive as had been hoped, this does show that acupuncture, either electro or traditional, when used in conjunction with disease modifying agents, may still provide beneficial pain relief for those with otherwise intractable rheumatoid arthritis."

The American College of Rheumatology is the professional organization for rheumatologists and health professionals who share a dedication to healing, preventing disability and curing arthritis and related rheumatic and musculoskeletal diseases. For more information on the ACR's annual meeting, see <http://www.rheumatology.org/annual>.

Presentation Number: 831

Efficacy of Traditional Chinese Acupuncture in the Treatment of Rheumatoid Arthritis (RA): A Double-blind Controlled Pilot Study

Edmund K. Li, Lai Shan Tam, The Chinese University of Hong Kong, Hong Kong, Hong Kong

**PURPOSE:** To study the efficacy of acupuncture as an adjunct measures for patients with refractory RA

**METHODS:** The study employs a randomized, prospective, placebo-controlled trial to evaluate the effect of 3 different groups of acupuncture/placebo treatment in patients with refractory RA. Patients were randomly assigned to one of the 3 groups: Group 1. Electro-acupuncture; Group 2. Traditional acupuncture and Group 3 Placebo needles. All patients received a total of 20 sessions for a total duration of 10 weeks. Six local points were used: Yangchi (Te4), Waiguan (Te5), Yangxi (Li5), Wangu (Si4) Dazhui (Gv14), Quchi (Li11). Primary outcome is the number of patients who achieved ACR 20 at week 10. Secondary outcomes included the changes in DAS 28 score and the changes in the ACR components. Both the patients and the joint assessor were blinded towards the treatment.

**RESULTS:** A total of 36 patients (male: female 7:29) with mean age of  $58 \pm 10$  years and disease duration  $9.3 \pm 6.4$  years were recruited. 12 patients were randomized to each group. All the clinical and demographic parameters were similar between the 3 groups at baseline. 12, 10 and 7 patients completed the study at week 10 for groups 1,2 and 3 respectively. All patients who dropped out prematurely were due to inefficacy. 3, 2 and 2 patients achieved ACR 20 at week 10 for groups 1, 2 and 3 respectively. The number of tender joints and physician's global scores were significantly reduced for group 1. The number of tender and swollen joints, patients and physician's global scores were significantly reduced for group 2, while all the ACR components and the DAS score remained unchanged in the placebo group. Overall, the procedures were well tolerated; a total 7 episodes of minor adverse events were reported.

**CONCLUSIONS:** Electro-acupuncture and traditional acupuncture were no better than placebo needles in achieving the ACR response. However, they may still provide some pain relieve in terms of reducing the number of tender joints in these patients with refractory RA.

Table 1. Changes in the ACR components and DAS 28 scores for the three groups of patients after 10 weeks

	Electro-acupuncture	Traditional acupuncture	Placebo needles			
	Baseline	Week 10	Baseline			
	Week 10	Baseline	Week 10			
Pain (VAS)	$6.0 \pm 2.1$	$5.7 \pm 2.3$	$5.8 \pm 2.9$	$5.1 \pm 3.2$	$6.4 \pm 2.0$	$5.0 \pm 2.3$
Swollen Joints	3.0 (0.3-6.0)	3.5 (1.3-4.0)	7.0 (4.8-10.0)	3.5 (1.8-6.3)*	3.0 (2.0-6.0)	2.0 (0-5.0)
Tender joints	9.0 (3.0-13.5)	3.5 (2.0-9.0)*	15.5 (10.0-19.0)	9.0 (3.5-12.8)*	5.0 (4.0-8.0)	4.0 (2.0-7.0)
Patient's Global	$6.5 \pm 2.1$	$5.8 \pm 2.1$	$6.8 \pm 2.2$	$5.0 \pm 2.7^*$	$6.7 \pm 2.2$	$4.5 \pm 2.5$
Physician's Global	$5.2 \pm 2.1$	$4.0 \pm 2.0^*$	$6.4 \pm 1.7$	$4.6 \pm 2.3^*$	$4.2 \pm 1.7$	$3.4 \pm 1.7$
ESR (mm/hr)	$59 \pm 35$	$58 \pm 36$	$54 \pm 28$	$61 \pm 29$	$52 \pm 36$	$51 \pm 38$
CRP (mg/l)	12.7 (5.6-46.7)	13.3 (5.6-38.2)	7.0(4.0-23.3)	9.0(4.4-34.0)	11.2 (8.7-32.0)	19.2 (4.1-32.8)
HAQ	$1.5 \pm 0.7$	$1.3 \pm 0.7$	$1.5 \pm 0.6$	$1.3 \pm 0.7$	$0.8 \pm 0.4$	$0.7 \pm 0.5$
DAS28	$4.4 \pm 1.0$	$4.4 \pm 1.0$	$5.0 \pm 1.1$	$4.9 \pm 1.1$	$4.0 \pm 0.8$	$4.1 \pm 0.9$

Disclosure Block: E.K. Li, None; L. Tam, None.

© 2007 Newswise. All Rights Reserved.