



American Society of Acupuncturists 712 H Street,  
Suite 1189  
Washington, D.C., 20002

October 14, 2024

## News from the ASA Research Committee

Dear ASA members,

We are writing our newsletter this quarter to share an opportunity and a gift. First the opportunity is to share your knowledge and experience as part of an ongoing study on the clinicians' motivations for training and practice. Just follow the link in the paragraph below.

Second, the gift is a review of a significant recent publication updating us on the use of acupuncture treatment for acute pain.

Enjoy!

*The ASA Research Committee*

### **1. Contribute to the Motivation for Acupuncture Study**

Are there significant differences in motivations for training, clinical practice characteristics, and well-being between physicians and active practitioners of other healing arts?

Marc Edwards, a family physician who teaches in the Integrative Medicine program at UNC Chapel Hill, is trying to answer this question. He's done significant past research in the field of health care quality improvement and patient-reported outcomes. The study has been reviewed by the Institutional Review Board at the University of North Carolina, Chapel Hill. Consider helping the effort.

The anonymous online survey takes about 6 minutes to complete. The results of the study could help illuminate issues related to practitioner health, integrative practice, and clinical outcomes. They could potentially advance the prestige and perceived value of Acupuncture and other complementary and integrative practices. We plan to update you on the key findings once we evaluate their significance for our membership.

Access the survey at: [https://unc.az1.qualtrics.com/jfe/form/SV\\_8wRxTtVN09vJVvo](https://unc.az1.qualtrics.com/jfe/form/SV_8wRxTtVN09vJVvo)

If you have any questions in advance, you can contact Dr. Edwards at 860.521.8484, [marc.edwards@med.unc.edu](mailto:marc.edwards@med.unc.edu).

### **2. Acupuncture Therapy as an Evidence-Based Nonpharmacologic Strategy for Comprehensive Acute Pain Care: The Academic Consortium Pain Task Force White Paper Update**

*Arya Nielsen, PhD, Jeffery Dusek, PhD, Lisa Taylor-Swanson, PhD, and Heather Tick, MD.*  
*Pain Medicine, 23(9), 2022, 1582–1612 <https://doi.org/10.1093/pm/pnac056>*

Did you know that patients who use opioids for more than three months have a 15-fold risk of opioid addiction? This article by Nielsen et al. offers a clear up-to-date overview of how significant the opioid issue has become, but more importantly for you and the acupuncture profession, the authors provide specific information that we should use when disseminating and educating about acupuncture's key role as a non-pharmacological intervention that can help reduce opioid use and prescriptions for acute pain conditions.

We are all very aware of the opioid problem, but this paper opens the door for you to proactively be part of the solution. As practitioners, we see benefits of acupuncture for pain treatment in our clinics every day, and this paper takes it a step further by showing us the results of a review of the evidence on how acupuncture can be used alone or with opioids in an emergency department setting.

Supported by many published studies, this tremendous body of work summarizes how acupuncture can be used in acute pain care leading to less opioid use, with the added benefit of reducing the risk of opioid addiction. After reading this paper and understating the key points made by the authors, you will be able to use this information when talking to your patients, other clinicians, and healthcare policymakers.

More than 50% of chronic opioid use begins during the care of acute pain. Acupuncture treatment may be able to help reduce this risk by providing both an immediate analgesic effect from a single acupuncture treatment, plus acupuncture treatment provides pain relief with a very low risk of adverse effects. Inpatient acupuncture is typically given on a daily basis and speeds the recovery time, guaranteeing cost savings for the hospitals, since the patients receiving acupuncture have less need for pain medication and can leave the hospital sooner.

The authors highlight some of the most significant recent science on the biomechanism of acupuncture and summarize 22 systemics reviews (17 of them are meta-analyses) covering inpatient, surgery ICU and Emergency Department for post operative pain, acute pain in the Emergency Department as well as low back pain and acute headache or migraines. Acupuncture is shown to be effective in reducing post-surgical pain and has the potential to reduce readmission. The authors point out that pain care requires attention to the mind and body and is best delivered through comprehensive strategies as outlined by John Bonica since the 1940s. Therefore, you can use this information when trying to get "a foot in the door" in a multidisciplinary team in a hospital or a specialized pain clinic, armed with the knowledge that a multimodal pain care is a crucial aspect of patient care.

The authors call out policy barriers, such as preventing licensed acupuncturists from being Medicare health billing providers. They call for the training of healthcare practitioners and administrators in the current vast evidence base for acupuncture therapy. They point out the need for advocacy towards a policy aimed at removing systemic reimbursement barriers to evidence-based comprehensive pain care strategies. Multimodal pain care is now recognized as an improved and responsible approach for patients experiencing pain. Using all the evidence-based therapies, especially the effective non-drug strategies such as acupuncture, will help our patients by improving overall pain care, and you can help by becoming a fundamental part of the solution to the opioid problem.