

**Present Status of Clinical Practice Guidelines including Acupuncture  
Therapy and Development of Acupuncture Clinical Practice Guideline in  
Japan**

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In Japan, there are not many but some evidence-based clinical practice guidelines which include a description on acupuncture therapy in the field of so-called Modern Western Medicine. The reason for the recent inclusion of this therapy may be because more randomized controlled trials (RCTs) on acupuncture have been published in the last decade, and this therapy has become unignorable in the name of clinical evidence. Reviewing these guidelines which include a description on acupuncture, however, there seem to be self-contradiction and prejudice.

For example, a guideline for management of alopecia areata published by Japanese Dermatological Association (2010) underestimates acupuncture, contradicting its own definition of grade of recommendation. A clinical practice guideline of lateral epicondylitis of the elbow published by The Japanese Orthopaedic Association (2006) overestimates acupuncture, contradicting a conclusion of Cochrane Systematic Review (2011). A clinical practice guideline of fibromyalgia published by Japan College of Fibromyalgia Investigation (2011) overestimates acupuncture if we compared with recently published systematic reviews. A clinical practice guideline of chronic headache developed by a research group of Health Labour Sciences Research Grant (2005) estimates acupuncture for headache more than tension-type headache, which is opposite to Cochrane Systematic Review (2009). These facts confuse patients as well as physicians and acupuncturists. Therefore, domestic clinical practice guidelines should be consistent with international evidence-based guidelines, or reason of the different conclusion should be clearly stated.

Regarding clinical practice guideline of acupuncture, as far as we know, only relevant protocols exist and there has been no complete draft if we limit it to “evidence-based” guidelines. This may be because of the lack of sufficient RCT-based evidence showing (1) efficacy of acupuncture and (2) superiority/inferiority of each acupuncture technique. We will discuss the possibility and difficulty of this work.