

## **Tentative Development of Evidence-Based Clinical Practice Guideline of Acupuncture Technique for Chronic Low Back Pain in Japan**

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We tentatively developed an evidence-based clinical practice guideline of acupuncture technique by comparing different acupuncture treatment methods, using published results of randomized controlled trials (RCTs). In this task, we had to start from the premise that acupuncture is effective for a condition for which the guideline is developed. Therefore we chose chronic low back pain, for which acupuncture is already concluded to be “more effective for pain relief and functional improvement than no treatment or sham treatment” in *Cochrane Database of Systematic Reviews* (2005).

First we searched for the relevant RCT papers with using PubMed and Ichushi (*Japana Centra Revuo Medicina*) Web, and then we also conducted hand-searching of the relevant literature of our own files. We included only RCTs comparing different style of acupuncture for chronic low back pain lasting for more than 12 weeks. According to a common idea of Japanese acupuncture, we regarded “sham acupuncture” group as “superficial acupuncture stimulation” group or “shallow needling” group, and included RCTs using such control groups. We excluded RCTs which compared acupuncture with treatment other than needle acupuncture such as pharmaceutical drug, injection, physical therapy, transcutaneous electrical nerve stimulation, manual therapy and laser acupuncture. We also excluded RCTs for low back pain in pregnancy, and those on auricular acupuncture. As for duplicate publications and parallel publications, full paper or detailed report was prioritized.

As a result, 21 RCT papers were located. Of these, 13 RCTs were conducted in Japan. Using these 21 RCT results, we could set eight clinical questions: shallow vs. deep needling, short-term vs. long-term treatment, insertion vs. non-insertion, acupoints vs. trigger points, tender vs. trigger points, local vs. remote point location, individualized vs. standardized treatment, and manual needling vs. electroacupuncture. For these questions, we could prepare tentative answers with showing level of evidence.

This prototype guideline is insufficient and has several problems in some aspects. We hope to have a deep discussion in the present workshop.