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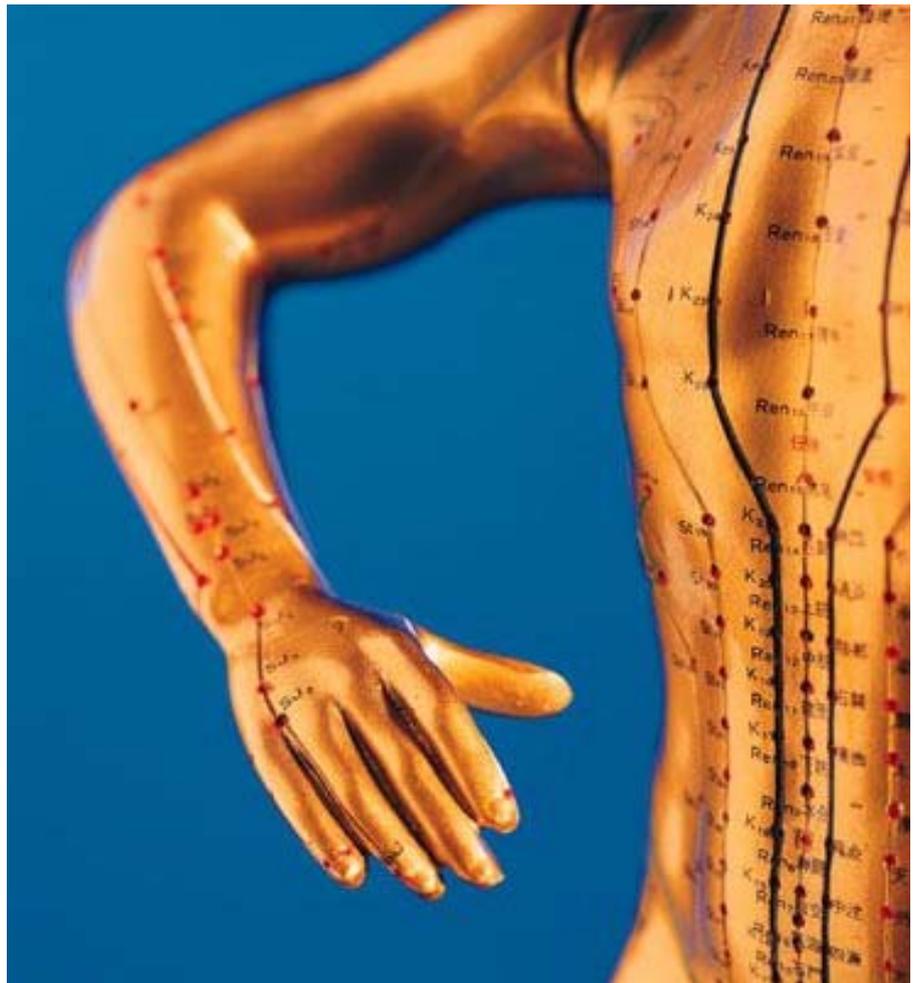
Check out what events will be happening in your area during the month.

3. Tension Headache

Cochrane's Systematic Review now has the addition of six trials.

4. Fecal Incontinence

Acupuncture offers good opportunities for improving fecal incontinence.



This month in the newsletter..

The last time a systematic review from Cochrane was conducted on tension headache they stated the evidence in support was insufficient. This time round with six additional trials the tone of voice has changed somewhat.

Some research on fecal incontinence was made available this month. Whilst the population used in this research is small the results are positive.

Events Calendar for February 2009

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Melbourne - Constitutional Facial Acupuncture

Contact: Kylie O'Brien on or sartorimedicine@gmail.com

This is a multi-day event ending on the 22/02

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Adelaide - Acupuncture Treatment for Stop Smoking

When: 10.00am - 2.00pm, Where: 245 Torrens Road

Contact: Anh Phung on 0413 353 878 or
ap656961@yahoo.com

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Melbourne - Constitutional Facial Non-Needle

Contact: Kylie O'Brien on or sartorimedicine@gmail.com

This is a multi-day event ending on the 01/03

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Adelaide - Acupunture Treatment for Weight Loss

When: 10.00am - 2.00pm, Where: 245 Torrens Road

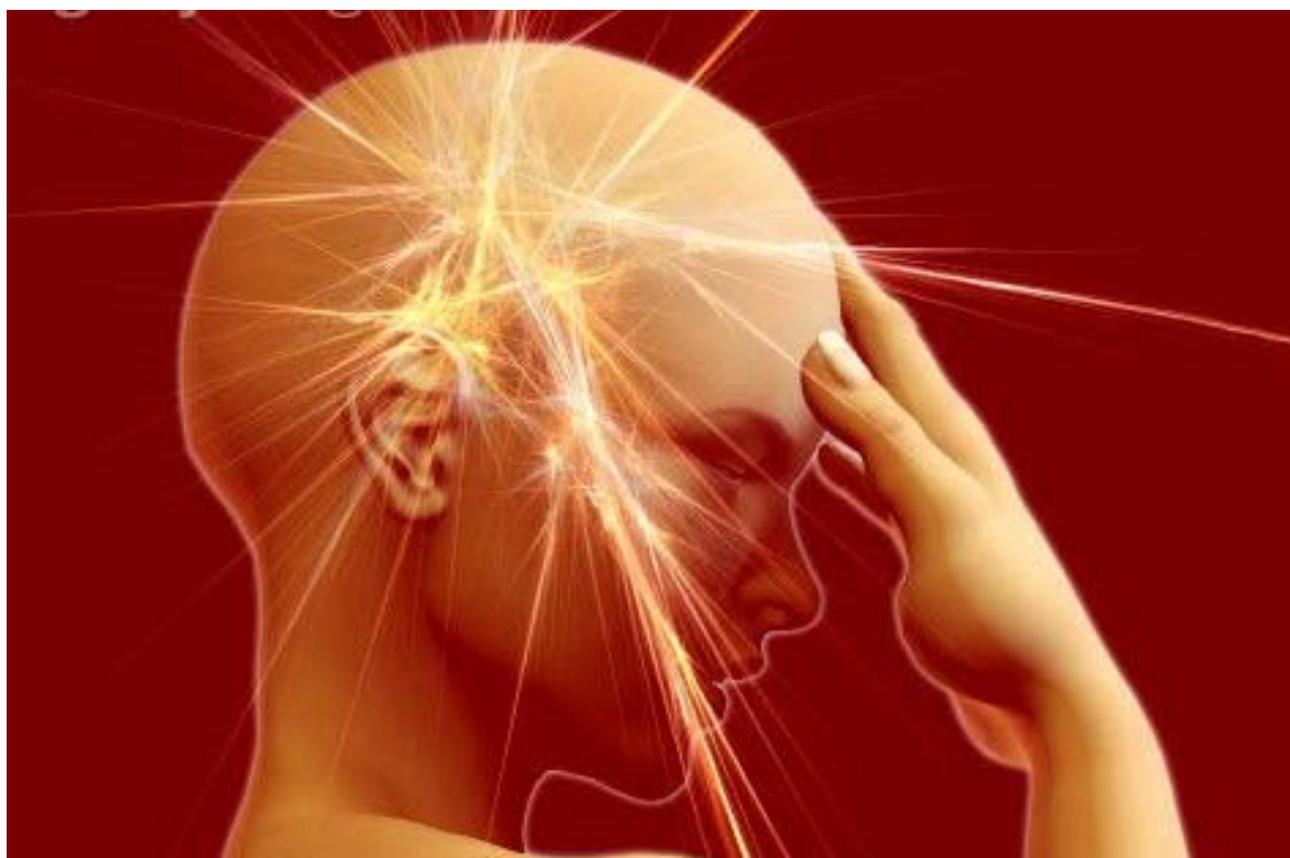
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Systematic Review: Acupuncture for tension-type headache.



BACKGROUND:

Acupuncture is often used for tension-type headache prophylaxis but its effectiveness is still controversial. This review (along with a companion review on 'Acupuncture for migraine prophylaxis') represents an updated version of a Cochrane review originally published in Issue 1, 2001, of The Cochrane Library.

OBJECTIVES:

To investigate whether acupuncture is a) more effective than no prophylactic treatment/routine care only; b) more effective than 'sham' (placebo) acupuncture; and c) as effective as other interventions in reducing headache frequency in patients with episodic or chronic tension-type headache.

SEARCH STRATEGY:

The Cochrane Pain, Palliative & Supportive Care Trials Register, CENTRAL, MEDLINE, EMBASE and the Cochrane Complementary Medicine Field Trials Register were searched to January 2008.

Systematic Review: Acupuncture for tension-type headache.

SELECTION CRITERIA:

We included randomized trials with a post-randomization observation period of at least 8 weeks that compared the clinical effects of an acupuncture intervention with a control (treatment of acute headaches only or routine care), a sham acupuncture intervention or another intervention in patients with episodic or chronic tension-type headache.

DATA COLLECTION AND ANALYSIS:

Two reviewers checked eligibility; extracted information on patients, interventions, methods and results; and assessed risk of bias and quality of the acupuncture intervention. Outcomes extracted included response (at least 50% reduction of headache frequency; outcome of primary interest), headache days, pain intensity and analgesic use.

MAIN RESULTS:

Eleven trials with 2317 participants (median 62, range 10 to 1265) met the inclusion criteria. Two large trials compared acupuncture to treatment of acute headaches or routine

care only. Both found statistically significant and clinically relevant short-term (up to 3 months) benefits of acupuncture over control for response, number of headache days and pain intensity.

Long-term effects (beyond 3 months) were not investigated. Six trials compared acupuncture with a sham acupuncture intervention, and five of the six provided data for meta-analyses. Small but statistically significant benefits of acupuncture over sham were found for response as well as for several other outcomes.

Three of the four trials comparing acupuncture with physiotherapy, massage or relaxation had important methodological or reporting shortcomings.

Their findings are difficult to interpret, but collectively suggest slightly better results for some outcomes in the control groups.

AUTHORS' CONCLUSIONS:

In the previous version of this review, evidence in support of acupuncture for tension-type headache was considered in-

sufficient. Now, with six additional trials, the authors conclude that acupuncture could be a valuable non-pharmacological tool in patients with frequent episodic or chronic tension-type headaches.

Country:

Germany

Institute:

Centre for Complementary Medicine Research, Department of Internal Medicine II, Technische Universitaet Muenchen, Wolfgangstr. 8, Munich, Germany, 81667.

Author(s):

Linde K, Allais G, Brinkhaus B, Manheimer E, Vickers A, White AR.

Journal:

Cochrane Database Syst Rev. 2009 Jan 21;(1):CD007587.

Fecal incontinence treated with Acupuncture - A pilot study.



OBJECTIVES:

Acupuncture has been used successfully for the treatment of urinary bladder dysfunction. The aim of this study was therefore to investigate if manual acupuncture might also affect fecal incontinence favorably.

METHODS:

The study comprises 15 female patients, median age 60 years (39 -75). Before treatment and at regular intervals after acupuncture sessions the defects of anal continence were assessed. Ano-rectal function was assessed by means of recto anal manovolumetry. Each patient was submitted to one acupuncture treatment per week for a ten-week period. Subsequently, a control session was repeated

once per month up to 7 months for six patients. A final functional assessment was performed at 18 months.

RESULT:

Patients experienced a significant improvement in anal continence, the overall continence score which changed from 10 (3 -21) estimated before treatment to zero (0 - 7) ($p<0.05$) at 10 weeks. Patients with irregular bowel habits and/or loose stools reported significant improvement. On the manovolumetric variables a limited increase of resting from 25 (17-35) mmHg to 36 (20-42) mmHg, ($p=0.05$) and sustained squeeze anal pressure, changing from 41 (32-68) mmHg to 60 (40-100) mmHg ($p<0.05$) were reported. Rectal sensory function remained unchanged.

CONCLUSION:

Acupuncture offers good opportunities for improving fecal incontinence. The mechanism of action is obscure but might be an effect of the "neuromodulation" of the recto-anal function similar to that explaining the favorable results achieved by sacral nerve stimulation. The concomitant regulation of disordered bowel habits may also contribute to the satisfactory results.

Country:

Italy

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Scaglia M, Delaini G, Deste-fano I, Hultén L.

Journal:

Auton Neurosci. 2009 Jan 28;145(1-2):89-92. Epub 2008 Dec 5.