MANAGING CHRONIC LOW BACK PAIN WHILE MINIMIZING USE OF DANGEROUS PRESCRIPTION OPIOIDS



ACUPUNCTURE

- Prescription Opioids ~ An Overview
- Prescription Opioids 2 ~ Self-Management
- Prescription Opioids 3 ~ Acupuncture
 - Prescription Opioids 4 ~ Other Treatments



This is the third in a series of four fact sheets on ways to cope with chronic low back pain (CLBP). The first fact sheet explains the causes of CLBP and some proven approaches for treatment. The second fact sheet describes self-management methods that may reduce pain without use of opioid pain medications. It is advisable to use approaches such as nonopiate pain medications, self-management techniques, exercise, therapeutic massage (myofascial release), acupuncture, physical therapy, or spinal manipulation first and not rely on opiate drugs for mild-to-moderate, nonspecific back pain (Bogduk, 2004; Chou & Huffman, 2007). Opioids can be addictive and may have dangerous side effects. They do not help heal the back but only cover up symptoms. Dependence on pain medications may be harmful because they lessen the chance that the person with CLBP will learn how to reduce his or her own pain and other symptoms (Chou & Huffman, 2007; National Institute of Neurological Disorders and Stroke, 2012). Other side effects of opioids include decreased sex drive and fertility, osteoporosis, increased pain sensitivity, and sleep disorders.

This fact sheet explains how acupuncture can work to reduce pain. As with other approaches, it is important to work with a primary health care provider and other allied health professionals to determine the best treatment.

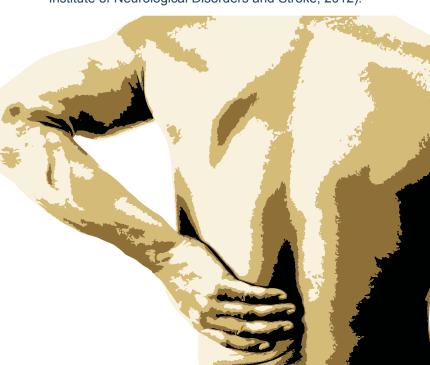
What Is Acupuncture?

Acupuncture is the insertion of fine, solid metallic needles into, or through, the skin at specific sites. Needles are usually left in place for 15–30 minutes and are sometimes twirled by the practitioners. The needles also may be stimulated with electricity or heat. Acupuncture is thought to have originated in China and is considered a complementary and alternative form of treatment because it is not based on Western medical science. Acupuncture is based on a theory

that health exists when there is harmony among bodily fluids, the body itself, and nature. Lack of harmony is thought to cause blockage of the body's vital energy. This energy flows along 12 primary and 8 secondary pathways known as *meridians*. Insertion of needles at certain points along the meridians aims to bring back the normal flow of energy (Vickers et al., 2012; North American Spine Society, 2007). Typically, multiple treatments are needed. Treatments may begin twice a week and taper off as symptoms improve.

■ How Does Acupuncture Work?

No one knows for sure how acupuncture works, but it is thought that for back pain, acupuncture blocks the passage of pain sensations from the nerves in the back to the brain (North American Spine Society, 2007). The needles also may stimulate the release of naturally occurring opiates (pain relievers) in the brain and stimulate tissues at the site of the needle puncture (North American Spine Society, 2007; National Institute of Neurological Disorders and Stroke, 2012).



What Is the Evidence That Acupuncture Helps CLBP?

Many experts agree that acupuncture is more effective than no treatment and that it should be considered when traditional therapies do not work. Studies in which acupuncture is compared with placing needles in nonmeridian sites (*sham treatment*) are mixed as to whether acupuncture is better than placebo acupuncture (Chou et al., 2007; Lee et al., 2013; National Center for Complementary and Alternative Medicine, 2010; Vickers et al., 2012). Studies also suggest that acupuncture may be more effective at relieving pain than improving function. High-quality studies are needed that compare acupuncture with no treatment and sham treatment.

Who Should Not Receive Acupuncture Therapy?

People with bleeding disorders, those taking anticoagulants, or those who have a current skin infection or trauma should not receive acupuncture therapy (North American Spine Society, 2007).

Is It Acceptable to Take Pain Medications While Receiving Acupuncture Therapy?

Certain medications—such as aspirin, acetaminophen, ibuprofen, and others—may be taken while undergoing acupuncture treatments to help reduce or alleviate pain. All of those medications have side effects and should be taken under the direction of a health care provider and following label guidelines.



Resources

- Bogduk, N. (2004). Management of chronic low back pain. *Medical Journal of Australia*, 180(2), 79–83.
- Chou, R., & Huffman, L. H. (2007). Medications for acute and chronic low back pain: A review of the evidence for an American Pain Society/American College of Physicians clinical practice guideline. *Annals of Internal Medicine*, *147*(7), 505–514.
- Chou, R., Qaseem, A., Snow, V., Casey, D., Cross, J. T., Jr., Shekelle, P., et al. (2007). Diagnosis and treatment of low back pain: A joint clinical practice guideline from the American College of Physicians and the American Pain Society. *Annals of Internal Medicine*, *147*(7), 478–491.
- Lee, J. H., Choi, T., Lee, M. S., Lee, H., Shin, B. C., & Lee, H. (2013). Acupuncture for acute low back pain: A systematic review. *Clinical Journal of Pain*, 29(2), 172–185.
- National Center for Complementary and Alternative Medicine. (2010). Acupuncture for pain. Retrieved from http://nccam.nih.gov/health/acupuncture/acupuncture-for-pain.htm
- National Institute of Neurological Disorders and Stroke. (2012). Low back pain fact sheet: How is back pain treated. Retrieved from http://www.ninds.nih.gov/disorders/backpain/detail_backpain.htm#211653102
- North American Spine Society. (2007). What is acupuncture. Retrieved from http://www.spine.org/ Documents/acupuncture.pdf
- Vickers, A. J., Cronin, A. M., Maschino, A. C., Lewith,
 G., Macpherson, H., Foster, N. E., et al. (2012).
 Acupuncture for chronic pain: Individual patient data meta-analysis. *Archives of Internal Medicine*, *172*(19), 1444–1453.

This series of issue briefs was developed with funding from the Substance Abuse and Mental Health Services Administration (SAMHSA) through a contract (IDIQ Task Order No. HHSS283200700012I) to the Pacific Institute for Research and Evaluation (PIRE).



