

# Physician

The Independent Medical Business Newspaper

## SPECIAL FOCUS: ALLIED PROVIDERS

# Acupuncture, pain, and integrative care

## *A first line of defense*

By Karen Lawson, MD, ABIHM, and John Blaska, DAOM

2015 was an important year for recognizing the challenge of the increasing number of chronic pain sufferers, and our subsequent addiction to painkillers. Over 250 million opioid prescriptions were filled in 2015. All in all, far too much is being prescribed, without enough focus on creating the outcomes we are seeking to create—the dissolution of pain.

In August of 2015 at the PAIN.PILL.PROBLEM Conference, Chris Johnson, MD (see his article in this issue of Minnesota Physician), presented a detailed history of the consistent upward trend of opioid use over the last two decades, highlighting the contributing elements from all participants—patients, providers, academics, and marketers. The result of these confluent factors is that opioid prescriptions in the U.S. have increased 300 percent since 1999 according to the CDC, and the 2009 National Survey on Drug Use and Health stated that the United States contains 5 percent of the world's population and consumes 80 percent of the world's opioids. Confirming that this is a serious problem, the United States Substance Abuse and Mental Health Services Administration reported in 2013 that almost 2 million Americans, age 12 or older, either abused or were dependent on opioid pain relievers.

One of the major influences in the surge in opioid prescriptions occurred in 2001 when the Joint Commission introduced the pain scale, now seen in almost every emergency department and clinic across the country. It was here that the pain protocol became a vital metric for every clinic visit and clinic outcome. The observation of pain increased the diagnosis and recognition of pain by both patients and providers. The acknowledgement of pain and the diagnoses of the causes of pain led to pain reduction being a well-intended primary objective of every provider. Without non-opioid options being recognized, valued, and commonly available, a pharmaceutical response to pain recognition was the only available response.

*There are over 500  
board-certified, licensed  
acupuncturists in Minnesota.*

### Reducing chronic pain

The CDC introduced new opioid prescribing guidelines in December 2015. These guidelines, alongside a number of state and federal legislative initiatives, have been introduced with the hope of

curbing the issues in the wake of our country's opioid addiction. However, they seem to focus on anything but the core issue—pain. To effectively reduce our dependence on opioids, we must identify strategies for the dissolution of pain, not just chronic pain management. The only place to implement these strategies effectively is through the relationship between patients and providers. The 2010 Global Burden of Disease Report identifies low back pain as the leading cause of disability worldwide. This growing body of chronic pain statistics solidifies the imperative that we must utilize all of our abilities and refocus our commitment to reduce and eliminate chronic pain altogether.

### An effective solution for pain

This past October at the Academy of Integrative Health & Medicine conference, Scott Haldeman, DC, MD, PhD, an adjunct professor in the Department of Epidemiology at UCLA, discussed the demand that musculoskeletal disorders place on our health care system. He presented that randomized controlled research favors acupuncture as one of the more effective therapeutic interventions for neck pain according to the Journal of Manipulative and Physiological Therapeutics (January-February 2009) and

low back pain according to the Current Sports Medicine Reports (February 2010), followed by chiropractic and physical therapy.

Courtney Baechler, MD, vice president at the Penny George Institute for Health and Healing (PGIHH), presented at the PAIN.PILL.PROBLEM Conference that a retrospective study, published by PGIHH in BMC Complementary and Alternative Medicine (December 2014), of 6,589 cardiovascular admissions who used integrative pain interventions, including acupuncture, found that there was a 46.5 percent reduction in pain and a 54.8 percent reduction in anxiety, which resulted in faster recovery times and substantial cost savings. One key component within this research was allowing the provider to assess the needs of the patient and to make sure that therapies were customized to the patient. Dr. Baechler also reported that when dealing with pain, acupuncture is her first recommendation for a therapy. Research by Mark Corbett, Research Fellow at the University of York, et al., in Osteoarthritis and Cartilage (September 2013) reported that in a systematic review of 156 studies, acupuncture was found to be an effective treatment for osteoarthritis of the knee.

Through improved methodologies and clearer objectives, research confirms why acupuncture has had such longevity as an effective and affordable therapy. Eliminating pain by correcting the injury and enabling the tissue to heal must become a focus of providers caring for injured patients. The facilitation of healing an injury may take time, 90 days or more, as opposed to just managing the pain, which often remains unresolved. While pain can guide, it also may interfere with recovery. This is where pain management resources, other than acupuncture, may be leveraged if needed. But these high-risk resources should only bridge the gap when episodic pain becomes debilitating. Opioids should not be the primary intervention over time.

Once enough progress has been made in the repair of the tissue, pain management substance use should decrease, and the focus should be on the recovery protocol. Acupuncture as a therapeutic

intervention, especially for pain, is well established in the U.S. and as of January 2015 is now part of the Joint Commission's protocol for pain. It is used in approximately 140 countries around the world, at sites that range from hospitals to the battlefield to rural clinics and natural disaster zones. Acupuncture is one of the most affordable therapies we have in our medical resource pool and has very few risks with little to no side effects when performed by well-trained acupuncturists, as presented in a published review of 229,230 patients by Witt, et al., in *Forsch Komplementmed* (April 2009).

## *Acupuncture as a therapeutic intervention ... is now part of the Joint Commission's protocol for pain.*

### **What providers need to know**

It is time to begin to break down the barriers of misunderstanding, build bridges for better integrative care, and thoughtfully reduce our reliance on opioids as a solution for pain. The following can help you begin a conversation with a licensed acupuncturist:

- Acupuncture is a medical therapy practiced around the world where filiform needles are inserted into the body to elicit a therapeutic response with minimal secondary consequences (i.e., side effects).
- There are approximately 200 well-known systemic strategies and techniques used synergistically by licensed acupuncturists. Some are as old as the Huang Di Nei Jing (circa 100 CE) and some are as up to date as the 2015 neuro-acupuncture techniques practiced in top-level hospitals for stroke recovery, Parkinson's, etc.
- While many of the strategies used in modern acupuncture have East Asian origins and subsequent histories there are many techniques that are not limited by cultural designation. Acupuncture and instrument-assisted acupressure both are used in many historical and modern cultures and are a part of the training for board certification in acupuncture.

- There are over 500 board-certified, licensed acupuncturists in Minnesota. Training consists of masters or doctoral level education, including board certification in biomedicine.
- Acupuncture is a therapy. Like all therapies, a complete and well thought out program is required for optimal results. For issues like pain, this usually means 12+ treatments and/or 90 days to lead to optimal and sustainable outcomes.

### **Conclusions**

“Primary health care is essential health care based on practical, scientifically sound, and socially acceptable methods and technology.... It is the first level of contact...bringing health care as close as possible to where people live and work and constitutes the first elements of a continuing health care process.” (WHO, 1978)

This statement made at the World Health Organization's (WHO) International Conference on Primary Health Care in 1978 rings as true now as it did back in the '70s. With better research design, acupuncture is holding its own within the randomized controlled trial framework. Used all over the world and with growing retrospective evidence acupuncture demonstrates safety and efficacy as a reliable medical therapy. The trend for using acupuncture as an alternative or experimental last resort in the United States needs to give way to where acupuncture is the first option for reducing or eliminating pain and a key early component of sound integrative care plans. It is time for physicians and licensed acupuncturists to collaborate and integrate to improve the standard of care for all patients. 

**Karen Lawson, MD, ABIHM**, is director of Integrative Health Coaching at the University of Minnesota Center for Spirituality & Healing, and is past president of the American Holistic Medical Association. **John Blaska, DAOM**, is a board member of the Acupuncture and Oriental Medicine Association of Minnesota, specializes in integrative healthcare clinic model development, and is founder and president of Everspring Health.