

Mapping Physiotherapist Use of Acupuncture Treatment of Adults with Cystic Fibrosis

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Background

Cystic Fibrosis (CF) is the most common life-threatening inherited disease in the UK. It is a chronic progressive disease affecting the exocrine glands, causing increased viscosity of secretions. Patients with CF experience a range of symptoms including respiratory infections, malnutrition, cystic fibrosis related diabetes, liver disease, osteoporosis, arthropathies and rhinosinusitis.

The role of the physiotherapist working with CF adults includes airway clearance techniques, exercise prescription, inhalation therapies, urinary incontinence screening and advice and also teaching saline nasal irrigation to relieve symptoms of rhinosinusitis.

Acupuncture has recently been included in the NICE guidelines for the treatment of back pain¹, however acupuncture is still used in a limited capacity within the NHS. Given the wide range of symptoms experienced by adults with CF, acupuncture could be a useful addition to the treatments that physiotherapists currently provide.

Aims

The aims of this study were to explore the use of acupuncture in the treatment of CF adults in the UK and to identify the symptoms for which acupuncture is currently being used. We also aimed to identify any barriers or drivers to the use of acupuncture in these CF centres.

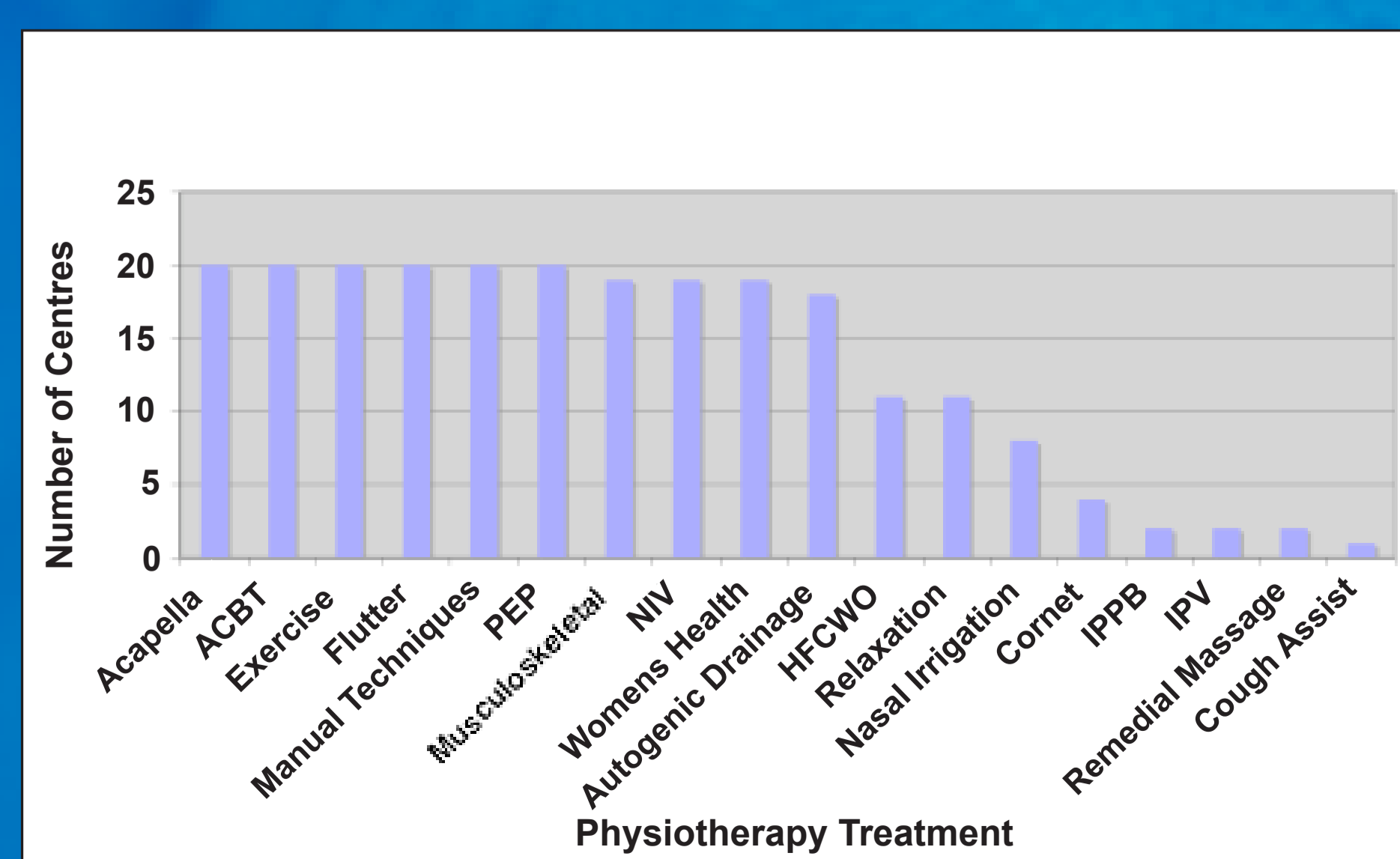
Methods

A questionnaire was sent to all UK specialist adult CF centres (n=23). It explored the availability of physiotherapy techniques, including acupuncture, specifically determining who performed acupuncture treatments, reasons for referral and the perceived effectiveness for various symptoms. Respondents were also asked to identify barriers and drivers for the use of acupuncture in the treatment of CF.

Results

There was an 87% response rate (n=20), with 4 centres identified as providing an acupuncture service. The size of the centres ranged from 48 to 650 patients. Figure 1 illustrates the range and variety of physiotherapy techniques administered at each centre.

Figure 1 Physiotherapy treatments used at adult cystic fibrosis centres



There was no difference in the use of acupuncture in larger (2) or smaller (2) centres, or centres providing a wide variety of physiotherapy treatments (2) compared to those with a more limited service (2). Acupuncture treatment was aimed at treating a wide range of symptoms: most commonly back pain (4) but also breathlessness (2), depression (2), wellbeing (2), headaches (2), joint pain (2), anxiety (2), sinus pain (1) and pleuritic chest pain (1).

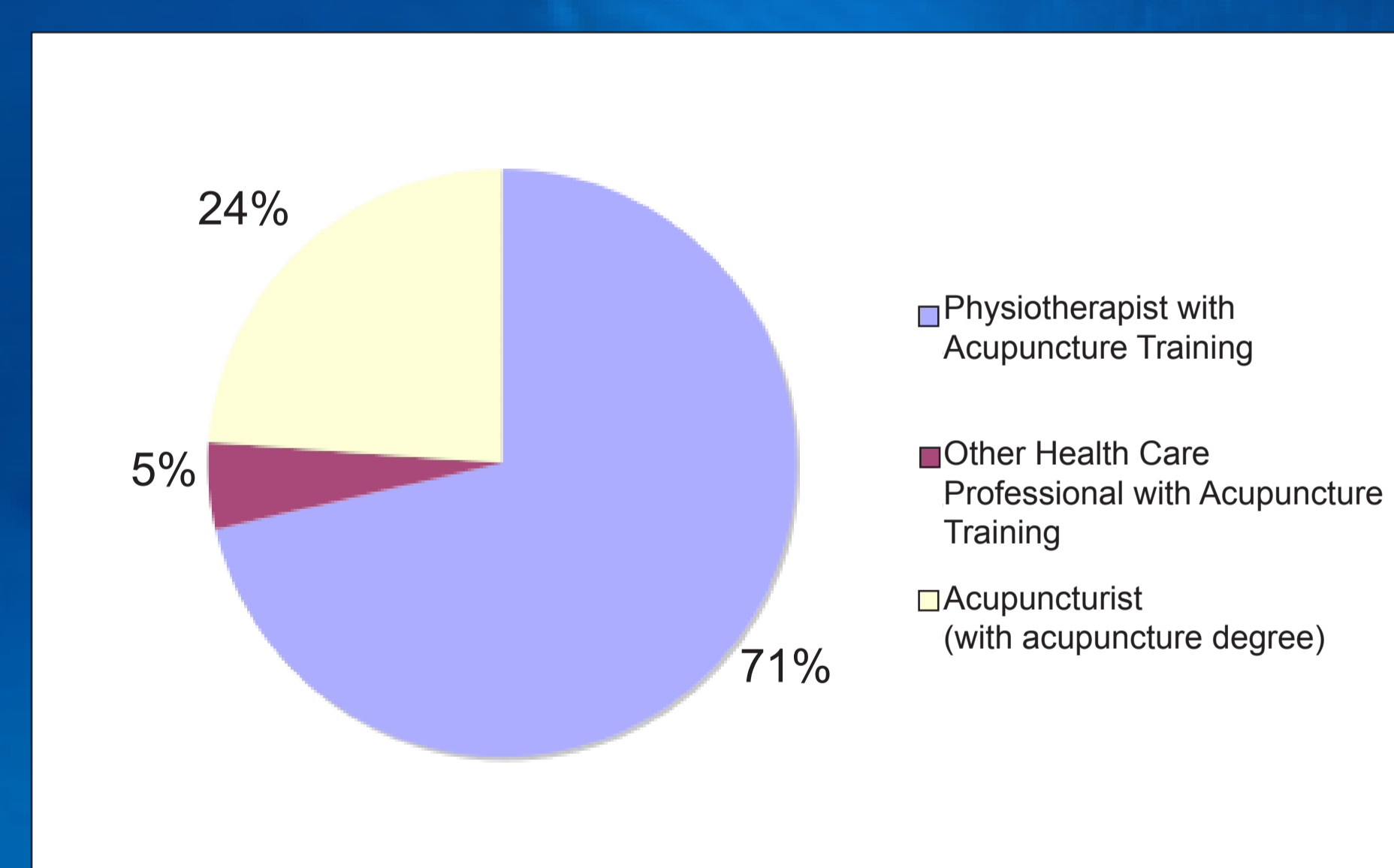
All 4 respondents reported acupuncture to be of benefit in the treatment of back pain. Breathlessness, well-being, headaches, joint pain and anxiety were each reported to benefit from acupuncture by 2 respondents. Sinus pain and pleuritic chest pain were each reported to benefit from acupuncture treatment by one respondent. Depression was reported of benefit by one respondent and of no benefit from another respondent.

In all 4 centres where acupuncture treatment was given, it was administered by a physiotherapist. Research was stated as the main reason for using acupuncture treatment (3), but anecdotal evidence and personal experience were also cited by 2 of the 4 centres. The main limiting factor for the provision of an acupuncture service was availability of professionals with the skills to do so.

All 20 respondents believed that acupuncture may have a role in the treatment of adults with CF.

Respondents were asked who they believe would be most appropriate to carry out acupuncture treatment if it were administered to adults with CF. It is illustrated in Figure 2 that 15 respondents (71%) felt that a physiotherapist with acupuncture training would be most appropriate. 5 respondents (26%) felt that a professional acupuncturist with an acupuncture degree would be most suitable and 1 respondent (5%) felt that another healthcare professional with acupuncture training would be most suitable. One respondent did not answer this question.

Figure 2 Who would be considered most appropriate to administer acupuncture treatment



Conclusion

The size of the CF centres or the range of physiotherapy treatments available in these centres does not affect whether acupuncture treatment is offered.

Only a small proportion of centres do offer acupuncture and this is aimed at a wide range of symptoms. On subjective assessment acupuncture benefits the symptoms for which it is commonly used in CF. The increased provision of acupuncture in UK adult CF centres may be a potentially valuable addition to treatment already provided.

Reference

1. National Institute for Health and Clinical Excellence (NICE) (2009) NICE Clinical Guideline 88 : Low Back Pain [online] Available at <http://www.nice.org.uk/nicemedia/pdf/CG88NICEGuideline.pdf> [accessed 12.10.09]