

Review Group Membership

MaHTAS Reviewer:

Asmirah Md Redzuan
Dr. Izzuna Mudla Mohamed
Ghazali
YBhg. Datin Dr. Rugayah Bakri

External Reviewer:

Dr. Radzuan Mat Ibrahim
Dr. Chai Koh Meow
Dr. Gerard Lim Chin Chye

Disclaimer:

Technology review is a brief report, prepared on an urgent basis, which draws on restricted reviews from analysis of pertinent literature, on expert opinion and / or regulatory status where appropriate. It is subjected to an external review process. While effort has been made to do so, this document may not fully reflect all scientific research available. Additionally, other relevant scientific findings may have been reported since completion of this review.

For further information please contact:

Health Technology Assessment
Section (MaHTAS)
Medical Development Division
Ministry of Health Malaysia
Level 4, Block E1, Precinct 1
Government Office Complex
62590 Putrajaya.

Tel: 603 8883 1246

Fax: 603 8883 1230

Available at the following website:
<http://www.moh.gov.my>

Introduction

Acupuncture is a branch of Traditional Chinese Medicine which mainly involves the theory of meridians, location, usage, indications and combinations of acupoints, needling manipulations. Nausea and vomiting are common symptoms of digestive or more generalised disorders that might be related to chemotherapy. Chemotherapy-induced nausea and vomiting (CINV) is categorised according to the time relative to chemotherapy administration that nausea, retching or vomiting occur. There are four types of CINV which are anticipatory, acute, delayed and breakthrough CINV. Anticipatory CINV occurs prior to the administration of chemotherapy. Acute CINV occurs within 24 hours after a chemotherapy dose. Delayed CINV occurs 24 hours or more after a chemotherapy dose. Breakthrough CINV is defined as vomiting, retching or nausea during any phase of the chemotherapy cycle despite antiemetic prophylaxis.

Many claims are suggesting that acupuncture effectively relieve the emetic side effects of cancer chemotherapy. Thus, this technology review was conducted following a request from Head of Traditional and Complementary Medicine Unit, National Cancer Institute.

Objective/Aim

The objective of this technology review was to assess the efficacy/effectiveness, safety and cost-effectiveness of acupuncture for relieving CINV in cancer patients.

Results and Conclusions

Effectiveness & Safety

Acupuncture:

There was evidence to suggest that acupuncture has positive effect on acute vomiting for CINV in cancer patients. However, there were patients in two studies who reported pain from needling during acupuncture

Acupressure:

There was evidence to suggest that acupressure has beneficial on acute nausea as well as the severity of vomiting and nausea for CINV in cancer patients. However, the effect of acupressure on delayed nausea and the frequency of vomiting and nausea were inconclusive. Nevertheless, there were two studies reported on adverse events of using wristbands as acupressure including tightness in the area of wristbands, feeling uncomfortable when wearing them with minor swelling in the wristbands area, skin eczema, skin irritation, hematoma when wearing acupressure bands.

Electro-acupuncture:

There was evidence to suggest that electro-acupuncture also has positively reduced episodes of emesis but not on acute vomiting for CINV in cancer patients. There were adverse events reported as a result of the electro-acupuncture or minimal needling procedure including an electrical shock sensation, an aggravating tingling sensation following each needling procedure and severe headache for 24 hours.

Cost/economic analysis

Based on the study that was conducted in United Kingdom, the sham acupressure appears more likely to be the cost effective option. However, this result may not be transferable to local setting as there is no local economic evaluation data.

Methods

Literature was searched through electronic databases which included MEDLINE(R) 1948 to present, EBM Reviews – Cochrane Database of Systematic Reviews – 2005 to July 2014, EBM Reviews – Health Technology Assessment – 3rd Quarter 2014, Embase 1988 to Week 31, NHS Economic Evaluation Database – 3rd Quarter 2014, EBM Reviews – Database of Abstracts of Review of Effects – 3rd Quarter 2014, EBM Reviews – Cochrane Central Register of Controlled Trials – July 2014, PubMed, other websites; U.S. FDA, and general databases such as Google. Reference lists were also searched. The search was limited to human study. The last searched was conducted on 5 September 2014. A critical appraisal of all relevant literature was performed using Critical Appraisal Skills Programme (CASP) checklists and the evidence graded according to the US/Canadian Preventive Services Task Force Level of Evidence (2001) for efficacy/effectiveness.