Introduction

Research participants often have better outcomes than patients receiving the same treatment in standard care settings. After conducting research into using a standardised ear acupuncture protocol to treat menopausal side-effects of adjuvant hormonal treatment for early breast cancer, we introduced an ear acupuncture service. As part of evaluating this service, we wanted to explore the following:

Key Question

Do service users report poorer outcomes than research participants?

Methods

Participants

Women ≥35 years diagnosed with early breast cancer
Without relapse or metastatic disease
≥ 6 months post active treatment (surgery, chemotherapy, radiotherapy)
Taking adjuvant hormonal therapy ≥ 6 months
Experiencing hot flushes and night sweats (HF&NS) ≥ 3 months
Self-reporting an average of ≥ 4 HF&NS per 24-hour period.

Acupuncture protocol

Standardised treatment once weekly, for 8 treatments
Using the National Acupuncture Detoxification Association (NADA) ear acupuncture protocol
Delivered in a small group setting, of up to 5 women per group
Administered by:
1 licensed acupuncturist (research study)
3 NADA trained non-acupuncturists (service).

Measurement

Hot Flush Diaries – measured HF&NS frequency and severity over a 2-week period
Women’s Health Questionnaire (WHQ) – measured 9 domains of physical and emotional wellbeing associated with the menopause transition
Problem Rating Score (PRS) – measured how bothersome women find their HF&NS.

Measurements were administered at:
Baseline (2 weeks prior to treatment)
End of treatment (EOT)
At 4 weeks after EOT (EOT+4)
At 18 weeks after EOT (EOT+18).

The NADA Protocol

This standardised protocol uses 5 acupuncture points on the surface of the ear. It is designed to be used in a group setting. In the UK, it can be delivered by licensed acupuncturists, and by non-acupuncturists who have been trained and who are annually assessed by NADA UK.

Results

Recruitment and Service Use

50 out of 54 recruited completed the research (R) treatments
47 completed EOT+ measures
45 completed EOT+4 and 38 completed EOT+18 measures
Of 90 service users (S) not having treatment at time of analysis:
8 had less than 4 HF&NS per 24-hour period
17 did not complete EOT measures
Of 67 evaluable service users completing EOT measures:
56 completed EOT+4 and EOT+18 data.

Comparing Hot Flash and Night Sweat Frequency

The median number of HF&NS at baseline was:
10.7 per day (std dev = 4.8) for R
10.5 per day (std dev = 5.5) for S
Reductions in frequency for both groups were significant at all time points
There was no significant difference between groups at each time point.

Comparing Emotional and Physical Wellbeing

At EOT, the WHQ domains displayed below showed significant improvement for Research participants. Service users did not have significant improvement for Memory/Concentration. Overall, both groups showed similar scores at each time point, and similar levels of improvement.

Discussion

In this study, service users who completed treatment and returned EOT questionnaires recorded similar outcomes to research participants. This may be because both groups:
Were from the same geographic area
Had similar demographic characteristics
Were subject to the same inclusion criteria
Received similar levels of time and attention.

The main differences were the high number of service users who did not:
Meet inclusion criteria (n=8, 8.2%), with <4 HF&NS per 24-hours at baseline
Return EOT data (n=17, 18.9%):
8 (8.9%) did not complete treatment (due to illness, recurrence, relocation)
9 (10%) who completed treatment did not return EOT data.

Conclusion

It is possible for service users to do as well as research participants. Service providers may prioritise patient care over rigorous application of inclusion criteria and follow-up of data return.

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From research to practice: do users of an ear acupuncture service to manage breast cancer-related hot flushes & night sweats do as well as research participants?

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