

# First steps: Involving people with lower limb lymphoedema in evaluating traditional acupuncture for improved wellbeing

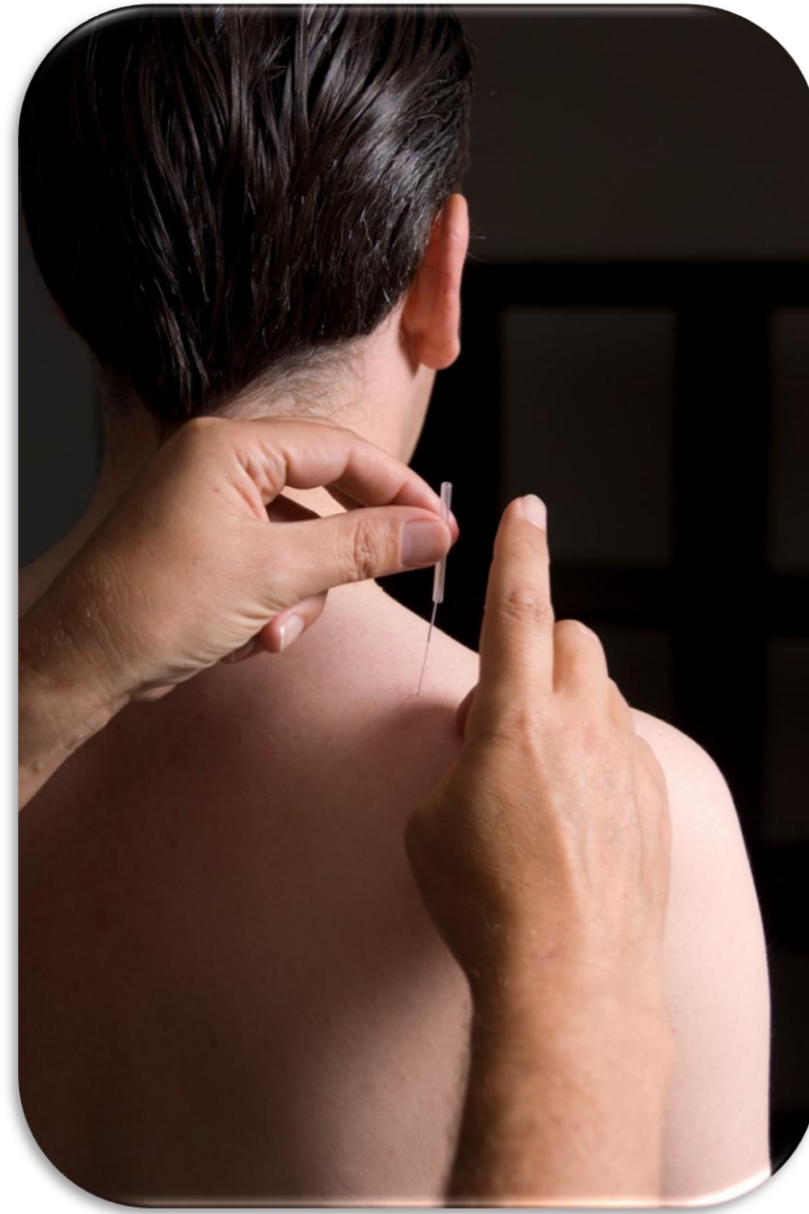
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## Introduction

Following promising exploratory research results of using acupuncture to improve wellbeing in cancer patients with upper body lymphoedema, we began initial investigations into the potential for using acupuncture with people with lower limb lymphoedema. This activity is a preliminary step to possible research and service development.



## Objectives

- Assess patient interest
- Gauge potential for service development
- Develop Patient Public Involvement (PPI) (necessary for some UK research funders)
- Explore challenges to acupuncture: needling restricted to points on and above the waist
- Identify practical challenges.

## Methods

### Participants

The Lymphoedema Nurse Specialist (EM) referred 6 patients receiving ongoing lymphoedema treatment who had expressed interest in having acupuncture. Patients presented with chronic lower limb lymphoedema that was primary, or secondary to other conditions such as cancer.

### Preliminary meeting

Five of the 6 invited patients attended a meeting at which the Research Acupuncturist (BdV) explained the objectives, demonstrated acupuncture and moxibustion, and answered questions. The nurse specialist and a researcher (TY) were present. All 6 patients agreed to try “taster sessions”.

### Acupuncture “taster sessions”

- Treatment once weekly, for up to 7 treatments
- Individualised treatment, based on traditional acupuncture frameworks
- Administered by a licensed acupuncturist (BdV)
- Patients gave written consent for treatment.

**Needling was avoided in the affected area. The acupuncture treatment was an adjunct to usual care, and did not aim to treat the lymphoedema.**

### Monitoring

Potential changes were monitored using these outcome measures applied at: **Baseline** (first treatment); **EOT** (end of treatment); **EOT+4** and **EOT+12** (4 and 12 weeks after EOT).

- Measure Yourself Medical Outcome Profile (MYMOP)** – a patient-generated, individualised questionnaire; measures outcomes the patient considers most important
- Lymphoedema Quality of Life (LYMQOL) - Leg** – a condition-specific quality of life (QoL) assessment tool for limb lymphoedema; measures four domains of physical and emotional health as well as QoL
- Short Form (36) Health Survey (SF-36)** – a generic measure of health status; yields an 8-scale profile of functional health and well-being scores as well as physical and mental health summaries.

## Results

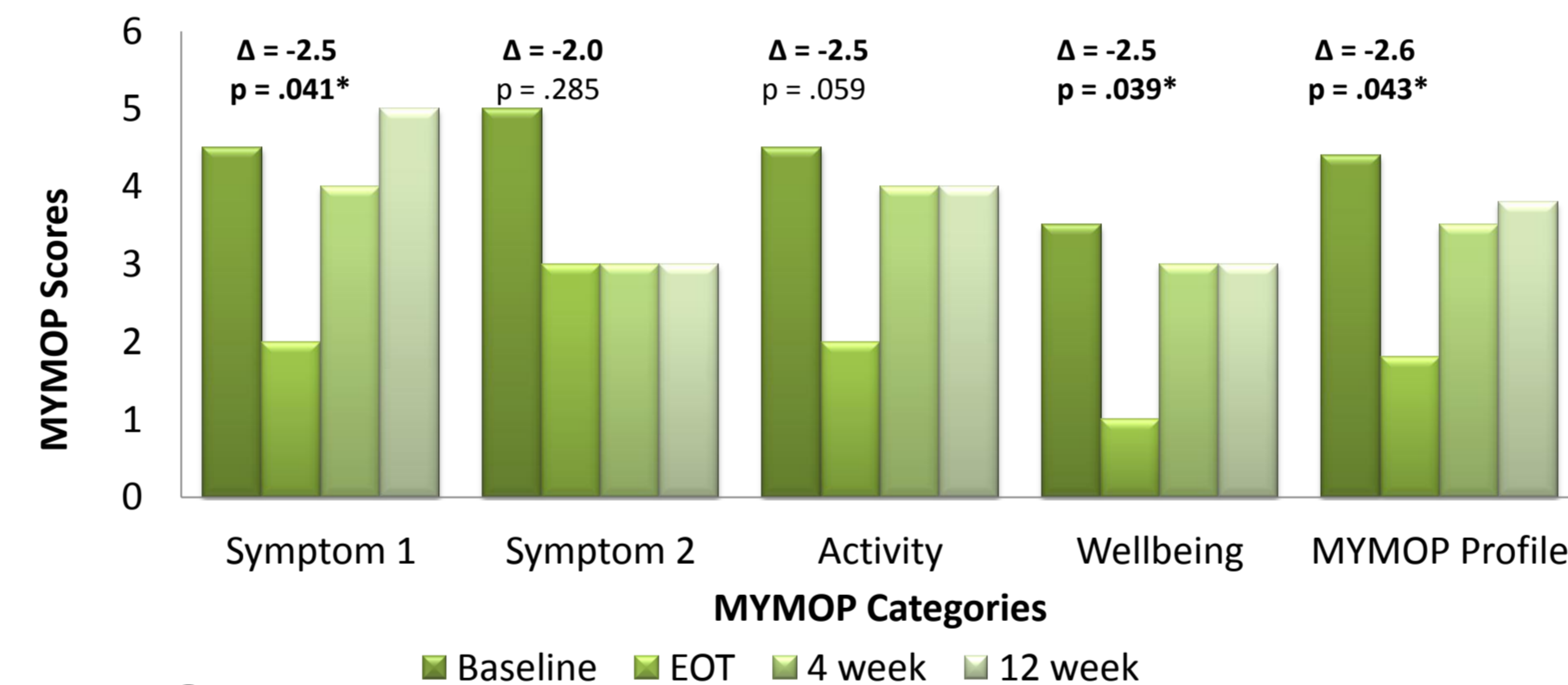
### Demographic and clinical characteristics (n=6)

A heterogeneous sample of patients participated:

- 2 primary lymphoedema (female) – 1 unilateral, 1 bilateral
- 4 secondary lymphoedema (2 female, 2 male):
  - 2 gynaecological cancer-related (1 bilateral, 1 unilateral plus trunk)
  - 2 non-cancer (bilateral) – 1 multiple factors, 1 varicose vein surgery
- 4 with history of cellulitis
- 3 carrying excess weight
- All with a variety of co-morbidities
- Mean duration of lymphoedema was 8.1 years (range 2.5 to 18 years)
- Mean age was 62.3 years (range 53 to 74 years)
- Mean number of acupuncture treatments was 6 (range 4 to 7).

### MYMOP

- Scale: 0 is “as good as could be”, 6 is “as bad as could be”
- A change of over 0.5 on the MYMOP Score is clinically significant
- MYMOP Profile = the summary score
- \* significance (p<0.05) for Wilcoxon signed rank test (paired) at EOT.



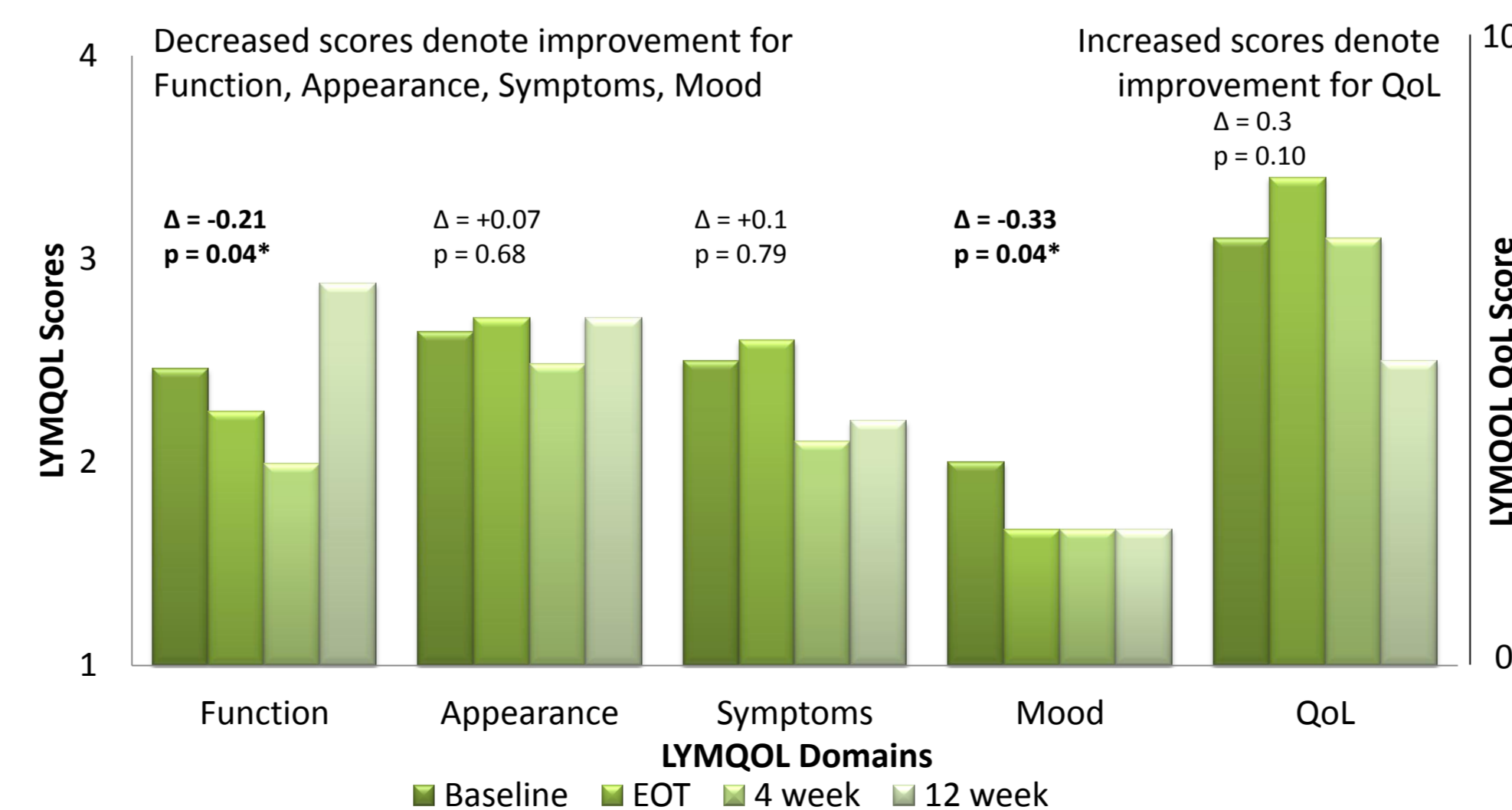
### MYMOP Symptoms

Patients specified a range of symptoms.

- Symptom 1 (n=6) included balance, motivation, tingling in foot, mobility, bladder function, groin/hip strength
- Symptom 2 (n=4) included shoulder pain, breathing, sleep (n=2).

### LYMQOL-Leg

- \* significance (p<0.05) for Wilcoxon signed rank test (paired) at EOT



### SF-36

- \* significance (p<0.05) for Wilcoxon signed rank test (paired) at EOT

	Baseline (n=6)		EOT (n=5)		p=
	Median	Range	Median	Range	
General Health	38.5	30 – 67	40.0	37 – 87	<b>0.043*</b>
Mental Health	70.0	45 – 80	80.0	55 – 85	<b>0.041*</b>

## Patient Feedback

All participants found acupuncture relaxing, and were pleased with the experience. Five found it very beneficial in the short term and would recommend it to a friend. Four were considering having further acupuncture.

“Legs used to ache most of the time after even moderate walking. No pain at the moment and therefore I am walking more. Able to relax and sleep soundly which I don’t normally do. I wasn’t a sceptic but I had doubts about ... acupuncture, but I am very impressed with how much it seems to have benefitted me and helped.”

## Clinical Observations

Patients presented with:

- High levels of anxiety (traumatic life events; anxious about acupuncture)
- Grief and sense of loss (role; mobility)
- Multiple, complex co-morbidities

Practical issues included:

- Size of patients and appropriate furniture
- Mobility (difficulties getting to treatment room).

“Improvements – my sleeping, my alertness, my bowel movement, my walking... After a full day my lymphoedema ... swells quite dramatically, but after a good night’s sleep the swelling goes away.”

## Conclusion

These first steps indicate potential for service development and patient involvement in research. Patients responded positively to the short course of “taster sessions”. Outcomes for this small sample indicate further work in this area is warranted. A focus group with these patients was the next step, and will be reported separately. Detailed case studies will also be published.

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