Ear acupuncture for acute sore throat. A randomized controlled trial

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Ear Acupuncture for Acute Sore Throat: A Randomized Controlled Trial

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INTRODUCTION

• Acute sore throat causes pain and missed work
• Auricular Acupuncture is a low risk option for acute pain control
• Battlefield acupuncture (BFA) is a specific auricular acupuncture technique
• BFA is easily learned by non-acupuncturists
• Does adding BFA to standard treatment reduce pain, medication usage and hours of missed work in pts with acute sore throat?

METHODS

• Unblinded randomized controlled trial
• Men and women > 18 yrs old with acute sore throat and pain score of ≥ 5/10 (0-10 scale)
• Group 1: Standard Treatment (NSAID +/- antibiotics)
• Group 2: Standard Treatment + BFA
• Outcome measures: Pain scores, missed hours of work, NSAID usage
  * All data gathered up to 48 hrs post encounter
• Statistical analysis: Independent t-test

RESULTS

<table>
<thead>
<tr>
<th>Pain Scores</th>
<th>Standard Treatment</th>
<th>BFA + Standard Treatment</th>
<th>p-value</th>
</tr>
</thead>
<tbody>
<tr>
<td>0 min</td>
<td>5.83</td>
<td>6.42</td>
<td>0.134</td>
</tr>
<tr>
<td>15 min</td>
<td>5.67</td>
<td>3.00</td>
<td>0.003</td>
</tr>
<tr>
<td>6 hrs</td>
<td>4.17</td>
<td>2.92</td>
<td>0.190</td>
</tr>
<tr>
<td>24 hrs</td>
<td>3.92</td>
<td>1.75</td>
<td>0.005</td>
</tr>
<tr>
<td>48 hrs</td>
<td>2.67</td>
<td>0.67</td>
<td>0.001</td>
</tr>
<tr>
<td>NSAID doses (up to 48 hrs)</td>
<td>4.00 doses</td>
<td>2.25 doses</td>
<td>0.115</td>
</tr>
<tr>
<td>Missed work hours (up to 48 hrs)</td>
<td>6.75 hrs</td>
<td>0.83 hrs</td>
<td>0.010</td>
</tr>
</tbody>
</table>

• N=24
• Significant reduction in pain scores and missed hours of work up to 48 hrs post procedure
• No significant reduction in pain medication usage
  * 4 patients total received antibiotics- 2 in group 1 and 2 in group 2

DISCUSSION

• Strengths: Prospective RCT
• Weaknesses: Small sample size, no sham acupuncture performed, patients not blinded to treatment
• This study represents an effectiveness trial rather efficacy trial
• Conclusion: When added to standard therapy, BFA reduces pain scores and hours of missed work. Small amounts of medication used in both groups- would need large sample size to detect a difference
• Future Research: Add sham group (to control for placebo effect), test in other acute pain syndromes in outpatient setting, i.e. migraines, musculoskeletal injuries, perimenstrual pain

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