

Beyond Needling—Therapeutic Processes in Acupuncture Care: A Qualitative Study Nested Within a Low-Back Pain Trial

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ABSTRACT

Background: In the medical and scientific literature, there is a dearth of reports about how acupuncturists work and deliver care in practice. An informed characterization of the treatment process is needed to support the appropriate design of evaluative studies in acupuncture.

Methods: The design was that of a nested qualitative study within a pragmatic clinical trial. Six acupuncturists who treated up to 25 patients each were interviewed after the treatment phase of the trial to obtain an account of their experiences of providing acupuncture care to patients with low back pain referred by their GP. Using semistructured interviews and a topic guide, data were collected and analyzed for both *a priori* and emergent themes. This paper focuses on practitioners' accounts of the goals and processes of care, and describes the strategies employed in addition to needling and other hands-on treatments.

Results: From the interview data, it is clear that a coherent body of theoretical knowledge informed clinical decisions and practice, and that the goals of treatment went beyond the alleviation of immediate pain-related symptoms. Acupuncturists in this study all described a pattern of patient-centered care based on a therapeutic partnership. Study participants confirmed the importance of three processes that characterized acupuncture care in this trial, each contributing to the goal of a positive long-term outcome; building a therapeutic relationship; individualizing care; and facilitating the active engagement of patients in their own recovery. Acupuncturists described elements of care that characterized these processes including establishing rapport, facilitating communication throughout the period of care, using an interactive diagnostic process, matching treatment to the individual patient, and the use of explanatory models from Chinese medicine to aid the development of a shared understanding of the patient's condition and to motivate lifestyle changes that reinforce the potential for a recovery of health. Acupuncturists did not view these therapeutic goals, processes, and strategies as a departure from their usual practice.

Conclusions: This study suggests that acupuncture care for patients with chronic conditions such as low back pain is likely to be a complex intervention that utilizes a number of patient-centered strategies to elicit long-term therapeutic benefits. Research designed to evaluate the effectiveness of acupuncture as it is practiced in the UK needs to accommodate the full range of therapeutic goals and related treatment processes.

INTRODUCTION

A recent trial of a short course of acupuncture for chronic low back pain has provided evidence of significant

longer-term benefits to patients.¹ This trial was funded by the Health Technology Assessment (HTA) research and development program, and was conducted collaboratively by researchers at the University of Sheffield and the Founda-

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tion for Traditional Chinese Medicine in York. The design was that of an open pragmatic randomized controlled trial, comparing acupuncture with usual general practitioner care alone. The trial was conducted in York between 1999 and 2003, and 241 patients were recruited, 160 of whom were randomized to the acupuncture group. The short course of acupuncture comprised up to 10 sessions, provided over an initial 3-month period. When we compared the acupuncture group to the control group, the clinical benefits of acupuncture were found to increase between 3 and 12 months and again between 12 and 24 months post-treatment. Analysis of covariance, adjusting for baseline score, found an effect of 5.6 points on the SF-36 Pain dimension in favour of the acupuncture group at 12 months, growing to a statistically significant difference of 8 points at 24 months.

The acupuncture within the trial was based on principles of Traditional Chinese Medicine (TCM). Six acupuncturists with at least 3 years of postqualification experience provided the treatment at three clinics in York. Up to 10 treatment sessions were available to each patient, and acupuncturists were encouraged to provide their normal treatment, in order to evaluate the impact of routine care. Within the clinical trial, the six participating acupuncturists made a precise recording of the main aspects of the diagnoses and treatments they provided. This mainly quantitative description has recently been published.²

As part of this acupuncture trial, we were also interested in understanding how the acupuncturists worked, and their experiences of delivering care in the context of a clinical trial. We conducted a nested qualitative study within the acupuncture trial, interviewing all six of the participating acupuncturists. To help us contribute a richer interpretation of the results of the trial, our aim was to capture their thoughts and processes, provide insights into acupuncture from their experiences and observe and record the ways in which they tried to elicit benefits to health.

METHODS

Nested within York Acupuncture for Back Pain Trial were two qualitative studies. One involved in-depth interviews with all 6 participating acupuncturists, and one with a sample of 12 patients. The former study is reported in this paper, and ethical approval was obtained from the York National Health Service Local Research Ethics Committee.

Each of the six acupuncturists (labeled P1 to P6 below) was interviewed by two interviewers, one of whom was himself one of the participating acupuncturists as well as a coauthor (HM) of this paper. He cointerviewed with researcher (LT) all the other 5 acupuncturists, and was interviewed in his role as an acupuncturist by LT and one of the other acupuncturists (AG). The interviews were conducted in each practitioner's place of work and lasted approximately 1 hour. Questions were drawn from a prepared topic guide that in-

vited practitioners to reflect on their experiences of treating patients in the following five areas: (1) acupuncture diagnosis; (2) acupuncture treatment; (3) patient-practitioner relationship; (4) the providing of treatment within the constraints of the trial; and (5) the potential for creating a flexible trial treatment protocol.

The interviews were tape-recorded, transcribed verbatim, and checked for accuracy. Analysis of the data was undertaken using a thematic "framework" approach.³ After familiarization and initial coding based on the *a priori* topic guide, an index was developed to explore the goals and processes of treatment that were not concerned with aspects related to specific needling techniques. Within this framework, the interview data were coded using the software Atlas/Ti and then charted in a spreadsheet in two dimensions: across the six acupuncturists, and across *a priori* and emergent themes. The findings are considered in the light of debates about research in acupuncture in the discussion below.

RESULTS

Building a therapeutic relationship

Acupuncturists confirmed the importance of establishing a positive practitioner-patient relationship as a basis for proceeding with treatment:

I think it is about reciprocity and being able to get a sense of trust from the patient, and enough rapport so that you can work with them so that they trust you are going to do physically and they're more likely to take advice. (P3)

I think there are things about the practitioner being able to hold the patient and contain you know whatever goes on really in the relationship . . . with the effect of the patient feeling safe then. Physically and emotionally safe to let whatever's going to happen, happen. (P4)

When asked about how they built relationships with patients, practitioners described a number of strategies or processes: establishing rapport; meeting the patient where they were; capitalizing on immediate treatment effects; inviting and sharing information; and helping patients to make sense of their condition.

The first of these, establishing rapport, has much in common with therapeutic encounters generally. The acupuncturists aimed to establish rapport through openness and honesty, encouraging dialogue, and "connecting" with the patient:

It's something to do with connection, connecting with the patient. . . . That's how I see a successful therapeutic relationship, it's like you're doing work but at the same time there is a human being there to connect with. (P1)

Rapport in a therapeutic relationship was also seen as something requiring reciprocity, a two-way process: “We have things where we understand each other.” (P2). One (1) acupuncturist talked about trying to “really meet the patient where they are” (P5), and described how sometimes this might be about treating back pain as a single symptom and sometimes involve tending to wider issues.

One practitioner also made explicit reference to the contribution of immediate treatment outcomes to building relationships and rapport:

The simplest way to get that is to deliver results, so that the patient feels different after your treatment, they know something’s happened, they think well this is interesting, this is really going to help and that immediately creates a big amount of bonding, but that’s I think the sort of strongest factor, a successful relationship evolves out of successful treatment. (P5)

Types of nonverbal communication were also mentioned, including the specific contribution of touch in reinforcing the therapeutic bond:

I mean there are people who . . . just want to have a quiet interlude away from their mad life but I think what does actually happen once I get them on the couch and get my hands on them is something else altogether; it’s a merging of energies and stuff like that and it all gets a bit hard to define, but there is something really, that really clearly goes on and I can feel there’s an atmosphere around us as I’m working which sort of just . . . it supports the whole thing. . . . It’s like giving them a sense that there is a possibility without bringing it up verbally. (P6).

All practitioners stressed the importance of two-way communication with their patients. The process of eliciting information for diagnosis and treatment created the opportunity for sharing information and active listening:

I want to share lots of information about TCM, how TCM shows their problem to them and I want them to share details of the problem and their situation and give me lots of feedback. . . . [I] try to make sure that I’m open to the big picture all of the time, so there is room for it, at least in my consciousness, and I really listen. (P4)

Therapeutic alliances were also forged through the mechanism of helping patients to make sense of their condition, or see their symptoms in a new light:

“So our job is not treating the symptoms, is getting health for the patient. So . . . symptoms are only the sign giving you a warning there is something you need

to do about it and then . . . so I explain that to the patient.” (P1)

Important to several of the acupuncturists was the idea that Chinese medicine can provide a framework for simple models of health and disease and explanations of how treatment might work for them:

It’s such a good simple model and it actually does make sense to them when you talk in terms of simple energetics and alignments and direction and energy and “stuckness” and so forth. Those sort of words they make a lot of sense to people . . . the basic nature of the Chinese medical model is very accessible. (P3)

We’re into actually understanding the condition and feeding that back to the patient in a way that makes sense, so that’s why I use the phrase explanatory model. And I think that’s a really crucial part of helping the patient understand why they’ve got what they’ve got, what’s going on there . . . even if it’s in a language like “stagnation” or “blockage,” the patients often relate to that especially if the (have) stiffness, they think oh it’s all locked up, so you can make them understand the word constrained, blocked. I don’t know if they understand the word energy but it sounds alright. . . . So basically you put together an explanatory model that explains why they’ve got what they’ve got and what you are going to do to shift it . . . and later down the line then the lifestyle advice will also fit into the same explanatory model, so you would be doing, you know there would be a congruency if you like between all of those explanations around. So I like my patient to think “thank goodness someone understands what’s going on.” (P5)

These explanations, and other strategies for supporting the therapeutic relationship, were not seen as something separate from the treatment, but rather as integral components that reinforced the potential for a return to health.

Individualizing of treatment

The individualizing of treatment is usually seen as a core approach within TCM. Integral to this was the diagnostic process and the taking of the case history. The latter extends beyond simple symptoms, when these symptoms started, how they started, and what exacerbates them. It also can include related symptoms and signs (observation of the tongue and palpation of the pulse), as well as the patient’s medication. The focus can be very broad, for example:

The first consultation is very important, I ask all sorts of questions. . . . From lifestyle, diet and exercise and everything, and I find out what is going on.” (P1)

One practitioner reported this initial phase as one where she and the patient would have a general talk, with the aim of trying to “glean . . . what their orientation in life is in a sense and feel whether it’s basically healthy within the terms of the Chinese model.” (P3)

Practitioners were very interested in the possible causes of the back pain: “I would be interested in a person’s lifestyle and all of the factors that might be repeatedly causing problems, heavy lifting, outdoor work, exposure to the elements, all these sorts of things” (P5). It was not just physical factors in a person’s life, as one practitioner reported: “things are caused by stress and emotions as well as being made worse by them.” (P2)

Practitioners were keen to use palpation to find out the exact location of the pain, often asking first where they felt the pain, then, when they were on the couch, using palpation to locate it more precisely. One practitioner talked about saying to the patient: “Is this where you feel it? And the patient’s thought was: “Thank God, actually someone has got the place where it really hurts.”” (P5) Palpation was seen as “a vital part of . . . diagnosis in back pain cases.” (P3)

Within the rubric of Chinese medicine, practitioners drew out the underlying patterns of the diagnosis. Important filters in this process included whether the back pain was acute or chronic, whether it was a case of “excess” or “deficiency” (or a mixture of both), and the extent to which there was “stagnation” in the low back. These filters, along with the three predefined syndromes (Stagnation of *Qi* and Blood, Bi Syndrome, Kidney Deficiency), which were agreed upon between acupuncturists at the outset, guided the pulling together of a diagnosis.²

A consequence of this diagnostic process was that practitioners gained an in-depth understanding of the complexity of the patient’s condition, enabling them to “unearth some of what may be the key things underlying the back pain” (P3). This was seen as essential for providing appropriate treatment, tailored to the specific dynamics and issues of the individual patient’s condition and situation.

Each of the practitioners in the study brought to the therapeutic encounter their own style of treating. It was not assumed that once the actual needling started the therapeutic relationship became secondary:

I’ll do the acupuncture, and in terms of building a good relationship . . . the whole needling process is quite important if it is pitched at the right level. (P5)

In addition patients brought their own expectations of treatment. Some patients just wanted to be “fixed,” whereas others were willing to engage more fully in the treatment process, which might mean taking specific actions to reduce the impact of their lifestyle on their low-back pain. Sometimes external constraints influenced the treatments provided, such as patients having limited availability because of their work commitments. Some patient had other symptoms that

the practitioners perceived as needing concurrent treatment, such as a very stiff back from the neck to the sacrum. Practitioners were concerned that by not addressing these broader symptoms, there would have been a slower recovery process. Also, some patients were unusually sensitive to needling, so that this sensitivity necessarily influenced the nature of the treatment. In the interviews, these factors were discussed by practitioners as being important criteria to take into account when treating someone with low-back pain. For example, one practitioner talked about deciding how to treat on the basis of an appropriate strategy and the “strength” of the patient: “I tend to start off quite minimal until I know, till I get a measure of the patient’s *qi*.” (P4)

In addition, the practitioners talked about following the patients over time. This involved monitoring carefully whether the location of the pain had changed, and what had happened to the other symptoms, which led to new judgments about treatment at each follow-up session.

The resulting mix of the practitioner’s style and the patient’s responsiveness create a unique set of descriptors for each session. The location of the pain, the selection of points, the number of needles, the depth of insertion, the strength of needle stimulation, and the option of auxiliary interventions such as moxibustion, all add up to acupuncture being a very complex intervention.

Facilitating patients’ active involvement in their recovery

All six practitioners emphasized the need to actively involve patients in their own recovery process.

Recurrence is very common, and what I’m trying to do in a way is to avoid a recurrence: in the longer term that’s the key issue and so back care advice [along] with acupuncture . . . can get someone better, but it can’t stop recurrence, it’s the person who has to make some changes. (P5)

Two common themes emerged from the qualitative analysis with respect to mechanisms used to achieve this: first the engagement with their patients’ attitudes; and second the facilitation of patients in helping them make necessary changes to behavior and lifestyle.

Practitioners reported seeing a great variability in the extent to which patients were willing to take responsibility for getting better. In part, this was seen as patients’ lack of knowledge of what they could do to help themselves, but also for some patients there was an attitude that acupuncture would do all the changing for them and it was not their role to help themselves. In a more extreme case, there appeared to be a resistance to getting well at all:

One woman . . . had decided she wasn’t going to get better and she kept me at arms length. . . . There was

something missing from the relationship with her in terms of an authentic transaction, which meant that she never bonded with me, because she was always like fending me off, pushing me away at some level. That was rare, that was unusual. (P5)

For other patients, it was just too difficult:

Then there's the people whose lives are really out of control, you know they just seem to be in this sort of whirlwind and I can get that sense when they first come in. Like this is going to be hard work and I am never really that sure that I can make a difference if they are really stuck in a confusing and chaotic life. I'm always a bit anxious that I'm not going to make that much difference. (P6)

Although some patients were not interested in being, or willing or able to be, actively involved in doing things to help themselves, many others were the opposite, asking from the outset what they could do to help themselves.

Practitioners discussed how in different ways they helped their patients become more aware of their low backs, what made the back pain worse and what helped. This could be a first step in helping patients choose behaviors that did not aggravate their low-back pain. From the traditional acupuncture perspective, specific lifestyle changes can help relieve or ameliorate related patterns of disharmony. For example, one practitioner reported

helping the patient discover their own patterns so that they can be empowered to introduce necessary changes into their lives. This kind of change is likely to be long lasting as it is self-motivated and has meaning. (P3)

This could be facilitated by helping patients to feel more in control:

that they are in charge, that they are not coming to somebody else to be fixed, that they actually have the ability to look after themselves properly and keep themselves well, that they don't have to wait till things go wrong, they can actually avoid it. (P6)

Long-term change was seen by practitioners as being attainable if the patient was self-motivated, and subsequently reinforced if in some way the resulting changes had some meaning for the patient.

To attain this mental shift sometimes required a softly-softly approach and sometimes a more forceful one. Whatever the approach, the hope was that the combination of the treatment and the lifestyle changes would help the patient to begin to feel better. When this started to happen, then small setbacks could often be linked to events or actions

taken by the patient, such that the lifestyle advice appeared more pertinent. For example, if the advice was about doing less, and an aggravation in back pain occurred when doing more, then the association would become clear in the patient's mind. Not that it was always "advice" that was instructional; sometimes it was more of a discussion of etiological and precipitating factors. For example, patients might

suddenly become aware how when they were in a lot of stress at work or when things were going bad in their relationships, their back suddenly got much worse, and when they could see those connections they would take time to look at their lives a bit more. And one who became more and more aware of how much emotion and tension and holding she was doing with her back and went off to have more counselling. (P3)

At other times, the advice might be very practical, with the practitioner teaching the patient simple movements that involved stretching exercises. The exercises might be designed exactly for that patient or to be more generally useful for anyone with low-back pain.

We also asked practitioners about whether they addressed what might be called "spiritual issues" without actually defining what we meant. One practitioner talked about always trying to be open to "the big picture all of the time, so there's room for it, at least in my consciousness, and I really listen, I really listen to what they are saying." (P4) Another practitioner discussed this area at more length:

"If you're talking about the spiritual stuff and the meaning of life and sense of purpose . . . the way I see it with my patients is that acupuncture helps people align themselves with their true path and then if you are on your true path then things feel right and you have a sense of meaning and purpose and you feel fulfilled and . . . I think intuitively people understand it and so for those people who are ready and willing to talk about the meaning of life, then I'll talk about it and actually I think that's a very fertile area . . . quite interesting things happen in acupuncture because of this realignment that takes place, people often do make quite sort of useful insights. They might not make immediate changes, in fact their lives might look quite similar even but something might have shifted, some understanding or sense of what's happening or where they're going, it can be quite important. (P5)

In apparent contrast, another practitioner reported: "I don't talk about spiritual stuff" but then went on to say:

But some people are already talking about it themselves, I kind of take my lead from them, really, . . . just talk about life, the universe and everything kind of in a general sort of way." (P6)

Providing acupuncture within a clinical trial: the practitioners' experience

The acupuncturists in this clinical trial normally provided their acupuncture to non-National Health Service (NHS) patients who paid for treatment themselves. However, in this study all the patients were referred by their GP, and received free acupuncture treatment. In the interviews, we asked the acupuncturists whether their approach to treatment differed from their normal practice and whether they thought the NHS patients were any different from those they usually encountered.

Because the trial was a pragmatic one, the instructions to the acupuncturists at the outset were to treat the patients within the trial in just the same way as they would normally do. With one exception, the practitioners confirmed that this was how they had practiced within the trial. The exception was the practitioner who reported feeling constrained by the fixed number of (free) treatments available in the trial and by the need to focus on back pain.

However, the practitioners did comment on perceived differences between patients seen within the trial and those who they treated in private practice:

I think the biggest difference (was that) . . . they just took a bit longer to take on the fact that they could do things for themselves, . . . it was like a newer idea the fact that they could do something to help themselves. . . . I mean they are basically the same sort of people and once they engage they are pretty quick to jump on the idea that they can really help themselves long-term. And there were probably one or two . . . exceptions obviously. (P5)

Another practitioner reported that her patients were more "single-issue oriented," primarily focused on wanting help with their low-back pain, and perhaps a "little more passive." Several reported that, overall, the patients in the trial had less awareness of their health, and were less prepared to take responsibility for appropriate lifestyle changes, perhaps needing more in the way of "an educational process."

Finally, several acupuncturists reported an unexpected benefit from participating in the trial—the opportunity to hone their diagnostic skills in treating a large group of patients with the same condition: low-back pain.

DISCUSSION

In this descriptive, interview-based study, we explored aspects of acupuncture care delivered to patients in addition to the specific techniques and processes associated with the actual needling. Despite differences in individual styles of treating patients, the acupuncturists in this study all described a pattern of patient-centered care that was based on

a partnership model of interaction between practitioner and patient.⁴⁻⁶ Participants confirmed the importance of three elements of successful treatment beyond the needling aspects of acupuncture, all of which were seen as contributing to the goal of positive long-term outcomes: building a therapeutic relationship; tailoring care to the individual patient; and actively engaging patients in their own recovery. Acupuncturists also identified a number of strategies or mechanisms for achieving these goals.

Strategies for building successful therapeutic relationships included establishing rapport with patients, active listening, and utilizing explanatory models taken from Chinese medicine to aid the development of a shared understanding of the patient's condition that reinforced the potential for a recovery of health. Individualized care is achieved via the interactive and iterative nature of the diagnostic process, and the careful matching and adjustment of treatments in response to feedback from patients. Successful therapeutic relationships and explicit individualized care can be seen as mutually reinforcing, and both appear to support the third goal of enlisting patients in their own recovery. Further strategies to achieve this third goal include engaging with patients' attitudes to health and illness, using Chinese medicine models and concepts to motivate lifestyle changes, and giving meaning to what is going on for the patient by encouraging them to link their illness experience to their broader life experiences.

The goals and strategies described above derive from interviews with six practitioners working in the specific context of treating patients referred by their GP with low-back pain within a clinical trial. Although participants suggested that their experience of treating patients within the trial was not substantially different from treating patients in other contexts, the transferability of these findings to other acupuncture encounters cannot be assumed. In particular, the relevance of these findings to the acupuncture treatment process for other chronic patient groups warrants further investigation. Despite the specific focus of the study, the findings presented here may have implications for a number of ongoing debates in the field of acupuncture research.

Characterizing acupuncture as an intervention in clinical trials

There is a place for acupuncture research that has a focus on a simplified needling intervention for an acute condition with short-term outcomes, such as clinical trials of the acupuncture point P-6 [Neiguan] for acute nausea.⁷ However, the overwhelming majority of acupuncture practitioners in the West are treating patients with chronic conditions such as back pain, and in the UK, for example, it is known that back pain is the most commonly treated single condition.⁸ For patients with this type of chronic condition, our data support the case for treating acupuncture as a "complex intervention," an approach to research that has been set out in the Medical Research Council's guidelines for the

evaluation of such interventions.⁹ Research into acupuncture's effectiveness can be designed around a characterization of the intervention that goes beyond the needling process to include the associated and related diagnostic, treatment, and the therapeutic relationship components that are specific to acupuncture as commonly practiced.

In this study, practitioners were also aiming for each treatment to be matched to the patient, such that patients with the same presenting condition of low-back pain were all treated differently, depending on their constellation of symptoms and their willingness and openness to engage actively in their recovery. Not only were all patients treated differently, but also each patient's treatment was changed over time, with the practitioner aiming to follow the changing symptoms. The use of a standardized treatment, either one treatment fitting all, or even one treatment being fixed for a patient over time, was not supported by our data and is unlikely to have been an acceptable model to the acupuncturists in our trial. Individualized care provides additional challenges in the trial design.¹⁰ More flexible treatment guidelines are appropriate, along with careful recording of all aspects of the interventions. This could provide sufficient transparency to enable replicability while at the same time allowing sufficient flexibility to cover the expected range of patient variability.

Distinguishing between specific (characteristic) effects and nonspecific (context) effects

The second research issue relates to the nature of specific and nonspecific effects in acupuncture. This study also reinforces the point made by Paterson and Dieppe¹¹ that specific (characteristic) and nonspecific (incidental or context) effects of treatment are not easily separated. The desire to separate out these two types of effects stems from an essentially reductionist agenda of some scientists and academics for whom the proof of a specific effect (efficacy) is a precondition for the wider acceptance of acupuncture. However, this qualitative study has raised questions about what exactly is "specific" and what is "nonspecific"? Interpreting the practitioner interviews, it would seem that the therapeutic relationship has both specific and nonspecific dimensions. Engendering rapport in a general way, for example, through empathy and compassion, might be seen as "nonspecific." Adopting a warm, friendly and reassuring manner, thereby contributing to the nonspecific effect, is known to improve outcome.¹² Yet for the practitioners in this qualitative study, some of the rapport building and communication was specific to acupuncture, including the utilization of appropriate explanatory models from TCM, the use of touch to reinforce the therapeutic bond, and the way practitioners facilitated patients' active involvement. The implication is that the traditional split between specific and nonspecific components cannot be assumed to reflect other health care modalities, and it is questionable whether a clear boundary could ever be delineated between the two.

Process measures and long-term outcomes

The therapeutic goals and strategies for achieving them that we have identified here suggest that there may be scope within evaluative research to develop measures of treatment impact that relate to the process of care itself, such as positive long-term expectations, rapport with practitioner, engagement with self-care, lifestyle changes, and perceptions of illness. Such measures may even prove to be useful proxy measures for outcome, although the need for long-term follow-up is evident from this study. The interview data suggest that a long-term focus was adopted by practitioners, requiring patients to take on lifestyle changes that were related to their specific patterns of disharmony. Without this active involvement, acupuncturists were less confident about the patient maintaining the improvements engendered by the acupuncture. Evidence suggests that patients treated by the acupuncturists continued to experience improvements in reported pain up to 24 months after entering the trial.¹ Other acupuncture trials have also shown similar longer-term benefits, for example, in the treatment of headaches and migraine^{13,14} and stroke.¹⁵ The implications for research are that acupuncturists should be given scope within a trial design to facilitate patients' active involvement, and that clinical trials should monitor change over at least 12 months and preferably over 24 months. This argument is also relevant when an economic impact is being evaluated, because it will take time for potential savings to outweigh the upfront costs associated with a course of acupuncture treatment.

CONCLUSIONS

In this paper, we have described three interlinked goals of the therapeutic process, and their related strategies, each operating through a partnership between the patient and the acupuncturist, and all contributing to the practitioner-defined aim of achieving long-term health improvement. These therapeutic goals and strategies underpinned the treatment offered to patients with low-back pain in a clinical trial, but were not considered to be a departure from usual practice by the acupuncturists concerned. This study suggests that acupuncture care for patients with chronic conditions, such as low-back pain, is a multifaceted complex intervention that aims to generate long-term therapeutic benefits. Research designed to evaluate the effectiveness of acupuncture as it is practiced needs to accommodate the full range of therapeutic goals and related treatment strategies.

ACKNOWLEDGMENTS

Thanks are due to the five other participating acupuncturists, Wendy Epstein, Alison Gould, Han Liping, Harriet

Lansdown, and June Tranmer as well as Hannah Taylor for help with coding and charting the interview data.

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