

# Acupuncture for Irritable Bowel Syndrome (IBS)

<b>Submission date</b> 07/07/2008	<b>Recruitment status</b> No longer recruiting	<input checked="" type="checkbox"/> Prospectively registered <input checked="" type="checkbox"/> Protocol
<b>Registration date</b> 12/09/2008	<b>Overall study status</b> Completed	<input type="checkbox"/> Statistical analysis plan <input checked="" type="checkbox"/> Results
<b>Last Edited</b> 18/03/2016	<b>Condition category</b> Digestive System	<input type="checkbox"/> Individual participant data

## Plain English summary of protocol

<http://www.nres.npsa.nhs.uk/researchsummaries/?entryid29=19031&q=0%c2%ac08%2fH1311%2f66%c2%ac>

## Contact information

### Type(s)

Scientific

### Contact name

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## Additional identifiers

EudraCT/CTIS number

IRAS number

ClinicalTrials.gov number

Secondary identifying numbers

PB-PG-0407-13241

# Study information

## Scientific Title

Acupuncture for Irritable Bowel Syndrome (IBS): a randomised controlled trial to evaluate effectiveness and cost-effectiveness

## Acronym

Acupuncture for IBS

## Study objectives

The aim is to establish rigorous evidence on the clinical effectiveness and cost effectiveness of acupuncture plus usual general practitioner (GP) care when compared to usual GP care alone for patients with irritable bowel syndrome (IBS) in primary care. The null hypothesis is that there is no difference between outcome in groups in our primary clinical outcome measure, the IBS Symptom Severity Score, at three months.

Our related aim with the cost-effectiveness analysis is to determine at twelve months what the cost per quality assisted life years (QALY) gained is, and whether this is at a level that might be thought acceptable if it were to be considered by the National Institute for Clinical Excellence.

Our secondary aim is to explore patient experiences of acupuncture, and this will include addressing areas of acceptability and safety directly with patients. In addition, we will also explore the potential influence of patient preferences, beliefs and expectations on patient outcome. We will do this by measuring these using accepted scales prior to randomisation, and assessing whether they modify the outcomes at three months.

## Ethics approval required

Old ethics approval format

## Ethics approval(s)

York Research Ethics Committee, Learning and Research Centre, 06/06/2008, ref: 08/H1311/66

## Study design

Two-armed multicentre open pragmatic randomised trial design. The qualitative aspect of this study is designed using a phenomenological approach.

## Primary study design

Interventional

## Secondary study design

Randomised controlled trial

## Study setting(s)

GP practice

## Study type(s)

Treatment

## Participant information sheet

Not available in web format, please use the contact details below to request a patient information sheet

## **Health condition(s) or problem(s) studied**

Irritable bowel syndrome (IBS)

## **Interventions**

Patients will be randomised to 10 sessions of acupuncture plus usual GP care or to usual GP care alone.

Acupuncture will be provided by professional acupuncturists who are registered with the British Acupuncture Council, and have at least three years experience. The acupuncture will be provided at independent clinics, and comprise up to 10 treatment sessions over a three month period. Acupuncturists will follow a treatment protocol adapted from one that has been devised previously and tested by acupuncturists taking part in the pilot trial of acupuncture for IBS.

All patients will remain under the care of their general practitioner and will continue to receive their usual NHS treatment. Both groups will be able seek care elsewhere according to need.

Patients in both arms will be seen for 3 months, on an average of once a week for approximately one hour per session.

## **Intervention Type**

Other

## **Phase**

Not Specified

## **Primary outcome measure**

1. IBS Symptom Severity Score (IBS SSS) at 3 months
2. Cost-effectiveness study: European quality of life questionnaire (EQ-5D) at 12 months
3. Medication use at baseline, 3 months, 6 months, 9 months and 12 months
4. Health services used at baseline, 3 months, 6 months, 9 months and 12 months
5. Days lost from work at baseline, 3 months, 6 months, 9 months and 12 months

## **Secondary outcome measures**

Secondary outcomes at 3, 6, 9, and 12 months:

1. IBS Non-Colonic Symptom Score (which includes lethargy and tiredness, "wind", backache, and other symptoms)
2. The 12-item short form (SF-12) to evaluate patients' general well-being
3. The Hospital Anxiety and Depression Scale (HADS)
4. Information associated with hospitalisations; open text questions will be used to gather qualitative data on patient experiences of acupuncture, including adverse events at three months
5. Safety and treatment processes, gained from logs completed by the acupuncturists
6. Acceptability, assessed through patient reports on satisfaction and willingness to try acupuncture again, as well as the uptake of acupuncture
7. For the qualitative analysis, we will use in-depth interviews with flexible topic guides to collect data. Additionally, interview participants will be allowed to illustrate their explanation how acupuncture works. Researchers will record detailed field notes to track the development of emerging themes.

**Overall study start date**

01/10/2008

**Completion date**

30/09/2011

## Eligibility

**Key inclusion criteria**

1. Aged 18 or older, either sex
2. A diagnosis of IBS from GP or being given medication to treat IBS symptoms (such as antispasmodics or bulking agents)
3. Have had a primary care consultation within the last two years regarding IBS or its symptoms
4. Screened for IBS symptoms according to the Rome III diagnostic criteria

**Participant type(s)**

Patient

**Age group**

Adult

**Lower age limit**

18 Years

**Sex**

Both

**Target number of participants**

220

**Key exclusion criteria**

1. Doesn't speak English
2. Score less than 100 on the IBS Symptom Severity Score (SSS)
3. Have a current diagnosis of haemophilia or cancer
4. Have had major gastrointestinal surgery in the previous six months
5. Receiving acupuncture at the time

**Date of first enrolment**

01/10/2008

**Date of final enrolment**

30/09/2011

## Locations

**Countries of recruitment**

England

United Kingdom

**Study participating centre**  
**University of York**  
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## **Sponsor information**

**Organisation**  
University of York (UK)

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**Sponsor type**  
University/education

**Website**  
<http://www.york.ac.uk>

**ROR**  
<https://ror.org/04m01e293>

## **Funder(s)**

**Funder type**  
Government

**Funder Name**  
National Institute for Health Research (NIHR) (UK) - Research for Patient Benefit (RfPB) Programme

## **Results and Publications**

## Publication and dissemination plan

Not provided at time of registration

## Intention to publish date

## Individual participant data (IPD) sharing plan

## IPD sharing plan summary

Not provided at time of registration

## Study outputs

Output type	Details	Date created	Date added	Peer reviewed?	Patient-facing?
<a href="#">Results article</a>	exploratory results	01/03/2008		Yes	No
<a href="#">Protocol article</a>	protocol	17/06/2010		Yes	No
<a href="#">Other publications</a>	cost analysis	24/10/2012		Yes	No
<a href="#">Results article</a>	results	24/10/2012		Yes	No
<a href="#">Results article</a>	substudy results	01/09/2014		Yes	No
<a href="#">Results article</a>	results	01/03/2017		Yes	No