A Pilot Study Comparing Frequency and Style of Acupuncture for Chronic Low Back Pain

Submission date 24/08/2005	Recruitment status No longer recruiting
Registration date 04/11/2005	Overall study status Completed
Last Edited 01/11/2013	Condition category Musculoskeletal Diseases

[] Prospectively registered

[] Protocol

[] Statistical analysis plan

[X] Results

[] Individual participant data

Plain English summary of protocol

Not provided at time of registration

Contact information

Type(s) Scientific

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Contact details

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Additional identifiers

EudraCT/CTIS number

IRAS number

ClinicalTrials.gov number

Secondary identifying numbers

1

Study information

Scientific Title

Acronym

ACLBP

Study objectives

1. To compare the effectiveness of traditional chinese acupuncture, based on traditional Chinese medical (TCM) diagnosis, with moxibustion/cupping if necessary, with Western acupuncture based on Western diagnosis, without moxibustion/cupping, for chronic non-specific chronic low back pain

2. To explore whether intensive acupuncture treatment frequencies i.e. 5 treatments/week can achieve better treatment effects than 2 treatments/week, for non-specific low back pain

Ethics approval required Old ethics approval format

Ethics approval(s) Not provided at time of registration

Study design Randomised controlled trial

Primary study design Interventional

Secondary study design Randomised controlled trial

Study setting(s) Other

Study type(s) Treatment

Participant information sheet

Health condition(s) or problem(s) studied Non-specific low back pain

Interventions

1. Traditional Chinese acupuncture (with moxibustion and cupping if necessary) 2. Western acupuncture

Intervention Type Other

Phase

Not Applicable

Primary outcome measure

Visual analogue scale (VAS)

Secondary outcome measures

- 1. Functional disability
- 2. Quality of life
- 3. Psychological impact
- 4. Shuttle walk test
- 5. Lateral trunk flexibility

Overall study start date 01/09/2005

Completion date 01/12/2005

Eligibility

Key inclusion criteria

1. Non-specific acute or chronic low back pain (LBP) as the chief complaint, with or without leg pain 2. Age between 18-60 years and of both genders

Participant type(s) Patient

Age group Adult

Lower age limit 18 Years

Upper age limit 60 Years

Sex Both

Target number of participants 40

Key exclusion criteria

- 1. History of disc or spine surgery
- 2. Sciatica
- 3. Neurological disorders and possible serious pathological back problem
- 4. Systemic bone or joint disorders (e.g. rheumatoid arthritis)
- 5. Pregnancy
- 6. Dementia

- 7. Severe clotting disorders or anticoagulant therapy
- 8. Epilepsy
- 9. Systemic or visceral disease
- 10. Current use of systemic corticosteroids, muscle relaxants, narcotic medications
- 11. Overt psychiatric illness
- 12. Receiving acupuncture treatment within the past 6 months
- 13. Unemployment or having current pending compensation claims
- 14. Other acute orthopaedic or medical problems

Date of first enrolment

01/09/2005

Date of final enrolment

01/12/2005

Locations

Countries of recruitment Northern Ireland

United Kingdom

Study participating centre 14J15, Rehabilitation Sciences Research Institute County Antrim United Kingdom BT37 0QB

Sponsor information

Organisation University of Ulster (UK)

Sponsor details

Vice Chancellor Scholarship Research office University of Ulster County Antrim Northern Ireland United Kingdom BT37 0QB +44 (0)28 90366629 n.curry@ulster.ac.uk

Sponsor type

University/education

Website http://research.ulster.ac.uk/

ROR https://ror.org/01yp9g959

Funder(s)

Funder type University/education

Funder Name University of Ulster (UK) - Vice Chancellor Scholarship (VCRS)

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?
Results article	results	01/06/2009		Yes	No