Longer term clinical and economic benefits of offering acupuncture to patients with chronic low back pain

Submission date Recruitment status Prospectively registered 25/04/2003 No longer recruiting [] Protocol [] Statistical analysis plan Registration date Overall study status 25/04/2003 Completed [X] Results [] Individual participant data Last Edited Condition category Musculoskeletal Diseases 26/08/2009

Plain English summary of protocol

Not provided at time of registration

Contact information

Type(s)

Scientific

Contact name

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Additional identifiers

Protocol serial number HTA 96/40/07

Study information

Scientific Title

Acronym

YACBAC

Study objectives

Acupuncture is widely used in NHS primary care for a variety of pain related conditions. Evidence of the clinical cost effectiveness of its use in this context is sparse, particularly relating to its longer term effectiveness in the relief of chronic pain. More research is needed to ensure the appropriate use of NHS resources. The proposed study is a pragmatic randomised controlled trial (n=200) to evaluate the longer term clinical and economic benefits of offering acupuncture to patients assessed as suitable for primary care management with reported low back pain of more than four weeks duration. The study aims to test the hypothesis that a population of patients offered traditional acupuncture for chronic low back pain gain as much or more relief from pain as those offered normal management only by their GP, for equal or less cost. The study aims to provide appropriate evidence for future NHS purchasing decisions. The research is a collaboration between a University research department, and accredited Acupuncture College and Research Foundation and a GP consortium. It builds on previously completed work, including a pilot of the outcome measures proposed and the feasibility of the GP referral service to traditional acupuncture treatment.

Ethics approval required

Old ethics approval format

Ethics approval(s)

Not provided at time of registration

Study design

A pragmatic, two parallel group, randomised controlled trial

Primary study design

Interventional

Study type(s)

Treatment

Health condition(s) or problem(s) studied

Chronic low back pain

Interventions

- 1. Traditional Chinese acupuncture, up to 10 treatments
- 2. Standard care offered by GP only

Intervention Type

Other

Phase

Not Specified

Primary outcome(s)

- 1. Relief of chronic pain
- 2. Cost effectiveness

Key secondary outcome(s))

Secondary outcomes included the McGill Present Pain Index (PPI), Oswestry Pain Disability Index (ODI), all other SF-36 dimensions, medication use, pain-free months in the past year, worry about back pain, satisfaction with care received, and safety and acceptability of acupuncture care.

Completion date

11/05/2003

Eligibility

Key inclusion criteria

Patients with low back pain. Age 20-65 years with low back pain or sciatica, greater than 4 weeks and less than 12-months pain this episode

Participant type(s)

Patient

Healthy volunteers allowed

No

Age group

Adult

Sex

All

Key exclusion criteria

Past spinal surgery, severe or progressive motor weakness or central disc prolapse, possible spinal pathology (eg carcinoma)

Date of first enrolment

12/04/1999

Date of final enrolment

11/05/2003

Locations

Countries of recruitment

United Kingdom

England

Study participating centre

School of Health Care Leeds United Kingdom LS2 9UT

Sponsor information

Organisation

Department of Health (UK)

ROR

https://ror.org/03sbpja79

Funder(s)

Funder type

Government

Funder Name

NIHR Health Technology Assessment Programme - HTA (UK)

Results and Publications

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	main results	23/09/2006		Yes	No
Other publications	HTA monograph	01/08/2005		Yes	No
Other publications	cost effectiveness analysis	23/09/2006		Yes	No
Study website	Study website	11/11/2025	11/11/2025	No	Yes