

Clinical Practice Guideline: **Acupuncture for the Treatment of Nausea and Vomiting**

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Product: **Specialty**

POLICY

American Specialty Health – Specialty (ASH) clinical committees have determined that acupuncture for the treatment of nausea and vomiting including post-operative, chemotherapy-induced, and associated with pregnancy is established as clinically effective, is professionally recognized, is scientifically plausible, and has a favorable benefit:risk profile.

PROCESS AND DEFINITIONS

When developing, reviewing, and approving clinical policy, ASH peer-review committees consider whether the technique/procedure:

- Is established as clinically effective by:
 - Scientific information published in an acceptable peer-reviewed clinical science resource, and
 - The consensus opinion of the Evidence Evaluation Committee (EEC) when available;
- Is professionally recognized by:
 - Inclusion in the educational standards accepted by the majority of the professions' educational institutions,
 - Wide acceptance and use of the practice, and
 - Recommendations for use made by healthcare practitioners practicing in the relevant clinical area;
- Poses a health and safety risk; and
- Is plausible or implausible
 - A belief, theory, or mechanism of health and disease that can be explained within the existing framework of scientific methods, reasoning, and available knowledge is considered plausible.
 - A treatment intervention or diagnostic procedure that requires the existence of forces, mechanisms, or biological processes that are not known to exist within the current framework of scientific methods, reasoning, and available knowledge is considered implausible.

Substitution harm (indirect harm): Compromised clinical outcomes caused by:

- Utilizing a specific diagnostic or therapeutic procedure when the safety, clinical effectiveness, or diagnostic utility is either unknown or is known to be unsafe,

- 1 ineffective, or of no diagnostic utility, *instead of* a diagnostic or therapeutic
 2 procedure known to be safe, be clinically effective, or to have diagnostic utility;
 3 or
 4 • The utilization of a diagnostic or therapeutic procedure that is substantially less
 5 effective or safe than another procedure with established safety, and clinical
 6 effectiveness or utility.

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 8 **Labeling effects (non-specific harm):** The harm that results from identifying in a
 9 patient a condition or a finding that is not clinically valid.

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 11 **Safe:** The terms “safe” and “safety,” are used only with specific reference to the absence
 12 of direct harm. Direct harm would include any injury to a patient caused by the
 13 mechanical, thermal, biological, chemical, pharmacological, electrical, electromagnetic,
 14 or psycho-dynamic properties of a diagnostic or therapeutic procedure, and as such, the
 15 procedure would be considered unsafe.

16
 17 **Direct harm:** Any injury to a patient caused by the mechanical, thermal, biological,
 18 chemical, pharmacological, electrical, electromagnetic, or psycho-dynamic properties of
 19 a diagnostic or therapeutic procedure.

20
 21 **Benefit versus risk profile:** The relative effectiveness or utility of a therapeutic
 22 intervention or diagnostic procedure versus its potential for direct harm.

- 23 • Positive (benefits outweigh risks),
 24 • Negative (risks outweigh benefits), or
 25 • Equivocal (available information is inconclusive).

26 27 **Acupuncture Safety**

- 28 • Major adverse events associated with acupuncture are exceedingly rare.
 29 • Minor adverse events (e.g., bruising, soreness at needle insertion point)
 30 associated with acupuncture were found to be common and transient.
 31 • The incidence of adverse events of acupuncture is substantially lower than
 32 that of many drugs or other accepted invasive procedures.
 33 • Proper patient selection and acupuncture technique are very important for
 34 acupuncture safety.

35 36 **Description/Background**

37 Nausea and vomiting (N&V) occur under a variety of conditions in response to activation
 38 of one or more emetic triggers; they can be induced by many physiological and
 39 pathological factors such as the ingestion of contaminated food or as a result of
 40 medications or disease states (Streitberger et al, 2003). The act of vomiting is coordinated
 41 by neuronal circuitry located in the brain stem and certain higher brain centers (Miller,
 42 1999). There are three circumstances where nausea and vomiting most commonly occur

and for which most research on acupuncture has been conducted: postoperative; chemotherapy induced in cancer patients; and during pregnancy. Postoperatively, the incidence of N&V is about 30% (Cohen et al., 1994); N&V is associated with major complications, may delay discharge of patients, or may require overnight stay for day procedures. Almost 50% of cancer patients receiving chemotherapy experience significant N&V (Henry et al., 2008). Nausea and vomiting during pregnancy (NVP) is the most common medical condition of pregnancy, affecting up to 80% of all pregnancies to some degree.

Evidence and Research

The research literature on acupuncture for nausea and vomiting provides some of the most extensive evidence regarding the efficacy of acupoint (acupoint) stimulation for therapeutic purposes. Several good quality systematic reviews are available, all indicating that stimulation of the acupoint Pericardium 6 (P 6) is a viable option to assist people suffering from nausea and vomiting from a variety of etiologies. In Rithirangsiroj, et al. (2015), a group of patients undergoing chemotherapy received acupuncture prophylactically while a second group received ondansetron. The acupuncture group demonstrated better prevention of chemotherapy-induced nausea and vomiting and needed less nausea medication after the chemotherapy. Side effects were fewer with acupuncture than with ondansetron. Shen, et al. (2015) demonstrated no difference in nausea/vomiting between a group receiving acupuncture at K1 acupoint and the control group without acupuncture before both groups received chemotherapy. However, in spite of the relatively rich body of evidence, much is still unknown. For example, given that single point stimulation is rare in the traditional practice of acupuncture or acupressure, and studies about treating nausea/vomiting were often performed with only one acupoint, it might be beneficial to assess whether the use of a pattern of points may be more clinically effective than single point stimulation. Other important research priorities include: investigating the effect of additional acupuncture sites traditionally used in the treatment of nausea and vomiting; when stimulation may be most helpful (i.e., before or after surgery); assessing whether combining intermittent or prophylactic acupuncture treatments tailored to the individual patient can augment acupressure stimulation in the acute care setting; and evaluating whether acupoint stimulation has a role in augmenting anti-emetic medications or biologically based complementary and alternative medicine therapies (i.e., herbs).

Conclusions

1. The evidence supports the use of acupuncture point stimulation at P 6 for the treatment of post-operative nausea and vomiting.
2. The evidence supports the use of acupuncture point stimulation at P 6 for the treatment of chemotherapy induced nausea and vomiting.
3. The evidence supports the use of acupuncture point stimulation at P 6 for the treatment of pregnancy related nausea and vomiting.

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