

seeks to underpin the evidence base to facilitate integrated health care.

**Methods:** An Acupuncture Special Interest Group (AIG) has been set up as part of the GPTCM-RA. The group will identify and prioritize areas for future research in order to underpin and support the evidence base for acupuncture and moxibustion.

**Results:** Research priorities identified that need to be addressed in acupuncture research include; the use of pragmatic trials to ensure research reflects acupuncture practice, to examine current knowledge on the nature of acupoints and underlying mechanisms, the need to develop further understanding about the use of placebos, provision of guidelines for acupuncture protocols for RCTs, assessment of safety, and clinical guidelines.

**Conclusions:** A collaborative platform is needed to systematically define, and evaluate the current status of acupuncture research, education and practice across cultures using different methodologies and by agreeing and establishing common goals cross cultural co operation.

<http://dx.doi.org/10.1016/j.eujim.2014.09.010>

### Randomized trials on acupuncture published in Chinese journals: A systematic literature review

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**Introduction:** To systematically describe randomized clinical trials (RCTs) on acupuncture published in Chinese journals.

**Methods:** Four Chinese databases (CNKI, VIP, CBM, Wanfang) were searched up to January 2013 for RCTs on acupuncture (manual or electronic), and bibliometrical analyses conducted, and methodological quality of RCTs was assessed.

**Results:** A total of 7085 RCTs (involving 698,540 participants) were identified, and published between 1982 and 2013 in China. The top three diseases identify in the trials were nervous system (39.5%), musculoskeletal system and connective tissue (21.3%), and genitourinary system (6.2%). Acupuncture was compared to no treatment (51, 0.7%), sham-acupuncture (62, 0.9%), conventional treatment (728, 10.3%), other Chinese medicine therapies (911, 12.9%), as well as acupuncture plus conventional versus conventional treatment (946, 13.4%), acupuncture plus one treatment versus another treatment (1493, 21.7%), acupuncture plus one treatment versus acupuncture alone (915, 12.9%). In addition, 1135 trials (16.0%) were two-armed RCTs, in which one type of acupuncture were compared to another type of acupuncture. 844 trials (11.9%) were three or more-armed RCTs. 43 trials (0.6%) defined primary and secondary outcomes, 6803 (96.0%) reported clinical relevant outcomes; 659 (9.3%) reported surrogate outcomes, and 497 (7.0%) reported safety. 2658 RCTs (37.5%) reported generation of allocation sequence, 121 (1.7%) described

allocation concealment; 141 (2.0%) used blinding, and 28 (0.4%) described sample size calculation.

**Conclusions:** Substantial numbers of RCTs on acupuncture have been published in China, mainly focused on nervous, musculoskeletal and connective tissue diseases. Methodological quality of the trials is low. Future trials on acupuncture should follow the CONSORT Statement and STRICTA.

**Acknowledgements:** Supported by the research capacity building grant from the State Administration of Traditional Chinese Medicine (No. 201207007).

<http://dx.doi.org/10.1016/j.eujim.2014.09.011>

### Clinical trials of acupuncture and moxibustion

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**Introduction:** The internationalization of acupuncture research prompts us to pay more attention to the study of foreign counterparts. The purpose of this study is to understand the international present status of clinical researches on acupuncture and moxibustion through the literature retrieval.

**Methods:** The English clinical literature on acupuncture and moxibustion was searched in Pubmed.

**Results:** There were 6033 articles about acupuncture and moxibustion in the recent five years (2008–2013). Of the 2473 articles identified, 41% were related to pain acupuncture, but there was no obvious difference compared with the sham acupuncture groups (non-meridian point/non-related point). There was also evidence that acupuncture can alleviate dysmenorrhea, improve insomnia, adjust blood pressure, migraine, knee joint pain, back pain, fibromyalgia pain, and was superior to control groups. Reduction in the side effects caused by radiotherapy and chemotherapy in cancer, relief of the degree of depression and feeling unwell as result of intestinal disease, was significantly better than the sham acupuncture group (non-meridian point/non-related point/true point and false acupuncture).

**Conclusions:** For musculoskeletal diseases and for pain caused by various reasons, acupuncture appears to have a satisfactory positive effect. Further research is still needed to confirm whether there are differences between different acupoint and their effect on acupuncture analgesia. International clinical studies are of high quality, but research on the factors influencing the effect of acupuncture mainly focus on acupoint selection, lack of acupuncture characteristics, and ignore that acupuncture is a complex intervention.

<http://dx.doi.org/10.1016/j.eujim.2014.09.012>

