REVIEW ARTICLE

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Overview of Treatment Guidelines and Clinical Practical Guidelines That Recommend the Use of Acupuncture: A Bibliometric Analysis

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Abstract

Introduction: As positive evidence emerges for the use of an intervention to treat a health problem, the intervention gradually becomes incorporated into treatment guidelines (TGs) or clinical practice guidelines (CPGs) that are related to that health problem. To assess whether this general hypothesis can apply to acupuncture, 96 health problems were identified for which positive conclusions in systematic reviews and meta-analyses regarding the effectiveness of acupuncture have been made and then searched for TGs or CPGs that have recommended the use of acupuncture.

Methods: Through August 31, 2017, searches were performed in relevant medical databases and Google using "treatment guideline," "clinical practice guideline," and the names of the 96 medical conditions as search terms. A "snow-balling" search approach was adopted. All positive recommendations were added into the registry.

Results: A total of 1311 publications were found that recommended using acupuncture published between 1991 and 2017. The number per year reached 50 in 2005 and 100 in 2009. In addition, 2189 positive recommendations were found for the use of acupuncture. Of these, 1486 were related to 107 pain indications and 703 were related to 97 nonpain indications. These recommendations were made by a wide range of groups, such as government health institutions, national guideline, and medical specialty groups. The recommendations came from around the world but were especially abundant in North America, Europe, and Australasia.

Discussion and conclusion: Considerably more recommendations were found for the use of acupuncture than are known within the acupuncture or medical communities. A trend by year was also found; a rise in the number of positive statements about acupuncture was typically followed by a rise in the number of recommendations of acupuncture. Thus, the recommendations followed the emergent evidence for acupuncture. Better implementation plans need to be developed for the CPG/TG recommendations about acupuncture to be more effective/efficient.

Keywords: clinical practice guideline, treatment guideline, acupuncture, systematic review, recommendation, snowballing method

Introduction

WHEN EVIDENCE OF the effectiveness of a therapy emerges with evidence of the safety and costeffectiveness of the therapy, medical treatment guidelines (TGs) or clinical practice guidelines (CPGs) should start to begin recommending the therapy, even when the evidence is not yet strong.¹ Acupuncture has been tested in many clinical trials since the mid-1970s. In 2010, the Australian Department of Veterans Affairs found acupuncture to be effective for four conditions and trending toward effectiveness for one condition.² A 2012 review of acupuncture for chronic pain conditions found it to be effective for a number of chronic pain conditions.³ In their 2014 synthesis of evidence for the

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U.S. Department of Veterans Affairs, Hempel et al. found that acupuncture was effective for three conditions, trending toward effectiveness for 20 conditions and was mixed positive for another 23 conditions.⁴ In their 2017 review, McDonald and Janz found that acupuncture was effective for 8 conditions, trending toward effectiveness for another 38 conditions and was mixed positive for another 70 conditions.⁵ Acupuncture has also been found cost-effective for several pain conditions^{6–11} and several nonpain conditions.^{12–15} Over the past 30 years, researchers have consistently shown that acupuncture is a safe therapy, when administered by properly trained practitioners.^{10,16–18} However, little has been known about the number of CPGs and TGs that include acupuncture.

CPGs are defined as "systematically developed statements to assist practitioners and patients' decisions about appropriate health care for specific clinical circumstances."19 CPGs tend to be more scientific and involve much time and work to complete. TGs in contrast tend to be less scientific and focus on providing clinical recommendations directly to healthcare practitioners often using nonacademic media for dissemination such as Medical Society websites, medical journals, and medical expert websites. They may not present evidence for their recommendations, focusing instead on easier-to-use document format. Systematic reviews (SRs) and meta-analyses (MAs) examine the relative effectiveness of an intervention, CPGs/TGs compare this evidence and the evidence of relative safety and costeffectiveness with the evidence for the other interventions used for the same medical condition. CPGs/TGs are usually developed by specialists who are experts in the medical condition and who try to examine all levels of evidence for each intervention to compare the interventions head to head, which allows more realworld assessments of each therapy. In 2012, Hughes and White briefly searched PubMed to determine how many clinical guidelines could be found that recommended acupuncture, these authors found 14 publications that recommended acupuncture for 10 different medical conditions.²⁰ A recent article on acupuncture and pain suggested that the number of guidelines for acupuncture was underestimated.²¹ In a recent study, Cho et al. examined the extent to which CPGs reflected the actual evidence found in SRs and MAs for lower back pain. This review found six CPGs that recommended acupuncture and further concluded that current CPGs did not fully reflect the levels of evidence for acupuncture.²

Given the emergent evidence base for the effectiveness, safety, and cost-effectiveness of acupuncture and contradictory claims about acupuncture and CPGs, the primary aim of this study is to explore the extent to which acupuncture has been recommended as a treatment option in TGs or CPGs. As a secondary aim, the timeline was examined for the CPGs/ TGs that were found to explore whether they are related to the emerging evidence of effectiveness.

Methods

The term "acupuncture" was used to include the use of acupuncture needles applied manually or with electrical stimulation anywhere on the body and regardless of theoretical framework. Any publications that describe treatments using laser type acupuncture only, moxibustion only, or acupressure/massage only were not included.

The first author reviewed his database of SRs, MAs, and other review articles to identify publications that concluded acupuncture to be effective or to show positive evidence of effectiveness (trend positive) for a particular condition. "Trend positive" review publications include those that found positive studies, especially related to the primary outcomes but of insufficient number or quality. They usually conclude that more research is needed to clarify their findings. Trend positive reviews are included since authors of guidelines may have little evidence of effective or available treatment options for a particular problem and may thus recommend those therapies at that time.¹

To locate TGs or CPGs that recommended the use of acupuncture treatment, searching core databases, including Medline, Cochrane library, and Embase, using a recommended searching strategy as for SRs was not productive since acupuncture was not listed as a search term alongside most published CPGs and TGs. Furthermore, many publications, especially TGs, can be found online and published for ease of public access rather than for academic purposes, and these publications usually were not listed through the mentioned medical databases. Thus, a search was conducted that was based mainly on the snow-balling approach, following links in one publications or websites and then searching those publications and websites.

After first identifying the 96 conditions shown in Appendix 1, TGs or CPGs related to each were then searched. These were located through electronic searching of the core databases and through hand searching of national guideline clearing houses or agencies for health technology assessment, such as GIN (www.g-i-n.net/), NICE (http://guidance.nice. org.uk), AHRQ (https://effectivehealthcare.ahrq.gov), and SIGN (www.sign.ac.uk). Hand searching of Google was used to search for TGs or CPGs for each condition. For the 96 conditions, "condition (or disease)" and "clinical practice guideline" or "treatment guideline" were used as the search terms. For example, back pain was searched by "back pain" and "treatment guidelines" or "clinical practice guidelines." As part of this snowballing search, publications with recommendations about the overall uses of acupuncture rather than specific to a particular symptom were also included. For CPGs/TGs in China and South Korea, experts were consulted to track down the few documents that have been published.¹

All publications that were found were then examined to determine whether they were making treatment recommendations about the use of acupuncture. These were then carefully read to see whether the authors recommended acupuncture for use in treating any conditions. All positive recommendations for acupuncture are listed, and through this process, a specialized registry of CPGs/TGs for acupuncture was developed. All updates from the same source as separate publications were included. Many publications made multiple recommendations for the use of acupuncture.

Results

Tracking review publications of the effectiveness of acupuncture, by August 31, 2017, 96 conditions were identified for which reviews had found positive evidence or indications of emerging (trend) positive evidence. These positive or trend-positive statements were published between 1996 and 2017 (Appendix 1). The number per year can be seen as the line graph in Figure 1. Searching on the basis of these 96 conditions, 1311 TGs or CPGs were found that recommended



FIG. 1. Number of positive or trend-positive statements in review articles of acupuncture effectiveness as the line graph and number of recommendations by year through August 31, 2017 as the bar graph.

the use of acupuncture. These TGs and CPGs were published between 1991 and 2017. The number per year reached 50 in 2005 and 100 in 2009. The bar graph in Figure 1 shows the number of recommendations by year and according to pain and nonpain conditions. A total of 2189 positive recommendations were found for the use of acupuncture. Of these, 1486 were related to 107 pain indications and 703 were related to 97 nonpain indications (Fig. 1).

The recommendations came from many sources: National Government Departments of Health or Ministries of Health, State Departments of Health, state reimbursement systems, national guideline groups, national expert groups, international expert groups, insurance companies, single or group authors, and on-line patient support groups. Appendix 2 gives examples with references for each source type.

It was observed that the number of recommendations in one year (2005) reached 50, when positive or trend-positive conclusions emerging in review articles were clearly increasing in number (see the black line charting these numbers in Fig. 1). In addition, $\sim 87\%$ of the 2189 recommendations were related to the 96 conditions in Appendix 1. The graphic in Figure 1 shows that the rise in the number of recommendations generally follows the rise in the number of positive or trend-positive statements about acupuncture effectiveness, which supports the notion that the recommendations follow the evidence. The recommendations came from around the world but were especially abundant in North America, Europe, and Australasia.

Discussion

To the authors' surprise, a considerable number of recommendations were found for the use of acupuncture. This search identified 1311 publications covering a 27-year period that have made 2189 positive recommendations for acupuncture for 204 health problems. Hence, the authors' findings are not in line with previous claims that the number of recommendations for acupuncture is less than the evidence suggests they should be^{21,22} and far exceed the earlier search the authors found.²⁰

Claims of publication bias in acupuncture-related research have been made, especially in Asia.²³ It was found that only a small percentage of the guideline recommendations were published in Asia. The conventional medical communities that write CPGs in Korea and China, for example, do not generally include acupuncture in their considerations,¹ and thus, the authors do not see this publication bias in the CPG/TG recommendations.

In this article, the authors have addressed the question of the extent to which medical groups have recommended the use of acupuncture. The authors did not include or specifically search for publications that recommend not to use acupuncture because it was not found effective or had insufficient evidence. This issue will be dealt with in later publications.

Moreover, the medical, research, and acupuncture communities are not aware of the extent to which acupuncture is recommended as a treatment in clinical guidelines, as evidenced by the few recommendations found in the 2012 search.²⁰ It was found that the authors' regular search of relevant databases did not identify many publications and that more complex and innovative strategies were necessary to locate these publications. This difficulty suggests one possible reason for the lack of knowledge in the medical, research, and acupuncture communities. Another reason is likely to involve problems in guideline implementation. If the acupuncture community as a stakeholder is not included in the guideline development group, implementation will obviously be hampered. Many guidelines were apparently written with insufficient acupuncture expert consultation such that acupuncture practitioners and their organizations did not know about them and could not act on them. Based on this, it was suggested that when developing CPGs/TGs that review the evidence for acupuncture, a person with profound knowledge about acupuncture and research should be involved. Furthermore, an important step will be to develop better implementation strategies, given the number of recommendations for the use of acupuncture that the authors have found.

Limitations

Although creative search strategies were employed, the availability of publications has been a problem. The primary language for the search was English. Publications in many countries were inaccessible due to this language constraint, and thus, it was hypothesized that there are more publications that recommend acupuncture than the authors have found. For example, in Israel, acupuncture is increasingly used in hospitals,²⁴ and thus, there are likely to be CPGs/TGs recommending acupuncture; however, publications are inaccessible to us because the reports are in Hebrew. In addition, no funding was received for this project, and thus, publications that required payment to download were not available to us, increasing the risk of missing other recommendations for the use of acupuncture.

Lastly, the quality of the evidence used or the strength of the recommendations in the publications that we found using grading of recommendations assessment, development, and evaluation was not evaluated.²⁵ Furthermore, the quality of the CPGs/TGs using the appraisal of guidelines for research and evaluation criteria was not evaluated.^{26,27} The present recommendations for the use of acupuncture range from very weak potential treatment options to first-line treatment options, with a wide range of evidence levels presented in support of the recommendations. In addition, not including negative recommendations for the use of acupuncture might seem to skew the results. The authors plan to start addressing this in future work.

Future Research Implications

The authors are currently examining the publications they found to extract detailed information on other parameters, such as the clinical questions, direction of the recommendation, funding agency, and development groups. In addition, the authors are planning to publish a registry of acupuncturerelated CPGs/TGs. Furthermore, this registry will continuously be updated by systematically examining future publications.

Conclusions

This search has found a surprisingly large number of recommendations (2189) for the use of acupuncture for over 200 health problems. These recommendations are mostly related to the emergent evidence of the effectiveness of acupuncture (87%).

Considerably more recommendations for the use of acupuncture were found than is known within the acupuncture community or medical community. This suggests that medical healthcare providers around the world have begun incorporating or are seeking to incorporate acupuncture widely into healthcare but have not sought sufficient collaboration with the acupuncture community to enable the effectiveness of acupuncture. Thus, medical authorities need to develop better implementation plans to make the CPG/TG recommendations more effective.

Author Disclosure Statement

No competing financial interests exist.

References

- Birch S, Alraek T, Lee MS. Challenges for clinical practice guidelines in traditional medicines: The example of acupuncture. Eur J Integr Med 2016;8:332–336.
- ADVA, Australian Government Department of Veterans Affairs. Alternative therapies and Department of Veterans' Affairs Gold and White Card arrangements, 2010. Online document at: www.peacekeepers.asn.au/veterans/Fact%20 Sheets/HSV131%20Alternative%20Therapies%20for%20 Gold%20and%20White%20Card%20holders.pdf, accessed December 20, 2017.
- Vickers AJ, Cronin AM, Maschino AC, et al. Acupuncture for chronic pain: Individual patient data meta-analysis. Arch Intern Med 2012;172:1444–1453.
- Hempel S, Taylor SL, Solloway MR, et al. Evidence Map of Acupuncture for Pain. Washington, DC: U. S. Department of Veterans Affairs Health Services Research & Development Service Evidence Synthesis Program (VAESP), 2014. Online document at: http://www.ncbi.nlm.nih.gov/pubmed health/PMH0063214/pdf/TOC.pdf
- McDonald J, Janz S. The acupuncture evidence project: A comparative evidence review, 2017. Online document at: https://www.acupuncture.org.au/wp-content/uploads/2017/04/ The-Acupuncture-Evidence-Project_Mcdonald-and-Janz_ Revised-Edition_21-Feb_For-publication.pdf, accessed February 17, 2017.
- Ambrósio E, Bloor K, MacPherson H. Costs and consequences of acupuncture as a treatment for chronic pain: A systematic review of economic evaluations conducted alongside randomised controlled trials. Complement Ther Med 2012;20:364–374.
- van der Velde G, Yu H, Paulden M, et al. Which interventions are cost-effective for the management of whiplashassociated and neck pain-associated disorders? A systematic review of the health economic literature by the Ontario Protocol for Traffic Injury Management (OPTIMa) Collaboration. Spine J 2016;16:1582–1597.
- 8. Whitehurst DG, Bryan S, Hay EM, et al. Cost-effectiveness of acupuncture care as an adjunct to exercise-based physical therapy for osteoarthritis of the knee. Phys Ther 2011; 91:630–641.
- Wonderling D. Acupuncture in mainstream health care: Is cost effective for chronic non-specific low back pain and migraine. BMJ 2006;333:611.
- Witt CM, Pach D, Brinkhaus B, et al. Safety of acupuncture: Results of a prospective observational study with 229,230 patients and introduction of a medical information and consent form. Complement Med Res 2009;16:91–97.
- Wonderling D, Vickers AJ, Grieve R, McCarney R. Cost effectiveness analysis of a randomised trial of acupuncture for chronic headache in primary care. BMJ 2004;328:747.
- Jiang HQ, Jiang WT, Yang XP. Application of acupuncture in stroke unit: An effect and cost-effectiveness analysis. Chin J Rehabil Theory Pract 2010;16:645–647.
- Sharma S, Goswami U. Evaluation of acupuncture for antiemetic prophylaxis. J Anaesthesiol Clin Pharmacol 2007;23:401.

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- 14. Spackman E, Richmond S, Sculpher M, et al. Costeffectiveness analysis of acupuncture, counselling and usual care in treating patients with depression: The results of the ACUDep trial. PLoS One 2014;9:e113726.
- 15. Witt CM, Reinhold T, Jena S, et al. Cost-effectiveness of acupuncture in women and men with allergic rhinitis: A randomized controlled study in usual care. Am J Epidemiol 2009;169:562–571.
- Lytle C. An overview of acupuncture; US Department of Health and Human Services. Rockland, Maryland: Public Health Service, Food and Drug Administration, Center for Devices and Radiological Health, 1993.
- 17. MacPherson H, Hammerschlag R. Acupuncture and the emerging evidence base: Contrived controversy and rational debate. J Acupunct Meridian Stud 2012;5:141–147.
- Vickers A, Wilson P, Kleijnen J. Acupuncture. Qual Saf Health Care 2002;11:92–97.
- Lohr KN, Field MJ. Clinical Practice Guidelines: Directions for a New Program, Vol 90. Washington, DC: National Academies Press, 1990.
- 20. Hughes S, White A. Positive recommendations for acupuncture in abstracts of clinical guidelines. Acupunct Med 2012:30:153–154.
- Vickers AJ, Linde K. Acupuncture for chronic pain. JAMA 2014;311:955–956.
- 22. Cho H-W, Hwang E-H, Lim B, et al. How current clinical practice guidelines for low back pain reflect traditional

medicine in East Asian countries: A systematic review of clinical practice guidelines and systematic reviews. PLoS One 2014:9:e88027.

- 23. Vickers A, Goyal N, Harland R, Rees R. Do certain countries produce only positive results? A systematic review of controlled trials. Control Clin Trials 1998;19:159–166.
- 24. Shuval JT, Averbuch E. Complementary and alternative health care in Israel. Isr J Health Policy Res 2012;1:7.
- 25. Guyatt G, Oxman A, Vist G, et al. GRADE: An emerging consensus on rating quality of evidence and strength of recommendations. BMJ 2008;336:924–926.
- 26. Brouwers MC, Kho ME, Browman GP, et al. Development of the AGREE II, part 1: Performance, usefulness and areas for improvement. CMAJ 2010;182:1045–1052.
- 27. Brouwers MC, Kho ME, Browman GP, et al. Development of the AGREE II, part 2: Assessment of validity of items and tools to support application. CMAJ 2010;182:E472–E478.

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Appendix 1

Positive or Trend Positive Conclusions in Favor of the Effectiveness for Acupuncture from Reviews of the Clinical Trial Literature

No	Conditions	References
1	Achilles tendinopathy	Cox et al. ^{A1}
2	Alcohol dependence	Shin et al., ^{A2} Southern et al. ^{A3}
3	Allergic rhinitis	ADVA, ^{A4} Feng et al., ^{A5} McDonald and Janz, ^{A6} Pfab et al., ^{A7} Roberts, ^{A8} Xiao et al., ^{A9}
4	Alzheimer's disease	Zhou et al. ^{A10}
5	Ambulatory anesthesia	McDonald and Janz ^{A6}
6	Ankle pain	Hempel et al. ^{A11}
7	Anxiety	McDonald and Janz, ^{A6} Hempel et al., ^{A11} Bae et al., ^{A12} Lee et al., ^{A13} Ma et al., ^{A14} Manyande et al., ^{A15} Pilkington et al., ^{A16} Wang and Bao ^{A17}
8	Aromatase inhibitor arthralgia	McDonald and Janz, ^{A6} Bae et al., ^{A18} Chien et al. ^{A19}
9	Assisted fertility	Cheong et al., ^{A20} Jo and Lee, ^{A21} Kang et al., ^{A22} Shen et al., ^{A23} Zheng et al., ^{A24} Zheng et al. ^{A25}
10	Asthma	McDonald and Janz. ^{A6} NIH ^{A26}
11	Atopic dermatitis	Ouan et al., A27 Vieira et al. A28
12	Back pain	ADVA, ^{A4} McDonald and Janz, ^{A6} NIH, ^{A26} AHRQ, ^{A29} Birch et al., ^{A30} BMA, ^{A31} Chou and Huffman, ^{A32} Chou et al., ^{A33} Dalamagka, ^{A34} Ernst, ^{A35} Ernst and Lee, ^{A36} Furlan et al., ^{A37} Furlan et al., ^{A38} Hopton and MacPherson, ^{A39} Hutchinson et al., ^{A40} Keller et al., ^{A41} Liu et al., ^{A42} Manheimer et al., ^{A43} Nahin et al., ^{A44} POCKET, ^{A45} Rubinstein et al., ^{A46} Saramago et al., ^{A47} Trigkilidas, ^{A48} van Tulder et al., ^{A49} Vickers et al., ^{A50} Xu et al., ^{A51} Yin et al., ^{A52} Yuan et al., ^{A53} Yuan et al., ^{A54} Zeng and Chung ^{A55}
13	Bell's palsy	Dimitrova et al., ^{A56} Li et al. ^{A57}
14	Bladder pain (interstitial cystitis)	Verghese et al. ^{A58}
15	Breast engorgement	Mangesi and Zakarija-Grkovic ^{A59}
16	Cancer-related pain	McDonald and Janz, ^{A6} Hempel et al., ^{A11} Wang Bao, ^{A17} Bao et al., ^{A60} Bardia et al., ^{A61} Cassileth and Yarret, ^{A62} Chiu et al., ^{A63} Choi et al., ^{A64} Dos Santos et al., ^{A65} Hu et al., ^{A66} Lau et al., ^{A67} Lian et al., ^{A68} Peng et al., ^{A69} Poder and Lemieux, ^{A70} Standish et al. ^{A71}

Appendix 1. (Continued)

No	Conditions	References
17 18	Carpal tunnel syndrome Chemotherapy-induced peripheral neuropathy	Cox et al., ^{A1} NIH, ^{A26} Dimitrova et al. ^{A56} Standish et al., ^{A71} Al-Atiyyat and Obaid, ^{A72} Cheng et al. ^{A73}
19 20	Chronic facial pain Chronic fatigue (including cancer related)	Myers et al. ^{A74} McDonald and Janz, ^{A6} Wang and Bao, ^{A17} Dos Santos et al., ^{A65} He et al., ^{A75} Ling et al., ^{A76} Tao et al., ^{A77} Wang et al., ^{A78} Wu et al., ^{A79} Zeng et al. ^{A80}
21	Chronic pain	Hempel et al., ^{A11} Hopton and MacPherson, ^{A39} Vickers et al., ^{A50} Yin et al., ^{A52} Yuan et al., ^{A54} Lee and Ernst, ^{A81} Tsao et al., ^{A82} Yeh et al. ^{A83}
22 23 24	Chronic pelvic inflammatory disease Chronic pelvic pain Chronic prostate pain	 Fan et al.^{A84} McDonald and Janz,^{A6} Chang et al.,^{A85} Cohen et al.,^{A86} Qin et al.^{A87} McDonald and Janz,^{A6} Hempel et al.,^{A11} Chang et al.,^{A85} Cohen et al.,^{A86} Qin et al.,^{A87} Lee and Lee,^{A88} Liu et al.,^{A89} Posadzki et al.^{A90}
25 26	Chronic urinary retention Chemotherapy-induced nausea and vomiting	Wang et al. ^{A91} ADVA, ^{A4} McDonald and Janz, ^{A6} Wang and Bao, ^{A17} Kang et al., ^{A22} NIH, ^{A26} Birch et al., ^{A30} Ernst, ^{A35} Cassileth and Yarret, ^{A62} Choi et al., ^{A64} Dos Santos et al., ^{A65} Lian et al., ^{A68} Poder and Lemieux, ^{A70} Standish et al., ^{A71} Wu et al., ^{A79} Chao et al., ^{A92} Chen et al., ^{A93} Ernst and Lee, ^{A94} Ernst, ^{A95} Ezzo et al., ^{A96} McKeon et al., ^{A97} Garcia et al., ^{A98} Monckton et al., ^{A99} Richardson et al., ^{A100} Linde et al., ^{A101} Roberts and Moore, ^{A102} Streitberger et al., ^{A103} Tait et al., ^{A104} Vickers, ^{A105} Vickers et al. ^{A106}
27	Constipation	McDonald and Janz, ^{A6} Hempel et al., ^{A11} Streitberger et al., ^{A103} Lin et al., ^{A107} Wang and Yin, ^{A108} Zhang et al. ^{A109}
28 29 30	Chronic obstructive pulmonary disease Craniotomy anesthesia Depression	Coyle et al. ^{A110} McDonald and Janz ^{A6} McDonald and Janz, ^{A6} Hempel et al., ^{A111} Lee et al., ^{A13} Wang and Bao, ^{A17} Bosch et al., ^{A111} Chan et al., ^{A112} Smith et al., ^{A113} Sniezek and Siddiqui, ^{A114} Stub et al., ^{A115} Sun et al., ^{A116} Wang et al., ^{A117} Williams et al., ^{A118} Wu et al., ^{A119} Xiong et al., ^{A120} Zhang et al., ^{A121} Zhang et al., ^{A122} Zhang et al. ^{A123}
31 32 33	Dermatology/pruritis/urticaria Diabetic peripheral neuropathy Diarrhea	Ma and Sivamani, ^{A124} Yao et al., ^{A125} Yu et al. ^{A126} Dimitrova et al., ^{A56} Chen et al. ^{A127} Tao et al. ^{A77}
34 35 36	Drug dependence Dry eyes syndrome Dysmenorrhea	NIH ^{A26} McDonald and Janz, ^{A6} Ba et al., ^{A128} Yang et al. ^{A129} Hempel et al., ^{A11} NIH, ^{A26} Chung et al., ^{A130} Cho and Hwang, ^{A131} Cunningham and Tan, ^{A132} Kannan and Claydon ^{A133}
37 38	Dyspnea Endometriosis pain	Standish et al. ^{A/1} Lund and Lundeberg ^{A134}
39 40 41	Endoscopy pain Enhanced recovery from surgery Fibromyalgia	Lee and Ernst ^{A135} McDonald and Janz, ^{A6} Yoo and Oh ^{A136} NIH, ^{A26} Tait et al., ^{A104} Cao et al., ^{A137} Cao et al., ^{A138} Deare et al., ^{A139}
42 43 44 45 46 47	Functional dyspepsia Gag reflex Hiccups Hip osteoarthritis HIV-related peripheral neuropathy Hot flashes in cancer	Han et al., ^{A142} Kim et al., ^{A143} Pang et al., ^{A144} Zhou et al. ^{A145} Daneshkazemi et al. ^{A146} Yue et al., ^{A147} Zhu et al. ^{A148} Kwon et al. ^{A147} Dimitrova et al. ^{A56} Wang and Bao, ^{A17} Cassileth and Yarret, ^{A62} Santos et al., ^{A65} Chiu
48 49	Hypertension Irritable bowel syndrome	et al., ^{A152} Dos, Frisk et al., ^{A154} Johns et al., ^{A152} Lopes-Junior et al. ^{A155} McDonald and Janz, ^{A6} Li et al., ^{A154} Zhao et al. ^{A155} McDonald and Janz, ^{A6} Chao and Zhang, ^{A156} Li and Li, ^{A157} Manheimer at al. ^{A158} Pai at al. ^{A159}
50 51	Infantile colic Insomnia	Raith et al., ^{A160} Savino et al. ^{A161} McDonald and Janz, ^{A6} Hempel et al., ^{A11} Lee et al., ^{A13} Wang, Bao, ^{A17} Bezerra et al., ^{A162} Cao et al., ^{A163} Chiu et al., ^{A164} Choi et al., ^{A165} Lee and Lim ^{A166} Shergis et al. ^{A167} Yaung et al. ^{A168}
52	Knee osteoarthritis	McDonald and Janz, ^{A6} Hempel et al., ^{A11} NIH, ^{A26} Dalamagka, ^{A34} Ernst and Lee, ^{A36} Hopton and Macpherson, ^{A39} Nahin et al., ^{A44} Saramago et al., ^{A47} Vickers et al., ^{A50} Yin et al., ^{A52} Yuan et al., ^{A54} Lee and Ernst, ^{A81} Roberts and Moore, ^{A102} Cao et al., ^{A169} Corbett et al., ^{A170} Ezzo et al., ^{A171} Hou et al., ^{A172} Kwon et al., ^{A173} Manheimer et al., ^{A174}
		(continued)

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Appendix	1.	(Continued)	
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No	Conditions	References
		Manyanga et al., ^{A175} Selfe and Taylor, ^{A176} Shengelia et al., ^{A177} Shim
53	Labor pain	McDonald and Janz, ^{A6} Hempel et al., ^{A11} Chaillet et al., ^{A180} Cho et al., ^{A181} Jones et al., ^{A182} Lee and Ernst ^{A183}
54	Leukopenia	Wu et al. ^{A79}
55	Lymphoedema	Li et al. A184
56	Male sexual dysfunction	Lee et al., A_{100} Tsai et al. A_{100}
57	Menopausal not hasnes	Cho and Whang ^{A190} Selva Olid et al. ^{A191} Taylor-Swanson et al ^{A192}
58	Migraine	ADVA, ^{A4} McDonald and Janz, ^{A6} Hempel et al., ^{A11} NIH, ^{A26} Birch et al., ^{A30} BMA, ^{A31} Dalamagka, ^{A34} Saramago et al., ^{A47} Vickers et al., ^{A50} Yin et al., ^{A52} Lee and Ernst, ^{A81} Linde et al., ^{A193} Linde et al., ^{A194} Sun and Gan, ^{A195} Yang et al. ^{A196}
59	Mild cognitive impairment	Deng and Wang ^{A197}
60	Modulating sensory perception thresholds	McDonald and Janz ^{A0}
61	Morning sickness	Jueckstock et al., ¹¹⁷⁰ Matthews et al., ¹¹⁷⁹ Wegrzyniak et al. ¹²⁰⁰
62 63	Myolascial pain	NIH McDonald and Janz ^{A6} Saramago at al ^{A47} Vickars at al ^{A50}
05	Neek pain	Yin et al., ^{A52} Yuan et al., ^{A53} Yuan et al., ^{A54} Lee and Ernst, ^{A81} Fu et al., ^{A201} Leaver et al., ^{A202} Trinh et al., ^{A203} Trinh et al.
64	Neonatal abstinence syndrome	Bagley et al., A205 Edwards and Brown A206
65	Nocturnal enuresis	Bower and Diao, A207 Bower et al., A208 Glazener et al., A209
66	Obesity	Huang et al., Kiddoo, Lu et al. Kim et al. A^{213} Buen et al. A^{214} Theng et al. A^{215}
67	Overactive bladder	Olivera et al A ²¹⁶
68	Pain in the elderly	Park and Hughes ^{A217}
69	Parkinson's disease	Lee and Lim, ^{A218} Zhang et al. ^{A219}
70	Polycystic ovary syndrome	Aquine and Nori, A220 Ren et al. A221
71	Phantom limb pain	Mannix et al. ^{A222}
72	Plantar heel pain	McDonald and Janz, ^{A6} Hempel et al. ^{A11}
73	Postoperative dental pain	BMA, ^{A31} Ernst, ^{A5} Cassileth and Yarret, ^{A2} Ernst, ^{A95} Garcia et al., ^{A98} Linde et al., ^{A101} Roberts and Moore, ^{A102} Streitberger et al., ^{A103} Tait et al., ^{A104} Vickers, ^{A105} Vickers et al., ^{A106} Cheong et al., ^{A223} Cho et al, ^{A224} Dune and Shiao, ^{A225} Holmér Pettersson and Wengström, ^{A226} Lee et al., ^{A227} Lee and Fan, ^{A228} Nunley et al., ^{A229} Shin et al. ^{A230} NIH ^{A26} Birch et al. ^{A30} BMA ^{A31} Ernst ^{A35} Vickers et al. ^{A50}
	r oscoporant e donar pant	Linde et al., ^{A101} Roberts and Moore, ^{A102} Tait et al. ^{A104}
75	Postoperative gastroparesis	Cheong et al. ^{A231}
76	Postoperative pain	McDonald and Janz, ^{Ao} Chiu et al., ^{Aos} Cho et al., ^{A224} Cho et al., ^{A232}
77	Destatroka naurogania bladdar	Kim et al., Sun et al., Iedesco et al., Wu et al.
78	Poststroke spasticity	McDonald and Janz ^{A6}
79	Pregnancy-related pelvic back pain	ADVA, ^{A4} McDonald and Janz, ^{A6} Hempel et al., ^{A11} Selva Olid et al., ^{A191} Close et al., ^{A238} Ee et al., ^{A239} Gutke et al., ^{A240} Liddle and Pennick, ^{A241} Stones and Vits, ^{A242} Young and Jewell ^{A243}
80	Premature ejaculation	Tsai et al., A186 Cooper et al.
81	Post-traumatic stress disorder	McDonald and Janz, ^{A0} Hempel et al., ^{A11} DVAAG, ^{A243} Grant et al., ^{A240}
on	Quality of life	Kim et al., ^{A77} Wanben et al.
82 83	Rheumatoid arthritis	Lee et al A249 Li et al A250
84	Radiation-induced xerostomia	Wang and Bao, ^{A17} Cassileth and Yarret, ^{A62} Standish et al., ^{A71} Furness
0.		et al., ^{A251} Hanchanale et al., ^{A252} Lovelace et al., ^{A253} Zhuang et al.
85	Restless legs syndrome	McDonald and Janz, ^{A6} Hempel et al. ^{A11}
86	Schizophrenia	Bosch et al. ^{A111}
87	Sciatica	McDonald and Janz, ¹⁰ J1 et al., ¹²⁵⁵ Lewis et al., ¹²⁵⁶ Lewis et al., ¹²⁵⁷
80	Shoulder injuries	Qiii et al. Cox et al. ^{A1} McDonald and Jang ^{A6}
00 89	Shoulder nain (including poststroke)	McDonald and Ianz ^{A6} Vickers et al ^{A50} Vin et al ^{A52} Vuan et al ^{A54}
0)	Shoulder puin (meruding posisitoke)	Dong et al., ^{A259} Green et al.
90	Sleep apnea	Lv et al. ^{A261}
91	Stop smoking	McDonald and Janz, ^{A6} Hempel et al., ^{A11} Tahiri et al. ^{A262}
		(continued)

APPENDIX 1. (CONTINUED)

No	Conditions	References
92	Stroke rehabilitation	McDonald and Janz, ^{A6} NIH, ^{A26} Monckton et al., ^{A99} Kong et al., ^{A149} Lee et al., ^{A263} Li et al., ^{A264} Lim et al., ^{A265} Liu et al., ^{A266} Vados et al., ^{A267} Wu et al., ^{A268} Xin et al., ^{A269} Yang et al., ^{A270} Zhang et al., ^{A271} Zhao et al. ^{A272}
93	Tennis elbow	McDonald and Janz, ^{A6} NIH, ^{A26} Ernst and Lee, ^{A36} Buchbinder et al., ^{A273} Chang et al., ^{A274} Gadau et al., ^{A275} Trinh et al., ^{A276}
94	Tension headache	McDonald and Janz, ^{A6} Hempel et al., ^{A11} Lee at al., ^{A13} NIH, ^{A26} Dalamagka, ^{A34} Hopton and Macpherson, ^{A39} Saramago et al., ^{A47} Vickers et al., ^{A50} Yin et al., ^{A52} Lee and Ernst, ^{A81} Tait et al., ^{A104} Sun and Gan, ^{A195} Linde et al., ^{A277} Linde et al. ^{A278}
95	Tinnitus	Liu et al. ^{A279}
96	Temporomandibular joint dysfunction	McDonald and Janz, ^{A6} Hempel et al., ^{A11} Birch et al., ^{A30} Yuan et al., ^{A54} Roberts and Moore, ^{A102} Tait et al., ^{A104} Cho and Whang, ^{A280} Jung et al., ^{A281} LaTouche et al., ^{A282} List and Axellson, ^{A283} Rosted ^{A284}

Appendix 2

Examples of Sources of Clinical Practice and Treatment Guideline Publications

National Government Department of Health or Ministry of Health

The Australian Government has recommended acupuncture in cancer care for four symptoms.^{A285} The Rwanda Ministry of Health has recommended acupuncture for seven pain symptoms.^{A286} The New Zealand Governments' Accident, Compensation Corporation lists acupuncture for 252 injury-related symptoms.^{A287} The U.S. National Cancer Institute recommended acupuncture for cancer pain in 2017.^{A288}

State Department of Health/State Reimbursement System

The Department of Health of South Australia has recommended acupuncture for five symptoms,^{A289} whereas the Department of Health of Western Australia has recommended acupuncture for two symptoms.^{A290,A291} The Canadian state of Alberta has recommended acupuncture for five symptoms,^{A292,A293} whereas the British Columbia Cancer Agency has recommended the use of acupuncture for three symptoms in cancer care.^{A294} In 2013, the Oregon Health Authority recommended acupuncture for at least nine different conditions.^{A295} In 2009, the California Department of Industrial Relations recommended acupuncture for eight pain problems.^{A296} In 2014, the U.K. National Health Service (NHS) recommended the use of acupuncture for five conditions,^{A297} and regional branches of the NHS have made many additional recommendations. For example, Berkshire NHS recommends acupuncture for two cancer-related symptoms.^{A298}

National Guideline Group

A 2014 Austrian Health Technology assessment recommends acupuncture for 11 different conditions.^{A299} In 2007,

the Socialstyrelsen (Swedish National Board of Health and Welfare) recommended acupuncture for pregnancy-related back pain.^{A300} In 1999, the Danish Institute for Health Technology Assessment recommended acupuncture for back pain.^{A301} In 2013, the Scottish Intercollegiate Guideline Network recommended acupuncture for back pain and knee osteoarthritis in their clinical practice guideline on chronic pain.^{A302} In the United Kingdom, NICE recommended acupuncture for headaches in 2012^{A303} and for chemotherapy-induced nausea and vomiting in 2004.^{A304}

National Expert Group

On behalf of the Arbeitsgemeinschaft Gynakologische Onkologie, the German breast cancer group (Mamma commission) recommended acupuncture for 13 symptoms in breast cancer patients.^{A305} In 2009, the Malaysian Association for the Study of Pain recommended acupuncture for back pain.^{A306}

International Expert Group

In 2014, the European Partnership for Action Against Cancer recommended acupuncture for seven symptoms in cancer patients.^{A307} In 2015, writing on behalf of the Europe Academy of Allergy and Clinical Immunology, Nematian-Semani et al. recommended acupuncture for allergic rhini-tis.^{A308} In 2008, Vleeming et al. wrote European guidelines recommending acupuncture for pregnancy-related pelvic girdle pain.^{A309} In their 2010 publication about pain treatment in low-resource countries, the International Association for the Study of Pain recommended acupuncture for eight different pain problems.^{A310}

Insurance Company

In 2016, the U.S. insurance company AETNA recommended acupuncture for 11 symptoms,^{A311} and the Australian

insurance company BUPA recommended acupuncture for six conditions in 2011. $^{\rm A312}$

Single or Group Authors

Writing in the *BMJ* in 2012, Bennell et al. recommended acupuncture for osteoarthritis.^{A313} Writing in *JAMA* in 2014, Clauw recommended acupuncture for fibromyalgia.^{A314} Writing in the journal *Haemophilia* in 2011, Riley et al. recommended the use of acupuncture to help control hemophilia pain.^{A315} In 2005, Haefner et al. recommended the use of acupuncture for vulvodynia in the *Journal of Lower Genital Tract Diseases*.^{A316}

Online Patient Support Groups

The U.S. National Comprehensive Cancer Network (NCCN) has recommended acupuncture for five symptoms in cancer patients.^{A317} In 2013, in its report on complementary and alternative therapies, Arthritis Research U.K. recommended acupuncture for four pain conditions.^{A318} Writing in 2014 for the U.K. organization "Patient.info," Tidy recommended acupuncture for three chronic pain conditions.^{A319}

Appendix References

- A1. Cox J, Varatharajan S, Cote P, Optima Collaboration. Effectiveness of acupuncture therapies to manage musculoskeletal disorders of the extremities: A systematic review. J Orthop Sports Phys Ther 2016;46:409–429.
- A2. Shin NY, Lim YJ, Yang CH, Kim C. Acupuncture for alcohol use disorder: A meta-analysis. Evid Based Complement Alternat Med 2017;2017:7823278.
- A3. Southern C, Lloyd C, Liu JP, et al. Acupuncture as an intervention to reduce alcohol dependency: A systematic review and meta-analysis. Chin Med 2016;11:49.
- A4. Australian Government Department of Veterans' Affairs. Alternative Therapies and Gold and White Card holders. 2010. Online document at: www.peacekeepers.asn.au/ veterans/Fact%20Sheets/HSV131%20Alternative%20 Therapies%20for%20Gold%20and%20White%20Card% 20holders.pdf
- A5. Feng S, Han M, Fan Y, et al. Acupuncture for the treatment of allergic rhinitis: A systematic review and meta-analysis. Am J Rhinol Allergy 2015;29:57–62.
- A6. McDonald J, Janz S. The acupuncture evidence project: A comparative evidence review. Australian Acupuncture and Chinese Medicine Association, January 2017. Online document at: www.acupuncture.org.au, accessed February 17, 2017.
- A7. Pfab F, Schalock PC, Napadow V, et al. Acupuncture for allergic disease therapy—The current state of evidence. Expert Rev Clin Immunol 2014;10:831–841.
- A8. Roberts J. Acupuncture for allergic rhinitis: A systematic review. A West Midlands Health Technology Assessment Collaboration Report. Edgbaston: University of Birmingham, DPHE 2007, Report number 61,1–67. Online document at: https://www.siaip.it/upload/484.pdf
- A9. Xiao L, Li B, Du YH, et al. [Systematic evaluation of the randomized controlled trials about acupuncture and moxibustion treatment of allergic rhinitis]. [Article in Chinese]. Zhongguo Zhen Jiu 2009;29: 512–516.

- A10. Zhou J, Peng W, Xu M, et al. The effectiveness and safety of acupuncture for patients with Alzheimer disease: A systematic review and meta-analysis of randomized controlled trials. Medicine (Baltimore) 2015;94:e933.
- A11. Hempel S, Taylor SL, Solloway M, et al. Evidence Map of Acupuncture. US Department of Veterans Affairs— Evidence Synthesis Program. Project #05-226; 2013. Online document at: www.ncbi.nlm.nih.gov/pubmedhealth/ PMH0063214/pdf/TOC.pdf, accessed April 6, 2015.
- A12. Bae H, Bae H, Min BI, Cho S. Efficacy of acupuncture in reducing preoperative anxiety: A meta-analysis. Evid Based Complement Alternat Med 2014;2014:850367.
- A13. Lee C, Crawford C, Wallerstedt D, et al. The effectiveness of acupuncture research across components of the trauma spectrum response (tsr): A systematic review of reviews. Syst Rev 2012;1:46. www.systematicreviewsjournal.com/ content/1/1/46
- A14. Ma R, Xu SJ, Wen XY, et al. Acupuncture for generalized anxiety disorder: A systematic review. J Psychol Psychother 2014;5:155.
- A15. Manyande A, Cyna AM, Yip P, et al. Nonpharmacological interventions for assisting the induction of anaesthesia in children. Cochrane Databas Syst Rev 2015;7:CD006447.
- A16. Pilkington K, Kirkwood G, Rampes H, et al. Acupuncture for anxiety and anxiety disorders—A systematic literature review. Acupunct Med 2007;25:1–10.
- A17. Wang LZ, Bao T. Acupuncture for Cancer patients, practice and research. In: Chen LL, Cheng TO, eds. Acupuncture in Modern Medicine. London, UK: Intech, published online, 2013; www.intechopen.com/books/ acupuncture-in-modern-medicine/acupuncture-for-cancerpatients-practice-and-research
- A18. Bae K, Yoo HS, Lamoury G, et al. Acupuncture for aromatase inhibitor-induced arthralgia: A systematic review. Integr Cancer Ther 2015;14:496–502.
- A19. Chien TJ, Liu CY, Chang YF, et al. Acupuncture for treating aromatase inhibitor-related arthralgia in breast cancer: A systematic review and meta-analysis. J Altern Complement Med 2015;21:251–260.
- A20. Cheong YC, Hung Yu Ng E, Ledger WL. Acupuncture and assisted conception. Cochrane Databas Syst Rev 2008;4:CD006920.
- A21. Jo J, Lee YJ. Effectiveness of acupuncture in women with polycystic ovarian syndrome undergoing in vitro fertilisation or intracytoplasmic sperm injection: A systematic review and meta-analysis. Acupunct Med 2017;35:162–170.
- A22. Kang HS, Jeong D, Kim DI, Lee MS. The use of acupuncture for managing gynaecologic conditions: An overview of systematic reviews. Maturitas 2011;68:346–354.
- A23. Shen C, Wu M, Shu D, et al. The role of acupuncture in in vitro fertilization: A systematic review and metaanalysis. Gynecol Obstet Invest 2015;79:1–12.
- A24. Zheng CH, Huang GY, Zhang MM, Wang W. Effects of acupuncture on pregnancy rates in women undergoing in vitro fertilization: A systematic review and metaanalysis. Fertil Steril 2012;97:599–611.
- A25. Zheng CH, Zhang MM, Huang GY, Wang W. The Role of Acupuncture in Assisted Reproductive Technology. Evid Based Complement Alternat Med 2012; 2012:543924
- A26. NIH, National Institutes of Health. Acupuncture: NIH consensus development panel on acupuncture. JAMA 1998:280:1518–1524.

- A27. Quan XH, Chen DC, Jiang ZX, et al. Acupuncture for atopic dermatitis: A systematic review and meta-analysis. IEEE Explore 2015; DOI 10.1109/ITME.2015.52.
- A28. Vieira BL, Lim NR, Lohman ME, Lio PA. Complementary and alternative medicine for atopic dermatitis: An evidence-based review. Am J Clin Dermatol 2016;17:557–581.
- A29. [AHRQ] Agency for Healthcare Research and Quality. Noninvasive Treatments for Low Back Pain: Current State of the Evidence. AHRQ Pub. No. 16(17)-EHC004-3-EF; 2016. Online document at: https://effectivehealthcare.ahrq .gov/ehc/products/553/2327/back-pain-treatment-clinician-161115.pdf, accessed December 2, 2016.
- A30. Birch S, Keppel Hesselink J, et al. Clinical research of acupuncture: Part one—What have reviews of the efficacy and safety of acupuncture told us so far? J Altern Complement Med 2004;10:468–480.
- A31. BMA, British Medical Association Board of Science and Education. Acupuncture: Efficacy, Safety and Practice. London: Harwood Academic Publishers, 2000.
- A32. Chou R, Huffman LH. Nonpharmacologic therapies for acute and chronic low back pain: A review of the evidence for an American Pain Society/American College of Physicians clinical practice guideline. Ann Intern Med 2007;147:492–504.
- A33. Chou R, Deyo R, Friedly J, et al. Nonpharmacologic therapies for low back pain: A systematic review for an American College of Physicians Clinical Practice Guideline. Ann Intern Med 2017;166:493–505.
- A34. Dalamagka M. Systematic review: Acupuncture in chronic pain, low back pain and migraine. J Pain Relief 2015;4:195.
- A35. Ernst E. Clinical effectiveness of acupuncture: An overview of systematic reviews. In: Ernst E, White A, eds. Acupuncture: A Scientific Appraisal. Oxford, Butterworth-Heinemann, 1999:107–127.
- A36. Ernst E, Lee MS. Acupuncture for rheumatic conditions: An overview of systematic reviews. Rheumatology (Oxford) 2010;49:1957–1961.
- A37. Furlan AD, van Tulder MW, Cherkin DC, et al. Acupuncture and dry-needling for low back pain. Cochrane Databas Syst Rev 2005;1:CD001351.
- A38. Furlan AD, Yazdi F, Tsertsvadze A, et al. A Systematic Review and Meta-Analysis of Efficacy, Cost-Effectiveness, and Safety of Selected Complementary and Alternative Medicine for Neck and Low-Back Pain. Evid Based Complement Alternat Med 2012;2012:953139.
- A39. Hopton A, MacPherson H. Acupuncture for chronic pain: Is acupuncture more than an effective placebo? A systematic review of pooled data from meta-analyses. Pain Pract 2010;10:94e102.
- A40. Hutchinson AJ, Ball S, Andrews JC, Jones GG. The effectiveness of acupuncture in treating chronic non-specific low back pain: A systematic review of the literature. J Orthop Surg Res 2012;7:36.
- A41. Keller A, Hayden J, Bombardier C, van Tulder M. Effect size of non-surgical treatments for non-specific lowback pain. Eur Spine J 2007;16:1776–1788.
- A42. Liu L, Skinner M, McDonough S, et al. Acupuncture for low back pain: An overview of systematic reviews. Evid Based Complement Alternat Med 2015;2015:328196.
- A43. Manheimer E, White A, Berman B, et al. Meta-analysis: Acupuncture for low back pain. Ann Intern Med 2005; 142:651–663.

- A44. Nahin RL, Boineau R, Khalsa PS, et al. Evidence-based evaluation of complementary health approaches for pain management in the United States. Mayo Clin Proc 2016; 91:1292–1306.
- A45. POCKET, Physicians of Ontario Collaborating for Knowledge Exchange and Transfer. Evidence Summary for Management of Non-specific Chronic Low-Back Pain (from Randomized Controlled Trials [RCTs] and Systematic Reviews of RCTs), 2009. Online document at: https:// thewellhealth.ca/wp-content/uploads/2016/04/pocket_ evidence_summary_2009.pdf, accessed December 30, 2016.
- A46. Rubinstein SM, van Middelkoop M, Kuijpers T, et al. A systematic review on the effectiveness of complementary and alternative medicine for chronic non-specific low-back pain. Eur Spine J 2010;19:1213–1228.
- A47. Saramago P, Woods B, Weatherly H, et al. Methods for network meta-analysis of continuous outcomes using individual patient data: A case study in acupuncture for chronic pain. BMC Med Res Methodol 2016;16:131.
- A48. Trigkilidas D. Acupuncture therapy for chronic lower back pain: A systematic review. Ann R Coll Surg Engl 2010;92:595–598.
- A49. van Tulder MW, Furlan AD, Gagnier JJ. Complementary and alternative therapies for low back pain. Best Pract Res Clin Rheumatol 2005;19:639–654.
- A50. Vickers AJ, Cronin AM, Maschino AC, et al. Acupuncture for chronic pain individual patient data metaanalysis. Arch of Int Med 2012;172:1444–1453.
- A51. Xu M, Yan S, Yin X, et al. Acupuncture for chronic low back pain in long-term follow-up: A meta-analysis of 13 randomized controlled trials. Am J Chin Med 2013;41:1–19.
- A52. Yin CS, Buchheit TE, Park JB. Acupuncture for chronic pain: An update and critical overview. Curr Opin Anaesthesiol 2017;30:583–592.
- A53. Yuan QL, Guo TM, Liu L, et al. Traditional Chinese medicine for neck pain and low back pain: A systematic review and meta-analysis. PLoS One 2015;10:e0117146.
- A54. Yuan QL, Peng W, Liu L, et al. Acupuncture for musculoskeletal pain: A meta-analysis and metaregression of sham-controlled randomized clinical trials. Sci Rep 2016;6:30675.
- A55. Zeng YC, Chung JWY. Acupuncture for chronic nonspecific low back pain: An overview of systematic reviews. Eur J Integrat Med 2015;7:94–107.
- A56. Dimitrova A, Murchison C, Oken B. Acupuncture for the Treatment of Peripheral Neuropathy: A Systematic Review and Meta-Analysis. J Altern Complement Med 2017;23: 164–179. First published as Dimitrova A, Murchison C, Oken B. Effects of Acupuncture on Neuropathic Pain: A Systematic Review and Meta-analysis (P3.306). Neurology. 2015;84:no. 14 Supplement P3.306.
- A57. Li P, Qiu T, Qin C. Efficacy of acupuncture for Bell's palsy: A systematic review and meta-analysis of randomized controlled trials. PLoS One 2015;10:e0121880.
- A58. Verghese TS, Riordain RN, Champaneria R, Latthe PM. Complementary therapies for bladder pain syndrome: A systematic review. Int Urogynecol J 2015;27:1127–1136.
- A59. Mangesi L, Zakarija-Grkovic I. Treatments for breast engorgement during lactation. Cochrane Databas Syst Rev 2016;6:CD006946.
- A60. Bao Y, Kong X, Yang L, et al. Complementary and alternative medicine for cancer pain: An overview of systematic reviews. Evid Based Complement Alternat Med 2014;2014:170396.

- A61. Bardia A, Barton DL, Prokop LJ, et al. Efficacy of complementary and alternative medicine therapies in relieving cancer pain: A systematic review. J Clin Oncol 2006;24:5457–5464.
- A62. Cassileth BR, Yarett I. Acupuncture: Does It Alleviate Symptoms Associated With Cancer Care? July 25, 2016. Online document at: www.ascopost.com/issues/ july-25-2016/acupuncture-does-it-alleviate-symptomsassociated-with-cancer-care, accessed October 31, 2016.
- A63. Chiu HY, Hsieh YJ, Tsai PS. Systematic review and metaanalysis of acupuncture to reduce cancer-related pain. Eur J of Cancer Care 2017;26. Epub ahead of print; DOI: 10.1111/ecc.12457.
- A64. Choi TY, Lee MS, Ernst E. An overview of acupuncture and moxibustion for cancer care. In Cho WCS, ed. Acupuncture and Moxibustion as an Evidence-Based Therapy for Cancer. Dordrecht: Springer Publishers, 2012:1–18.
- A65. Dos Santos S, Hill N, Morgan A, et al. Acupuncture for treating common side effects associated with breast cancer treatment: A systematic review. Med Acupunct 2010;22:81–97.
- A66. Hu CQ, Zhang HB, Wu WY, et al. Acupuncture for pain management in cancer: A systematic review and metaanalysis. Evid Based Complement Alternat Med 2016; 2016:1720239.
- A67. Lau CH, Wu X, Chung VC, et al. Acupuncture and related therapies for symptom management in palliative cancer care: Systematic review and meta-analysis. Medicine (Baltimore) 2016;95:e2901.
- A68. Lian WL, Pan MQ, Zhou DH, Zhang ZJ. Effectiveness of acupuncture for palliative care in cancer patients: A systematic review. Chin J Integr Med 2014;20:136–147.
- A69. Peng H, Peng HD, Xu L, Lao LX. [Efficacy of acupuncture in treatment of cancer pain: A systematic review]. [Article in Chinese]. Zhong Xi Yi Jie He Xue Bao. 2010;8:501–509.
- A70. Poder TG, Lemieux R. How effective are spiritual care and body manipulation therapies in pediatric oncology? A systematic review of the literature. Glob J Health Sci 2013;6:112–127.
- A71. Standish LJ, Kozak L, Congdon S. Acupuncture is underutilized in hospice and palliative medicine. Am J Hosp Palliat Care 2008;25:298–308.
- A72. Al-Atiyyat N, Obaid A. Management of peripheral neuropathy induced by chemotherapy in adults with cancer: A review. Int J Palliat Nurs 2017;23:13–17.
- A73. Cheng XL, Liu HQ, Wang Q, et al. Chemotherapyinduced peripheral neurotoxicity and complementary and alternative medicines: Progress and perspective. Front Pharmacol 2015;6:234.
- A74. Myers CD, White BA, Heft MW. A review of complementary and alternative medicine use for treating chronic facial pain. J Am Dent Assoc 2002;133:1189– 1196; quiz 1259–1260.
- A75. He XR, Wang Q, Li PP. Acupuncture and moxibustion for cancer-related fatigue: A systematic review and metaanalysis. Asian Pac J Cancer Prev 2013;14:3067–3074.
- A76. Ling WM, Lui LYY, So WKW, Chan K. Effects of acupuncture and acupressure on cancer-related fatigue: A systematic review. Oncol Nurs Rev 2014;41:581–592.
- A77. Tao W, Luo X, Cui B, et al. Practice of traditional Chinese medicine for psycho-behavioral intervention improves

quality of life in cancer patients: A systematic review and meta-analysis. Oncotarget 2015;6:39725–39739.

- A78. Wang YY, Li XX, Liu JP, et al. Traditional Chinese medicine for chronic fatigue syndrome: A systematic review of randomized clinical trials. Complement Ther Med 2014;22:826–833.
- A79. Wu XY, Chung VCH, Hui EP, et al. Effectiveness of acupuncture and related therapies for palliative care of cancer: Overview of systematic reviews. Sci Rep 2015; 5:16776.
- A80. Zeng YC, Luo TZ, Finnegan-John J, Cheng ASK. Metaanalysis of randomized controlled trials of acupuncture for cancer-related fatigue. Integr Cancer Ther 2014;13: 193–200.
- A81. Lee MS, Ernst E. Acupuncture for pain: An overview of Cochrane reviews. Chin J Integr Med 2011;17:187–189.
- A82. Tsao JCI, Meldrum M, Zeltzer LK. Efficacy of complementary and alternative medicine approaches for pediatric pain state of the science. In: Finley GA, McGrath PJ, Chambers CT, eds. Bringing Pain Relief to Children: Treatment Approaches. Totowa, NJ: Humana Press, Inc., 2006:131–158.
- A83. Yeh CH, Chiang YC, Hoffman SL, et al. Efficacy of auricular therapy for pain management: A systematic review and meta-analysis. Evid Based Complement Alternat Med 2014;2014:934670.
- A84. Fan LL, Yu WH, Liu XQ, et al. [A meta-analysis on effectiveness of acupuncture and moxibustion for chronic pelvic inflammatory disease]. [Article in Chinese]. Zhen Ci Yan Jiu 2014;39:156–163
- A85. Chang SC, Hsu CH, Hsu CK, et al. The efficacy of acupuncture in managing patients with chronic prostatitis/chronic pelvic pain syndrome: A systemic review and meta-analysis. Neurourol Urodyn 2017;36:474–481.
- A86. Cohen JM, Fagin AP, Hariton E, et al. Therapeutic intervention for chronic prostatitis/chronic pelvic pain syndrome (CP/CPPS): A systematic review and metaanalysis. PLoS One 2012;7:e41941.
- A87. Qin Z, Wu J, Zhou J, Liu Z. Systematic review of acupuncture for chronic prostatitis/chronic pelvic pain syndrome. Medicine (Baltimore) 2016;95:e3095.
- A88. Lee SH, Lee BC. Use of acupuncture as a treatment method for chronic prostatitis/chronic pelvic pain syndromes. Curr Urol Rep 2011;12:288–296.
- A89. Liu BP, Wang YT, Chen SD. Effect of acupuncture on clinical symptoms and laboratory indicators for chronic prostatitis/chronic pelvic pain syndrome: A systematic review and meta-analysis. Int Urol Nephrol 2016;48: 1977–1991.
- A90. Posadzki P, Zhang J, Lee MS, Ernst E. Acupuncture for chronic nonbacterial prostatitis/chronic pelvic pain syndrome: A systematic review. J Androl 2012;33:15–21.
- A91. Wang J, Zhai Y, Wu J, et al. Acupuncture for chronic urinary retention due to spinal cord injury: A systematic review. Evid Based Complement Alternat Med 2016; 2016:9245186.
- A92. Chao LF, Zhang AL, Liu HE, et al. The efficacy of acupoint stimulation for the management of therapy-related adverse events in patients with breast cancer: A systematic review. Breast Cancer Res Treat 2009;118:255–267.
- A93. Chen HY, Li SG, Cho WCS, Zhang ZJ. The role of acupoint stimulation as an adjunct therapy for lung cancer: A systematic review and meta-analysis. BMC Complement Altern Med 2013;13:362.

- A94. Ernst E, Lee MS. Acupuncture for Palliative and Supportive Cancer Care: A Systematic Review of Systematic Reviews. J Pain and Symptom Manage 2010;40:e3-5.
- A95. Ernst E. Acupuncture: what does the most reliable evidence tell us? J Pain Symptom Manage 2009;37:709– 714.
- A96. Ezzo JM, Richardson MA, Vickers A, et al. Acupuncturepoint stimulation for chemotherapy-induced nausea or vomiting. Cochrane Databas Syst Rev 2006;2:CD002285.
- A97. McKeon C, Smith CA, Hardy J, Chang E. Acupuncture and acupressure for chemotherapy-induced nausea and vomiting: A systematic review. Aust J Acupunct Chin Med 2013;8:2–27.
- A98. Garcia MK, McQuade J, Haddad R, et al. Systematic review of acupuncture in cancer care: A synthesis of the evidence. J Clin Oncol 2013;31:952–960.
- A99. Monckton J, Belicza B, Betz W, et al., eds. European Commission COST B4: Unconventional medicine. Final Report of the management committee 1993–1998. Brussels: Directorate-General Science, Research and Development, 1998:49–51.
- A100. Richardson MA, Ezzo J, Vickers A, et al. Acupoint stimulation for chemotherapy induced nausea and vomiting. Alternat Ther Health Med 2001;7:S28.
- A101. Linde K, Vickers A, Hondras M, et al. Systematic reviews of complementary therapies—An annotated bibliography. Part 1: Acupuncture. BMC Complement Altern Med 2001;1:4.
- A102. Roberts J, Moore D. Mapping the evidence base and use of acupuncture within the NHS. Department of Public Health and Epidemiology West Midlands Health Technology Assessment Group, Report Number 59, 2007.
- A103. Streitberger K, Ezzo J, Schneider A. Acupuncture for nausea and vomiting: An update of clinical and experimental studies. Auton Neurosci 2006;129:107–117.
- A104. Tait PL, Brooks L, Harstall C. Acupuncture: Evidence from Systematic Reviews and Meta-analyses. Alberta, Canada: Alberta Heritage Foundation for Medical Research, 2002.
- A105. Vickers AJ. Can acupuncture have specific effects on health? A systematic review of acupuncture antiemesis trials. J R Soc Med 1996;89:303–311.
- A106. Vickers A, Wilson P, Kleijnen J. Effectiveness bulletin: Acupuncture. Qual Saf Health Care 2002;11:92–97.
- A107. Lin LW, Fu YT, Dunning T, et al. Efficacy of traditional Chinese medicine for the management of constipation: A systematic review. J Altern Complement Med 2009; 15:1335–1346.
- A108. Wang X, Yin J. Complementary and alternative therapies for chronic constipation. Evid Based Complement Alternat Med 2015;2015:396396.
- A109. Zhang T, Chon TY, Liu BY, et al. Efficacy of acupuncture for chronic constipations: A systematic review. Am J Chin Med 2013;41:717–742.
- A110. Coyle ME, Shergis JL, Huang ET, et al. Acupuncture therapies for chronic obstructive pulmonary disease: A systematic review of randomized, controlled trials. Altern Ther Health Med 2014;20:10–23.
- A111. Bosch P, van den Noort M, Staudte H, Lim S. Schizophrenia and depression: A systematic review of the effectiveness and the working mechanisms behind acupuncture. Explore (NY) 2015;11:281–291.
- A112. Chan YY, Lo WY, Yang SN, et al. The benefit of combined acupuncture and antidepressant medication

for depression: A systematic review and meta-analysis. J Affect Disord 2015;176:106–117.

- A113. Smith CA, Hay PP, Macpherson H. Acupuncture for depression. Cochrane Databas Syst Rev 2010;1:CD004046.
- A114. Sniezek DP, Siddiqui IJ. Acupuncture for treating anxiety and depression in women: A clinical systematic review. Med Acupunct 2013;25:164–172.
- A115. Stub T, Alræk T, Liu JP. Acupuncture treatment for depression—A systematic review and meta-analysis. Eur J Integr Med 2011;3.e259–e270.
- A116. Sun YL, Chen SB, Gao Y, Xiong J. Acupuncture versus western medicine for depression in China: A systematic review. Chin J Evid Based Med 2008;8:340–345.
- A117. Wang H, Qi H, Wang BS, et al. Is acupuncture beneficial in depression: A meta-analysis of 8 randomized controlled trials? J Affect Disord 2008;111:125–134.
- A118. Williams JW Jr, Gierisch JM, McDuffie J, et al. An Overview of Complementary and Alternative Medicine Therapies for Anxiety and Depressive Disorders: Supplement to Efficacy of Complementary and Alternative Medicine Therapies for Posttraumatic Stress Disorder. VA-ESP Project #09-010; 2011. Evidence Based Synthesis Program (ESP) Center, Durham Veterans Affairs Healthcare System, Washington, DC: Dept Veterans Affairs, 2011. Online document at: www.ncbi .nlm.nih.gov/pubmedhealth/PMH0033505/pdf/TOC.pdf, accessed April 13, 2015.
- A119. Wu J, Yeung AS, Schnyer R, et al. Acupuncture for depression: A review of clinical applications. Can J Psychiatry 2012;57:397–405.
- A120. Xiong J, Du Y, Liu J, et al. Acupuncture versus western medicine for depression neurosis: A systematic review. Chin J Evid Based Med 2009;9:969–975.
- A121. Zhang ZJ, Chen HY, Yip KC, et al. The effectiveness and safety of acupuncture therapy in depressive disorders: Systematic review and meta-analysis. J Affect Disord 2010;124:9–21.
- A122. Zhang J, Chen J, Chen J, et al. Early filiform needle acupuncture for poststroke depression: A meta-analysis of 17 randomized controlled clinical trials. Neural Regen Res 2014;9:773–784.
- A123. Zhang Y, Qu SS, Zhang JP, et al. Rapid onset of the effects of the combined selective serotonin uptake inhibitors and electroacupuncture on primary depression: A metaanalysis. J Altern Complement Med 2016;22:1–8.
- A124. Ma S, Sivamani RK. Acupuncture as a treatment modality in dermatology: A systematic review. J Altern Complement Med 2015;21:520–529.
- A125. Yao Q, Li S, Liu X, et al. The effectiveness and safety of acupuncture for patients with chronic urticaria: A systematic review. Biomed Res Int 2016;2016:5191729.
- A126. Yu C, Zhang P, Lv ZT, et al. Efficacy of acupuncture in itch: a systematic review and meta-analysis of clinical randomized controlled trials. Evid Based Complement Alternat Med 2015;2015:208690.
- A127. Chen W, Yang GY, Liu B, et al. Manual acupuncture for treatment of diabetic peripheral neuropathy: A systematic review of randomized controlled trials. PLoS One 2013;8:e73764.
- A128. Ba J, Wu Y, Li Y, et al. Updated meta-analysis of acupuncture for treating dry eye. Med Acupunct 2013; 25:317–327.
- A129. Yang L, Yang Z, Yu H, Song H. Acupuncture therapy is more effective than artificial tears for dry eye syndrome:

Evidence based on a meta-analysis. Evid Based Complement Alternat Med 2015;2015:143858.

- A130. Chung YC, Chen HH, Yeh ML. Acupoint stimulation intervention for people with primary dysmenorrhea: Systematic review and meta-analysis of randomized trials. Complement Ther Med 2012;20:353–363.
- A131. Cho SH, Hwang EW. Acupuncture for primary dysmenorrhoea: A systematic review. BJOG 2010;117:509–521.
- A132. Cunningham S, Tan D. Dysmenorrhoea and acupuncture: A review of the literature. Nurs Stand 2011;24:39–47.
- A133. Kannan P, Claydon LS. Some physiotherapy treatments may relieve menstrual pain in women withprimary dysmenorrhea: A systematic review. J Physiother 2014; 60:13–21.
- A134. Lund I, Lundeberg T. Is acupuncture effective in the treatment of pain in endometriosis? J Pain Res 2016;9: 157–165.
- A135. Lee H, Ernst E. Acupuncture for GI endoscopy: A systematic review. Gastrointest Endosc 2004;60:784–789.
- A136. Yoo JE, Oh DS. Potential benefits of acupuncture for enhanced recovery in gynaecological surgery. Forsch Komplementmed 2015;22:111–116.
- A137. Cao HJ, Li X, Han M, Liu JP. Acupoint Stimulation for Fibromyalgia: A Systematic Review of Randomized Controlled Trials. Evid Based Complement Alternat Med 2013;2013:362831
- A138. Cao HJ, Liu JP, Lewith GT. Traditional Chinese medicine for treatment of fibromyalgia: A systematic review of randomized controlled trials. J Altern Complement Med 2010;16:397–409.
- A139. Deare JC, Zheng Z, Xue CC, et al. Acupuncture for treating fibromyalgia. Cochrane Databas Syst Rev 2013; 5:CD007070.
- A140. Goldie L, Hogg K. BET 2: Acupuncture and fibromyalgia. Emerg Med J 2016;33:743–744.
- A141. Yang B, Yi G, Hong W, et al. Efficacy of acupuncture on fibromyalgia syndrome: A meta-analysis. J Tradit Chin Med 2014;34:381–391.
- A142. Han GJ, Lee HS, Ko SJ, et al. Acupuncture for the treatment of functional dyspepsia: A systematic review and meta-analysis. Gastroenterology 2016;150(Suppl 1): S928.
- A143. Kim KN, Chung SY, Cho SH. Efficacy of acupuncture treatment for functional dyspepsia: A systematic review and meta-analysis. Complement Ther Med 2015;23: 759–766.
- A144. Pang B, Jiang T, Du YH, et al. Acupuncture for functional dyspepsia: What strength does it have? A systematic review and meta-analysis of randomized controlled trials. Evid Based Complement Alternat Med 2016;2016:3862916.
- A145. Zhou WM, Su JW, Zhang HJ. Efficacy and safety of acupuncture for the treatment of functional dyspepsia: Metaanalysis. J Altern Complement Med 2016;22:380–389.
- A146. Daneshkazemi A, Daneshkazemi P, Davoudi A, et al. Is acupuncturing effective in controlling the gag reflex during dental procedures? A review of literature. Anesth Essays Res 2016;10:173–177.
- A147. Yue J, Liu M, Li J, et al. Acupuncture for the treatment of hiccups following stroke: A systematic review and meta-analysis. Acupunct Med 2017;35:2–8.
- A148. Zhu LL, Wang WX, Guo XG. Acupuncture for hiccups after stroke: A systematic review. Chin J Evid Based Med 2011;11:325–328.

- A149. Kong JC, Lee MS, Shin BC, et al. Acupuncture for functional recovery after stroke: A systematic review of sham-controlled randomized clinical trials. CMAJ 2010; 182:1723–1729.
- A150. Chiu HY, Shyu YK, Chang PC, Tsai PS. Effects of acupuncture on menopause-related symptoms in breast cancer survivors: A meta-analysis of randomized controlled trials. Cancer Nurs 2016;39:228–237.
- A151. Frisk JW, Hammar ML, Ingvar M, Spetz Holm ACE. How long do the effects of acupuncture on hot flashes persist in cancer patients? Support Care Cancer 2014;22:1409–1415.
- A152. Johns C, Seav SM, Dominick SA, et al. Informing hot flash treatment decisions for breast cancer survivors: A systematic review of randomized trials comparing active interventions. Breast Cancer Res Treat 2016;156:415–426.
- A153. Lopes-Júnior LC, Cruz LAP, Leopoldo VC, et al. [Effectiveness of traditional Chinese acupuncture versus Sham acupuncture: A systematic review]. [Article in English, Portuguese, Spanish]. Rev Lat Am Enfermagem 2016;24:e2762.
- A154. Li DZ, Zhou Y, Yang YN, et al. Acupuncture for essential hypertension: A meta-analysis of randomized sham-controlled clinical trials. Evid Based Complement Alternat Med 2014;2014:279478.
- A155. Zhao XF, Hu HT, Li JS, et al. Is acupuncture effective for hypertension? A systematic review and meta-analysis. PLoS One 2015;10:e0127019.
- A156. Chao GQ, Zhang S. Effectiveness of acupuncture to treat irritable bowel syndrome: A meta-analysis. World J Gastroenterol 2014;20:1871–1877.
- A157. Li CY, Li SC. Treatment of irritable bowel syndrome in China: A review. World J Gastroenterol 2015;21:2315–2322.
- A158. Manheimer E, Cheng K, Wieland LS, et al. Acupuncture for treatment of irritable bowel syndrome. Cochrane Databas Syst Rev 2012;5:CD005111.
- A159. Pei LX, Zhang XC, Sun JH, et al. [Meta-analysis of acupuncture-moxibustion in treatment of irritable bowel syndrome]. [Article in Chinese]. Zhongguo Zhen Jiu 2012;32:957–960.
- A160. Raith W, Urlesberger B, Schmolzer GM. Efficacy and safety of acupuncture in preterm and term infants. Evid Based Complement Alternat Med 2013;2013:739414.
- A161. Savino F, Cerrato S, De Marco A, Cordero di Montezemolo L. Looking for new treatments of Infantile Colic. Ital J Pediatr 2014;40:53.
- A162. Bezerra AG, Pires GN, Andersen ML, et al. Acupuncture to treat sleep disorders in postmenopausal women: A systematic review. Evid Based Complement Alternat Med 2015;2015:563236.
- A163. Cao HJ, Pan XF, Li H, Liu JP. Acupuncture for treatment of insomnia: A systematic review of randomized controlled trials. J Altern Complement Med 2009;15:1171–1186.
- A164. Chiu HY, Hsieh YJ, Tsai PS. Acupuncture to reduce sleep disturbances in perimenopausal and postmenopausal women: A systematic review and meta-analysis. Obstet Gynecol 2016;127:507–515.
- A165. Choi TY, Kim JI, Lim HJ, Lee MS. Acupuncture for managing cancer-related insomnia: A systematic review of randomized clinical trials. Integr Cancer Ther 2017; 16:135–146.
- A166. Lee SH, Lim SM. Acupuncture for insomnia after stroke: A systematic review and meta-analysis. BMC Complement Altern Med 2016;16:228.

- A167. Shergis J, Ni X, Jackson M, Zhang A, et al. A systematic review of acupuncture for sleep quality in people with insomnia. Complement Ther Med 2016;26:11–20.
- A168. Yeung WF, Chung KF, Leung YK, et al. Traditional needle acupuncture treatment for insomnia: A systematic review of randomized controlled trials. Sleep Med 2009;10:694–704.
- A169. Cao L, Zhang XL, Gao YS, Jiang Y. Needle acupuncture for osteoarthritis of the knee. A systematic review and updated meta-analysis. Saudi Med J 2012;33:526–532.
- A170. Corbett MS, Rice SJC, Madurasinghe V, et al. Acupuncture and other physical treatments for the relief of pain due to osteoarthritis of the knee: Network metaanalysis. Osteoarthritis Cartilage 2013;21:1290–1298.
- A171. Ezzo J, Hadhazy V, Birch S, et al. Acupuncture for osteoarthritis of the knee: A systematic review. Arthritis Rheum 2001;44:819–825.
- A172. Hou PW, Fu PK, Hsu HC, Hsieh CL. Traditional Chinese medicine in patients with osteoarthritis of the knee. J Tradit Complement Med 2015;5:182–196.
- A173. Kwon YD, Pittler MH, Ernst E. Acupuncture for peripheral joint osteoarthritis: A systematic review and metaanalysis. Rheumatology (Oxford) 2006;45:1331– 1337.
- A174. Manheimer E, Cheng K, Linde K, et al. Acupuncture for peripheral joint osteoarthritis. Cochrane Databas Syst Rev 2011;1:CD001977.
- A175. Manyanga T, Froese M, Zarychanski R, et al. Pain management with acupuncture in osteoarthritis: A systematic review and meta-analysis. BMC Complement Altern Med 2014;14:312.
- A176. Selfe TK, Taylor AG. Acupuncture and osteoarthritis of the knee, a review of randomized controlled trials. Fam Community Health 2008;31:247–254.
- A177. Shengelia R, Parker SJ, Ballin M, et al. Complementary therapies for osteoarthritis: Are they effective? Pain Manag Nurs 2013;14:e274–e288.
- A178. Shim JW, Jung JY, Kim SS. Effects of electroacupuncture for knee osteoarthritis: A systematic review and meta-analysis. Evid Based Complement Alternat Med 2016;2016:3485875.
- A179. Turner KC, Igo SV. A systematic review of the efficacy of acupuncture in the treatment of osteoarthritis of the knee joint. J Acup Assoc Chartered Physiother (Spring) 2013:21–39.
- A180. Chaillet N, Belaid L, Crochetière C, et al. Nonpharmacologic approaches for pain management during labor compared with usual care: A meta-analysis. Birth 2014;41:122–137.
- A181. Cho SH, Lee H, Ernst E. Acupuncture for pain relief in labour: A systematic review and meta-analysis. BJOG 2010;117:907–920.
- A182. Jones L, Othman M, Dowswell T, et al. Pain management for women in labour: An overview of systematic reviews. Cochrane Databas Syst Rev 2012;3:CD009234.
- A183. Lee H, Ernst E. Acupuncture for labor pain: A systematic review. Am J Obstet Gynecol 2004;191:1573– 1579.
- A184. Li L, Yuan L, Chen X, et al. Current treatments for breast cancer-related lymphoedema: A systematic review. Asian Pac J Cancer Prev 2016;17:4875–4883.
- A185. Lee MS, Shin BC, Ernst E. Acupuncture for treating erectile dysfunction: A systematic review. BJU Int 2009; 104:366–370.

- A186. Tsai MY, Liu CT, Chang CC, et al. Overview of the relevant literature on the possible role of acupuncture in treating male sexual dysfunction. Acupunct Med 2014; 32:406–410.
- A187. Borud E, Grimsgaard S, White A. Menopausal problems and acupuncture. Auton Neurosci 2010;157:57–62.
- A188. Borud E, White A. A review of acupuncture for menopausal symptoms. Maturitas 2010;66:131–134.
- A189. Chiu HY, Pan CH, Shyu YK, et al. Effects of acupuncture on menopause-related symptoms and quality of life in women in natural menopause: A meta-analysis of randomized controlled trials. Menopause 2015;22:234–244.
- A190. Cho SH, Whang WW. Acupuncture for vasomotor menopausal symptoms: A systematic review. Menopause 2009;16:1065–1073.
- A191. Selva Olid A, Martínez Zapata MJ, Solà I, et al. Efficacy and safety of needle acupuncture for treating gynecologic and obstetric disorders: An overview. Med Acupunct 2013;25:386–397.
- A192. Taylor-Swanson L, Thomas A, Ismail R, et al. Effects of traditional Chinese medicine on symptom clusters during the menopausal transition. Climacteric 2015;18:142–156.
- A193. Linde K, Allais G, Brinkhaus B, et al. Acupuncture for migraine prophylaxis. Cochrane Databas Syst Rev 2009; 1:CD001218.
- A194. Linde K, Allais G, Brinkhaus B, et al. Acupuncture for the prevention of episodic migraine. Cochrane Databas Syst Rev 2016;6:CD001218.
- A195. Sun Y, Gan TJ. Acupuncture for the management of chronic headache: A systematic review. Anesth Analg 2008;107:2038–2047.
- A196. Yang Y, Que QH, Ye XD, Zheng GH. Verum versus sham manual acupuncture for migraine: A systematic review of randomised controlled trials. Acupunct Med 2016;34:76–83.
- A197. Deng M, Wang X-F. Acupuncture for amnestic mild cognitive impairment: A meta-analysis of randomised controlled trials. Acupunct Med 2016;34:342–348.
- A198. Jueckstock JK, Kaestner R, Mylonas I. Review Managing hyperemesis gravidarum: A multimodal Challenge. BMC Med 2010;8:46.
- A199. Matthews A, Dowswell T, Haas DM, et al. Interventions for nausea and vomiting in early pregnancy. Cochrane Databas Syst Rev 2010;9:CD007575.
- A200. Wegrzyniak LJ, Repke JT, Ural SH. Treatment of hyperemesis gravidarum. Rev Obstet Gynecol 2012;5:78–84.
- A201. Fu LM, Li JT, Wu WS. Randomized controlled trials of acupuncture for neck pain: Systematic review and metaanalysis. J Altern Complement Med 2009;15:133–145.
- A202. Leaver AM, Refshauge KM, Maher CG, McAuley JH. Conservative interventions provide short-term relief for non-specific neck pain: A systematic review. J Physiother 2010;56:73–85.
- A203. Trinh K, Graham N, Gross A, et al. Acupuncture for neck disorders. Spine (Phila Pa 1976). 2007;32:236–243.
- A204. Trinh K, Graham N, Irnich D, et al. Acupuncture for neck disorders. Cochrane Databas Syst Rev 2016;5: CD004870.
- A205. Bagley SM, Wachman EM, Holland E, Brogley SB. Review of the assessment and management of neonatal abstinence syndrome. Addict Sci Clin Pract 2014;9:19.
- A206. Edwards L, Brown LF. Nonpharmacologic management of neonatal abstinence syndrome: An integrative review. Neonatal Netw 2016;35:305–313.

TREATMENT GUIDELINES OF ACUPUNCTURE

- A207. Bower WF, Diao M. Acupuncture as a treatment for nocturnal enuresis. Auton Neurosci 2010;157:63–67.
- A208. Bower WF, Diao M, Tang JL, Yeung CK. Acupuncture for nocturnal enuresis in children: A systematic review and exploration of rationale. Neurourol Urodyn 2005;24: 267–272.
- A209. Glazener CM, Evans JH, Cheuk DK. Complementary and miscellaneous interventions for nocturnal enuresis in children. Cochrane Databas Syst Rev 2005;2:CD005230.
- A210. Huang T, Shu X, Huang YS, Cheuk DKL. Complementary and miscellaneous interventions for nocturnal enuresis in children. Cochrane Databas Syst Rev 2011;12:CD005230.
- A211. Kiddoo D. Nocturnal enuresis: Non-pharmacological treatments. BMJ Clin Evid 2015;2015:0305.
- A212. Lu ZT, Song W, Wu J, et al. Efficacy of acupuncture in children with nocturnal enuresis: A systematic review and meta-analysis of randomized controlled trials. Evid Based Complement Alternat Med 2015;2015:320701.
- A213. Kim J, Trinh KV, Krawczyk J, Ho E. Acupuncture for obesity a systematic review. Acupunct Tuina Sci 2016; 14:257–273.
- A214. Ruan ZZ, Xiang Y, Li J, et al. Auricular acupuncture for obesity: A systematic review and meta-analysis. Int J Clin Exp Med 2016;9:1772–1779.
- A215. Zhang RQ, Tan J, Li FY, et al. Acupuncture for the treatment of obesity in adults: A systematic review and meta-analysis. Postgrad Med J 2017;93:743–751.
- A216. Olivera CK, Meriwether K, El-Nashar S, et al.; Systematic Review Group for the Society of Gynecological Surgeons. Nonantimuscarinic treatment for overactive bladder: A systematic review. Am J Obstet Gynecol 2016; 215:34–57.
- A217. Park J, Hughes AK. Nonpharmacological approaches to the management of chronic pain in community-dwelling older adults: A review of empirical evidence. JAGS 2012; 60:555–568.
- A218. Lee SH, Lim S. Clinical effectiveness of acupuncture on Parkinson disease: A PRISMA-compliant systematic review and meta-analysis. Medicine (Baltimore) 2017; 96:e5836.
- A219. Zhang G, Xiong N, Zhang Z, et al. Effectiveness of traditional Chinese medicine as an adjunct therapy for Parkinson's disease: A systematic review and metaanalysis. PLoS One 2015;10:e0118498.
- A220. Aquino CI, Nori SL. Complementary therapy in polycystic ovary syndrome. Transl Med UniSa 2014;24:56–65.
- A221. Ren LN, Guo LH, Ma WZ, Zhang R. [A meta-analysis on acupuncture treatment of polycystic ovary syndrome]. [Article in Chinese]. Zhen Ci Yan Jiu 2014;39:238–246.
- A222. Mannix SM, O'Sullivan C, Kelly GA. Acupuncture for managing phantom-limb syndrome: A systematic review. Med Acupunct 2013;25:23–42.
- A223. Cheong KB, Zhang JB, Huang Y, Zhang Zj. The effectiveness of acupuncture in prevention and treatment of postoperative nausea and vomiting—A systematic review and meta-analysis. PLoS One 2013;8:e82474.
- A224. Cho HK, Park IJ, Jeong YM, et al. Can perioperative acupuncture reduce the pain and vomiting experienced after tonsillectomy? A meta-analysis. Laryngoscope 2016; 126:608–615.
- A225. Dune LS, Shiao SY. Meta-analysis of acustimulation effects on postoperative nausea and vomiting in children. Explore (NY) 2006;2:314–320.

- A226. Holmér Pettersson P, Wengström Y. Acupuncture prior to surgery to minimise postoperative nausea and vomiting: A systematic review. J Clin Nurs 2012;21:1799– 1805.
- A227. Lee A, Chan SKC, Fan LTY. Stimulation of the wrist acupuncture point PC6 for preventing postoperative nausea and vomiting (Review). Cochrane Databas Syst Rev 2015;11:CD003281.
- A228. Lee A, Fan LTY. Stimulation of the wrist acupuncture point P6 for preventing postoperative nausea and vomiting. Cochrane Databas Syst Rev 2011;2:CD003281.
- A229. Nunley C, Wakim J, Guinn C. The effects of stimulation of acupressure point p6 on postoperative nausea and vomiting: A review of literature. J Perianesth Nurs 2008; 23:247–261.
- A230. Shin HC, Kim JS, Lee SK, et al. The effect of acupuncture on postoperative nausea and vomiting after pediatric tonsillectomy: A meta-analysis and systematic review. Laryngoscope 2016;126:1761–1767.
- A231. Cheong KB, Zhang JP, Huang Y. The effectiveness of acupuncture in postoperative gastroparesis syndrome— A systematic review and meta-analysis. Complement Ther Med 2014;22:767–786.
- A232. Cho YH, Kim CK, Heo KH, et al. Acupuncture for acute postoperative pain after back surgery: A systematic review and meta-analysis of randomized controlled trials. Pain Pract 2015;15:279–291.
- A233. Kim KH, Kim DH, Kim HY, Son GM. Acupuncture for recovery after surgery in patients undergoing colorectal cancer resection: A systematic review and meta-analysis. Acupunct Med 2016;34:248–256.
- A234. Sun Y, Gan TJ, Dubose JW, Habib AS. Acupuncture and related techniques for postoperative pain: A systematic review of randomized controlled trials. Br J Anaesth 2008;101:151–160.
- A235. Tedesco D, Gori D, Desai KR, et al. Drug-free interventions to reduce pain or opioid consumption after total knee arthroplasty. A systematic review and meta-analysis. JAMA Surg 2017;152:e172872.
- A236. Wu M-S, Chen K-H, Chen I-F, et al. The efficacy of acupuncture in post-operative pain management: A systematic review and meta-analysis. PLoS One 2016; 11:e0150367.
- A237. Lee J, Shin S, Li Y, et al. Rehabilitation and recovery. Acupuncture for post-stroke neurogenic bladder: A systematic review and meta-analysis of randomized controlled trials. Int J Stroke 2015;10(Suppl 2):172– 174.
- A238. Close C, Sinclair M, Liddle SD, et al. A systematic review investigating the effectiveness of Complementary and Alternative Medicine (CAM) for the management of low back and/or pelvic pain (LBPP) in pregnancy. J Adv Nurs 2014;70:1702–1716.
- A239. Ee CC, Manheimer E, Pirotta MV, White AR. Acupuncture for pelvic and back pain in pregnancy: A systematic review. Am J Obstet Gynecol 2008;198:254– 259.
- A240. Gutke A, Betten C, Degerskär K, et al. Treatments for pregnancy-related lumbopelvic pain: A systematic review of physiotherapy modalities. Acta Obstet Gynecol Scand 2015;94:1156–1167.
- A241. Liddle SD, Pennick V. Interventions for preventing and treating low-back and pelvic pain during pregnancy. Cochrane Databas Syst Rev 2015;9:CD001139.

- A242. Stones RW, Vits K. Pelvic girdle pain in pregnancy. BMJ 2005;331:249–250.
- A243. Young G, Jewell D. Interventions for preventing and treating pelvic and back pain in pregnancy. Cochrane Databas Syst Rev 2002;1:CD001139.
- A244. Cooper K, Martyn-St James M, et al. Complementary and alternative medicine for management of premature ejaculation: A systematic review. Sex Med 2017;5:e1–e18.
- A245. DVAAG, Department of Veterans' Affairs Australian Government. Evidence Compass-technical report: What emerging interventions are effective for the treatment of adults with PTSD? A Rapid Evidence Assessment August 2013. Online document at: https://www.dva.gov.au/ sites/default/files/Question%203%20PTSD%20Technical% 20Report%20November%202016.pdf, accessed May 7, 2017.
- A246. Grant S, Colaiaco B, Motala A, et al. Acupuncture for the treatment of adults with posttraumatic stress disorder: A systematic review and meta-analysis. J Trauma Dissociation 2018;19:39–58.
- A247. Kim YD, Heo I, Shin BC, et al. Acupuncture for posttraumatic stress disorder: A systematic review of randomized controlled trials and prospective clinical trials. Evid Based Complement Alternat Med 2013;2013:615857.
- A248. Wahbeh H, Senders A, Neuendorf R, Cayton J. Complementary and alternative medicine for posttraumatic stress disorder symptoms: A systematic review. J Evid Based Complement Altern Med 2014;19:161–175.
- A249. Lee MS, Shin BC, Ernst E. Acupuncture for rheumatoid arthritis: A systematic review. Rheumatology [Oxford] 2008;47:1747–1753.
- A250. Li J, Yang J, Wu S, et al. Effects of acupuncture on rheumatoid arthritis: A systematic review and metaanalysis. Afr J Tradit Complement Altern Med 2016;13.
- A251. Furness S, Bryan G, McMillan R, et al. Interventions for the management of dry mouth: Non-pharmacological interventions. Cochrane Databas Syst Rev 2013;9: CD009603.
- A252. Hanchanale S, Adkinson L, Daniel S, et al. Systematic literature review: Xerostomia in advanced cancer patients. Support Care Cancer 2015;23:881–888.
- A253. Lovelace TL, Fox NF, Sood AJ, et al. Management of radiotherapy-induced salivary hypofunction and consequent xerostomia in patients with oral or head and neck cancer: Meta-analysis and literature review. Oral Surg Oral Med Oral Pathol Oral Radiol 2014;117: 595–607.
- A254. Zhuang L, Yang Z, Zeng X, et al. The Preventive and therapeutic effect of acupuncture for radiation-induced xerostomia in patients with head and neck cancer: A systematic review. Integr Cancer Ther 2013;12:197– 205.
- A255. Ji M, Wang X, Chen M, et al. The efficacy of acupuncture for the treatment of sciatica: a systematic review and meta-analysis. Evid Based Complement Alternat Med 2015;2015:192808.
- A256. Lewis R, Wiliams N, Matar HE, et al. The clinical effectiveness and cost-effectiveness of management strategies for sciatica: Systematic review and economic model. Health Technol Assess 2011;15:1–578.
- A257. Lewis RA, Williams NH, Sutton AJ, et al. Comparative clinical effectiveness of management strategies for sciatica: Systematic review and network meta-analyses. Spine J 2015;15:1461–1477.

- A258. Qin ZS, Liu XX, Wu JN, et al. Effectiveness of acupuncture for treating sciatica: A systematic review and meta-analysis. Evid Based Complement Alternat Med 2015;2015:425108.
- A259. Dong W, Goost H, Lin XB, et al. Treatments for shoulder impingement syndrome: A PRISMA systematic review and network meta-analysis. Medicine (Baltimore) 2015;94:e510.
- A260. Green S, Buchbinder R, Hetrick S. Acupuncture for shoulder pain. Cochrane Databas Syst Rev 2005;2: CD005319.
- A261. Lv ZT, Jiang WX, Huang JM, et al. The clinical effect of acupuncture in the treatment of obstructive sleep apnea: A systematic review and meta-analysis of randomized controlled trials. Evid Based Complement Alternat Med 2016;2016:8792167.
- A262. Tahiri M, Mottillo S, Josseph L, et al. Alternative smoking cessation aids: A meta-analysis of randomized controlled trials. Am J Med 2012;125:576–584.
- A263. Lee SJ, Shin BC, Lee MS, et al. Scalp acupuncture for stroke recovery: A systematic review and meta-analysis of randomized controlled trials. Eur J Integr Med 2013; 5:87–99.
- A264. Li L, Zhang H, Meng S-Q, Qian HZ. An updated metaanalysis of the efficacy and safety of acupuncture treatment for cerebral infarction. PLoS One 2014;9:e114057.
- A265. Lim SM, Yoo JH, Lee EJ, et al. Acupuncture for spasticity after stroke: A systematic review and metaanalysis of randomized controlled trials. Evid Based Complement Alternat Med. 2015;2015:870398.
- A266. Liu F, Li ZM, Jiang YJ, Chen LD. A meta-analysis of acupuncture use in the treatment of cognitive impairment after stroke. J Altern Complement Med 2014;20: 535–544.
- A267. Vados L, Ferreira A, Zhao S, et al. Effectiveness of acupuncture combined with rehabilitation for treatment of acute or subacute stroke: A systematic review. Acupunct Med 2015;33:180–187.
- A268. Wu P, Mills E, Moher D, Seely D. Acupuncture in poststroke rehabilitation: A systematic review and meta-analysis of randomized trials. Stroke 2010;41: e171–e179.
- A269. Xin Z, Liu XT, Kang DY. GRADE in systematic reviews of acupuncture for stroke rehabilitation: Recommendations based on high-quality evidence. Sci Rep 2015;5:16582.
- A270. Yang A, Wu HM, Tang JL, et al. Acupuncture for stroke rehabilitation. Cochrane Databas Syst Rev 2016;8: CD004131.
- A271. Zhang JH, Wang D, Liu M. Overview of systematic reviews and meta-analyses of acupuncture for stroke. Neuroepidemiology 2014;42:50–58.
- A272. Zhao XF, Du Y, Liu PG, Wang S. Acupuncture for stroke: Evidence of effectiveness, safety, and cost from systematic reviews. Top Stroke Rehabil 2012;19:226– 233.
- A273. Buchbinder R, Green SE, Struijs P. Tennis elbow. Clin Evid (Online) 2008;2008:1117.
- A274. Chang WD, Lai PT, Tsou YA. Analgesic effect of manual acupuncture and laser acupuncture for lateral epicondylalgia: A systematic review and meta-analysis. Am J Chin Med 2014:42:1301–1314.
- A275. Gadau M, Yeung WF, Liu H, et al. Acupuncture and moxibustion for lateral elbow pain: A systematic review

of randomized controlled trials. BMC Complement Altern Med 2014;14:136.

- A276. Trinh KV, Phillips SD, Ho E, Damsma K. Acupuncture for the alleviation of lateral epicondyle pain: A systematic review. Rheumatology (Oxford) 2004;43:1085– 1090.
- A277. Linde K, Allais G, Brinkhaus B, et al. Acupuncture for tension type headache. Cochrane Databas Syst Rev 2009;1:CD007587.
- A278. Linde K, Allais G, Brinkhaus B, et al. Acupuncture for the prevention of tension-type headache. Cochrane Databas Syst Rev 2016;4:CD007587.
- A279. Liu FY, Han XL, Li YF, Yu SD. Acupuncture in the treatment of tinnitus: A systematic review and metaanalysis. Eur Arch Otorhinolaryngol 2016;273:285–294.
- A280. Cho SH, Whang WW. Acupuncture for temporomandibular disorders: A systematic review. J Orofac Pain 2010;24:152–162.
- A281. Jung A, Shin BC, Lee MS, et al. Acupuncture for treating temporomandibular joint disorders: A systematic review and meta-analysis of randomized, sham-controlled trials. J Dent 2011;39:341–350.
- A282. La Touche R, Goddard G, De-la-Hoz JL, et al. Acupuncture in the treatment of pain in temporomandibular disorders: A systematic review and meta-analysis of randomized controlled trials. Clin J Pain 2010;26:541– 550.
- A283. List T, Axelsson S. Management of TMD: Evidence from systematic reviews and meta-analyses. J Oral Rehabil 2010;37:430–451.
- A284. Rosted P. The use of acupuncture in dentistry: A review of the scientific validity of published papers. Oral Dis 1998;4:100–104.
- A285. Cancer Australia [homepage on the Internet]. Online document at: http://canceraustralia.gov.au, accessed June 9, 2018.
- A286. Republic of Rwanda Ministry of Health. Pain Management Guidelines, 2012. Online document at: www.moh .gov.rw/fileadmin/templates/Norms/Pain-Management-Guidelines-15-11-2012-.pdf, accessed November 29, 2014.
- A287. The New Zealand Government Accident, Compensation Corporation. Acupuncture treatment triggers, 2014. Online document at: www.acc.co.nz, accessed December 31, 2015.
- A288. National Cancer Institute at the National Institutes of Health (NIH). Pain in people with cancer, 2017. Online document at: https://www.cancer.gov/about-cancer/treatment/sideeffects/pain, accessed June 9, 2018.
- A289. Government of South Australia: SA Health [homepage on the Internet]. Online document at: www.sahealth.sa.gov .au, accessed March 31, 2015.
- A290. Government of Western Australia North Metropolitan Health Service King Edward Memorial Hospital [homepage on the Internet]. Online document at: http:// kemh.health.wa.gov.au, accessed November 17, 2015.
- A291. Government of Western Australia Department of Health [homepage on the Internet]. Online document at: www.pmh .health.wa.gov.au, accessed August 30, 2016.
- A292. Toward Optimized Practice [homepage on the Internet]. Online document at: www.topalbertadoctors.org, accessed November 21, 2017.
- A293. Alberta Health Services [homepage on the Internet]. Online document at: www.albertahealthservices.ca, accessed March 26, 2017.

- A294. BC Cancer [homepage on the Internet]. Online document at: www.bccancer.bc.ca, accessed March 26, 2017.
- A295. Oregon Health Authority. Prioritization of health services: a report to the governor and the 77th Oregon legislative assembly, 2013. Online document at: https://www .oregon.gov/oha/HPA/CSI-HERC/Documents/2013-HERC-Biennial-Report-to-Governor-and-Legislature.pdf, accessed July 31, 2017.
- A296. Department of Industrial Relations, California. California code of regulations, title 8, 2009. Online document at: https://www.dir.ca.gov/t8/ch4_5sb1a5_5_2.html, accessed May 15, 2015
- A297. NHS. Acupuncture. Online document at: www.nhs.uk/ Conditions/Acupuncture/Pages/Introduction.aspx, accessed December 24, 2017.
- A298. Berkshire Healthcare and NHS. Berkshire Adult Palliative Care Guidelines, 2012. Online document at: http:// tvscn.nhs.uk/wp-content/uploads/2014/10/Cancer-Supportive-Palliative-Care-Guidelines-for-PAIN-revision-October-2012 .pdf, accessed May 9, 2016.
- A299. Ludwig Boltzmann Institute Health Technology Assessment. Acupuncture: Fields of application, evidence and secured indications [In German], 2014. Online document at: http://eprints.hta.lbg.ac.at/1042/1/HTA-Projektbericht_ Nr.78.pdf, accessed October 31, 2016.
- A300. Socialstyrelsen [homepage on the Internet]. Online document at: www.socialstyrelsen.se, accessed May 17, 2014.
- A301. The Chiropractic Resource Organization. Low-Back Pain Frequency, Management and Prevention from an HTA perspective: Treatment, 1999. Online document at: www.chiro.org/LINKS/GUIDELINES/FULL/Low_Back_ Pain_Frequency_Management.shtml#Treatment, accessed April 5, 2016.
- A302. SIGN [homepage on the Internet]. Online document at: www.sign.ac.uk, accessed June 9, 2018.
- A303. National Institute for Health and Care Excellence (NICE). Headaches in over 12s: diagnosis and management, 2015. Online document at: http://guidance.nice.org.uk/cg150, accessed June 9, 2018.
- A304. NHS National Institute for Clinical Excellence. Guidance on Cancer Services: Improving Supportive and Palliative Care for Adults with Cancer, 2004. Online document at: https://www.nice.org.uk/guidance/csg4/resources/improvingsupportiveand-palliative-care-for-adults-with-cancer-773375005, accessed June 9, 2018.
- A305. Association of Gynecological Oncology. Diagnosis and treatment of patients with primary and metastatic breast cancer, 2015. Online document at: www.ago-online.de/ fileadmin/downloads/leitlinien/mamma/maerz2015/en/ 2015E_Updated_Guidelines.pdf, accessed May 6, 2016.
- A306. Malaysian Association for the Study of Pain. The Malaysian low back pain management guidelines, 1st edition, 2009. Online document at: www.masp.org.my/index .cfm?menuid=23, accessed November 20, 2014.
- A307. European Partnership for Action Against Cancer (EPAAC). D5: Complementary and alternative medicine (CAM) in cancer care and development and opportunities of integrative oncology, 2014. Online document at: http://www.srab.dk/files/Aktuelt/05-2015/EPAAC%20 CAM%20cancer%202014.pdf, accessed May 30, 2016.
- A308. Nematian-Semani M, Eichel A, Mosges R. Conservative non-drug treatment for allergic rhinitis. In Akdis CA, Hellings PW, Agache I, eds. Global Atlas of Allergic Rhinitis and Chronic Rhinosinusitis. European Academy

of Allergy and Clinical Immunology, 2015. Online document at: http://www.eaaci.org/globalatlas/ENT_Atlas_ web.pdf, last accessed October 31, 2016.

- A309. Vleeming A, Albert HB, Östgaard HC, et al. European guidelines for the diagnosis and treatment of pelvic girdle pain. Eur Spine J 2008;17:794–819.
- A310. Kopf A, Patel NB. (eds). Guide to Pain Management in Low Resource Settings. Washington, DC: International Association for the Study of Pain, 2010.
- A311. Aetna. Acupuncture, 2016. Online document at: www .aetna.com/cpb/medical/data/100_199/0135.html, accessed October 28, 2016.
- A312. Bupa Health & Care [homepage on the Internet]. Online document at: www.bupa.com.au, accessed November 25, 2014.
- A313. Bennell KL, Hunter DJ, Hinman RS. Management of osteoarthritis of the knee. BMJ 2012 30;345:e4934.

- A314. Clauw DJ. Fibromyalgia: A clinical review. JAMA 2014; 311:1547–1555.
- A315. Riley RR, Witkop M, Hellman E, Akins S. Assessment and management of pain in haemophilia patients. Haemophilia 2011;17:839–845.
- A316. Haefner HK, Collins ME, Davis GD, et al. The vulvodynia guideline. J Low Genit Tract Dis 2005;9:40–51.
- A317. National Comprehensive Cancer Network [homepage on the Internet]. Online document at: https://www.nccn.org, accessed June 9, 2018.
- A318. Arthritis Research UK [homepage on the Internet]. Online document at: www.arthritisresearchuk.org/arthritis information/complementary-and-alternative-medicines/ complementaryand-alternative-therapies.aspx, accessed February 12, 2015.
- A319. Patient. Chronic Pain, 2014. Online document at: http:// patient.info/pdf, accessed June 24, 2015.