**Table E23. Data abstraction of systematic reviews of acupuncture**

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| **Author, Year** | **Comparison** | **Data Sources** | **Number and Type of Studies** | **Interventions and Number of****Patients** | **Methods for Rating Methodological Quality of Primary Studies** |
| Lam, 2013 | (A) Acupuncture versus no treatment, (B)Acupuncture versus medication, (C) acupuncture versus TENS, (D) Acupuncture versus sham acupuncture,(E) Acupuncture in addition to usual care versus self-care or usual care, and(F) Electroacupuncture versus usual care. | PubMed, EMBASE,AMED, CINAHL ScienceDirect, CENTRAL, and Cochrane Library | 32 studies SR,25 meta; Chronic LBP, 7LROB, 0-48 months followup | A. Acupuncture versus notreatment (n=5)B. Acupuncture versus medication (n=3),C. Acupuncture versus TENS, (n=3 studies, 122 patients)D. Acupuncture versus sham(n=4) acupuncture,E. Acupuncture in addition to usual care versus self-care or usual care, (n=4) andF. electroacupuncture versus usual care.(n=6) | Cochrane, 2011 |

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| **Author, Year** | **Methods for Synthesizing****Results of Primary Studies** | **Results** | **Adverse****Events** | **Quality** |
| Lam, 2013 | n=32 qualitative; n=25 metaanalysis; Statistical heterogeneity was measured using the I 2 statistic, Fixed effects model used below the50% cut off for I2 statistic, used clinical cutoffs for pain and function to determine clinical significance | A. Pain, mean between-group difference (95% CI):- Immediate post-intervention: (5 studies) −0.72 [−0.94 to −0.49] Function, mean between-group difference (95% CI):Immediate post-intervention: (5 studies) −0.94 [−1.41 to −0.47]B. Pain, mean between-group difference (95% CI):-Immediate post-intervention: (3 studies) −10.56 [−20.34 to −0.78] Function, mean between-group difference (95% CI):- Immediate post-intervention: (3 studies) −0.36 [−0.67 to −0.04]C. Pain immediate post-intervention: (3 studies) "no significant difference" Pain 10-12 week followup (2 studies): "no significant difference" Function not reportedD. Pain, mean between-group difference (95% CI):-Immediate post-intervention: (4 studies) −16.76 [−33.33 to −0.19]-6-12 weeks: (3 studies) −9.55 [−16.52 to −2.58] Function (3 studies) "no differences"E. Pain, mean between-group difference (95% CI)-Immediate post-intervention: (4 studies) −13.99 [−20.48 to −7.50]-6-12 weeks: (4 studies) −12.91 [−21.97 to −3.85] Function: mean between-group difference (95% CI)-Immediate post-intervention: (4 studies) −0.87 [−1.61 to −0-6-12 weeks: (4 studies) −0.51 [−0.91 to −0.12]F. Pain, mean between-group difference (95% CI):-Immediate post-intervention: (5 studies) −1.39 [−2.37 to −0.40] -6-12 weeks: (4 studies)− 0.66 [−1.17 to −0.15] function: not examined | NR | Fair |

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| **Author, Year** | **Comparison** | **Data Sources** | **Number and Type of Studies** | **Interventions and Number of****Patients** | **Methods for Rating Methodological Quality of Primary Studies** |
| Lee, 2013 | Acupuncture (as a single treatment,needle only) vs. sham, usual care, nothing | The Cochrane CentralRegister of Controlled Trials(CENTRAL), Ovid Medline, Embase (1980 to July 2011),and Chinese databases of the China Academic Journal, 4 related Korean journals, trial registries | 11 RCTs,Acute LBP (<12 weeks),1139 patients(approximately50 per arm), 5LROB | A. Acupuncture vs. sham (n=3)B. Acupuncture vs. conventional treatment (i.e.,. meds) (n=7)C. Acupuncture + meds vs. meds alone (n=1) | Cochrane, 2009 |

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| **Author, Year** | **Methods for Synthesizing****Results of Primary Studies** | **Results** | **Adverse****Events** | **Quality** |
| Lee, 2013 | n=11 qualitative, n=7 metaanalysis; Random effects model; heterogeneity assessed using I2 statistic; | A. acupuncture vs. sham: 2 studies; VAS for acute pain, MD 9.38; 95% CI: 17.00, 1.76;p=0.02 - no effects for subacute pain or functionB. Acupuncture vs. NSAIDs Global assessment: (5 studies; pooled RR, 1.11; 95% CI:1.06, 1.16; p<0.00001) | Only 2 studiesreported: 16 pts reported GI problems at 1 week, 12 at 2 weeks; 4 with changes in energy at 1 week, mild bleeding at site in 3 patients | p |

**Please see Appendix C. Included Studies for full study references.**