

Acupuncture does not benefit those suffering from chronic knee pain

By ACSH Staff — October 1, 2014



Chronic knee pain is very common in adults over the age of

50, most commonly as a result of osteoarthritis. Sufferers often turn to alternative therapies such as acupuncture used by about three million Americans each year - to relieve pain despite the [mixed results](#) ^[1] of studies looking into its effectiveness. A [new study](#) ^[2] published in *JAMA* finds that being treated with laser or needle acupuncture does not help with chronic knee pain as compared to treatment with sham acupuncture.

Researchers from the University of Melbourne led by Dr. Rana S. Hinman divided almost 300 adults over the age of 50 with chronic knee pain and morning stiffness into four groups: no acupuncture, sham acupuncture, laser acupuncture, or needle acupuncture. Patients were treated over a three-month period in which they received eight to 12 treatments. In order to rate effectiveness of treatment, patients filled out questionnaires assessing knee pain and physical function at the beginning of the study, as well as at the three-month and one year marks. Although patients in the needle and laser acupuncture group reported some improvement of symptoms as compared to the no treatment group (but not compared to the sham acupuncture group), there were no differences at the one-year mark.

Researchers report that their findings suggest that acupuncture should not be used for patients over fifty to treat chronic knee pain. [Dr. Hinman adds](#) ^[3] that physical therapy, knee braces and exercise may be helpful in alleviating chronic knee pain. And Dr. Andrew Vickers, attending research methodologist at Memorial Sloan Kettering Cancer Center in New York City says that individuals suffering from chronic knee pain should see a pain specialist to decide on the best course of treatment.

ACSH's Dr. Gilbert Ross says, It's also important to counsel osteoarthritis patients on the benefits of weight loss for treating chronic knee pain associated with osteoarthritis, as losing weight can prevent damage and improve the amount and quality of cartilage in the knee. If patients are able to engage in exercise, doctors should recommend that as well, although the specifics must be

tailored to the individuals overall health as well as focusing on the knee itself. Thankfully, over the past four decades, knee-joint-replacement techniques have advanced to the extent that, in suitable candidates, an artificial knee can be expected to work almost as well as the original and for many years as well.

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[1] <http://onlinelibrary.wiley.com/doi/10.1002/acr.20225/abstract>

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http://jama.jamanetwork.com/article.aspx?articleID=1910110&utm_source=Silverchair%20Information%20System

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