

Our Ref: K: CP/Admin/JD/MB/Pahl 17.07.2015

17th July 2015

Nick Pahl,
Chief Executive,
British Acupuncture Council,
63 Jeddo Road,
London.
W12 9HQ

Dear Mr. Pahl,

In response to your letter of 25th November 2014, I would be happy to respond to the points you raise.

Sham Placebo and Acupuncture

As you are aware, in 2013, NICE commissioned an update to our existing clinical guideline 88; Low back pain: Early management of persistent non-specific low back pain (2009). This guideline has been in development since early 2014 and is due to publish in September 2016. The development of this guideline follows the methods described in our [2012 Guideline development manual](#) and the detailed methods for this particular guideline will be provided in the evidence review protocols that will be published with the final guideline.

As such, and addressing the four points from your letter, I can confirm that our evidence reviews for this topic are looking for evidence that:

- Is not limited to RCTs
- Is not limited to placebo comparisons
- Focuses on effectiveness rather than efficacy
- Considers the impact of therapies in combination

Non-RCT evidence

Our 2012 manual, which this guideline follows, advises guideline developers to look for evidence starting with study types with the lowest risk of bias (systematic reviews and RCTs) before moving on to other types of studies such as cohort or case-control studies. The principle followed is that developers should start by looking for the highest quality evidence, moving to other types of evidence if there is insufficient quality and quantity of evidence from RCT and systematic reviews to make recommendations.

This is the process that is being followed for the low back pain guideline, where the developer is following an evidence search protocol of looking for evidence from RCTs and systematic reviews in the first instance, before expanding to non-randomised studies if there is insufficient evidence to draft a recommendation.

Relevant comparators

All evidence review protocols define the relevant comparators when looking at the effectiveness of an intervention. The review question on non-invasive interventions for low back pain (encompassing self-management as well as pharmacological and non-pharmacological interventions, such as acupuncture) looks for comparisons for all non-invasive interventions against:

- Placebo or sham comparators
- Usual care
- Any other non-invasive comparator

Clinical effectiveness

A central principle of how NICE develops guidance is that all interventions are evaluated for their clinical effectiveness, measured by the intervention's impact on a selection of pre-specified outcomes. These outcomes are selected by the guideline development group as being most important measures of effectiveness of a particular intervention in a particular patient population.

For the low back pain review question on non-invasive procedures, including acupuncture, the guideline development group agreed that they would be looking for evidence of effectiveness in terms of the impacts on:

- Health-related quality of life
- Pain severity
- Function measured by disability scores
- Psychological distress
- Responder criteria (pain and function)
- Adverse events
- Healthcare utilisation

Effectiveness of therapies used in combination

As you say in your letter, in practice, medical professionals will often have a menu of potential interventions at their disposal and they may choose to offer patients more than one intervention at once. For this reason, the low back pain guideline has a review question directing an evidence search specifically at combinations of treatments. The developers will look for any evidence of the benefits and harms of any combination of the non-invasive interventions (including acupuncture, exercise interventions, postural therapies, manual therapies, electrotherapy, orthotics and appliances, self-management strategies, psychological interventions and pharmacological treatment).

I hope this provides some reassurance that the upcoming guideline for low back pain will draw widely on the evidence base for acupuncture as a low back pain treatment, making relevant comparisons of clinical and cost-effectiveness as the basis for making evidence based recommendations.

Kind regards

Yours sincerely,



Professor Mark R Baker
Director of the Centre for Clinical Practice