Policy for Acupuncture (for indications other than back pain)
The CCG policy has been reviewed and developed by the Treatment Policies Clinical Development Group in line with the groups guiding principles which are:

1. CCG Commissioners require clear evidence of clinical effectiveness before NHS resources are invested in the treatment;
2. CCG Commissioner require clear evidence of cost effectiveness before NHS resources are invested in the treatment;
3. The cost of the treatment for this patient and others within any anticipated cohort is a relevant factor;
4. CCG Commissioners will consider the extent to which the individual or patient group will gain a benefit from the treatment;
5. CCG Commissioners will balance the needs of each individual against the benefit which could be gained by alternative investment possibilities to meet the needs of the community
6. CCG Commissioners will consider all relevant national standards and take into account all proper and authoritative guidance;
7. Where a treatment is approved CCG Commissioners will respect patient choice as to where a treatment is delivered; AND
8. All policy decision are considered within the wider constraints of the CCG’s legally responsibility to remain fiscally responsible.
Acupuncture

Acupuncture is a treatment derived from ancient Chinese medicine. Fine needles are inserted at certain sites in the body for therapeutic or preventative purposes. Both traditional ('Eastern') and 'Western' approaches to acupuncture exist, and acupuncture can also be assisted through the use of electrical stimulation (electro-acupuncture).

Acupuncture is often seen as a form of complementary or alternative medicine (CAM). It involves stimulating sensory nerves under the skin and in the muscles of the body. This results in the body producing natural substances, such as pain-relieving endorphins.

Acupuncture is used in some general practices, as well as settings including pain clinics and hospices in the UK. Acupuncture practitioners – sometimes called acupuncturists – use acupuncture to treat a wide range of health conditions. However, the use of acupuncture is not always based on rigorous scientific evidence.

Currently, NICE only recommends considering acupuncture as a treatment option for:

- chronic tension-type headaches
- migraines

NICE in November 2016, recommended that acupuncture should not be used to treat back pain or radicular (sciatic) pain in NICE Guidance 59.

Acupuncture is also often used to treat other musculoskeletal conditions (of the bones and muscles) and pain conditions. However, in many conditions where acupuncture is used, there is insufficient high quality evidence to draw any clear conclusions over acupuncture’s effectiveness compared with other treatments.

Tension–Type Headaches (TTH)

TTH typically presents with attacks of headache (usually bilateral) which are pressing or tightening (non-pulsating) in quality and of mild to moderate intensity lasting minutes to days.

- The pain is not aggravated by routine activities of daily living and is not associated with nausea or autonomic symptoms — photophobia or phonophobia may occur in some cases.
- Neurological examination should be normal.
- Pericranial tenderness on manual palpation may be present.

There are different types of TTH as defined below:

- **Infrequent episodic TTH** — At least 10 episodes of headache occurring on fewer than 1 day per month on average and fulfilling criteria:
- Lasting from 30 minutes to 7 days.
- At least two of: bilateral location; pressing or tightening (non-pulsating) quality; mild or moderate intensity; not aggravated by routine physical activity such as walking or climbing stairs.
- No nausea or vomiting and no more than one of photophobia or phonophobia.
- Not better accounted for by another cause.

- **Frequent episodic TTH** — at least 10 episodes of headache occurring on 1–14 days per month on average for more than 3 months and fulfilling criteria:
  - Lasting from 30 minutes to 7 days.
  - At least two of: bilateral location; pressing or tightening (non-pulsating) quality; mild or moderate intensity; not aggravated by routine physical activity such as walking or climbing stairs.
  - No nausea or vomiting and no more than one of photophobia or phonophobia.
  - Not better accounted for by another cause.

- **Chronic TTH** — headache occurring on 15 or more days per month on average for more than 3 months and fulfilling criteria:
  - Lasting hours to days, or unremitting.
  - At least two of: bilateral location; pressing or tightening (non-pulsating) quality; mild or moderate intensity; not aggravated by routine physical activity such as walking or climbing stairs.
  - No moderate or severe nausea or vomiting and no more than one of photophobia or phonophobia.
  - Not better accounted for by another cause.

**Migraine**

**Migraine with aura**

Suspect aura in people who present with or without headache and with neurological symptoms that:

- are fully reversible and
- develop gradually, either alone or in succession, over at least 5 minutes and
- last for 5–60 minutes.

Diagnose migraine with aura in people who present with or without headache and with one or more of the following typical aura symptoms that meet the criteria above.

- visual symptoms that may be positive (for example, flickering lights, spots or lines) and/or negative (for example, partial loss of vision)
• sensory symptoms that may be positive (for example, pins and needles) and/or negative (for example, numbness)
• speech disturbance.

Consider further investigations and/or referral for people who present with or without migraine headache and with any of the following atypical aura symptoms that meet the criteria in recommendation

• motor weakness or
• double vision or
• visual symptoms affecting only one eye or
• poor balance or
• decreased level of consciousness

Eligibility Criteria – Chronic Tension Type Headaches:

• The patient must be diagnosed with Chronic Tension – Type Headaches as defined by NICE:
  o headache occurring on 15 or more days per month on average for more than 3 months and fulfilling criteria:
    ▪ Lasting hours to days, or unremitting.
    ▪ At least two of: bilateral location; pressing or tightening (non-pulsating) quality; mild or moderate intensity; not aggravated by routine physical activity such as walking or climbing stairs.
    ▪ No moderate or severe nausea or vomiting and no more than one of photophobia or phonophobia.
    ▪ Not better accounted for by another cause.
  o If the patient fulfils the above criteria, then the patient may be offered ONE course of up to 10 sessions of prophylactic acupuncture over 5–8 weeks.
Eligibility Criteria – Migraines with Aura

- The patient must be diagnosed with Migraine with Aura as per NICE guidance:
  - are fully reversible and
  - develop gradually, either alone or in succession, over at least 5 minutes and
  - last for 5–60 minutes.

AND
- the patient has exhausted ACUTE treatments as defined by NICE 2012:
  - Offer combination therapy with an oral triptan and an NSAID, or an oral triptan and paracetamol.
  - If monotherapy is preferred, offer an oral triptan, or NSAID, or aspirin (900 mg every 4–6 hours when necessary up to a maximum of 4 g daily), or paracetamol.
  - Consider adding an anti-emetic (such as metoclopramide, domperidone, or prochlorperazine) even in the absence of nausea and vomiting
  - Do NOT use ergots or opioids
  - If treatment has not been adequate, or was poorly tolerated, reconfirm diagnosis, reassess lifestyle advice, check that usage of treatment is correct, and rule out medication-overuse headache.
  - Consider prescribing a triptan that is more suitable for the patient
  - If the person has tried two or more triptans unsuccessfully, or treatment is successful but attacks are frequent, consider preventive treatment (see Preventive treatment).

AND
- medication overuse headache has been excluded from the patient’s presentation.

AND
- the patient has one of the following:
  - visual symptoms that may be positive (for example, flickering lights, spots or lines) and/or negative (for example, partial loss of vision)
  - sensory symptoms that may be positive (for example, pins and needles) and/or negative (for example, numbness)
  - speech disturbance.

If the patient fulfils the above criteria, then the patient may be offered ONE course of up to 10 sessions of prophylactic acupuncture over 5–8 weeks.

This means (for patients who DO NOT meet the above criteria) the CCG will only fund the treatment if an Individual Funding Request (IFR) application proves exceptional clinical need and that is supported by the CCG.
Guidance:

NICE Low back pain and sciatica in over 16s: assessment and management. NICE guideline [NG59] Published date: November 2016
https://www.nice.org.uk/guidance/ng59

NHS Choices 2016 Acupuncture. [page updated 22/08/2016)
https://www.nhs.uk/conditions/acupuncture/

NICE CG150 Headaches in over 12s: diagnosis and management (Nov 2015)
https://www.nice.org.uk/guidance/cg150


British Association for the Study of Headache 2010 Guidelines for all healthcare professionals in the diagnosis and management of migraine, tension-type, cluster and medication-overuse headache.


International Classification of Headache Disorders 2013 Diagnosis and treatment of headache
https://www.ichd-3.org/

https://www.ncbi.nlm.nih.gov/pmc/articles/PMC4541429/

