

Search Results

Table of Contents

Search History	page 2
1. Pilot study to assess the credibility of acupuncture in acute exacerbations of chronic obstructive pulmonary disease.	page 3
2. The dyspnea experience in Korean immigrants with asthma and COPD.	page 3
3. The effect of acupuncture in the treatment of chronic obstructive pulmonary disease.	page 4
4. A single session of Acu-TENS increases FEV[1] and reduces dyspnoea in patients with chronic obstructive pulmonary disease: a randomised, placebo-controlled trial.	page 5
5. Clinical dilemma: dyspnea.	page 6
6. Video-assisted thorascopic removal of migratory acupuncture needle causing pneumothorax.	page 7
7. Comparison of two acupressure methods for dyspnea reduction.	page 8
8. Effects of acupuncture as a treatment for hyperventilation syndrome: a pilot, randomized crossover trial.	page 8
9. Acupuncture for disabling breathlessness.	page 9
10. Acupuncture associated pneumothorax.	page 9
11. Can a standardized acupuncture technique palliate disabling breathlessness: a single-blind, placebo-controlled crossover study	page 10
12. Effectiveness of acupressure in improving dyspnoea in chronic obstructive pulmonary disease.	page 10
13. Effect of acupuncture or acupressure on quality of life of patients with chronic obstructive asthma: a pilot study.	page 12
14. A pilot project to assess the methodological issues involved in evaluating acupuncture as a treatment for disabling breathlessness.	page 13
15. Complementary and alternative medicine in the management of pain, dyspnea, and nausea and vomiting near the end of life: a systematic review.	page 14
16. Dyspnea treatment... proceedings of State-of-the-Art Conference on Palliative Respiratory Care, part I.	page 15
17. Chest pain and breathlessness after acupuncture - again	page 15
18. Testing subjective shortness of breath by inactivating trigger points of levator scapular muscles with acupuncture needles.	page 16
19. Acupuncture for the relief of cancer-related breathlessness.	page 16
20. A critical analysis of acupuncture in pulmonary disease: efficacy and safety of the acupuncture needle	page 17
21. Acupuncture asthma and breathlessness	page 17
22. Controlled trial of acupuncture for disabling breathlessness	page 18
23. Controlled trial of acupuncture for disabling breathlessness	page 18

Search History

1. MEDLINE; *ACUPUNCTURE/; 701 results.
2. MEDLINE; *DYSPPNEA/; 5080 results.
3. MEDLINE; breathlessness.ti,ab; 2476 results.
4. MEDLINE; 2 OR 3; 7045 results.
5. MEDLINE; 1 AND 4; 0 results.
6. AMED; exp ACUPUNCTURE/; 3143 results.
7. AMED; breathlessness.ti,ab; 181 results.
8. AMED; exp DYSPPNEA/; 242 results.
9. AMED; 7 OR 8; 368 results.
10. AMED; 6 AND 9; 5 results.
11. CINAHL; exp ACUPUNCTURE/; 5925 results.
12. CINAHL; breathlessness.ti,ab; 507 results.
13. CINAHL; DYSPPNEA.ti,ab; 2783 results.
14. CINAHL; exp *DYSPPNEA/; 1368 results.
15. CINAHL; 12 OR 13 OR 14; 3644 results.
16. CINAHL; 11 AND 15; 18 results.
17. HMIC; exp ACUPUNCTURE/; 83 results.
18. HMIC; DYSPPNEA.ti,ab; 61 results.
19. HMIC; breathlessness.ti,ab; 57 results.
20. HMIC; 18 OR 19; 115 results.
21. HMIC; 17 AND 20; 1 results.
22. AMED,CINAHL,HMIC; Duplicate filtered: [6 AND 9], [11 AND 15], [17 AND 20]; 24 results.

1. Pilot study to assess the credibility of acupuncture in acute exacerbations of chronic obstructive pulmonary disease.

Citation:	Acupuncture in Medicine, 01 March 2009, vol./is. 27/1(13-15), 09645284
Author(s):	Whale CA; Maclaran SJA; Whale CI; Barnett M
Language:	English
Abstract:	<p>BACKGROUND: Exacerbation of chronic obstructive pulmonary disease (COPD) is a common reason for hospital admission, and adjunctive non-pharmacological treatments would be welcomed. A pilot study was undertaken to assess the feasibility of conducting a study of acupuncture during an acute exacerbation of COPD. We also examined the credibility of a sham device in this setting and assessed the effect of acupuncture on breathlessness and anxiety. METHODS: A prospective, randomised, patient- and assessor-blinded, sham controlled study was conducted on three consecutive days in a district general hospital. Credibility of both acupuncture and the Park sham device were assessed using the Borkovec and Nau questionnaire. Dyspnoea was measured on the modified Borg score and a 10 cm visual analogue scale, while anxiety was measured on a 10 cm visual analogue scale. RESULTS: 11 patients were recruited and nine completed the study. There were no adverse events with either intervention. Acupuncture was well tolerated and credibility scores were similar before and after real and sham acupuncture. Symptoms improved after both treatments, with no significant difference between groups. CONCLUSION: In this pilot study acupuncture was well tolerated by subjects experiencing an acute exacerbation of COPD. Acupuncture treatment and the Park sham device were both credible. Although recruitment was slow, a further trial with a larger sample size is feasible and recommended.</p>
Publication Type:	journal article
Subject Headings:	Acupuncture Disease Exacerbation Pulmonary Disease, Chronic Obstructive Acupuncture Points Aged Anxiety Clinical Assessment Tools Clinical Trials Descriptive Statistics Dyspnea Female Male Middle Age Pilot Studies Prospective Studies Repeated Measures Scales Treatment Outcomes Visual Analog Scaling Human
Source:	CINAHL
Full Text:	Available in <i>fulltext</i> at EBSCO Host Available in <i>fulltext</i> at ProQuest

2. The dyspnea experience in Korean immigrants with asthma and COPD.

Citation:	, 01 January 2009, vol./is. /(0-164),
Author(s):	Park SK
Language:	English
Abstract:	This dissertation reports findings from a descriptive, cross-sectional study on the dyspnea experience of Korean immigrants who have asthma and/or COPD; the research is

reported in three papers. Little is known about the dyspnea experience and symptom experience in immigrant population in the United States, including Koreans. All data were collected through interviews and structured questionnaires which measure mood, symptoms, dyspnea intensity, dyspnea sensations, dyspnea coping strategies, and functioning.; The research reported in the first paper showed that unique descriptors for Korean immigrants with asthma and COPD were blocked chi and they tended to describe dyspnea sensation as rapid. This paper confirmed that dyspnea sensations of Korean immigrants were relatively similar to those of studies of Caucasians. Korean immigrants experience a variety of symptoms other than dyspnea. Multiple symptoms and fatigue were significantly associated with the level of dyspnea, stressing the importance of the assessment of multiple symptoms and continuous effort to manage fatigue in persons with chronic obstructive lung diseases.; The research reported in the second paper showed that Korean immigrants used problem-focused strategies (e.g., breathing techniques) more than emotion-focused strategies (e.g., relaxation technique) and reported that emotional strategies were less effective than problem-focused strategies to relieve dyspnea. However, some emotion-focused strategies were more beneficial to Korean immigrants with asthma than with COPD. Korean immigrants have learned coping strategies by trial; little education was provided. They preferred the use of traditional therapies, such as acupuncture or herbs. In addition, their family played an important role caring for them. Therefore, incorporating traditional Korean therapies in pulmonary rehabilitation education as well as enlisting the family participation may improve efficacy in managing dyspnea for this population.; Third paper reported that Korean immigrants with asthma and COPD experience a broad range of symptoms that may be the result of multiple coexisting conditions. Age, multiple symptoms, mood, dyspnea, and level of education explained 29.9% of variance in functional performance ($F_{6,78} = 5.534$, $p = .001$). Dyspnea was the most significant predictor of functional performance. This study's findings suggest that continuous emphasis on dyspnea management is warranted to improve functioning in this Korean immigrants.

Publication Type: doctoral dissertation

Subject Headings: [Asthma](#)
[Dyspnea](#)
[Immigrants](#)
[Koreans](#)
[Life Experiences](#)
[Pulmonary Disease, Chronic Obstructive](#)
[Acupuncture](#)
[Age Factors](#)
[Alternative Therapies](#)
[Breathing Exercises](#)
[Cross Sectional Studies](#)
[Descriptive Research](#)
[Dyspnea](#)
[Fatigue](#)
[Human](#)
[Interviews](#)
[Rehabilitation, Pulmonary](#)
[Relaxation Techniques](#)
[Structured Questionnaires](#)
[Support, Psychosocial](#)
[United States](#)

Source: CINAHL

3. The effect of acupuncture in the treatment of chronic obstructive pulmonary disease.

Citation: Journal of Alternative & Complementary Medicine, 01 November 2008, vol./is. 14/9(1097-1105), 10755535

Author(s): Suzuki M; Namura K; Ohno Y; Tanaka H; Egawa M; Yokoyama Y; Akao S; Fujiwara H; Yano T

Language:	English
Abstract:	<p>Abstract Objective: Many claims have been made regarding the therapeutic efficacy of acupuncture. However, most controlled clinical studies have been limited to treatment of pain-related disorders and do not provide objective, quantifiable data for analysis. Traditional acupuncture has been applied to chronic obstructive pulmonary disease (COPD). However, only a few studies have been performed to determine the efficacy of this treatment. This study was conducted to determine whether a combination of traditional acupuncture treatment and conservative treatment for COPD improves dyspnea on exercise. Methods: This was a prospective trial with matched-pair parallel groups of patients from the departments of respiratory internal medicine of Gifu University of Medicine, Meiji University of Oriental Medicine, and Gifu Red Cross Hospital, Japan. Thirty patients were divided into the acupuncture group (n = 15) and the control group (n = 15). The control group received conservative treatment with medication only. The acupuncture group received acupuncture treatments once a week for 10 weeks, in addition to conservative treatment with medication. The main outcome measure was the Modified Borg dyspnea scale after the 6-minute walk test. Results: The acupuncture group had significantly better results on the Borg scale than the control group after 10 weeks (2.2 +/- 2.7 versus 6.4 +/- 3.4, p = 0.0001, 95% confidence interval, -5.10 to -2.35, paired t-test). The 6-minute walk distance and oxygen saturation at the minimum rate improved significantly in the acupuncture group compared with the control group. Conclusions: This study demonstrated that acupuncture contributed to the reduction of COPD-related dyspnea on exercise in 15 matched-pair parallel subjects.</p>
Publication Type:	journal article
Subject Headings:	Acupuncture Dyspnea Exercise Physiology Pulmonary Disease, Chronic Obstructive Aged Alternative Therapies Analysis of Variance Body Mass Index Clinical Assessment Tools Confidence Intervals Data Analysis Software Descriptive Statistics Intervention Trials Japan Male Muscle Strength Oxygen Saturation Paired T-Tests Post Hoc Analysis Power Analysis Prospective Studies Pulse Oximetry Repeated Measures Respiratory Function Tests Respiratory Muscles Scales Treatment Outcomes Human
Source:	CINAHL
Full Text:	Available in <i>fulltext</i> at EBSCO Host

4. A single session of Acu-TENS increases FEV[1] and reduces dyspnoea in patients with chronic obstructive pulmonary disease: a randomised, placebo-controlled trial.

- Citation:** Australian Journal of Physiotherapy, 01 September 2008, vol./is. 54/3(179-184), 00049514
- Author(s):** Lau KSL; Jones AYM
- Language:** English
- Abstract:** Questions: What is the immediate effect of a single 45-minute session of transcutaneous electrical nerve stimulation over acupoints (Acu-TENS) on lung function and dyspnoea in patients with chronic obstructive pulmonary disease? Design: Randomised, placebo-controlled trial with concealed allocation, participant blinding, assessor blinding, and intention-to-treat analysis. Participants: Forty-six ambulatory patients with a mean age of 75 years, with stage I or II chronic obstructive pulmonary disease, and with no previous experience of TENS or acupuncture. Intervention: The experimental group received 45 minutes of Acu-TENS over acupoint Ex-B1 bilaterally (0.5 'cun' lateral to the spinous process of the 7th cervical vertebra) while the control group received placebo-TENS with identical electrode placement but no electrical output despite a flashing light indicating stimulus delivery. Outcome measures: Lung function was measured as FEV[1] and FVC while dyspnoea was measured using a shortness of breath 100-mm visual analogue scale. Results: After 45 minutes of Acu-TENS, the experimental group had increased FEV[1] by 0.12 litres (95% CI 0.07 to 0.15) and decreased dyspnoea by 10.7 mm (95% CI -13.9 to -7.6) more than the control group. The effect on FVC was only small (mean difference 0.05 litres, 95% CI -0.01 to 0.10). Conclusion: Acu-TENS may be a useful non-invasive adjunctive intervention in the management of dyspnoea in patients with chronic obstructive pulmonary disease. This study suggests that the effect of long-term Acu-TENS warrants further investigation.
- Publication Type:** journal article
- Subject Headings:** [Acupuncture Points](#)
[Dyspnea](#)
[Pulmonary Disease, Chronic Obstructive](#)
[Lung](#)
[Transcutaneous Electric Nerve Stimulation](#)
[Aged](#)
[Alternative Therapies](#)
[Body Mass Index](#)
[Confidence Intervals](#)
[Descriptive Statistics](#)
[Double-Blind Studies](#)
[Female](#)
[Forced Expiratory Volume](#)
[Hong Kong](#)
[Male](#)
[Pretest-Posttest Design](#)
[Random Assignment](#)
[Respiratory Function Tests](#)
[T-Tests](#)
[Treatment Outcomes](#)
[Visual Analog Scaling](#)
[Vital Capacity](#)
[Human](#)
- Source:** CINAHL

5. Clinical dilemma: dyspnea.

- Citation:** Seminars in Oncology Nursing, 01 August 2007, vol./is. 23/3(225-231), 07492081
- Author(s):** O'Rourke ME
- Language:** English
- Abstract:** OBJECTIVES: To review the current state of evidence for the nursing treatment of cancer-related dyspnea. DATA SOURCES: Nursing and medical literature, published

guidelines, and Cochrane Systematic reviews. **CONCLUSION:** Limited evidence exists for the current strategies used to treat dyspnea among persons with cancer. **IMPLICATIONS FOR NURSING PRACTICE:** Nurses must be cognizant of the level of evidence or the lack of scientific evidence supporting treatment strategies used. Keeping abreast of the developments in the area of dyspnea management is imperative as research adds to the current body of evidence. Nurses are uniquely positioned to add to the body of evidence through collaboration with nurse researchers. Copyright © 2007 by Elsevier Inc.

Publication Type: journal article

Subject Headings: [Dyspnea](#)
[Acupressure](#)
[Acupuncture](#)
[Adrenal Cortex Hormones](#)
[Analgesics, Opioid](#)
[Antianxiety Agents](#)
[Bronchodilator Agents](#)
[Dyspnea](#)
[Dyspnea](#)
[Dyspnea](#)
[Dyspnea](#)
[Dyspnea](#)
[Furosemide](#)
[Medical Practice, Evidence-Based](#)
[Oxygen Therapy](#)

Source: CINAHL

6. Video-assisted thorascopic removal of migratory acupuncture needle causing pneumothorax.

Citation: CHEST, 01 March 2007, vol./is. 131/3(899-901), 00123692

Author(s): von Riedenauer WB; Baker MK; Brewer RJ

Language: English

Abstract: We report the case of a 25-year-old African-American man presenting to the Henry Ford Hospital emergency department with acute dyspnea secondary to a pneumothorax resulting from a migratory acupuncture needle. The patient received acupuncture treatment approximately 5 years prior to this presentation for treatment of posttraumatic chronic right shoulder pain. Chest radiography revealed retained needles in his right shoulder girdle and a needle overlying the thoracic cage with an attendant pneumothorax. Catheter aspiration for simple pneumothorax provided immediate symptomatic relief. Video-assisted thoracoscopy was then used to remove the migratory acupuncture needle from the chest wall. The patient recovered without complication and was discharged to home.

Publication Type: journal article

Subject Headings: [Acupuncture](#)
[Foreign-Body Migration](#)
[Needles](#)
[Pleura](#)
[Pleura](#)
[Pleura](#)
[Pneumothorax](#)
[Radiography, Thoracic](#)
[Thoracic Injuries](#)
[Thoracic Surgery](#)
[Thoracic Surgery](#)
[Adult](#)
[Chronic Disease](#)
[Diagnosis, Differential](#)
[Dyspnea](#)
[Dyspnea](#)

Foreign-Body Migration
 Iatrogenic Disease
 Male
 Pneumothorax
 Shoulder Pain
 Tomography, X-Ray Computed

Source: CINAHL

7. Comparison of two acupressure methods for dyspnea reduction.

Citation: Communicating Nursing Research, 01 March 2007, vol./is. 40/(576-576), 01601652
Author(s): Nield M
Language: English
Publication Type: journal article
Subject Headings: Acupressure
 Dyspnea
 Self Care
 Acupuncture Points
 Breathing Exercises
 Experimental Studies
 Functional Status
 Lung Diseases, Obstructive
 Outpatients
 Pilot Studies
 Protocols
 Quasi-Experimental Studies
 Questionnaires
 Random Assignment
 Respiration
 Visual Analog Scaling
 Human
Source: CINAHL

8. Effects of acupuncture as a treatment for hyperventilation syndrome: a pilot, randomized crossover trial.

Citation: Journal of Alternative & Complementary Medicine, 01 January 2007, vol./is. 13/1(39-46), 10755535
Author(s): Gibson D; Bruton A; Lewith GT; Mullee M
Language: English
Abstract: BACKGROUND: Sustained and subtle hyperventilation can result in a wide variety of symptoms, leading to a chronic condition that has been termed hyperventilation syndrome (HVS). Treatment options include physiotherapy, in the form of breathing retraining (BR), but additional approaches aim to reduce the anxiety that is recognized as being a frequent component of this condition. OBJECTIVES: The aim of this study was to evaluate whether acupuncture is an appropriate treatment for HVS to reduce anxiety, and whether a crossover trial is an appropriate study design to evaluate acupuncture in this condition. DESIGN: A single-blind crossover trial was carried out comparing the effects of 4 weeks (30 minutes twice weekly) acupuncture and BR on patients with HVS. SUBJECTS: Ten (10) patients diagnosed with HVS were recruited to the trial and randomized into two groups. Both groups received acupuncture and BR with a washout period of 1 week. OUTCOME MEASURES: The primary outcome measure used was the Hospital Anxiety and Depression (HAD) Scale. Other outcome measures used were the Nijmegen questionnaire and Medical Research Council Dyspnea scale. RESULTS: The results showed statistically significant treatment differences between acupuncture and breathing retraining, in favor of acupuncture. Reductions were found in the HAD A (anxiety) ($p = 0.02$) and Nijmegen (symptoms) ($p = 0.03$) scores. There was no statistical evidence of any carryover effects. However, when graphically examining individual

anxiety scores, in those who received acupuncture first, there was a reduction in anxiety levels which persisted through the washout period, suggesting that there may have been some carryover effect from this treatment. CONCLUSIONS: This study suggests that acupuncture may be beneficial in the management of HVS in terms of reducing anxiety levels and symptom severity. However, there may be some carryover effect, after acupuncture treatment, which went undetected because the small sample size. This preliminary study provides the basis for a larger, sufficiently powered and methodologically sound trial.

Publication Type: journal article

Subject Headings: [Acupuncture](#)
[Anxiety](#)
[Hyperventilation](#)
[Study Design](#)
[Acupuncture](#)
[Alternative Therapies](#)
[Analysis of Variance](#)
[Breathing Exercises](#)
[Confidence Intervals](#)
[Crossover Design](#)
[Data Analysis Software](#)
[Descriptive Statistics](#)
[Pilot Studies](#)
[Psychological Tests](#)
[Questionnaires](#)
[Random Assignment](#)
[Scales](#)
[Single-Blind Studies](#)
[Statistical Significance](#)
[Syndrome](#)
[T-Tests](#)
[Validity](#)
[Human](#)

Source: CINAHL

Full Text: Available in *fulltext* at [EBSCO Host](#)

9. Acupuncture for disabling breathlessness.

Citation: Focus on Alternative & Complementary Therapies, 01 December 2004, vol./is. 9/4(298-300), 14653753

Author(s): Cummings M; Lewith G

Language: English

Publication Type: journal article

Subject Headings: [Acupuncture](#)
[Respiration Disorders](#)
[Analysis of Variance](#)
[Crossover Design](#)
[Effect Size](#)
[Sample Size](#)
[Single-Blind Studies](#)
[Transcutaneous Electric Nerve Stimulation](#)
[Treatment Outcomes](#)
[United Kingdom](#)
[Visual Analog Scaling](#)

Source: CINAHL

10. Acupuncture associated pneumothorax.

Citation: Emergency Medicine Journal, 01 May 2004, vol./is. 21/3(398-398), 14720205

Author(s): Saifeldeen K; Evans M

Language: English

Publication Type: journal article

Subject Headings: [Acupuncture](#)
[Chest Pain](#)
[Dyspnea](#)
[Pneumothorax](#)
[Adult](#)
[Male](#)

Source: CINAHL

Full Text: Available in *fulltext* at [Highwire Press](#)
Available in *fulltext* at [ProQuest](#)
Available in *fulltext* at [National Library of Medicine](#)

11. Can a standardized acupuncture technique palliate disabling breathlessness: a single-blind, placebo-controlled crossover study

Citation: Chest, May 2004, vol./is. 125/5(1783-90), 0012-3692 (2004 May)

Author(s): Lewith GT; Prescott P; Davis CL

Language: English

Abstract: STUDY OBJECTIVES: The management of disabling breathlessness is poor, and a standardized form of acupuncture has been reported as offering benefit. This study was designed to evaluate the efficacy of standardized acupuncture treatment. DESIGN: A single-blind, randomized, crossover study. SETTING: This study was carried out on a domiciliary basis in Southampton (UK). INTERVENTIONS: This study evaluated a standardized acupuncture technique vs an appropriately validated placebo/control (mock transcutaneous electrical nerve stimulation [TENS]) for disabling, nonmalignant breathlessness (largely COPD). The acupuncture was provided by an appropriately trained nurse acupuncturist. Each patient received six treatments in each phase of the study, with an intervening 2-week washout period. MEASUREMENTS AND RESULTS: The primary outcome was worst breathlessness (visual analog scale, 0 to 100 mm), with the sample size based on an 80% power to detect a 10-mm difference between treatment means. Secondary outcomes included the St George's respiratory questionnaire score and treatment credibility. RESULTS: Thirty-six patients were entered into the study (33 with COPD), and 24 patients completed both treatment phases. The primary outcome improved significantly during the course of the study, but there were no significant treatment differences between acupuncture and the placebo/control of mock TENS for either primary or secondary outcomes. The placebo was shown to be a credible control. There was no evidence of a carryover effect from the first to second phase of the study. CONCLUSION: This standardized acupuncture technique does not show specific efficacy in disabling nonmalignant breathlessness, but those entered into the study did experience clinically significant benefit from both treatments.

Publication Type: Randomised Controlled Trial; Clinical Trial

Subject Headings: [Respiration disorders](#)
[Acupuncture](#)
[Lung diseases obstructive](#)
[Electric stimulation](#)
[Treatment outcome](#)

Source: AMED

Full Text: Available in *fulltext* at [ProQuest](#)

12. Effectiveness of acupressure in improving dyspnoea in chronic obstructive pulmonary disease.

Citation: Journal of Advanced Nursing, 01 February 2004, vol./is. 45/3(252-259), 03092402

Author(s):	Wu H; Wu S; Lin J; Lin L
Language:	English
Abstract:	<p>BACKGROUND: Patients with chronic obstructive pulmonary disease (COPD) suffer from dyspnoea in their daily life and this may be increased by anxiety. Acupressure may promote relaxation and relieve dyspnoea. Thus, it is appropriate to explore the effectiveness of acupressure on dyspnoea in patients with COPD. AIMS: To compare outcomes of acupressure using sham acupoints on different meridians and ganglionic sections with that using true acupoints, in patients with COPD who are living at home. METHODS: Patients diagnosed with COPD were selected from a medical centre and three regional hospitals in Taipei. A randomized block experimental design was used. Using age, sex, pulmonary function, smoking, and steroid use as matching factors, 44 patients were randomly assigned either to a true acupoint acupressure or a sham group. The true acupoint acupressure group received a programme to decrease dyspnoea. Those in the sham group received acupressure using sham pressure points. Both acupressure programmes consisted of five sessions per week lasting 16 minutes per session, extending over 4 weeks for a total of 20 sessions. Before acupressure was initiated and at the conclusion of the 20th session, the Pulmonary Functional Status and Dyspnoea Questionnaire-modified scale and the Spielberger State Anxiety scale were administered, and a 6-minute walking distance test was performed. Physiological indicators of oxygen saturation and respiratory rate were measured before and after every session. RESULTS: The results of this study showed that the pulmonary function and dyspnoea scores, 6-minute walking distance measurements, state anxiety scale scores, and physiological indicators of the true acupoint acupressure group improved significantly compared with those of the sham group. CONCLUSIONS: The findings suggest that acupressure can be used as a nursing intervention to improve dyspnoea in patients with COPD.</p>
Publication Type:	journal article
Subject Headings:	Acupuncture Dyspnea Pulmonary Disease, Chronic Obstructive Acupressure Acupuncture Points Aged Aged, 80 and Over Chi Square Test Data Analysis Software Descriptive Statistics Fatigue Female Functional Assessment Male Mann-Whitney U Test Middle Age Observational Methods Outpatients Oxygen Saturation Pretest-Posttest Design Psychological Tests Pulse Oximeters Purposive Sample Questionnaires Respiratory Rate State-Trait Anxiety Inventory Taiwan Therapeutic Trials Translations Treatment Outcomes Walking Human

Source: CINAHL
Full Text: Available in *fulltext* at [EBSCO Host](#)

13. Effect of acupuncture or acupressure on quality of life of patients with chronic obstructive asthma: a pilot study.

Citation: Journal of Alternative & Complementary Medicine, 01 October 2003, vol./is. 9/5(659-670), 10755535

Author(s): Maa S; Sun M; Hsu K; Hung T; Chen H; Yu C; Wang C; Lin H

Language: English

Abstract: OBJECTIVES: Acupuncture and acupressure are known to relieve symptoms associated with asthma, but the benefits to patients with chronic obstructive asthma have not been fully evaluated. In this pilot clinical study, acupuncture or acupressure was incorporated into the standard care for adult patients with chronic obstructive asthma to determine their contribution to the improvement of their quality of life and relief of symptoms. DESIGN: A prospective, randomized study that involved 8 weeks of treatment at Chang Gung Memorial Hospital (Tao-Yuan, Taiwan) was conducted between March 1997 and September 1998. Forty-one (n = 41) patients with chronic obstructive asthma were enrolled. Patients were randomly assigned to receive acupuncture in addition to standard care (n = 11), acupressure and standard care (n = 17), or standard care alone (n = 13). Twenty (20) acupuncture treatments were administered, and self-administered acupressure was performed daily for 8 weeks. Six-minute walking, the Dyspnea Visual Analogue Scale, the modified Borg scale, St. George's Respiratory Questionnaire (SGRQ), and the Bronchitis Emphysema Symptom Checklist (BESC) were used at the beginning and end of the 8 weeks of treatment. RESULTS: The total SGRQ score of acupuncture subjects showed an average 18.5-fold improvement (95% confidence interval [CI] 1.54-211.48, p = 0.02); the improvement for the acupressure subjects was 6.57-fold (95% C.I. 0.98-44.00, p = 0.05). Additionally, for patients who received acupressure, the irritability domain score determined by the BESC exhibited an 11.8-fold improvement (95% C.I. 0.88-158.64, p = 0.06) after adjustment for covariables. The other variables did not differ from those of the controls. CONCLUSIONS: Patients with clinically stable, chronic obstructive asthma experienced clinically significant improvements in quality of life when their standard care was supplemented with acupuncture or acupressure.

Publication Type: journal article

Subject Headings: [Lung Diseases, Obstructive](#)
[Asthma](#)
[Acupuncture](#)
[Acupressure](#)
[Quality of Life](#)
[Treatment Outcomes](#)
[Pilot Studies](#)
[Intervention Trials](#)
[Prospective Studies](#)
[Random Assignment](#)
[Taiwan](#)
[Descriptive Statistics](#)
[Walking](#)
[Visual Analog Scaling](#)
[Exertion](#)
[Scales](#)
[Questionnaires](#)
[Checklists](#)
[Confidence Intervals](#)
[Statistical Significance](#)
[Clinical Assessment Tools](#)
[Purposive Sample](#)
[Respiratory Function Tests](#)
[Asthma](#)

[Theophylline](#)
[Adrenergic Beta-Agonists](#)
[Steroids](#)
[Reliability and Validity](#)
[Internal Consistency](#)
[Coefficient Alpha](#)
[Pearson's Correlation Coefficient](#)
[Summated Rating Scaling](#)
[Data Analysis Software](#)
[Analysis of Variance](#)
[Kruskal-Wallis Test](#)
[Mantel-Haenszel Test](#)
[Odds Ratio](#)
[Mathematics](#)
[Multiple Logistic Regression](#)
[Two-Tailed Test](#)
[Pretest-Posttest Design](#)
[Sensitivity and Specificity](#)
[Male](#)
[Female](#)
[Adult](#)
[Middle Age](#)
[Aged](#)
[Smoking](#)
[Funding Source](#)
[Human](#)

Source: CINAHL

Full Text: Available in *fulltext* at [EBSCO Host](#)

14. A pilot project to assess the methodological issues involved in evaluating acupuncture as a treatment for disabling breathlessness.

Citation: Journal of Alternative & Complementary Medicine, 01 December 2001, vol./is. 7/6(633-639), 10755535

Author(s): Davis CL; Lewith GT; Broomfield J; Prescott P

Language: English

Abstract: OBJECTIVES: This pilot study explores the methodological implications of evaluating the use of acupuncture in the treatment of disabling breathlessness. DESIGN: A randomized, controlled trial involving three treatments that were used on one occasion, each in random order. SETTINGS: The study was designed to evaluate the feasibility of providing acupuncture treatment on a domiciliary basis, in Southampton (United Kingdom) to patients with disabling breathlessness. SUBJECTS: Sixteen (16) subjects with disabling breathlessness caused by chronic lung disease (primarily chronic obstructive pulmonary disease [COPD]) were recruited from the respiratory medicine clinics of Southampton University Hospitals Trust. INTERVENTIONS: The treatments were real acupuncture, dummy acupuncture, and mock transeletrical nerve stimulation (TENS). OUTCOMES: To evaluate the respiratory outcome measures, to look at the credibility of the three treatments (using a previously validated Borkovec and Nau scale), and to calculate the sample size for a larger, more definitive study. RESULTS: Twelve (12) subjects completed the study. The acupuncture was a predefined point prescription that had been found previously to be of value in this condition, an approach that could be taught to health professionals and provided on a domiciliary basis. The treatment was provided only on one occasion, therefore, we did not expect a clear therapeutic benefit to emerge, but some nonsignificant benefit was noted as a consequence of acupuncture treatment. The shuttle test that we used as an objective measure of breathlessness was impractical in a domiciliary environment and will not be used in further studies. Each of the three treatments was equally credible at the outset, although real and dummy acupuncture were considered by the patients to be preferable choices after the completion

of treatment. CONCLUSIONS: It was possible to carry out this study on a domiciliary basis. The information obtained will allow us to design a much clearer definitive study and the small, but statistically insignificant, response to acupuncture has allowed us to estimate sample size.

Publication Type: journal article

Subject Headings: [Lung Diseases, Obstructive](#)
[Dyspnea](#)
[Acupuncture](#)
[Treatment Outcomes](#)
[Alternative Therapies](#)
[Pilot Studies](#)
[Random Assignment](#)
[Single-Blind Studies](#)
[United Kingdom](#)
[Transcutaneous Electric Nerve Stimulation](#)
[Simulations](#)
[Power Analysis](#)
[Comparative Studies](#)
[Visual Analog Scaling](#)
[Exercise Test](#)
[Diaries](#)
[Pretest-Posttest Design](#)
[Walking](#)
[Analysis of Variance](#)
[Friedman Test](#)
[Middle Age](#)
[Aged](#)
[Aged, 80 and Over](#)
[Descriptive Statistics](#)
[Validity](#)
[Funding Source](#)
[Human](#)

Source: CINAHL

Full Text: Available in *fulltext* at [EBSCO Host](#)

15. Complementary and alternative medicine in the management of pain, dyspnea, and nausea and vomiting near the end of life: a systematic review.

Citation: Journal of Pain & Symptom Management, 01 November 2000, vol./is. 20/5(374-387), 08853924

Author(s): Pan CX; Morrison RS; Ness J; Fugh-Berman A; Leipzig RM

Language: English

Abstract: To review the evidence for efficacy of complementary and alternative medicine (CAM) modalities in treating pain, dyspnea, and nausea and vomiting in patients near the end of life, original articles were evaluated following a search through MEDLINE, CancerLIT, AIDSLINE, PsycLIT, CINAHL, and Social Work Abstracts databases. Search terms included alternative medicine, palliative care, pain, dyspnea, and nausea. Two independent reviewers extracted data, including study design, subjects, sample size, age, response rate, CAM modality, and outcomes. The efficacy of a CAM modality was evaluated in 21 studies of symptomatic adult patients with incurable conditions. Of these, only 12 were directly accessed via literature searching. Eleven were randomized controlled trials, two were non-randomized controlled trials, and eight were case series. Acupuncture, transcutaneous electrical nerve stimulation, supportive group therapy, self-hypnosis, and massage therapy may provide pain relief in cancer pain or in dying patients. Relaxation/imagery can improve oral mucositis pain. Patients with severe chronic obstructive pulmonary disease may benefit from the use of acupuncture, acupressure, and muscle relaxation with breathing retraining to relieve dyspnea. Because

of publication bias, trials on CAM modalities may not be found on routine literature searches. Despite the paucity of controlled trials, there are data to support the use of some CAM modalities in terminally ill patients. This review generated evidence-based recommendations and identified areas for future research. Copyright © 2000 by the United States Cancer Pain Relief Committee

Publication Type: journal article

Subject Headings: [Pain](#)
[Dyspnea](#)
[Nausea and Vomiting](#)
[Alternative Therapies](#)
[Terminal Care](#)
[Systematic Review](#)
[Clinical Research](#)
[Terminally Ill Patients](#)
[Computerized Literature Searching](#)
[Reference Databases, Health](#)
[Treatment Outcomes](#)
[Pain Measurement](#)
[Data Analysis, Statistical](#)
[Transcutaneous Electric Nerve Stimulation](#)
[Acupuncture](#)
[Acupressure](#)
[Massage](#)
[Behavior Therapy](#)
[Relaxation Techniques](#)
[Music Therapy](#)
[Male](#)
[Female](#)
[Adult](#)
[Middle Age](#)
[Aged](#)
[Aged, 80 and Over](#)
[Funding Source](#)
[Human](#)

Source: CINAHL

16. Dyspnea treatment... proceedings of State-of-the-Art Conference on Palliative Respiratory Care, part I.

Citation: Respiratory Care, 01 November 2000, vol./is. 45/11(1342-1354), 00201324

Author(s): Manning HL

Language: English

Publication Type: journal article

Subject Headings: [Dyspnea](#)
[Dyspnea](#)
[Palliative Care](#)
[Respiratory Therapy](#)
[Clinical Trials](#)
[Analgesics, Opioid](#)
[Psychotropic Drugs](#)
[Acupuncture](#)
[Acupressure](#)
[Dyspnea](#)

Source: CINAHL

17. Chest pain and breathlessness after acupuncture - again

Citation: Medical Journal of Australia, July 1998, vol./is. 169/1(64) (1998 Jul 6)

Author(s): Fulde GW
Language: English
Publication Type: Letter
Subject Headings: [Respiration disorders](#)
[Pain](#)
[Acupuncture](#)
[Acupuncture therapy](#)
[Etiology](#)
[Adverse effects](#)
Source: AMED

18. Testing subjective shortness of breath by inactivating trigger points of levator scapular muscles with acupuncture needles.

Citation: Journal of Musculoskeletal Pain, 01 September 1996, vol./is. 4/3(81-85), 10582452
Author(s): Aun NC
Language: English
Abstract: Objective: This study was designed to investigate whether inactivation of trigger points [TrPs] in the levator scapulae muscle can eliminate the patient's subjective feeling of the shortness of breath symptom. Methods: Seventy-five patients with nuchal soreness who also experienced a feeling of shortness of breath were examined for taut bands and trigger points in their levator scapulae muscles. When located, the TrPs were inactivated with 34 gauge acupuncture needles. Results: Sixty-eight of the seventy-five patients under study reported that their subjective shortness of breath and nuchal soreness were abolished immediately after inactivation of the TrPs. The other seven patients needed a second trial of inactivation. Conclusion: Subjective shortness of breath can be part of the myofascial pain syndrome of the levator scapulae muscle and dry needling of the TrPs can eliminate the symptom.
Publication Type: journal article
Subject Headings: [Myofascial Pain Syndromes](#)
[Dyspnea](#)
[Acupuncture](#)
[Shoulder](#)
[Descriptive Research](#)
[Adult](#)
[Middle Age](#)
[Female](#)
[Male](#)
[Human](#)
Source: CINAHL

19. Acupuncture for the relief of cancer-related breathlessness.

Citation: Palliative Medicine, 01 April 1996, vol./is. 10/2(145-150), 02692163
Author(s): Filshie J; Penn K; Ashley S; Davis CL
Language: English
Abstract: The palliation of cancer-related breathlessness is challenging and complex. An open pilot study was conducted, exploring the safety and efficacy of acupuncture in 20 patients who were breathless at rest and whose breathlessness was directly related to primary or secondary malignancy. Sternal and LI4 acupuncture points were used. Outcome measures included pulse, respiratory rate, oxygen saturation and patient-rated visual analogue scales of breathlessness, pain, anxiety and relaxation. At each time point the mean values of the variables were calculated and compared to their pretreatment levels (Student's t-test). Seventy per cent (14/20) of patients reported marked symptomatic benefit from treatment; there were significant changes in VAS scores of breathlessness, relaxation and

anxiety at least up to 6 hours post acupuncture which were measured to be maximal at 90 minutes ($p < 0.005$, $p < 0.001$, respectively). There was a significant reduction in respiratory rate, which was sustained for 90 minutes post acupuncture ($p < 0.02$). The therapeutic value of acupuncture in the management of breathlessness requires further evaluation.

Publication Type: journal article

Subject Headings: [Dyspnea](#)
[Neoplasms](#)
[Acupuncture](#)
[Palliative Care](#)
[Clinical Assessment Tools](#)
[Psychological Tests](#)
[Visual Analog Scaling](#)
[Pilot Studies](#)
[T-Tests](#)
[Adult](#)
[Middle Age](#)
[Aged](#)
[Aged, 80 and Over](#)
[Female](#)
[Male](#)
[Human](#)

Source: CINAHL

20. A critical analysis of acupuncture in pulmonary disease: efficacy and safety of the acupuncture needle

Citation: Journal of Alternative & Complementary Medicine - New York, January 1995, vol./is. 1/1(57-85) (1995 Jan)

Author(s): Jobst KA

Language: English

Abstract: Criteria for therapeutic efficacy and safety include significant amelioration of symptoms and, ideally, cure (i.e., patients' belief in effective improvement of symptoms and quality of life, durable impact on symptoms, verifiable subjective and objective changes); improved patient management (e.g., diminishing, or ceasing medication, physiotherapy, and other interventions); safety for patient and practitioner and an acceptable side effect profile; cost-effectiveness of the therapy in practice and to teach to others. There is evidence that in bronchial asthma, chronic bronchitis, and chronic disabling breathlessness the use of acupuncture fulfills these to varying degrees. It can facilitate reducing pharmacologic medication and is safe, suggesting that acupuncture as an adjuvant in the treatment of respiratory disease might be safer than prolonged pharmaceutical maintenance therapy alone. Its cost-effectiveness has yet to be adequately researched.

Publication Type: Journal Article

Subject Headings: [Acupuncture](#)
[Lung disease](#)
[Needles](#)
[Efficiency](#)
[Clinical trials](#)
[Safety](#)

Source: AMED

21. Acupuncture asthma and breathlessness

Citation: Lancet, December 1986, vol./is. 2/8521-2(1427-8) (1986 Dec 20-27)

Author(s): Anonymous

Language: English

Publication Type: Journal Article

Subject Headings: [Acupuncture](#)
[Asthma](#)
[Lung disease](#)
[Therapy](#)

Source: AMED

22. Controlled trial of acupuncture for disabling breathlessness

Citation: Lancet, December 1986, vol./is. 2/8521-2(1416-8) (1986 Dec 20-27)

Author(s): Jobst K; McPherson K; Brown V; Fletcher HJ; Mole P; Chen JH; Arrowsmith J; Efthimiou J; Maciocia G; Lane DJ

Language: English

Abstract: In a randomised controlled trial, twelve matched pairs of patients with chronic obstructive pulmonary disease received traditional Chinese acupuncture or placebo acupuncture. After three weeks' treatment the traditional-acupuncture group showed significantly greater benefit in terms of subjective scores of breathlessness and six-minute walking distance. Objective measures of lung function were unchanged in either group. Whether these differences are mediated by endogenous opiate and/or peptide release remains speculative."

Publication Type: Journal Article

Subject Headings: [Lung disease](#)
[Acupuncture](#)
[Therapy](#)
[Clinical trials](#)
[Placebos](#)

Source: AMED

23. Controlled trial of acupuncture for disabling breathlessness

Citation: Lancet, 1986, vol./is. 2/8521, 0140-6736

Author(s): JOBST, Kim; FLETCHER, Hilary J

Abstract: In a randomised controlled trial, 12 matched pairs of patients with chronic obstructive pulmonary disease received traditional Chinese acupuncture or placebo acupuncture. After three weeks treatment the traditional-acupuncture group showed significantly greater benefit in terms of subjective scores of breathlessness and six-minute walking distance. Objective measures of lung function were unchanged in either group. Whether these differences are mediated by endogenous opiate and/or peptide release remains speculative. Hilary J. Fletcher is an SRN. [Journal abstract amended].

Publication Type: Article

Subject Headings: [RESPIRATION DISORDERS](#)
[ACUPUNCTURE](#)
[ALTERNATIVE MEDICINE](#)

Source: HMIC