Headache

Summary Sheet Evidence-Based Assessment of Acupuncture Series

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Headache Overview

Primary headaches are primarily differentiated into two categories: migraine or tension type (TTH). Most headaches are diagnosed as non-specific (no 'diagnosis'), followed by TTH (42%), migraine (11%) and chronic headache (3%).1 Unfortunately, the frequency of non-specific headaches leads to challenges in appropriate treatment.

The cause of headache is poorly understood. A genetic link is suspected and it does appear that the incidence peaks between age 30-39.1 Interestingly, research suggests that migraine patients often experience TTH, yet TTH is unlikely to trigger migraines.²

Current treatment approaches consist of patient education and acute & preventative treatment options, most often multiple medications combined with stress reduction techniques. Yet, the financial burden of headache is large, with U.S. estimates of \$1 billion in direct costs (e.g. MD visits) and ~\$13 billion from indirect costs.3 These findings led to a recent guideline suggesting new therapies, such as acupuncture, for the management of headache.4



Headache in Traditional **Chinese Medicine (TCM)**

TCM practitioners view the body in terms of Qi-dynamics and use unique and specific terminology. This is best summarized by the axiom "one pattern many diseases, one disease many patterns;" suggesting that identification of the correct pattern (e.g., Kidney qi deficiency) leads to improved patient care through the selection of pattern-specific acupuncture points.

In the case of chronic headache, patients are commonly categorized into 1 of 10 patterns.⁵ TCM-theory suggests that internal 'organ-system' factors, external 'elemental' factors, and lifestyle imbalances (e.g. stress and diet) lead to gi blockage and the common symptoms of headache-related pain.

Generally speaking, patients can expect acupuncture performed both local to the area of pain and distally, with the goal of relaxing the muscles and opening the meridians.⁵ In addition to acupuncture, treatments may also include local massage, herbal formula, moxibustion (heat therapy), and home therapies such as stress-reducing techniques.

> "Where there is free flow there is no pain, where there is pain there is no free flow."

Findings from the **Acupuncture Research**

Based on the evidence. acupuncture is beneficial and cost-effective for the treatment of tension-type and migraine headaches.



- The most recent systematic reviews conclude that acupuncture is a beneficial treatment option.^{6,7}
- Two large pragmatic trials suggest acupuncture adjunctive to other therapies is costeffective.8,9
- A landmark meta-analysis of individual patient data (3,962 patients; 5 clinical trials) found acupuncture beneficial for chronic headache.¹⁰

Summary and Commentary

The World Health Organization lists headache disorders as one of the top 10 most disabling conditions; #5 for women.¹¹ The condition carries a substantial financial burden and occurs with frequency (46% incidence world-wide). Despite the high prevalence, the specific 'cause' of headaches is poorly understood.

Frequent and repeated medication use is not recommended as it can lead to 'medication-overuse chronic daily headaches'. 12 Instead, a multi-treatment approach is recommended (which can include acupuncture) for the management of headaches.4 Indeed, the most recent evidence from clinical research suggests that acupuncture is beneficial and cost-effective. 6-10 Although numerous & varying acupuncture treatment protocols have been studied, visit frequencies were similar in the clinical trials. To generalize, participants most often received 12 acupuncture treatments over 3 months.

Scope and Purpose of Evidence-Based Assessment of Acupuncture Project

This project is supported by the Society for Acupuncture Research. It includes a growing library of condition specific assessments and summary sheets on topics such as dysmenorrhea, low back pain, neck pain, etc. Our aim is to evaluate the literature with a focus on systematic reviews and randomized controlled trials. When appropriate, other levels of evidence (e.g. case studies) are also referenced. The goal of the project is to inform policy-makers, clinicians, and the public of trends in the acupuncture literature and to provide expert commentary on the state of this evidence.

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References

- 1. Stovner L, et al. The global burden of headache: a documentation of headache prevalence and disability worldwide. *Cephalalgia*. 2007;27(3):193-210.
- 2. Jensen R and Stovner LJ. Epidemiology and comorbidity of headache. *Lancet Neurol.* 2008;7(4):354-61.
- 3. Hu XH, et al. Burden of migraine in the United States: disability and economic costs. *Arch Intern Med.* 1999;159(8):813-8.
- 4. Scottish Intercollegiate Guidelines Network. DIAGNOSIS AND MANAGEMENT OF HEADACHE IN ADULTS. 2008; http://www.sign.ac.uk/guidelines/fulltext/1 07/index.html, 2012.
- 5. Wu Y and Fisher W. Practical Therapeutics of Traditional Chinese Medicine. 1997:265-71 CY - Brookline.
- 6. Linde K, et al. Acupuncture for tension-type headache. *Cochrane Database Syst Rev.* 2009; Jan 21(1):CD007587.
- 7. Linde K, et al. Acupuncture for migraine prophylaxis. *Cochrane Database Syst Rev.* 2009; Jan 21(1):CD001218.

- 8. Witt CM, et al. Cost-effectiveness of acupuncture treatment in patients with headache. *Cephalalgia*. 2008;28(4):334-45.
- 9. Wonderling D, et al. Cost effectiveness analysis of a randomised trial of acupuncture for chronic headache in primary care. *BMJ*. 2004;328(7442):747.
- 10. Vickers AJ, et al. Acupuncture for chronic pain: individual patient data meta-analysis. *Arch Intern Med.* 2012;172(19):1444-53.
- 11. World Health Organisation. The World Health Report 2001. 2004; http://www.who.int/mediacentre/factsheets/fs2 77/en/index.html.
- 12. Institute for Clinical Systems Improvement (ICSI). *Diagnosis and treatment of headache*. Bloomington (MN): Institute for Clinical Systems Improvement (ICSI); 2011.

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