

Acupuncture May Reduce Symptoms of Persistent Allergic Rhinitis in Children

Yael Waknine

Nov. 4, 2004 Acupuncture is effective in decreasing the severity of daily symptoms and increasing the number of symptom-free days in children with persistent allergic rhinitis, according to the results of a double-blind, randomized, placebo-controlled trial published in the November issue of *Pediatrics*.

"Acupuncture is used extensively for the treatment of allergic rhinitis in traditional Chinese medicine," write Daniel K. Ng, FRCP, from the Department of Pediatrics at Kwong Wah Hospital in Hong Kong, and colleagues. "Unfortunately, randomized, controlled trial data are sparse."

The investigators evaluated treatment efficacy in 72 pediatric patients with persistent allergic rhinitis randomized to receive active acupuncture (n = 35; mean age, 11.7 ± 3.2 years) or sham acupuncture (placebo: n = 37; mean age, 11 ± 3.8 years) twice weekly for two months, with a three-month follow-up period.

Rhinitis scores were assessed twice daily in four parameters (nasal pruritus, nasal obstruction, rhinorrhea, and sneezing) using a four-point severity scoring scale, for a maximal daily severity score of 24. Relief medication scores were based on daily use of chlorpheniramine. The number of patients discontinuing therapy was similar between the acupuncture and placebo groups (3 vs 6 patients, respectively; $P = .38$).

Results showed that visual analog scale (VAS) scores for immediate improvement after acupuncture were significantly greater in the active treatment group compared with the placebo group ($P = .011$).

Acupuncture treatment was associated with lower mean daily rhinitis scores (5.25 ± 3.57 vs 6.44 ± 3.33 ; $P = .07$) and a significantly increased mean number of symptom-free days (11.2 ± 0.06 vs 3.7 ± 0.03 ; $P = .0001$) compared with placebo.

During the three-month follow-up, acupuncture therapy continued to be associated with significantly lower mean daily rhinitis scores (5.43 ± 3.94 ; $P = .03$) and significantly increased mean number of symptom-free days (12.7 ± 0.04 vs 2.4 ± 0.03 ; $P = .0001$) compared with placebo.

The acupuncture and placebo groups showed no significant differences in mean daily relief medication scores during treatment ($P = .661$) or follow-up ($P = .986$). Although blood eosinophil counts and serum IgE levels increased in both groups, the increase was significant compared with baseline only in the placebo group ($P = .037$).

Adverse events were transient and mild (numbness, headache, dizziness) and occurred with similar frequency in both groups. "No withdrawals were attributable to adverse effects of acupuncture," the authors comment, recommending a large-scale trial to confirm the safety of acupuncture in children.

"This study showed that the active acupuncture group had lower daily rhinitis scores and a higher percentage of symptom-free days," the authors write, noting that the effects of acupuncture wore off after 10 weeks. "[T]his study raises the possibility that acupuncture treatment must be repeated, but the frequency, intensity, and duration need to be addressed in future studies."

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