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Ancient Art, Modern Skills by The Australian College for Emergency Medicine



The pointy end of pain management

Pain management in the ED is always going to be a hot topic.

What happens when analgesia doesn't work?

What do you do for patients who are pregnant, elderly or have drug allergies and who can't take opioids?

Add to this, the use of opioid analgesia in general has become increasingly notorious due to its addictive properties. Some emergency departments in the United States have even trialled going completely opioid-free. The world over, ED doctors are searching for alternatives to opioid pain management.

FACEM Dr Andrew Jan and his research colleagues are exploring one of the alternative solutions and they are quietly excited about it.

Dr Jan has been offering the ancient art of acupuncture in his ED for more than 20 years. He is a FACEM and was DEM at St John of God in Perth from 2002-2011. He is also a Fellow of the College of Medical Acupuncturists.

Dr Jan is 18 months into a PhD on the subject and has seen firsthand the results it can have on patients in pain.

"Often I'll have a patient who has migraine or back pain that is just not going away. I'll say 'look I'm an emergency specialist, I also happen to be a medical acupuncturist. We've tried several analgesia but you're clearly still in pain. Would you like to try some acupuncture?' I have seen that it can be very effective pain relief for many patients"

What is Acupuncture exactly?

Acupuncture is a traditional Chinese medicine practice. It has been used in Chinese medicine for 1000s of years but has only been explored by Western medical practitioners in the last few decades.

It involves inserting very fine needles into the body at designated pressure points. Modern practices also use a nifty device called an AcuLaser, an instrument the size of a pencil that uses electromagnetic waves and acupressure.

Dr Jan is the first to acknowledge that acupuncture is still an outlier in Western medicine. While several studies have demonstrated some relief for certain kinds of pain, many of these lacked strong methodology.

There are also varying Western theories as to what makes acupuncture effective in the first place. Theories range from the stimulation of nerve fibres, to the production of endorphins, to simply a response to human touch.

From Dr Jan's perspective, a more rigorous approach to acupuncture can only be a good thing.

"The art of acupuncture is now being given the once over to make it accountable. And I think that's absolutely appropriate. Better studies, rigorous testing. I think the western approach could take this from something that has been a bit woolly into something that can benefit everyone."

The Rigors of research

The main focus of Dr Jan's PhD research will be the use of ear acupuncture, specifically a technique called battlefield acupuncture.

Battlefield acupuncture is used by American military paramedics to relieve pain in the field. The treatment is incredibly popular with soldiers because it means they can stay in the field rather than having to be taken to a medical facility for monitoring with opioids.

Dr Jan and his colleagues are concentrating on whether ear acupuncture pain relief can have lasting or merely temporary effects.

"What we want know is what are they feeling like in 24 or 48 hours after treatment? For some people the pain comes back, for other people it's completely gone. What makes this treatment stick? That's the question."

East meets West

Dr Jan has Chinese heritage and grew up in Australia. For Dr Jan, combining Chinese and Western culture has been a theme throughout his life.

Dr Jan spent 1997-2000 in China working in international retrieval medicine and running a small ED. This job gave him the opportunity to observe the unique integration of eastern and western medical practices.

Dr Jan believes acupuncture is a perfect fit for emergency medicine due to its portable and non-obtrusive nature.

"If the patient is lying down you can treat them with ear acupuncture while everything else is going on. They can have their bloods taken, their obs done, nothing stops."

Alongside not instead of

Dr Jan is careful to emphasise that he is not suggesting replacing all pain management with acupuncture.

While acupuncture has been shown to help with chronic pain, renal colic, fractures and migraines, delivering it in the ED may not be appropriate in some circumstances. It has to be delivered by someone trained in medical acupuncture, which many EDs may not have access to. It also may not be suitable if a patient is in extreme pain and time is limited.

“This is absolutely going to be an adjunct to simple analgesia, it’s not going to be one or the other. For acupuncture you need about 5-10 minutes. You need time around it if it doesn’t work.”

“But if a patient is in pain and analgesia isn’t helping. I have to ask myself, could I help this person if I find that extra 10 minutes to try it?”