Acupuncture as an Adjunct Treatment for Symptom Management in The Medically Complex Child

Stansbury, Jean C. Kunz, APRN, MSN, CNP, CHPPN, and Schwantes, Scott, MD, FAAP
Gillette Childrens Specialty Healthcare, St. Paul, Minnesota, USA

Objectives:
Persons with a variety of medically complex conditions may find themselves experiencing symptoms that do not respond fully to standard western medical treatments including pain, anxiety, autonomic dysfunction, and debility. Often they are on multiple medications, and may also have many allergies or sensitivities. The risk of interactions and side effects makes a treatment that does not rely on medications an attractive adjunct for refractory symptom management. Anecdotal evidence suggests that acupuncture may provide additional symptom control without significant side effects, however there is not much information on the use of acupuncture in persons with complex neuromuscular and neurological medical conditions. Controlled trials where acupuncture appears to have efficacies include chronic and acute pain, nausea, and headache. By report, when acupuncture is done by a licensed acupuncturist, the rate of side effects is quite rare. However, most reports in the literature have not included children with complex medical needs. Svedberg et al report the use of acupuncture in children with mild spastic hemiparesis and cerebral palsy; (Svedberg et al, 2007) and Schwantes reports the use of acupuncture in 9 children with more complex medical needs (Schwantes, 2015). No information has been available as to whether the treatments interfered with other ongoing allopathic treatments or worsened symptoms.

We report the use of acupuncture in different pediatric age groups and in both acute inpatient and chronic outpatient settings.

Methods
Patients commonly seek relief for symptoms such as pain, anxiety, or sleep. Treatments may be conducted during inpatient stays as part of acute symptom management, or may be part of outpatient management of chronic, troubling symptoms. Most patients are seen every few weeks as long as they desire treatments. This poster describes the use of acupuncture to treat problematic symptoms in persons with complex medical conditions. Acupuncture was used in addition to the patient’s ongoing allopathic treatments. One case describes use of acupuncture for paroxysmal autonomic dysfunction in an acute setting; the other reviews the use of acupuncture in treatment of chronic pain. These cases represent some of the possible scenarios where acupuncture is used to augment standard western medical practices. In both situations, the treatment was well tolerated with no negative side effects and improved symptom control. All treatments were conducted by a medical doctor also trained and licensed in acupuncture.

Discussion
In the above case studies, acupuncture was used as an adjunct to allopathic medical treatments. While no one expected the acupuncture to take the place of medical treatments already in place, it did prove to be well tolerated, and appeared to augment symptom management measures already in use. It was well accepted by the children and their families.

Acupuncture can be used in symptom management on both an acute and chronic basis. No side effects, infection, or worsening of symptoms were reported. The acupuncture does not appear to have interfered with any allopathic treatments. It appears to be well tolerated on both a short and long term basis. It is easily discontinued when no longer needed, but treatments can also be adjusted to address the patient’s needs as they change.

Conclusions
This poster describes the use of acupuncture in a variety of settings, to treat both acute and chronic symptoms in conjunction with standard allopathic treatments. The patients tolerated the acupuncture without infection, site irritation, or any identified side effects. The acupuncture treatments did not appear to interfere with standard allopathic therapies, and did not appear to make symptoms worse. Most patients found the treatments of benefit, and they elected to have treatments over multiple visits. In all cases, acupuncture was not intended to take the place of standard western medical treatments, but as an additional layer of symptom management for the child. Families requesting acupuncture wanted to employ the entire spectrum of medical treatments available, often based on their own prior experience with the modality. Interest in the modality is increasing as staff, patients and families gain experience in the use of acupuncture. It is important to continue to document safety and efficacy of acupuncture in conjunction with allopathic treatments.

Recommendations for Further Study
Acupuncture is being used increasingly in western medical practice. It can provide a non-pharmacological treatment modality that can pair well with standard allopathic cares. Persons with complex medical conditions or who are medically fragile may benefit from acupuncture. Side effects and risks (burden) appear to be minimal, and the benefit can be significant. Last year over 100 acupuncture treatments were done, and we expect the numbers to increase.

References
Schwantes, S. The Use of Acupuncture in a Pediatric Chronic Care Setting: Clinical Applications. Medical Acupuncture, volume 27, number 6, 2015

Questions? Contact Jean Stansbury, APRN, CNP CHPPN
jestansb@gillettechildrens.com

Case Studies
Case Study #1: ongoing use in an inpatient setting
A 4 year old was hospitalized for rehabilitation and treatment after an anoxic encephalopathy due to near drowning. As he came out of coma, he experienced episodes of severe paroxysmal autonomic dysfunction. Symptoms included irritability, increased tone, and agitation. Medications used to treat his symptoms included propranolol, oral baclofen, gabapentan, clonidine, keppra, diazepam, and botox injections. Additional symptom management included a structured bowel management program and pulmonary treatments. About 3 weeks into the rehabilitation stay, family members requested acupuncture as additional support. Child friendly Pyxons needles were used on the selected anatomical sites (primarily auricules). Throat (for swallowing), biceps and hand were targeted along with some generalized systemic sites. Treatments were conducted twice a week for the rest of the hospital stay, about 6 to 8 weeks. Parents reported improvements in mood and decreased agitation after the first treatments. Acupuncture treatments did not appear to interfere with any of the child’s allopathic medical therapies, were well tolerated by the child, and supported the family’s goals of care. As symptoms improved the propranolol and keppra were able to be discontinued.

Case Study #2: ongoing use in an outpatient setting
A 9 year old with a history of chronic daily headaches and a history of arteriovascular malformations, shunted hydrocephalus, and endocrine issues. Headaches included mild/moderate, daily constant headaches and weekly severe headaches. Neurosurgery and neurology had been treating the child over time without having much effect on the headaches. The child has had sinus and ENT procedures without change in headaches. Gabapentin, caffeine, and topiramate had been tried; the shunt had been reprogrammed and revised multiple times, and imaging continued to show stable ventricular size. Neurosurgery referred the child for acupuncture. Pyxons needles were used, primarily on auricules sites, targeting insomnia, autonomic symptoms, and irritability. After the first treatment, the child stated that headaches were not as intense, and family members noted that behaviorally the child was less irritable, less aggressive, and less impulsive. Treatments continue every 2-4 weeks, with continued improvement in headaches, mood, and energy level. As an unexpected bonus, physical stamina has improved.

Case Study #3: acute use in an inpatient setting
A 4 year old was hospitalized for rehabilitation and treatment after an anoxic encephalopathy due to near drowning. As he came out of coma, he experienced episodes of severe paroxysmal autonomic dysfunction. Symptoms included irritability, increased tone, and agitation. Medications used to treat his symptoms included propranolol, oral baclofen, gabapentan, clonidine, keppra, diazepam, and botox injections. Additional symptom management included a structured bowel management program and pulmonary treatments. About 3 weeks into the rehabilitation stay, family members requested acupuncture as additional support. Child friendly Pyxons needles were used on the selected anatomical sites (primarily auricules). Throat (for swallowing), biceps and hand were targeted along with some generalized systemic sites. Treatments were conducted twice a week for the rest of the hospital stay, about 6 to 8 weeks. Parents reported improvements in mood and decreased agitation after the first treatments. Acupuncture treatments did not appear to interfere with any of the child’s allopathic medical therapies, were well tolerated by the child, and supported the family’s goals of care. As symptoms improved the propranolol and keppra were able to be discontinued.

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