

## Two randomized controlled trials highlight difficulties in treating migraines

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Acupuncture and sham acupuncture appear equally effective in treating migraines, according to a clinical trial published in *CMAJ (Canadian Medical Association Journal)*.

An international team of researchers conducted a [randomized controlled trial](#) to determine the effect of [acupuncture](#) compared with [sham acupuncture](#) in treating migraines in 480 patients at nine hospitals in China. The patients were randomly assigned to four groups, including one sham acupuncture group and three groups receiving different types of acupuncture. Patients were aged 18 to 65 years and were eligible if they had experienced migraines for more than one year, with two to three attacks in the three months preceding the study period.

Migraines affect about 6%-8% of men and 16%-18% of women in the US and England. Acupuncture is used to treat migraines, but evidence is mixed on its effectiveness in treating the condition and whether it is the [placebo effect](#) rather than a therapeutic effect that alleviates symptoms. Acupuncture distinguishes between real acupuncture points and nonacupuncture (or sham) points.

"We found that the outcomes following acupuncture were significantly better than with sham acupuncture during weeks 13-16, but the effect was clinically minor," writes Dr. Fan-rong Liang, Chengdu University of [Traditional Chinese Medicine](#), Chengdu, China, with coauthors.

About half to three-quarters of people with migraines were better after

acupuncture and sham acupuncture after 16 weeks. "Acupuncture has a large effect on treating migraines, but the specific [therapeutic effect](#) may be minor," state the authors.

In related commentary, Dr. Albrecht Molsberger, Ruhr University, Bochum, Germany and the University of North Carolina, writes that evidence from other studies has indicated that acupuncture is helpful in treating severe migraine attacks. "On the basis of the existing evidence, acupuncture should be an option for the first-line treatment of migraine to supplement other nonpharmacologic treatment options," he states.

In a second randomized controlled trial, researchers in the Netherlands looked at whether a proactive approach by primary care physicians to patients with suboptimal migraine treatment would result in improvements. They enrolled 490 patients from 64 general practices, 233 patients who attended consultations to evaluate treatment of their migraines and 257 patients in the control group.

In the Netherlands, a substantial number of people with migraines use too much medication for migraine attacks, whereas only 8%-12% of all migraine patients use prophylaxis. Although the approach resulted in more people taking prescription medication to prevent migraines, no clinically relevant effect was seen after six months.

"We found no clinically relevant effect of a proactive approach to migraine in primary care for patients who were using two or more doses of triptan per month," writes Dr. Antonia Smelt, Leiden University Medical Centre, Leiden, the Netherlands, with coauthors.

"It is possible that the intervention resulted in better treatment for patients not using prophylactic medication at baseline who had two or more attacks of migraine per month. Future interventions in primary care should target these patients," the authors conclude.

Provided by Canadian Medical Association Journal

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