

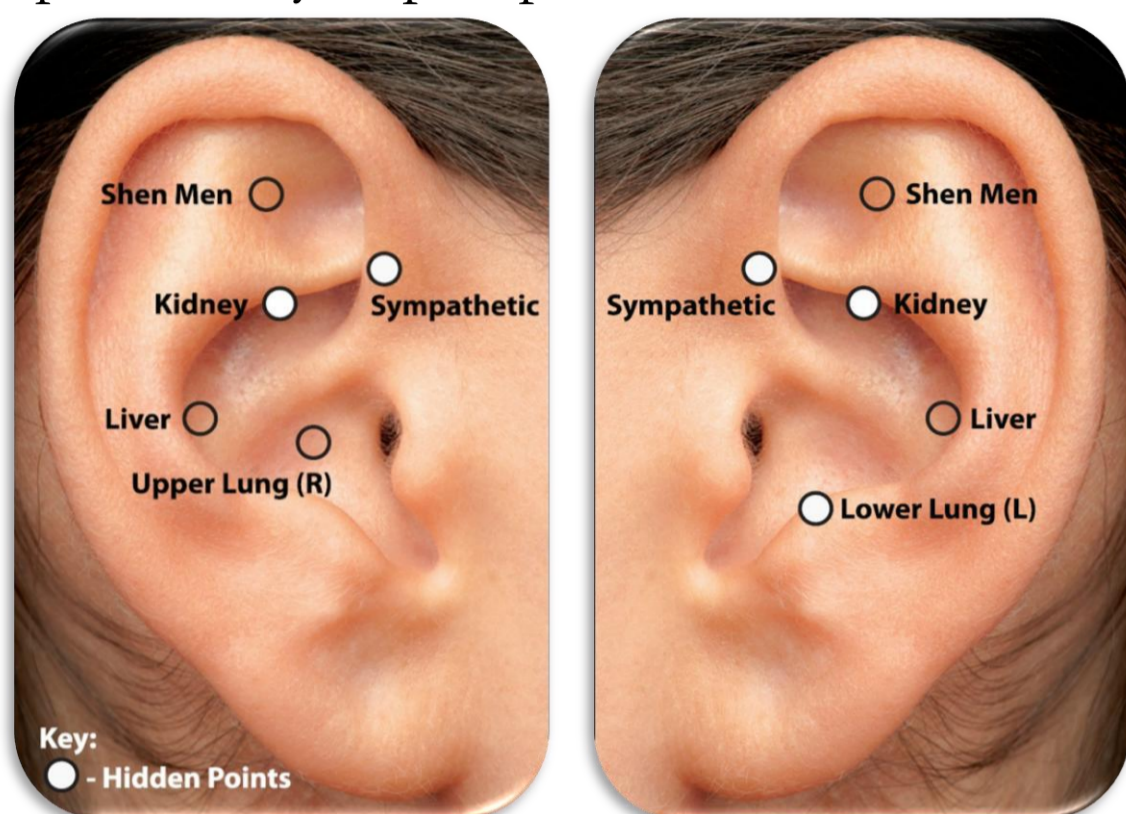
# Evaluating the NADA ear acupuncture protocol to improve wellbeing and quality of life for men diagnosed with prostate cancer

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## Introduction

As part of a programme of investigating using acupuncture for the supportive care of cancer survivors, we explored the feasibility of using the NADA (National Acupuncture Detoxification Association) ear acupuncture protocol to improve wellbeing and quality of life for prostate cancer survivors. This was a preliminary step to possible research and service development.



The NADA protocol uses 5 acupuncture points on the surface of the ear. It is designed for use as a standardised treatment delivered in a group setting. In the UK, it can be administered by licensed acupuncturists and by non-acupuncturists who are trained and annually assessed by NADA UK.

Photos courtesy of NADA UK

## Key Questions

- What symptoms do prostate cancer survivors find troublesome?
- Can the NADA protocol address symptoms and improve wellbeing?
- Is NADA treatment in a group setting acceptable to prostate cancer survivors?

## Methods

### Participants

- Men age  $\geq 35$  years diagnosed with prostate cancer.
- Without relapse or metastatic disease.
- $\geq 6$  months post active treatment (surgery, chemotherapy, radiotherapy).
- If applicable, taking adjuvant hormonal therapy  $\geq 6$  months.
- Be experiencing symptoms and/or side effects of cancer or cancer treatments.

### Acupuncture protocols

- Treatment once weekly, for 8 treatments.
- Using the NADA protocol delivered in small groups of up to 5 men.
- Administered by a NADA UK trained non-acupuncturist.

### Measurement

Measures administered at **Baseline** (immediately prior to first treatment) and **EOT** (before the last treatment) included:

- Measure Yourself Medical Outcome Profile (MYMOP)** – patient-centred, individualised; measures outcomes the patient considers important.
- Symptom Related Daily Interference Scale (SRDIS)** – measures how troublesome symptoms have been in previous week (adapted with permission from the Hot Flush Daily Interference Scale; not validated for use for men).
- Short-form 36 (SF-36)** – 8-scale generic measure of health status.

- Semi-structured questionnaires were administered at EOT, and at 4 and 18 weeks after EOT.

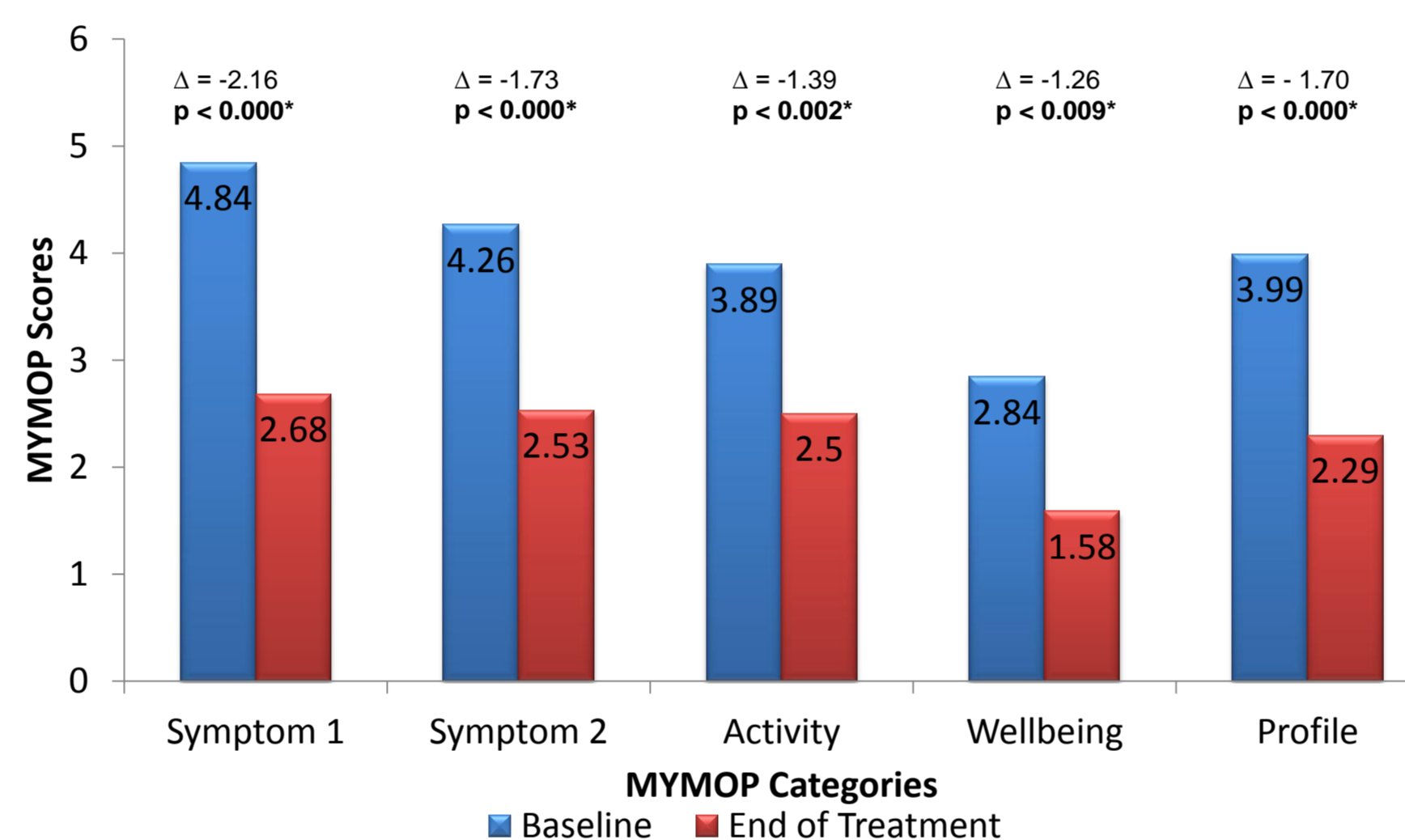
## Results

### Recruitment and compliance

- 20 men enrolled; 19 completed 8 NADA treatments.
- Questionnaire completion was high, with only some missing data on SF-36.
- Mean age = 68 years (range 59-79).
- Mean time since diagnosis = 4 years (range 1-11).

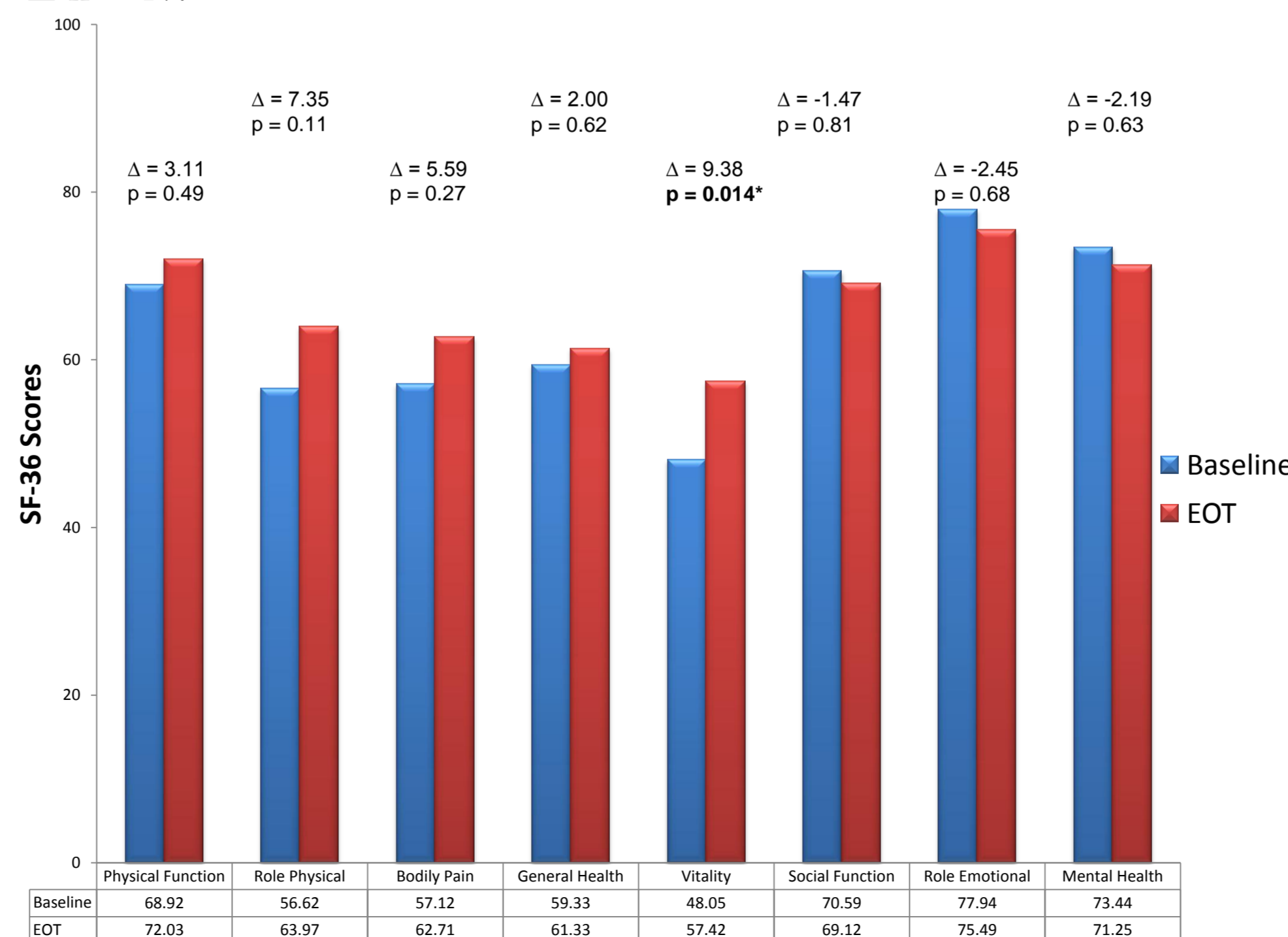
### MYMOP Scores

- Scale: 0 = “as good as could be”, 6 = “as bad as could be”.
- A change of over 0.5 on the MYMOP Score is clinically significant.
- MYMOP Profile = the summary score.
- All changes in scores were significant\* ( $p < 0.05$ ) for Wilcoxon signed rank test (paired) at EOT.
- n = 19.



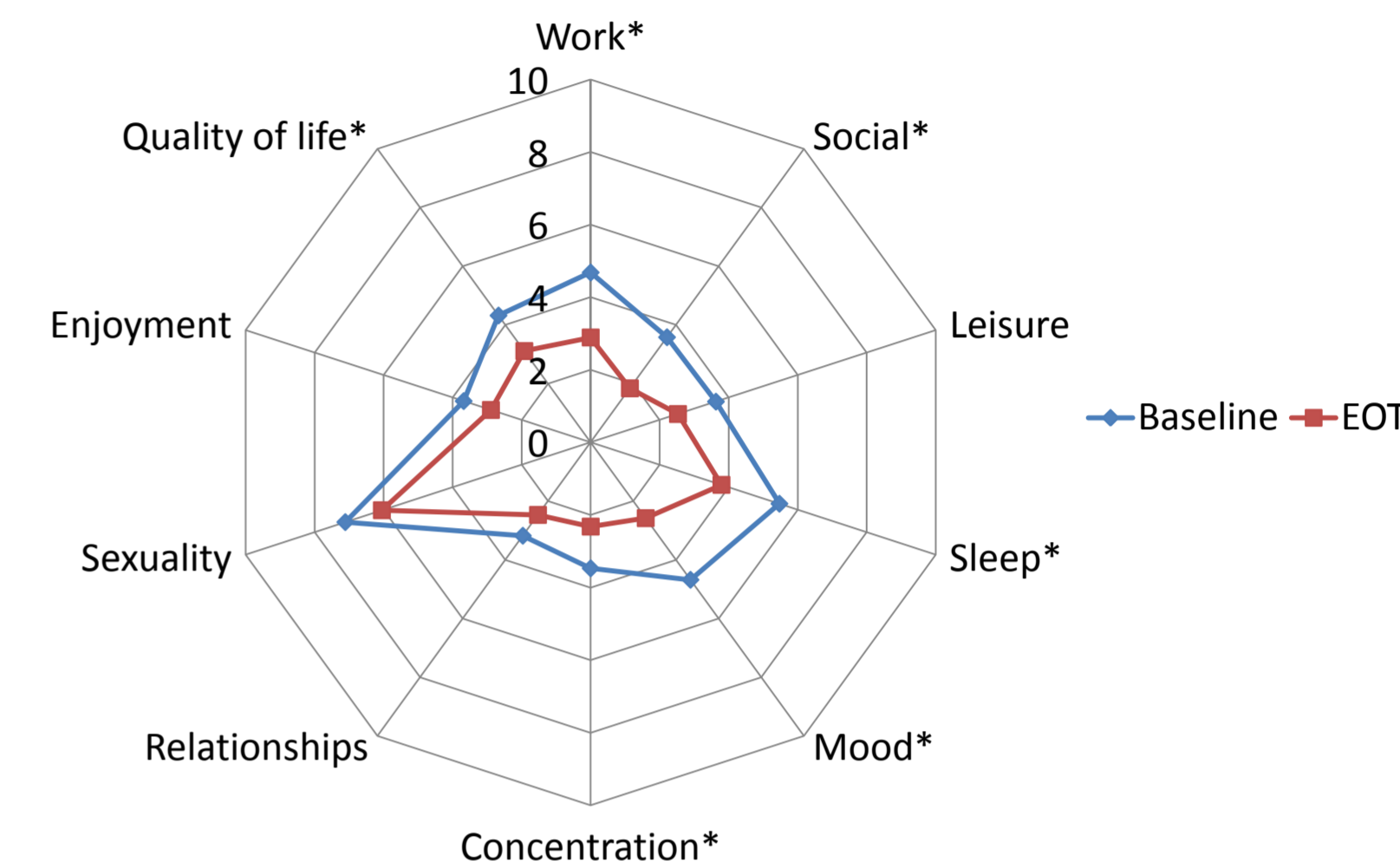
### SF-36 Scores

- Scale: 0 = “maximum disability”, 100 = “minimum disability”.
- Of the 8 SF-36 domains, only **Vitality\*** showed significant change.
- \* significance ( $p < 0.05$ ) for Wilcoxon signed rank test (paired) at EOT.
- n = 17.



### SRDIS Scores

- Scale: 0 = “do not interfere”, 10 = “completely interfere”.
- Significant changes in the following items were recorded: **Work, Social, Sleep, Mood, Concentration, and Quality of Life** ( $p < 0.05$ ) for Wilcoxon signed rank test (paired) at EOT.
- n = 19.



### MYMOP Symptoms

Patients specified a range of symptoms.

- Symptom 1 (n=20) included hot flushes, loss of bladder control, poor libido, fatigue, shoulder pain, and inability to exercise.
- Symptom 2 (n=20) included loss of bladder control, nocturia, bowel disorders, musculoskeletal pain, fatigue, poor sleep, loss of appetite, poor memory, dizziness, and feeling low.

## Discussion

- Prostate cancer survivors presented with a range of troublesome symptoms.
- Many symptoms continue for years after finishing active cancer treatments.
- NADA treatment appears to:
  - Reduce symptom burden (MYMOP)
  - Improve vitality (SF-36)
  - Reduce interference of symptoms on daily living (SRDIS).

- Ear acupuncture and group treatment were acceptable to most patients.
- Data from focus groups will be reported separately.

## Conclusion

This pre-research project suggests that this standardised form of ear acupuncture treatment has the potential to be beneficial in the management of a range of troublesome aspects of prostate cancer survivorship. Further investigation is warranted.

### Acknowledgements

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