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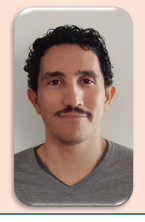
UNIVERSIDAD DE LA REPÚBLICA URUGUAY

Acupuncture for headaches and orofacial pain. A Qualitative and Quantitative Exploratory Assessment.



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Objectives

We sought to understand the experience and pain of a group of patients participating in a clinical trial evaluating the real-world effectiveness of acupuncture in treating orofacial pain of myofascial origin.

Methods

A qualitative-quantitative sub-study was conducted within a randomized controlled trial of acupuncture *(fig. 1, 2 and 3)*. Eleven patients were randomly included in this sub-study from those who completed the principal study *(fig. 4)*.

Focus group techniques and interviews with guiding questions were used for the qualitative analysis. The texts were transcribed, and the statements were segmented and indexed. The data were analyzed based on Glaser and Strauss's Grounded Theory.

The quantitative analysis consisted of analyzing the data derived from the original clinical study of the same eleven patients before and after treatment, using their responses to the Graded Chronic Pain Scale (GCPS). Change in the components was evaluated using linear mixed-effects models. The study was approved by the Ethics Committee.

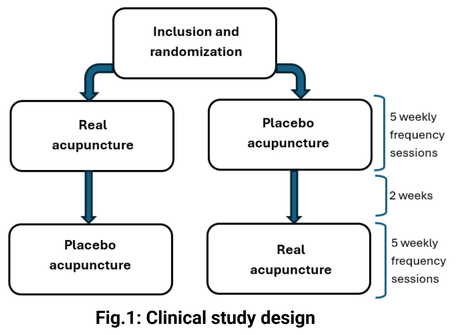

Fig.1: Clinical study design

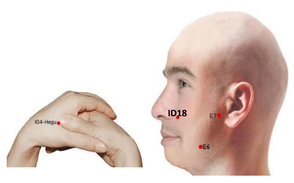

Fig. 2: Selected acupuncture points

Fig. 3: Acupuncture devices

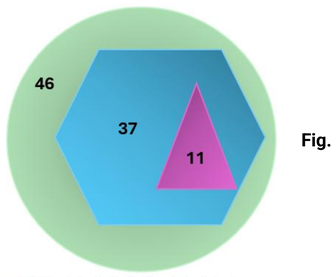

Fig. 4: Sample selection

Results

After data coding, were fragmented, conceptualized, and integrated, yielding 498 segments, eight axial categories, and their subcategories *(fig.5)*.

Fig. 5: Axial categories and subcategories of qualitative analysis.

CATEGORIES	SUBCATEGORIES						
PROFESSIONAL VISITS	Dentist	Otorhinolaryngologist	Emergency	Neurologist	Psychologist	Doctor in medicine	friends
DIAGNOSTICS	bruxism	referral for paraclinical	with derivation	without derivation	migraine	between dentists	neuralgia
TREATMENTS	occlusal splints occlusal adjustment	medication	physical exercise	acupuncture	physical therapy	relaxation	self-medication
AUTO- DIAGNOSTICS	tumor serious injury	dental problems	work stress	study stress	inheritance	psychological trauma	resignation
IMPACT ON SOCIAL LIFE	limited	not limited	resigned	totally helpless	mood swing		
PAIN RELIEF	immediate	mediate	intermittent	temporary	permanent	none	
FEELINGS AFTER ACUPUNCTURE	relief	tranquility	freedom	satisfaction	escape from anxiety	get your life back	improvement
FUTURE	acupuncture	School of Dentistry	fear of costs	continuity	I would recommend		

Finally, the central category “feeling after acupuncture" was interpreted, where patients reported finding relief, satisfaction, and treatment adherence in acupuncture.

Statistical analysis showed significant differences in six of the eight components of the GCPS (p = 0.05), all of which refer to pain perceived in the past 30 days *(fig.6)*. Only the variables, pain at the time of the survey, and pain perceived in the past 6 months did not show differences.

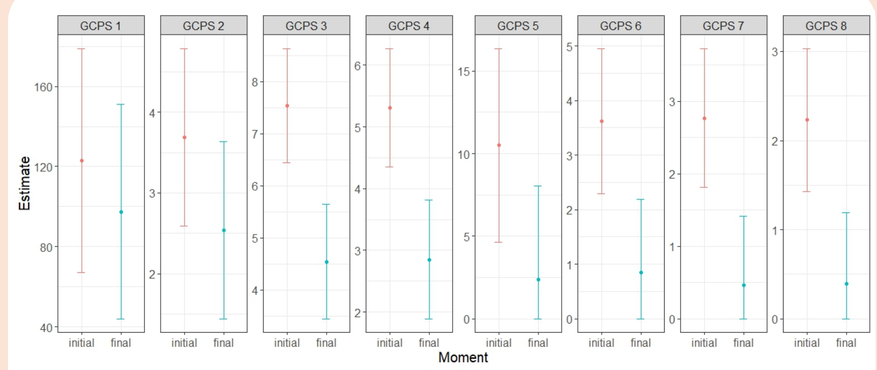

Fig. 6: GCPS variables at the beginning and end of treatment.

Conclusions

The discussion groups and interviews revealed similar facts and experiences from patients, where acupuncture was presented as a therapeutic option that provided relief in their daily lives.

These qualitative findings are supported by observation, using the GCPS, that perceived pain decreased in all assessed dimensions over the past 30 days.

RERERENCES

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