Sample long case for BMAS awards

Practice
This case was selected from patients seen in a rural general practice.

Abbreviations
The following abbreviations apply throughout:

TrP – trigger point; TeP – tender point; VAS – visual analogue score (on scale from 0 to 100)

Note on use of VAS
A 100mm line was used, blank apart from '0 No pain' at one end and '100 Worst pain imaginable' at the other. Patients made a mark on the line corresponding to their level of pain on average over the preceding week. A new, blank score sheet was used each time.

Chronic headache

Introduction
This case was important for me as it demonstrated a rapid response to minimal needling at the beginning of my practice of acupuncture. The lady was only the second patient that I had treated, and I found the experience perhaps even more satisfying than she did.

Presenting Complaint
Mrs A complained of headache almost every day for the preceding 2 years. She described pain going up her neck behind the right ear to the forehead. The headaches varied in severity, and she was not aware of any precipitating factors but admitted that they tended to be better when she was on holiday. She had not found simple analgesics very helpful.

History
This 44-year-old lady was in good general health apart from mild hypertension for which she had been commenced on Atenolol 50mg daily two weeks before I first saw her. This had not made any difference to her headaches.

Mrs A worked as a secretary during the academic year, her fairly generous annual leave helping her to cope with family commitments to her 10- and 12-year-old children and her builder husband, but she still tended to get quite anxious during term time. She was a non-smoker and only drank alcohol very occasionally.

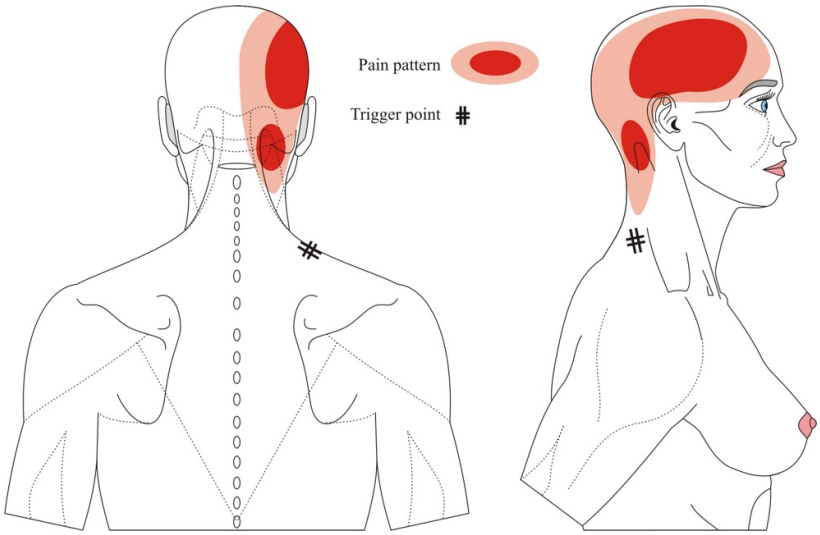

Figure
This is a representation of the distribution of Mrs A's pain, and the site of an active TrP in upper trapezius.

Examination

Mrs A had a very tender point in the upper part of her right trapezius. Her neck movements were unrestricted and remarkably pain free. Some restriction of ipsilateral rotation might have been expected with a significantly active TrP in the upper trapezius, but this was not obvious. Blood pressure was 140/100. Examination was otherwise unremarkable.

Impression

From the distribution of her pain, I expected to find a trigger point in trapezius.[1] Although I could not actually reproduce her pain I thought that the pain pattern combined with an extremely tender trapezius were enough for a diagnosis of myofascial pain. The fact that she tended to be better during holidays would be consistent, as she admitted to feeling stressed at work. It is accepted that chronic tension in the trapezius as produced by anxiety can lead to the development of trigger points.[2] Frequent work at a keyboard could also be a problem if her seat height were not well adjusted.

Treatment Plan

Trigger point needling seemed appropriate in this case, so I planned to treat only her trapezius and to reconsider if there was not a satisfactory response. Given the duration of her symptoms I thought I might need to treat her three or four times.

Treatment and Results

While lifting the muscle to ensure avoiding puncture of the pleura I inserted a needle into her trapezius to a depth of about 10mm. Following the approach of Baldry[2] I left the needle in place for only 30 seconds without any additional stimulation. On removal of the needle the trapezius was considerably less tender. I suspected that Mrs A was a fairly strong responder and resolved that further stimulation would be inappropriate.

On review a week later she reported aching across the shoulder the day after treatment that lasted 24 hours, after which she was pain free and had no further headaches. Her VAS was 35 before and 4 after treatment. I repeated the treatment in view of the long history of headache and asked her to return for review the following week. On that occasion the VAS was again 4, she had not had any ill effects from the second treatment and had just had one slight headache. I repeated the needling once more but did not arrange to see her again.

Over the following 18 months I saw her on several occasions for her hypertension. This proved difficult to manage, but her headaches never returned.

Discussion

Many patients with symptoms similar to those presented in this case must, in the past, have been dismissed with a diagnosis of tension headache in a mildly neurotic personality, and offered little useful treatment. It was a revelation to me to learn about patterns of myofascial pain on the BMAS Foundation Course. Myofascial pain did not feature in the medical curriculum when I trained and although I had heard the term, I had no appreciation of how to recognise it. I was delighted to have learnt something that had such practical and simple application.

Exacerbation of pain for 12-24 hours after treatment is not unusual. Mrs A did not develop her typical headache but the ache across her shoulder probably represented a post-treatment flare-up.[2]

It could be argued that perhaps the atenolol was responsible for the improvement in her headaches, but I think this unlikely. It had not helped in the two weeks before I saw her, it did not lower her blood pressure even when the dose was increased, nor did her headaches return when it was stopped, and a series of other hypotensive agents were substituted.

The clinical evidence for acupuncture in chronic headache is encouraging,[3–5] particularly so the pragmatic trials.[6,7] Efficacy beyond placebo is somewhat more

challenging to derive,[8,9] and this might be because a high proportion of headache suffers respond to gentle stimulation, such as is used when researchers try to apply sham acupuncture.[10]

A single needle for 30 seconds dispensed with pain that had been present for almost two years. Now that I have a little more experience, I would probably not have asked her to return on the third occasion as she had clearly had a very good response to the first treatment. This demonstrates perfectly how easily trigger point needling can be incorporated into a general practice consultation – quickly and cheaply!

Rigorous evidence for the cost effectiveness of acupuncture in general practice is hard to find, but there have been some large-scale economic assessments of acupuncture that have shown favourable cost utility.[11,12]

Reference list

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