



# Acupuncture for schizophrenia

## - THE LEADERS GUIDE

Produced by the Editorial base of the Cochrane Schizophrenia Group  
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from

Rathbone J, Xia J. Acupuncture for schizophrenia. Cochrane Database of Systematic Reviews 2005, Issue 4. Art. No.: CD005475. DOI: 10.1002/14651858.CD005475.

## Background explanation

### Special points of interest:

- This should take no longer than 1 hour to prepare
- First time you undertake a journal club in this way it may be a bit nerve-wracking

but....

- It should be fun to conduct and attend
- It should begin and end on the practical day-to-day clinical situation

Thank you for giving this guide a go. The idea behind this is to make things easier for you when you lead the journal club.

Journal clubs are often difficult to conduct and far removed from clinical life. Even if the leaders do prepare well, those turning up may be more in need of lunch, coffee or a social time than practical academic stimulation and the implicit pressure to read a difficult paper.

This suggested design is an attempt to allow for those needs, whilst getting the very best out of the session.

This journal club design should really help those

attending to see that this research may have some clinical value.

### What you will need to do is:

- ☒ Have a good read of this
- ☒ Then read the review to which this is attached.
- ☒ Distribute the review to those attending well before the club
- ☒ Make more copies for those turning up on spec
- ☒ Do not really expect many to have read the review



### PRINTING GUIDE

Pages 1-4 - one copy for you

Pages 5-6 - one copy for each participant - distributed at **start** of journal club

Page 7— one copy for each participant distributed at **end** of journal club

Page 8 - one copy for you to collate feedback

Full review for everyone

Try to find a colour printer that does double sided printing

### Inside this guide:

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## The three parts

### Part 1. Set the clinical scene (5 mins)

Be clear, but really make the participants feel the pressure of the situation...just like you would in clinical life

### Part 2. Critical appraisal of the review (20 mins)

Get participants to list what is needed from the review before service user and parents arrive, get them to talk, split into groups—with a feeling of urgency.

### Part 3. Use of evidence in clinical life (20 mins)

Having distilled the evidence use role play to see how the participants would use what they have learned in everyday life.

## Part 1.1 Setting the scene – Service user

### Introduce participants in the journal club to their scenario

Out-patient is busy today. You are meeting with the family of a service user with serious mental illness. The parents of the person with schizophrenia have strong beliefs on how drugs used in mental health are used to dope people up. They much prefer alternative therapies and have written to you, wanting to talk

through the use of acupuncture for their daughter's schizophrenia.



### Questions for participants:

Q 1. What do you think the parents may suggest?

A 1. [Suggestion] "We would like our daughter to be treated with safer treatments like acupuncture."

Q 2. Could we please have acupuncture first?

A 2. **List** the suggestions from participants as these are useful in the role play

Q 3. What do you think the service user will ask?

A 3. Again, list answers.



*Take time to read and think about the review - this is the only time-consuming bit*

## Part 1.2 Setting the scene – the Journal club

### Complicate the scenario by adding the need to attend this journal club

Knowing you are due to see the service user and her family in less than an hour you are nevertheless compelled to attend journal club.

You have not had time to

read the paper and need some lunch.

By a stroke of luck the paper for discussion focuses on the value of acupuncture.

### Questions for participants:

Q 1. If you had not had this paper fall into your lap where might you have gone for reliable information?

A 1. There are now lots of answers to this - The Cochrane Library, Clinical Evidence, NICE Technology Appraisals.

Anything that has a **reproducible method** by which results are obtained.

## Part 2.1 Critical appraisal of the review

### For every review there are only three important questions to ask:

1. Are the results valid?
2. What are the results?
3. Are the results applicable to service user?

You now have only 20 mins to get participants through this large review. To do this quickly is not easy, especially as many will not have read the paper in preparation.

**Suggestion:** Ask participants what salient facts they want to know - especially considering their tight time-scale.

**Remind** them that the service user and her parents now arrive in about 20 mins.

You should be able to fit most of the suggestions supplied by participants into the three categories of question outlined above.

Read 2.2 as this give more detail of the issues that will, in some shape or form, be supplied by the participants.

If they are not lively—give them a hand.

Do not panic. Bright journal club attendees will come up with all the answers—your job is to help focus their efforts and categories their answers.

Do not be worried by silence.

### LIST 1:

1.

2.

3.

4.

5.

### List 2:

1.

2.

3.

4.

5.



**Participants will think of most of the issues - you just need to catch them and write them on a board or flip chart**

## Part 2.2 The three parts of appraising a review

### 1. Are the results valid?

*There is no point looking at the result if they are clearly not valid.*

#### a. Did the review address a clearly focused issue?

Did the review describe the population studied, intervention given, outcomes considered?

#### b. Did the authors select the right sort of studies for the review?

The right studies would address the review's question, have an adequate study design

#### c. Do you think the important, relevant studies were included?

Look for which bibliographic databases were used, personal contact with experts, search for unpublished as well as published studies, search for non-English language studies

#### d. Did the review's authors do enough to assess the quality of the included studies?

Did they use description of randomization, a rating scale?

### 2. What are the results?

#### a. Were the results similar from study to study?

Are the results of all included studies clearly displayed?

Are the results from different studies similar?

If not, are the reasons for variations between studies discussed?

#### b. What is the overall result of the review?

Is there a clinical bottom-line?

What is it?

What is the numerical result?

#### c. How precise are the results?

Is there a confidence interval?

### 3. Can I use the results to help service user?

#### a. Can I apply the results to service user?

Is your service user so different from those in the trial that the results don't apply?

#### b. Should I apply the results to service user?

How great would the benefit of therapy be for this particular person?

Is the intervention consistent with service user's values and preferences?

Were all the clinically important outcomes considered?

Are the benefits worth the harms and costs?

*There is no point proceeding to the second question if journal club participants think the results are not valid*



**"Could we please have acupuncture first?"**



## Part 2.3 Doing the appraisal

Having managed the interactive session with the participants - acquiring the three questions that need to be addressed by those appraising a review and some idea of how to answer each of those questions - now divide the room into three.

Apportion one of the questions per group and ask each group to get a feel for the whole review (1 min) but to focus on answering their particular question for the rest of the participants (5 mins or so).

Encourage talking to each other.

Move round the room to help the groups if they seem to need it.

Have your copy of the review marked up with where they may look for answers - although in a good review it should be obvious.

Stop the flow after about 10 minutes and ask each group to report in turn.

#### **Do Group 1 really think that the review uses valid methods? Why?**

After the first group's report you may want to ask everyone to vote whether to pro-

ceed or not.

If they agree to proceed — see if you can **get Group 2 to give you the clinical bottom line.**

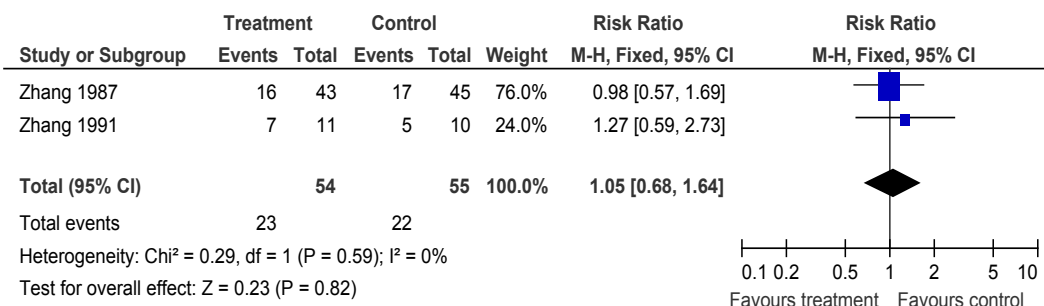
We suggest that the Graph providing data for 'Global state: Not improved, end-point (short term)' and 'Mental state: 2. BPRS, end-point (short term, high score=worse)' best fits service user's request of information.

And from **Group 3** get some feel of how applicable the findings are.

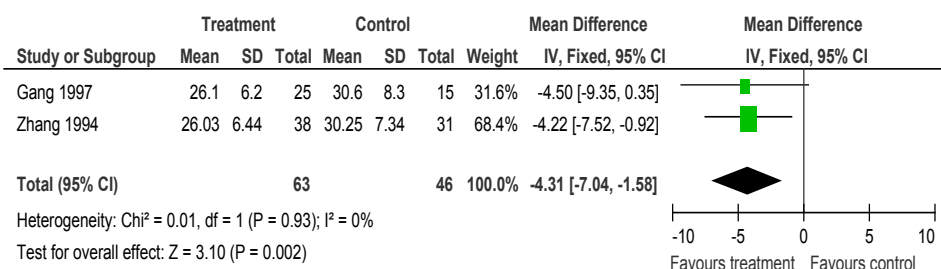


## Part 2.4 Interpret Numerical Outcomes

Comparison 1: ACUPUNCTURE versus ANTIPSYCHOTICS  
Outcome 1.1: Global state: Not improved, endpoint (short term)



Comparison 2: ACUPUNCTURE plus ANTIPSYCHOTICS versus ANTIPSYCHOTICS  
Outcome 2.6: Mental state: 2. BPRS, endpoint (short term, high score=worse)



The outcomes for global state 'not improved' were equivocal ( $n=109$ , RR 1.05, CI 0.68 to 1.64). However, when acupuncture is used in conjunction with antipsychotics, the treatment does seem to improve mental state significantly, compare to antipsychotics used alone ( $n=109$ , WMD -4.31, CI -7.04 to -1.58).

### Box 1. Additional questions

☒ Are you saying that acupuncture is equally effective as antipsychotic drugs?

This is one argument that could be used. These data are few, however, and it may be that you have to seek data elsewhere to better illustrate benefit of use of drugs - remember one swallow does not make a summer - even these two small trials do not *prove* that acupuncture is a great treatment - there are many more data to support the use of antipsychotic drugs - but in the role play you could encourage the service user's family to be stropky over this point.

☒ What additional benefit will I get if acupuncture is added to the antipsychotics?

You could be numerical here - but the graph, so common in these reviews, shows a statistically significant finding for an outcome that is difficult to interpret for the service user and their family. Can the journal club participants put it into words?

☒ Will it hurt?

This does not seem to have been measured - the TESS is a type of scale that may have that within it - but not really that useful. The proxy measures may be 'satisfaction with care' - again not measured - and 'leaving the study' and in these Chinese trials no one has left!



## Part 3. Service users arrive

This is the most important part of the journal club—the *practical application* of what knowledge you have gained.

This is one way of doing it.

Set out three chairs in consultation style.

Do not call for a volunteer—just nominate someone to be the clinician, someone to be the service user's family and you be service user.

Make sure that the clinician feels they can have time to ask their [relieved for not being singled out] colleagues for help [remember—this has got to be a combination of practical and fun].

Back on page 2 there are suggestions for what service users may ask—use them.

**We would like our daughter to be treated with safer treatments like acupuncture?**

See if they can put across in a supportive way the best evidence as they understand it.

There is no perfect way to do this—but perhaps something like this: "The best evidence we have is from a small Cochrane review - there isn't enough evidence to support that acupuncture is a safer treatment compare to antipsychotic drugs."

**Could we please have acupuncture first?** would be a good next question. Again there is no right answer but think about how to put into

words what the research outcome really means.

Perhaps - "the outcome that the best evidence suggests may not be all that you would want or hope for - in the short term the effect of acupuncture has on improving global state is equivocal to antipsychotic drugs.

As has been said—there is no right answer and all depends on personal style and situation. Your job is to encourage the best answer out of the clinician.

If it is going well there are other questions that you may ask—see side Box 1.





**Special points of interest:**

- The idea of this is to lead you from the clinical situation, through the research and back to the real-world clinical situation again
- You may or may not have read the paper - but even if you have not that does not mean that you cannot get something out of this



- Make sure you participate, and speak up - you will have to in the real clinic
- There is no perfect way of doing this - each person has an individual way of interacting and conveying information

# Acupuncture for schizophrenia

## - HANDOUT FOR PARTICIPANTS

Produced by the Editorial base of the Cochrane Schizophrenia Group  
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### Service user will arrive soon

What do you think service user may ask?

List:

- 1.
- 2.
- 3.
- 4.
- 5.

If you had not had this paper fall into your lap where might you have gone for reliable information?

What key points do you need to know to see if this review can help?\*

- 1.
- 2.
- 3.
- 4.
- 5.

\*service user arrives in 30 mins

After discussion do you want to change the key points you need to know to see if this review can help?\*

1.

2.

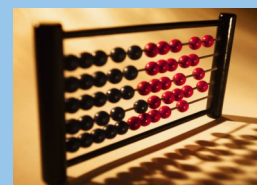
3.

\*Service user arrives in 10 mins

Can you extract numbers that will be useful to you and the service user?

Clue: focus on what you think service user may ask - main effects - graph 1.11 may be a good one to use

1. Can you put relative risk into words?



The arithmetic is not complicated

2. Can you explain the improvements on BPRS scale to the service user (graph number 2.26)?

**Service user arrives**

Is there a good use of words you would want to use?



### Special points of interest:

- Best evidence suggests that clinically focused problem-based learning “has positive effects on physician competency” even long into the future.<sup>1</sup>

1. Koh GC, Khoo HE, Wong ML, Koh D. The effects of problem-based learning during medical school on physician competency: a systematic review. CMAJ 2008; 178(1):34-41. (free online)



This can be part of a store of Critically Appraised Topics - see CATmaker online

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## - PARTICIPANTS' CRIB SHEET

### The three parts of appraising a review

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#### 3. Can I use the results to help the service user?

##### a. Can I apply the results to Service user?

Is service user so different from those in the trial that the results don't apply?

##### b. Should I apply the results to Service user?

How great would the benefit of therapy be for this particular person?

Is the intervention consistent with Service user's values and preferences?

Were all the clinically important outcomes considered?

Are the benefits worth the harms and costs?



### What are the outcomes (Graph 1.11 and 2.26)

Analysis of Graph 1.11 shows that the outcomes for global state 'not improved' were equivocal (n=109, RR 1.05, CI 0.68 to 1.64). However, when

acupuncture is used in conjunction with antipsychotics, the treatment does seem to improve mental state significantly, compare to antipsychotics

used alone (n=109, WMD -4.31, CI -7.04 to -1.58), as demonstrated by Graph 2.26



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## Thank you

This is one of 40 Cochrane Schizophrenia Group Guides for Journal Clubs

A full list is found on

<http://szg.cochrane.org/journal-club>

# Acupuncture for schizophrenia

## – FEEDBACK

Date and place of journal club

1. How many attended?

About

2. What was the background of the people attending? (please tick)

Health care professionals

☐

Consumers

☐

Policymakers

☐

Undergraduate

☐

Postgraduate

☐

Others

3. Marks out of ten compared with usual journal club

(10=much better, 5=same, 0 = much worse)

Free text feedback