

In Response to Comments on “Effect of Different Frequencies of Electroacupuncture on Chronic Low Back Pain in Older Adults: A Triple-blind, Placebo-controlled, Randomized Clinical Trial”

To THE EDITOR:

Here is a point-by-point response to the comments and concerns received:

Comment 1: Establishing an appropriate sham acupuncture method.

Response: We believe that the discussion about sham/placebo acupuncture is always relevant, and knowing this importance of this subject, the placebo group of our study was carefully designed based in high-quality studies with well-designed methodology and scientific evidences, such as the study of Chen Z-x et al (1), who summarized 17 kinds of sham electroacupuncture (EA) methods according to the needle location, depth of needle insertion, and electrical stimulation. The authors identified that the groups sham EA types A and D, who received therapeutic acupoints plus no skin penetration or superficial penetration plus no electrical stimulation were frequently used, had positive credibility test and also represented the highest positive rate of efficacy results.

Following these findings, our placebo group received an adhesive moxa over therapeutic acupoints and the needle was inserted over it, so that the patient only felt the needle prick, but without perforation of the skin and without the “deQi” sensation. In addition, the electrodes were connected to the needles; however, no electrical current was applied (2).

Besides that, we made very clear that our placebo group was a placebo only for EA and acupuncture treatment (without electrical stimulation and perforation of skin, respectively). Added to this, our results demonstrated that the placebo effect was sufficient because all of the patients believed they had undergone the real treatment (3).

Comment 2: 6-month and 12-month follow-ups for the outcome measures.

Response: I believe this is well clarified with the

“Limitation” section, where it is written “Due to the context imposed by the COVID-19 pandemic, the follow-up of the patients in this study was not carried out, and it is not possible to know if the results obtained in this study remained in the medium and long-term.”(3)

Comment 3: Standards for Reporting Interventions in Clinical Trials of Acupuncture (STRICTA) guidelines

Response: All the acupuncture methods used in our research was in accordance with the Standards for Reporting Interventions in Clinical Trials of Acupuncture (STRICTA) are well evidenced in the study protocol (2) and already cited in the *Pain Physician* published paper (3), included the points that were questioned “needle insertion depth, acupuncturist background, and the basis for acupoint selection.”

Comment 4: Reference number 34 about sham acupuncture method

Response: In correction to what was stated, the authors cited a reference number 33 (4) and not 34 to provide the rationale for the establishment of sham acupuncture method for the study (3).

In summary, our study was designed to follow a rigid scientific research design. The authors appreciate the points raised and suggest that all the article be read thoroughly in order to avoid further misunderstandings.

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4. Kreiner M, Zaffaroni A, Alvarez R, Clark G. Validation of a simplified sham acupuncture technique for its use in clinical research: A randomised, single blind, crossover study. *Acupunct Med* 2010; 28:33-36.