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Effectiveness of acupuncture as an adjunct to cardiac rehabilitation after coronary artery bypass grafting

Article in *Acupuncture in Medicine* · November 2024

DOI: 10.1177/09645284241298011

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This might be due to the differences in our study population, the assessment tool (which was not objective) and/or characteristics of the acupuncture treatment.

In general, according to our results showing no significant difference in the changes in blood pressure or exercise tolerance based on Borg scale scores between the two groups, it seems that the significant reduction of heart rate in the acupuncture group was not a clinically prominent issue. Thus, it might be concluded that adding acupuncture to an exercise-based program of cardiac rehabilitation did not have clinically meaningful additional effects beyond exercise-programmed cardiac rehabilitation alone. Up to now, there have been very limited previous studies addressing different aspects of acupuncture in patients with cardiac surgery. Thus, further evaluation to better interpret the effects of this method is highly recommended.

Limitations

A short period of follow-up and small sample size (despite the high prevalence of CABG in our population) were the two main limitations of this study. In addition, the lack of adequate referrals of patients by other physicians, lack of knowledge of patients regarding the presence of the center of cardiac rehabilitation and its effects, inadequate cooperation with 10 full sessions, and lack of access to more reliable assessments for cardiac performance (such as ECG, exercise testing and objective assessments of cardiovascular function and exercise tolerance, instead of Borg scale scoring) were other limiting factors. We suggest that future studies examine a larger number of participants over a longer period of time. Further supportive studies are needed to confirm the effect of acupuncture on the autonomic state of patients after CABG.

Conclusion

Acupuncture in combination with exercise-based cardiac rehabilitation was more effective than cardiac rehabilitation alone at decreasing heart rate after CABG. Both approaches appeared to be similarly effective at improving exercise tolerance. In this study, adding acupuncture at PC6, PC4, HT7 and GB20 to exercise-based cardiac rehabilitation did not affect blood pressure.

Acknowledgements

This study was part of a thesis by M.Z. (95-01-01-14020)—the medical ethical committee of Shiraz University of Medical Sciences and Iranian of Clinical Trials (IRCT) (ref. IR.SUMS.MED.REC.1396.100 and IRCT20171208037793N1, respectively). The authors would like to thank Shiraz University of Medical Sciences, Shiraz, Iran and also the Center for Development of Clinical Research of Namazee Hospital and Dr Nasrin Shokrpour for statistical analysis and language checking, respectively.

Contributors

The authors had equal contributions in this trial. All authors read and approved the final version of the manuscript accepted for publication.

Declaration of conflicting interests

The authors declared no potential conflicts of interest with respect to the research, authorship and/or publication of this article.

Funding

The authors received no financial support for the research, authorship and/or publication of this article.

ORCID iD

Mohadese Zakeri  <https://orcid.org/0009-0003-1303-6432>

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