

THE TABLET: PALLIATIVE CARE PHARMACY TIPS



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TODAY'S TOPIC:

Moxibustion as Adjuvant Therapy for Cancer Pain

Background:

Clinical management of pain in the cancer population relies heavily on pharmacologic therapy. Non-pharmacologic options, such as acupuncture and moxibustion are commonly used in other countries, like China, to combat cancer pain. Acupuncture is recommended by the NCCN as a comprehensive intervention for the management of cancer pain in adults and several systematic reviews supports its usefulness in reducing pain. Moxibustion is an ancient acupoint stimulation therapy, which involves the application of burning mugwort indirectly or directly at acupoints or other specific areas of the body to prevent or treat diseases. The potential mechanism of moxibustion efficacy may be related to the combination of thermal, pharmacological, and radiation effects of moxa combustion which may regulate pain-related signal pathways, reduce neuroinflammation, and inhibit production of pro-inflammatory cytokines. Moxibustion has promising evidence for its use in pain management.

Importance:

Pain affects more than 70% of cancer patients and negatively affects quality of life. Palliative care clinicians should be aware of evidence related to non-pharmacologic treatment options to combat cancer pain.

The Literature:

[J Pain Res. 2023 Feb 17;16:515-525.](#)

Moxibustion as an adjuvant therapy for cancer pain: A systematic review and meta-analysis

Objective: To assess the efficacy of moxibustion for cancer pain

Methods: Systematic review of the literature up to November 2022

- Inclusion: RCTs assessing moxibustion combined with medications versus medications alone for cancer pain, controls being treated with traditional western medicine

Outcomes:

- Primary: Pain score, analgesic onset time, duration of analgesia, quality of life and clinical efficacy
- Secondary: Adverse events

Results:

- Moderate-high risk of bias in studies included
- N=10 RCTs, all completed in China
 - o N=512 experimental group, N = 487 control group
- Efficacy of moxibustion combined with medications to relieve pain
 - o N = 7 RCTs; RR = 1.16, 95% CI = [1.04-1.30]
- Pain intensity either through NRS or VAS
 - o N = 7 RCTs; Moxibustion combined with medication could further relieve pain compared with medication alone, SMD = -1.43, 95% CI = [-2.09, -0.77]
- Analgesic Onset Time and Duration of Analgesia
 - o N = 3 RCTs; shorter onset and longer duration of analgesia in moxibustion + medication group versus medication alone
 - o mean analgesic onset time in moxibustion group was shorter than control, MD= -12.07, 95% CI = [-12.91, -11.22]
 - o mean duration of analgesia in moxibustion group was longer than the control group, MD = 3.69, 95% CI = [3.21, 4.18]
- Quality of life measures were more favorable for moxibustion + medication group
- Adverse effects
 - o N = 5 RCTs; moxibustion combined with medications can reduce adverse reactions of medications; RR = 0.35, 95% CI = [0.21, 0.57]

Conclusion: "Moxibustion combined with pharmacotherapy is more effective than drugs alone in terms of relieving pain or improving the quality of life of cancer pain patients."

Bottom Line:

- Non-pharmacologic therapies/integrative medicine such as acupuncture or moxibustion can be useful adjuncts to pharmacologic therapy in the management of cancer pain
- Limitations exist in the systematic review above including low reporting quality in the RCTs included in this systematic review
- Unfortunately, a barrier regarding patient access to non-pharmacologic therapies continues to be limited resources, availability, high cost and time as moxibustion is not typically incorporated widely into cancer centers across the US. This frequently has to do with building code limitations as moxibustion practice requires burning/smoke
- Moxibustion is offered in private acupuncture practices; several local (Pittsburgh) acupuncture clinics also offer moxibustion. Poor ventilation within buildings are a deterrent for widespread use of moxibustion practice