

# THE TABLET: PALLIATIVE CARE PHARMACY TIPS



September 29, 2023

Vol. 3, No. 16

**Palliative Care  
Pharmacy Team:**

**Clinical Pharmacy  
Specialist:**

**Maria Felton Lowry,  
PharmD, BCPS, BCGP**  
Assistant Professor  
University of Pittsburgh  
School of Pharmacy  
Department of Pharmacy  
and Therapeutics  
Palliative  
Care Clinical Pharmacy  
Specialist  
UPMC Palliative and  
Supportive Institute

**Cell:** 412-627-8473  
**Office:** 412-864-2899  
**Email:** lowrymf@upmc.edu

If you have a topic you would like the pharmacy team to answer, please send your suggestions to: lowrymf@upmc.edu

## TODAY'S TOPIC:

### Self Acupressure for Symptom Control in Cancer

**Background:**

Complementary and integrative medicine such as acupuncture, tai chi, yoga, can be added to cancer treatment to help manage symptoms related to cancer itself or cancer-directed therapy. Acupressure is a form of touch therapy in Chinese medicine that utilizes finger pressure at trigger points on the body (like acupuncture without the needle insertion) to target particular therapeutic effects. Acupressure has shown promise in alleviating symptoms of various health conditions (allergic disease, cancer, dysmenorrhea, insomnia) based on a systematic review.<sup>1</sup> New literature is available for its utility specifically in the oncology population.

**Importance:**

Cancer patients often have high symptom burden across their disease trajectory. Palliative care clinicians should be aware of evidence related to nonpharmacological approaches that may be used for adjunct symptom mitigation.

**The Literature:**

[J Pain Symptom Manage. 2023 Jul;66\(1\):e109-e128.](#)

**Self-acupressure for symptom management in cancer patients: A systematic review**

**Methods:** Systematic review through January 29, 2022

- Meta-analysis was planned but could not be performed given heterogeneity in self-acupressure interventions, control groups, and outcome measurements

**Results:** n = 11 studies

- N=4 RCTs, N =6 pilot RCTs, N=1 quasi-experimental
- 9/10 RCTs rated as “high risk of bias” or “some concerns”
- All studies included used self-acupressure, relaxing acupressure, or acupressure by caregivers as intervention plus acupressure skills training by interventionalists
- Intervention
  - o Course of self-acupressure practice ranging from 2 weeks to 5 months
  - o Range of 1-3 daily sessions, lasting 10 seconds to 3 minutes in duration
  - o **Most utilized true acupoint locations:**
    - Nausea/vomiting: Pericardium 6 (PC6)
    - Fatigue: Stomach 36 (ST36), Spleen 6 (SP6)
    - Insomnia: Heart 7 (HT7), Governing Vessel 20 (GV20), Gallbladder 20 (GB20), Pericardium 6 (PC6),
    - Depression/anxiety: Heart 7 (HT7), Governing Vessel 20 (GV20), Gallbladder 20 (GB20), Liver 3 (LV3)
  - o Outcomes: variety of instruments/tools used between studies
    - Nausea/vomiting: improved severity of nausea in 2 studies (statistically significant)
    - Fatigue: several studies found improvements in fatigue, although improvements were small and not statistically or likely clinically significant
    - Insomnia: studies included found improvements in insomnia, although difficult to compare given differences in reported outcome measures and unlikely clinically significant
    - Depression/anxiety: no trials identified significant difference between groups for anxiety or depression
    - Quality of life: 3 studies showed improvement in QoL in post-intervention follow up, and two pilot RCTs had no difference
  - o Adverse effects: mild side effects reported such as finger tiredness, bruising/pain at acupressure points, hot flashes, musculoskeletal dizziness, sleep issues (?)

**Conclusion:** “The limited evidence from this review precludes the definitive conclusions on intervention effectiveness for cancer symptoms.”

[JAMA Oncol. 2020 Feb 1;6\(2\):271-278.](#)

**Clinical evidence for association of acupuncture and acupressure with improved cancer pain: A systematic review and meta-analysis**

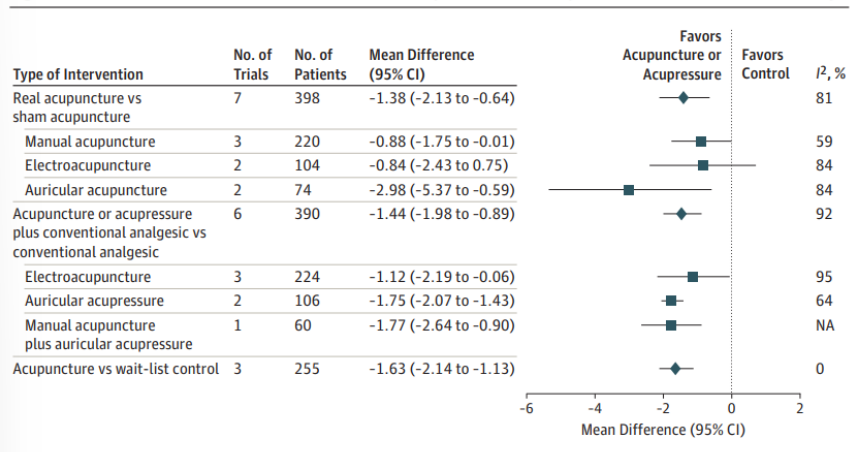
**Methods:** Systematic review and meta-analysis of RCTs through March 31, 2019

- Interventions: manual acupuncture, electroacupuncture, sham acupuncture, auricular acupressure

**Results:** n = 17 studies included in systematic review and n=14 included for meta-analysis

- 9 RCTs sham-controlled, 8 RCTs were open-label design
- Six sham-controlled studies (35%) were notable for their high quality, as each of the 6 domains in these studies was judged to have a low risk of bias, other studies had higher risk of bias overall

Figure 2. Forest Plot of the Estimated Association of Acupuncture and Acupressure With Cancer Pain Intensity



- Heterogeneity with analgesic regimens utilized and acupuncture/acupressure interventions
- Adverse effects: minor, did not require medical evaluation or any specific intervention and consisted of skin/subcutaneous tissue disorder

**Conclusion:** “This systematic review and meta-analysis found that acupuncture and/or acupressure was significantly associated with reduced cancer pain and decreased use of analgesics, although the evidence level was moderate.”

**Bottom Line:**

- New data suggests that acupressure may be beneficial to mitigate symptoms for patients with cancer. We do not know if these interventions could replace pharmacologic therapy for symptom mitigation, although seems beneficial to utilize alongside pharmacologic therapy – especially for analgesic benefit
- Difficult to determine or presume clinical relevance for non-pain, cancer-related symptoms as studies included were heterogeneous in methodology, intervention acupressure points, and outcome measurements
- One barrier to access complementary therapies like acupuncture is access (transportation, time) and affordability (not typically covered by insurance). A notable benefit to self-acupressure is that after initial training, utilizing this intervention free. So... why not worth a try?

**References:**

1. [Complement Ther Med. 2015 Feb;23\(1\):68-78.](#)

**CLINICAL PEARL:** Acupressure is safe and may be beneficial for symptom improvement in patients with cancer.