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:

We congratulate Torres et al (1) and colleagues on their recent study on electroacupuncture for treating chronic low back pain (CLBP) in older adults. Torres et al (1) touched on an important subject and concluded that 'there is no one frequency of electroacupuncture that is most effective in treating CLBP in the elderly and that electroacupuncture is not superior to manual acupuncture or placebo treatment'. However, several points require further discussion and clarification before reaching the authors' aforementioned conclusions.

First, establishing an appropriate sham acupuncture method is crucial in acupuncture research, as it directly affects the interpretation of study results (2). The appropriate sham acupuncture method should meet 2 criteria: first, it should not produce specific therapeutic effects or should have minimal therapeutic effects; second, it should be highly similar to true acupuncture. In clinical trials addressing painful conditions, the validity of employing nonpenetrating at true acupoints or penetrating acupuncture at adjacent nonacupoints has been extensively questioned (3). However, Torres et al. selected the same true acupoints for the sham acupuncture group as those in the true acupuncture group for treating CLBP, including numerous true acupoints in the lumbar region. The employment of the nonpenetrating sham acupuncture manipulation on these true acupoints, especially the true acupoints in the local sites, would elicit a considerable specific therapeutic effect, which probably resulting in the lack of a significant difference between true acupuncture and sham acupuncture in this study conducted by Torres et al. Therefore, more investigations are urgently needed to draw a firm conclusion that "electroacupuncture is not superior to manual acupuncture or placebo treatment for low back pain".

Second, the previously published study protocol (4) by the authors reported 6-month and 12-month follow-ups for the outcome measures, but the final published article did not report any follow-up data, making it impossible to evaluate the long-term efficacy of electroacupuncture. According to the 'Standard Protocol Items: Recommendations for Interventional Trials' (SPIRIT) guidelines (5), any significant modifications to the original study protocol should be explained and clarified in the published article.

Third, the author failed to provide sufficient details on the acupuncture protocol in accordance with the Standards for Reporting Interventions in Clinical Trials of Acupuncture (STRICTA) guidelines (6), such as needle insertion depth, acupuncturist background, and the basis for acupoint selection, leading to poor reproducibility of the acupuncture protocol for other researchers. Moreover, the authors cited a reference (Ref 34 in the original article) (7) to provide the rationale for the establishment of sham acupuncture method for their study, but this reference (7) is actually an overview of clinical practice guidelines for nonspecific low back pain management and is unrelated to sham acupuncture, indicating a potential citation error.

In summary, the results and conclusions of the study by Torres et al. are limited by several methodological concerns as discussed. It is imperative for other researchers in this field that these aforementioned concerns are further elucidated. As such, we anticipate that the authors will take into account our concerns and provide further clarifications.

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