Response to Comment on “Beyond Medications and Diet: Alternative Approaches to Lowering Blood Pressure: A Scientific Statement From the American Heart Association”

We thank Dr Hudnut1 for the letter and important points on our review of acupuncture in the recent American Heart Association scientific statement “Beyond Medications and Diet: Alternative Approaches to Lowering Blood Pressure.”2 In the introduction, we did forthright acknowledge the difficulties inherent in performing trials for many of the alternative approaches, such as identifying appropriate control groups.3 These barriers hinder the capacity and reliability to objectively determine the independent efficacy of these approaches to lower blood pressure, in particular acupuncture.

An additional concern seems to be the relatively few citations in the article to support our conclusions on acupuncture. As detailed in the Methods section, this statement was not intended to be an independent meta-analysis of every published article for each approach. Rather, our aim was to provide an updated summary, American Heart Association evidence-based class of recommendations, and practical guidance for healthcare providers. Many additional articles that formed the basis of our class of recommendations were only referenced in the online-only Data Supplement. We regret that the latest analytic review3 was not yet available at the time our publication and as such could not be cited. However, the vast number of articles (312 randomized controlled trials) as quoted by Dr Hudnut1 also refer to studies on all Chinese medicine, not just acupuncture. Furthermore, the conclusions2 do not differ from ours2 or from the latest 2 meta-analyses.4,5 The available evidence in the scientific literature derives from relative few studies of mixed quality and results (with additional limitations on appropriate control groups/sham acupuncture methods); hence, at present definite conclusions cannot be reached.2

We do not agree with the characterization of our acknowledgment as specious that current medical practitioners who take care of the majority of hypertension in North America are not appropriately trained in acupuncture. In no way should this statement be misconstrued as an argument for weakening the credentials for performing acupuncture. We had the exact opposite intent and sought to recognize the importance of seeking expert care in this regard.

Finally, we anticipate that future studies of acupuncture will provide clearer evidence of potential benefit and concur that this is an important area of investigation. However, with the current evidence, there is too much heterogeneity in the limited amount of data from the studies to give a class of recommendation above III, although some individual studies have positive results. The American Heart Association table does not have an inconclusive category as recommended by Dr Hudnut,1 thus no benefit was used. However, we concur that inconclusive might be an appropriate characterization as can be inferred from the text of our scientific statement. No proven benefit may have been a better selection from the available wording in the table, thus emphasizing the lack of definite proof at the present time.

Disclosures

R.R.T. has a modest relationship with Medtronic, Novartis, and Pfizer.

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