

Appendix 2.Summary of findings for pain intensity

Acupuncture compared to sham or placebo acupuncture for non-specific LBP

Patient or population: patients with low back pain

Intervention: acupuncture

Comparison: sham or placebo acupuncture

Outcomes	Illustrative comparative risks* (95% CI)		Relative No of effect (95% CI)	Participants evidence (studies)	Quality of the Comments (GRADE)
	Assumed risk	Corresponding risk			
	Sham acupuncture	Acupuncture			
Pain intensity-Post intervention - acute/subacute LBP VAS	The mean pain intensity-post intervention - acute/subacute lbp in the control groups was 3-52.5	The mean pain intensity-post intervention - acute/subacute lbp in the intervention groups was 0.54 standard deviations lower (0.87 to 0.22 lower)	156 (3 studies)	⊕ ⊕ ⊕ ⊖ moderate ¹	SMD -0.54 (-0.87 to -0.22)
Pain intensity-Post intervention - Chronic LBP VAS	The mean pain intensity-post intervention - chronic lbp in the control groups was 1-61.7	The mean pain intensity-post intervention - chronic lbp in the intervention groups was 0.35 standard deviations lower (0.55 to 0.14 lower)	597 (6 studies)	⊕ ⊕ ⊕ ⊖ moderate ²	SMD -0.35 (-0.55 to -0.14)
Pain intensity-Follow-up - Chronic LBP VAS Follow-up:	The mean pain intensity-follow up - chronic lbp in the control groups was 4.06-50.1	The mean pain intensity-follow-up - chronic lbp in the intervention groups was 1.44 lower (2.26 to 0.63 lower)	431 (4 studies)	⊕ ⊕ ⊕ ⊖ moderate ³	SMD -0.41 (-0.84 to 0.01)
Pain intensity-Follow-up - acute/subacute LBP	The mean pain intensity-post intervention - chronic lbp in the control groups was	The mean pain intensity-follow-up - acute/subacute lbp in the intervention groups was	40 (1 study)	⊕ ⊕ ⊕ ⊖ moderate ⁴	SMD -0.66 (-1.30 to -0.02)

VAS	51.7	18.4 lower
Follow-up:		(35.37 to 1.43 lower)

*The basis for the **assumed risk** (e.g. the median control group risk across studies) is provided in footnotes. The **corresponding risk** (and its 95% confidence interval) is based on the assumed risk in the comparison group and the **relative effect** of the intervention (and its 95% CI).

CI: Confidence interval;

GRADE Working Group grades of evidence

High quality: Further research is very unlikely to change our confidence in the estimate of effect.

Moderate quality: Further research is likely to have an important impact on our confidence in the estimate of effect and may change the estimate.

Low quality: Further research is very likely to have an important impact on our confidence in the estimate of effect and is likely to change the estimate.

Very low quality: We are very uncertain about the estimate.

¹ Two studies(Inoue 2006 and Kennedy 2008) with unclear registration information and one of them(Kennedy 2008) without protocol.

² One study (Brikhaus.B.2006) with unclear allocation concealment and performance bias.

³ One study with unclear registration information.