

*Stupar M. Restless legs syndrome in a primary contact setting: a case report. JCCA 2008; 52(2):81–87.*

*To the Editor:*

I would like to congratulate the author on the case report: Restless legs syndrome a primary contact setting. JCCA June '08, Volume 52 No.2.

Clinically, one important omission: non pharmacological management of RLS failed to include acupuncture intervention.

The goals of evidence based practice include reducing time and money on useless or less than effective treatment and increasing better clinical outcomes.

The existing data for acupuncture intervention remains deficient in terms of characterizing patient populations and variation in the application such as different frequencies and duration of care.

The future of evidence based acupuncture has yet to unfold. Nonetheless, a reasonable amount of evidence exists for the treatment of RLS. Effective treatment is evidenced in the treatment of the insomnia points in addition to dispersement point GB34 and tonification for weakness points S36 and SP6.

Unbiased, accurate, informative, clinically and case specific and user friendly inclusion for acupuncture in clinical decision making are needed.

Analogous, to medical scientific information in general, the aim of such inclusion of evidence based information would reduce error and improve effectiveness and efficacy of complementary treatment interventions.

Dr. K. Lutzer  
Kitchener, Ontario

*To the Editor in reply:*

Thank you for the comments made in response to the publication: Restless legs syndrome in a primary care setting. The intention of a case report is not to provide a systematic and thorough review of the literature on the management of a condition. Dr. Lutzer commented that the case report did not have a discussion of acupuncture as a form of non-pharmacologic management for restless legs syndrome. I did reference a protocol for a Cochrane review on the topic of acupuncture as a treatment for restless legs syndrome. This Cochrane review is still in progress. The research evidence for acupuncture treatment for this condition is limited. I performed a new literature search on acupuncture as a treatment for restless legs syndrome in all databases used originally in the case report and in EMBASE. This search yielded no new accessible research evidence. I agree with the comments that research is necessary to demonstrate the effectiveness of acupuncture in support of what clinicians may be experiencing in practice. I appreciate the feedback on this publication. However, at the present time, there is a lack of evidence on the topic of acupuncture treatment for this condition.

Dr. Maja Stupar, BSc, DC, PhD(candidate)  
Toronto, Ontario