Additional papers

The search strategy was conducted in December 2012 with 7 new papers (2011 – 2012) found to be eligible after full review. The search was repeated in October 2013. A single paper, Tekin et al., was found to be potentially eligible. It has yet to be formally evaluated.

Reference	Sample	Design	Main Findings	Consistency with ATC results	Quality of blinding
Li et al., 2011. "Acupuncture for migraine prophylaxis: a randomized controlled trial"	Migraine patients Acupuncture (Shaoyang-specific): N=121 Acupuncture (Shaoyang non-specific): N=119 Acupuncture (Yangming-specific): N=118 Sham Acupuncture: N=118	Electrostimulation was used with acupuncture and sham acupuncture. Sham acupuncture was performed by inserting needles at non-acupuncture points.	No statistically significant differences in early outcome between sham and true acupuncture for migraine prophylaxis. Differences became statistically significant with longer follow-up.	Despite non-significant results at early time point, the estimate of the effect size (~0.2) is similar to effect size in meta-analysis for acupuncture vs. sham	Low likelihood of bias
Ferro et al., 2012. "The combined effect of acupuncture and Tanacetum parthenium on quality of life in women with headache: randomised study"	Migraine patients Acupuncture: N=23 Tanacetum: N=23 Acupuncture + Tanacetum: N=23	Acupuncture performed twice weekly for 10 weeks. Patients in Tanacetum groups received 150mg Tanacetum per day.	Acupuncture plus Tanacetum was statistically significantly more effective than acupuncture alone or Tanacetum alone when looking at change in health-related quality of life and pain scores from baseline.	Too small to have any substantive impact on the meta-analytic estimates, although general direction of results comparable	Not applicable
Mavrommatis et al., 2012 "Acupuncture as an adjunctive therapy to pharmacological treatment in patients with chronic pain due to osteoarthritis of the knee: A 3-armed, randomized, placebo-controlled trial"	Osteoarthritis patients Verum acupuncture + etoricoxib: N=40 Sham acupuncture + etoricoxib: N=40 Etoricoxib only: N=40	All patients received etoricoxib for 60 days. Acupuncture performed twice weekly for 8 weeks. Electrostimulation was used with acupuncture and sham acupuncture. Sham acupuncture involved using Streitberger needles at the same acupuncture points as verum acupuncture.	Acupuncture + etoricoxib group had statistically significantly lower WOMAC sub-scores at the end of treatment than sham acupuncture + etoricoxib and etoricoxib only groups.	Too small to have any substantive impact on the meta-analytic estimates, although general direction of results comparable	Low likelihood of bias

White et al., 2012. "Practice, practitioner, or placebo? A multifactorial, mixed-methods randomized controlled trial of acupuncture"	Osteoarthritis patients Verum acupuncture: N=74 Sham acupuncture: N=73 Mock electrical stimulation: N=74	Acupuncture performed twice weekly for 4 weeks. Sham acupuncture involved using Streitberger needles at the same acupuncture points as verum acupuncture. Disconnected electroacupuncture stimulator used for mock transcutaneous electrical stimulation.	Pain was diminished from baseline in all groups when measured one week after treatment. There was a statistically significant difference in change of pain between verum acupuncture and mock electrical stimulation. There was no statistically significant difference between verum and sham acupuncture.	Despite non-significant results, the central estimate was close to effect size reported in meta-analysis (~0.2) for the comparison of acupuncture with sham.	Low likelihood of bias
Hunter et al., 2012. "Exercise and Auricular Acupuncture for Chronic Low-back Pain A Feasibility Randomized-controlled Trial"	Osteoarthritis patients Exercise only: N=28 Exercise and auricular acupuncture: N=24	Both groups received 12-week exercise treatment program (6 weeks supervised, 6 weeks unsupervised). Participants in exercise + acupuncture group received auricular acupuncture during first 6 weeks of program.	"Participants in the EAA group demonstrated a mean improvement of 10.67% points (95% CI, -15.36,-5.97) in the ODQ at 6 months compared with 6.67% points (95% CI, -11.44,-1.90) in the E group. The number of participants achieving the minimal clinically important difference (MCID) (8% points) for the ODQ were similar in both groups (EAA group=41.7%; E group=40.7%)."	Too small to have any significant impact on the meta-analytic estimates, although general direction of results comparable	Not applicable
Lansdown et al., 2009. "Acupuncture for pain and osteoarthritis of the knee: a pilot study for an open parallel-arm randomised controlled trial"	Osteoarthritis patients Acupuncture + "usual care": N=15 "Usual care" only: N=15	Usual care including any medications or interventions sought by the patients from any healthcare practitioner. Acupuncture group received up to 10 treatments, as necessary.	The trial was not powered to detect significant changes in outcome; however, there was a statistically significant reduction in WOMAC pain index in the acupuncture group at 3 months. This was not sustained at 12 months.	Too small to have any significant impact on the meta-analytic estimates	Not applicable
Molsberger et al., 2010. "German Randomized Acupuncture Trial for chronic shoulder pain (GRASP) – A pragmatic, controlled, patient-blinded, multi-centre trial in an outpatient care environment"	Shoulder pain patients Verum Acupuncture: N=154 Sham Acupuncture: N=135 Conventional Orthopedic Conservative Treatment: N=135	All acupuncture patients received 15 treatments, with one to three treatments a week. Conventional therapy patients received 50 mg diclofenac daily, as well as 15 treatment sessions using physiotherapy, physical exercise, heat or cold therapy, ultra-sonic treatment or TENS.	There was a significant difference between verum and sham acupuncture and verum acupuncture and conservative therapy in the number of patients who reported at least 50% relief of pain 3 months after the end of treatment.	Very similar results to those reported in the meta-analysis.	Intermediate likelihood of bias

Tekin et al. 2013. The effect of dry needling in the treatment of myofascial pain syndrome: a randomized double-blinded placebo-controlled trial.	Myofascial pain patients Dry Needling: N =22 Sham: N=17	Patients received treatment twice a week for two weeks and once a week for the following two weeks. Patients were told to avoid NSAIDs.	"… even after adjusting for baseline VAS score, the last VAS scores still significantly differ by treatment type (F, 36.2; $p < 0.001$)."	Too small to have any significant impact on the meta-analytic estimates, although general direction of results comparable	Not assessed