

Practitioners' Perceptions of Using the NADA Protocol

To Manage Breast Cancer Related
Menopausal Symptoms

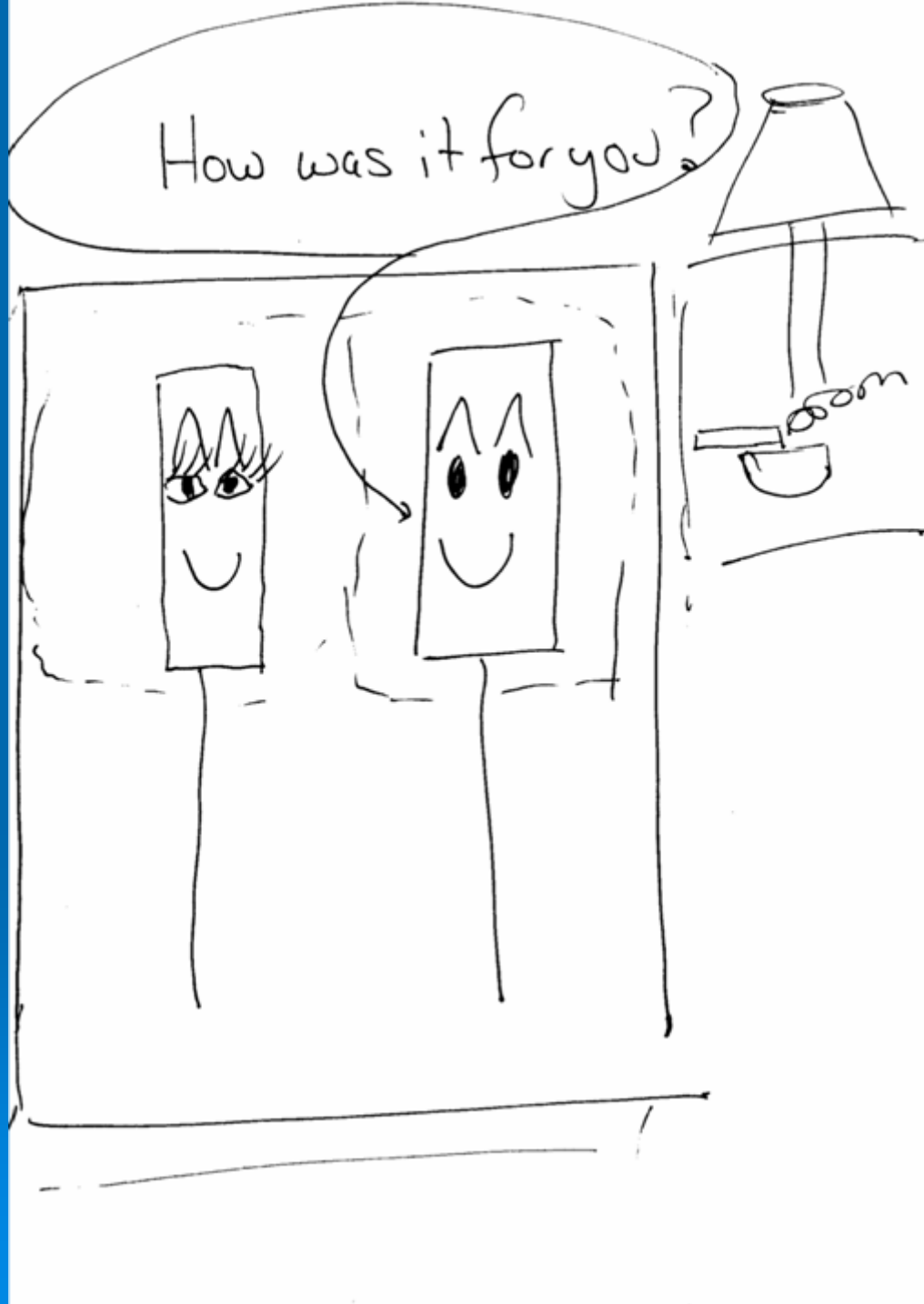
Beverley de Valois PhD LicAc MBAC

Research Acupuncturist, Lynda Jackson Macmillan Centre

Rachel Peckam MSc LicAc MBAC

NADA UK Trustee and Trainer

How was it for you?



Background

- Research
- Acupuncture in management of hot flushes & night sweats (HF&NS)
- Side effects of adjuvant hormonal treatments for early breast cancer
- 2 studies:
 - Traditional Acupuncture
 - NADA protocol

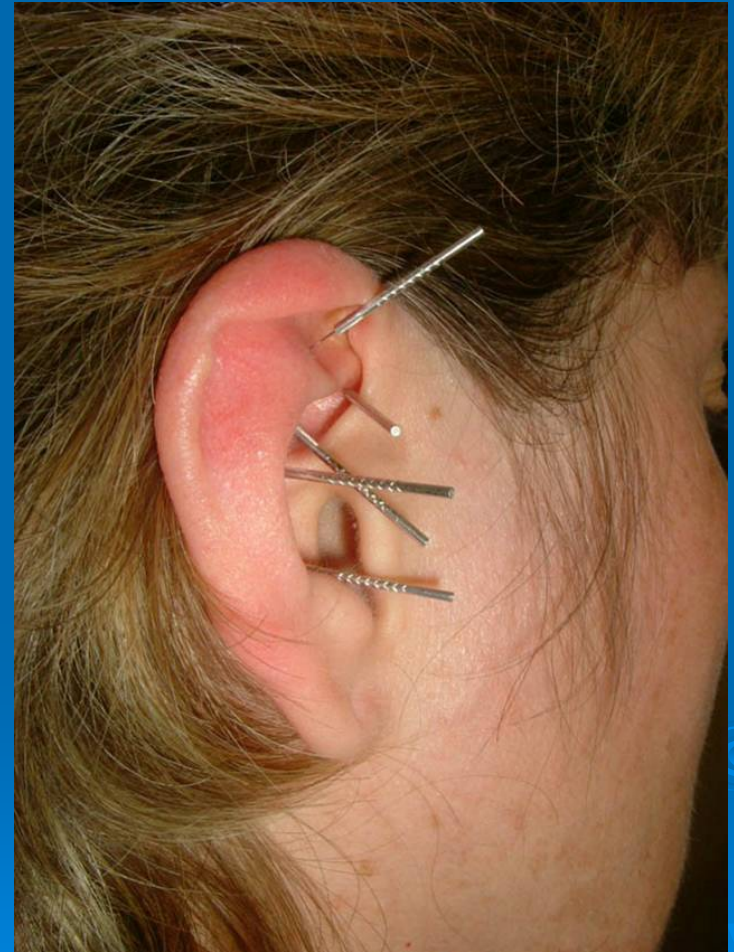
Lynda Jackson Macmillan Centre (LJMC)

- Cancer context
- National Health Service (NHS)
 - Simple to train
 - Simple to deliver
- NADA UK trains non-acupuncturists
- LJMC NADA service for HF&NS (2005)

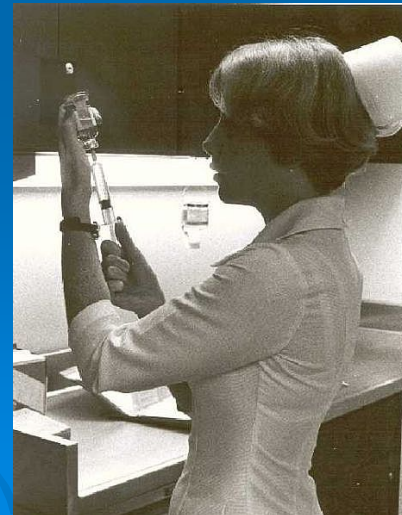


Aims of this Study

- Explore how practitioners from different backgrounds viewed the “NADA experience”
- Explore practitioners’ views of evaluating the NADA service delivery



Practitioners from 4 Backgrounds



Semi-structured interviews

- Prior acupuncture experience/knowledge
- NADA training and delivery
- Using the NADA protocol to treat HF&NS in women with breast cancer within a research context
- Evaluating the effects of NADA treatment
- How NADA fits with professional role

Range of Experience

- 3 had regular acupuncture treatment
- 2 had strong background in “qi paradigm”
 - Traditional acupuncturist, shiatsu practitioner
- 1 “knew a bit about yin and yang”; had NADA treatment once



NADA Training

- Comments reflect challenge of taking on a new skill, but trainees felt well supported:
 - *“the whole experience for me was really good although I was terrified”*
 - *“you just felt that you had people really with you...and not judging, you were free to make mistakes...at no time did you feel stupid, although it would have been very easy to feel stupid”*

Needling on NADA Training

- Fears overcome by experience:
 - *“it was like a leap of faith, the first time you put a needle in”*
 - *“practising on each other was scary but it was okay by the end of the weekend...”*
 - *“the first time I put a needle in somebody was extraordinary because I found I wasn’t scared when I did it...the more I did it over that weekend of training, the more I thought “I’m really going to enjoy this”*

Point Location

➤ Concerns over accuracy:

- *“doing the needles was frightening because there’s that bit that thinks, is it going to be in the right place? And if its not the right place it won’t have the same effect”*
- *“what I was more nervous about was learning the points”*
- *“although I’m used to giving injections and so on, this is a bit more different and you’ve got to make sure you’ve got the points right...”*

Strength of Language

➤ General comments:

- *“fear”*
- *“scary”*
- *“terror”, “I was terrified” “there was that terror”*

➤ Observed treatments:

- *“I was really frightened...nervous...my heart was pounding”*
- *“you’re very nervous and your hands start to shake a bit”*

Into the Clinic – First Treatments

- Practitioners very experienced with patient management, but still feel apprehensive:
 - *“I’m going to do it wrong, I’m going to drop the needles, I’m going to put them in too far, it’s going to be the wrong place, so there are still all those fears”*
 - *“I lost a needle, which was in that first group...and it was a woman who was a really difficult person...My feeling about all of that was that I just should not do it...It just knocked my self-confidence completely.”*



Fit with Role

- All practitioners felt the NADA protocol expanded their role and capabilities:
 - *“Its another string to my bow, another tool I can use to benefit my patients...It’s a privilege to be able to offer this to them...”*
 - *“...being able to practice other therapies as well, you can relate the points as well. In reflexology you can work on the ear as well, so it’s very interesting to see how it all relates to each other.”*

Fit with Role

➤ But there were some limitations:

- *“Initially I found it very restrictive...I can remember being very distressed by my first patient on the NADA study...She was very distressed...and I just thought “there’s so much I could do for this woman if I could just have the range...available to a traditional acupuncturist”...I thought I couldn’t help these women as much as I could do if I was practising traditional acupuncture. But the whole process was very interesting for me, to see what could happen if you just used the NADA protocol. And the results are that it seems to have made some difference to them. So I just had to be letting go and allowing that to happen. It was very interesting.*

Conclusions

- Small study
- Provides some insight into the challenges of taking on NADA skills
- Training is supportive
- Need for supervision:
 - In addition to annual reassessment
 - To support new practitioners especially in early stages

Is this your experience?

