

## Update 84

### Chiropractic and Patients with Stable Angina Pectoris

The objective of a recently conducted nonrandomized, open, prospective trial (1) was to examine if participants with angina pectoris originating from the spine would benefit from chiropractic manual therapy in terms of pain scores and health-related quality of life.

The trial, which was carried out at a tertiary hospital, included patients who were referred for coronary angiography because of known or suspected stable angina pectoris.

In total 275 participants were recruited. Fifty (50) were diagnosed with cervicothoracic angina (CTA)-positive (chest pain from the cervicothoracic spine) and 225 were diagnosed CTA-negative. The intervention performed was described as manual therapy according to chiropractic

standards. Patient self reported questionnaires at baseline and 4-week follow-up

included -

- pain measured with an 11-point box scale,
- Short Form 36 (health-related quality of life), and
- Perceived improvement.

The authors, who are from the Nordic Institute of Chiropractic and Clinical Biomechanics, Denmark, report that approximately 75% of CTA-positive patients reported improvement of pain and health-related quality of life after treatment, compared with 22% to 25% of CTA-negative patients ( $P < .0001$ ).

Pain intensity decreased in both groups with consistently larger decreases for all measures of pain among CTA-positive patients. Short Form 36 scores increased in the CTA-positive group in 5 of 8 scales and remained unchanged in the CTA-negative group.

The authors concluded,

“This study suggested that patients with known or suspected angina pectoris and a diagnosis of CTA may benefit from chiropractic manual therapy. Methodologically, sound randomized clinical trials are needed to corroborate our results.”

### ASRF Chiropractic Update Editor’s comment -

This paper makes an interesting addition to a large number of papers, a few of which are referenced below (2-4), that have started to give us some insight into the relationship between the spine and cardiovascular function.

### References:

1. [Christensen HW, Vach W, Gichangi A, Manniche C, Haghfelt T, Hoilund-Carlsen PF.](#) Manual therapy for patients with stable angina pectoris: a nonrandomized open prospective trial. *J Manipulative Physiol Ther.* 2005; 28:654-61.

2. [De Landsheere C, Mannheimer C, Habets A, Guillaume M, Bourgeois I, Augustinsson LE, Eliasson T, Lamotte D, Kulbertus H, Rigo P.](#) Effect of spinal cord stimulation on regional myocardial perfusion assessed by positron emission tomography. *Am J Cardiol* 1992; 69:1143-9.
3. [Yu W, Maru F, Edner M, Hellstrom K, Kahan T, Persson H.](#) Spinal cord stimulation for refractory angina pectoris: a retrospective analysis of efficacy and cost-benefit. *Coron Artery Dis.* 2004; 15:31-7.
4. [Greco S, Antonini L, Auriti A, Peverini M, Santini M.](#) Importance of spinal cord stimulation in the treatment of refractory angina. *Ital Heart J Suppl* 2004; 5:429-35.