

The Effects of P6 Acupressure and Nurse-Provided Counseling on Chemotherapy-Induced Nausea and Vomiting in Patients With Breast Cancer

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Of the symptoms of chemotherapy, chemotherapy-induced nausea and vomiting (CINV) is the most prevalent and one of the hardest to manage. Women with breast cancer often suffer from CINV because chemotherapy agents for breast cancer combine various emetogenic agents, such as cyclophosphamide, doxorubicin, epirubicin, paclitaxel, docetaxel, fluorouracil, and methotrexate (Bender et al., 2002; Grunberg, 2007; Newton, Hickey, & Marrs, 2009). More than half of women undergoing chemotherapy have been reported to experience CINV despite the use of antiemetic medications (Dibble, Israel, Nussey, Casey, & Luce, 2003; Lee, Dibble, Pickett, & Luce, 2005; Williams & Schreier, 2004).

The Oncology Nursing Society (ONS) Putting Evidence Into Practice guidelines on CINV management list acupuncture, acupressure, guided imagery, music therapy, progressive muscle relaxation, and psychoeducational support and information as *likely to be effective* nonpharmacologic interventions (Tipton et al., 2007). Among those interventions, acupressure and counseling provided by a nurse can be useful interventions in nursing practice because they are noninvasive, easy to apply, and can be led by nurses. Evidence supporting those modalities, however, is scarce and inconsistent.

Only three randomized, controlled trials (RCTs) have examined the effects of pericardium 6 (P6) acupressure on CINV management (Dibble et al., 2007; Molassiotis, Helin, Dabbour, & Hummerston, 2007; Roscoe et al., 2003). The P6 point is called “Neiguan” in traditional Eastern medicine and is known to be associated with nausea and vomiting. By pressing the point, the energy, which is called Qi, is believed to flow easily and reduce nausea and vomiting (Filshie & White, 1998; Gach, 1990). The P6 point is located on the anterior surface of both

Purpose/Objectives: To evaluate the effects of pericardium 6 (P6) acupressure and nurse-provided counseling on chemotherapy-induced nausea and vomiting (CINV) in patients with breast cancer.

Design: Randomized, controlled trial.

Setting: A university cancer center in Seoul, South Korea.

Sample: 120 women who were beginning their second cycle of adjuvant chemotherapy after definitive surgery for breast cancer and who had more than mild levels of nausea and vomiting with the first cycle of chemotherapy.

Methods: Participants were assigned randomly into four groups: control (placebo on SI3), counseling only, P6 acupressure only, and P6 acupressure plus nurse-provided counseling. The experiences of upper-gastrointestinal distress were measured by the Rhodes Index of Nausea, Vomiting, and Retching for acute (day 1) and delayed (day 2 to day 5) CINV.

Main Research Variables: Nausea, retching, vomiting, P6 acupressure, and counseling.

Findings: No significant differences were found in the demographic and disease-related variables among the four groups. The levels of CINV were significantly different among the groups from day 2 to day 5. The CINV differences were attributed mainly to the difference between the control group and the group with P6 acupressure plus nurse-provided counseling. The effects of acupressure were proven from day 2 to day 5, and the effects of nurse-provided counseling were proven on day 4 and were close to significance level on day 5.

Conclusions: Synergic effects of P6 acupressure with nurse-provided counseling appeared to be effective in reducing CINV in patients with breast cancer.

Implications for Nursing: P6 acupressure combined with counseling by nurses is a safe and easy-to-apply tool in CINV management in practice.

forearms, about three finger widths up from the wrist crease (Klein & Griffiths, 2004). The studies investigated mostly women with breast cancer, and used the P6 point