So where do we stand at the moment? I think we can say that acupuncture is relatively safe, compared to other treatment options which are for the diseases available. Acupuncture is effective for chronic pain. It has a moderate effect size compared to active control groups. The difference between acupuncture and sham acupuncture is statistically significant but is of small effect size. And we don't have any clear predictors at the moment which really, which characteristics and variables tell us which patients respond best on acupuncture treatments.

So we really have to understand that there is something going on which is in addition to the needling-specific effect of acupuncture. So how do we deal with this in clinical implications? And many of you might know this paper which came up in 2010 in the New England Journal and was led by Brian Berman. And here even the evidence for acupuncture versus sham acupuncture for chronic low back pain was less good as after this patient-level meta-analysis. But still our recommendation was that acupuncture could be provided to a patient who has non-specific low back pain, not responded to conventional treatment and has requested acupuncture. And the reason why we were able to make this recommendation was this was already shown that acupuncture was better than active controls for low back pain. So this was already a decision based in a way on comparative effectiveness research data.