

Writing case reports

– author guidelines for *Acupuncture in Medicine*

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Abstract

Case reports are particularly valuable in specialist clinical areas such as acupuncture to report new adverse events and to suggest possible new hypotheses. They can also be used to report events that have been reported previously but are rare or serious, in order to illustrate their frequency. They may illuminate the wider side of clinical practice by describing personal experiences of one practitioner. Constraints to writing case reports include finding time, working in isolation, and not having enough experience at the task. This article reproduces and develops a set of guidelines that were previously published, in an attempt to help authors to write thorough but succinct reports in a structured manner. The format for case reports includes an abstract, description of the case, literature search, discussion and summary or conclusions. Recommendations are made for the material to be included in each section. The policy of *Acupuncture in Medicine* is to require patient consent before accepting a report for publication.

Keywords

Case report, author guidelines, *Acupuncture in Medicine*.

Introduction

Anecdotes can have a memorable impact on us as individuals, however scientifically trained we may think we are. Reports of careful observations from clinical practice were the only basis of medicine for many centuries, and they can still make a valuable contribution to our knowledge and understanding. Clinical outcomes that have not been reported before are worth describing either because they are beneficial but novel, and therefore stimulate others to look for the same thing and perhaps establish a new hypothesis, or because they are harmful, in which case they serve as warnings for other practitioners. Case reports of a different kind can also address the emotional side of medical practice, for example, a valuable record of some important experience in life's rich tapestry.

In this world of evidence based medicine, case reports have a somewhat ambiguous reputation: case reports of adverse reactions to treatment remain the fundamental method of alerting the profession to possible new reactions and constitute a vital part of treatment safety.¹ However, in regard to evidence of effectiveness of a particular treatment, case reports are easily dismissed as 'mere anecdotes', and have been relegated to the

lowest rung of the ladder on the hierarchy of evidence. This is because the case is not controlled, and the response could have been due to other effects such as a particularly strong therapeutic relationship, or simply the passage of time. For this reason, many scientific journals no longer publish case reports. We believe that *Acupuncture in Medicine* should continue to publish case reports and indeed we regard them as particularly valuable: acupuncture is still in its formative stage in the West and lacks a careful and systematic description of the wide range of responses to needling. In addition, acupuncture involves complex and varied forms of treatment, and only by carefully recording of what happens can we begin to find out which parts of it are the most hopeful.

There are some particular difficulties with case reports in the special situation of acupuncture. Clinicians tend to be busy, so may have difficulty in finding time to write. Acupuncturists often work independently or even in isolation, perhaps without access to complete clinical records of diagnostic tests or reports of previous treatments, and often with no colleagues to discuss the case. In addition, there are unique requirements for

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reporting acupuncture interventions (which are covered below). It can also be difficult to know how much the response was due to the needling and how much to the therapeutic interaction: both can have strong psychological effects in some people, and psychological reactions reported in the SAFA survey were sometimes dramatic.² We can only marvel at the wonderful variety of human experience. Despite these problems, case reports should be of as high quality as possible in order to reach their full potential value for the reader, and to improve the scientific credibility of the subject.

In an outstanding article,³ two authors reviewed many previous case reports and all the published discussion and guidelines for the theory and practice of writing case reports. They summarised and collated the recommendations and published a 'worksheet' to guide authors. They also recommended that editorial boards should make these criteria explicit for individual journals. We shall now do this, in order to stimulate readers to put their observations on paper, to give guidance on how to do it based on the worksheet, and to indicate some standards to aim for.

Format for a case report

When planning a case report, consider the content under the five headings shown in the Box. This format is not intended as a rigid structure for every report, but to help the writer plan and present the report and also to act as a check-list to make sure that nothing essential is omitted. The essence of the writing style for a case report is that it should be concise but complete. It is important that the title includes the words 'case report'.

1. Abstract

A major reason for writing an abstract, when the case report may already be quite short, is for the database listing, so that anyone browsing the database can decide whether the article is of interest and whether they should obtain the full version. The Abstract should contain the bare essentials, for example, one or two sentences describing the event and another one or two sentences describing why it is worth reporting.

2. Description of the case

Present the information in chronological order, in

principle. However, be flexible, for example if it makes more sense to group together investigations that were done at different times. Use clear and accepted medical, pathological and therapeutic terms. You may use TCM terminology if this genuinely guided the treatment approach, but always present the diagnosis in western terms as well.

Aim to provide enough information from clinical assessment (and, if appropriate, from investigations) to support the diagnosis, and to exclude alternative diagnoses. It is not sufficient to rely solely on the patient's description of a diagnosis given by another clinician. The treatment and overall management must be seen to be ethical, for example, not denying the patient information about conventional treatment options. Full details of the acupuncture treatment are needed, using STRICTA criteria.⁴ Take particular care to describe the details of any treatment that is unconventional. If the outcome is in terms of relief of symptoms, this should ideally be measured as reliably as possible, for example with a VAS scale correctly applied. Clinical photographs are a welcome record, and are most useful if accurately dated. Make sure the longterm outcome is reported, such as the eventual resolution of an adverse reaction.

The case report needs to provide sufficiently detailed information so that the reader can be reasonably clear how probable it was that the outcome was a response to acupuncture, and how likely that it was due to some other intervention or to natural history. The criteria for attribution were described in this journal recently.⁵ This means it is important to describe any other simultaneous treatment, and give dates of acupuncture and any other treatment. Ideally, different treatments should be separated in time so the response can be attributed correctly. The fluctuation of the response over time can also be crucial: for example, an adverse reaction that occurs within a few hours of acupuncture treatment on several occasions can be classified as probable.

3. Literature review

The author should make a thorough attempt to find similar cases published in the past, report them briefly, and draw out the similarities and differences. A computerised search of PubMed should be

performed, and should be repeated using all possible terms that could be used to describe the event. In addition, the writer should hand search past issues of *Acupuncture in Medicine* for similar cases. The help of the Editorial Board may be needed for issues as far back as volume 1 (1981).

4. Discussion

State here why this case is unusual, what lesson can be learned, or why the event had such a powerful impact on you. State clearly if there are any implications for practice and for research.

It may be possible to provide a plausible biomedical mechanism for the response to acupuncture treatment, but do not make the connections strongly unless you can support it with references. We recognise that acupuncture seems to have some activity that cannot be explained except in most general terms, and this difficulty may partly be due to the fact that many neurophysiological mechanisms are not yet understood, eg the perceived efficacy of acupuncture in chronic pain. Avoid adopting a credulous attitude (for example, by stating that ‘the response is an example of the psycho-neuroimmunological activity of acupuncture’). If there is no plausible mechanism, then you may be able to cite ‘previous clinical observations’ and give the references.

In line with the journal’s policy on traditional Chinese acupuncture, an explanation that is given

in terms that totally rely on a belief in traditional theory will not be acceptable. Naturally, however, the event may be used to illustrate how traditional theory may have evolved to explain clinical events such as that described in the case.

5. Summary

Be very careful about drawing a ‘conclusion’ that there is a link between the treatment and the effect in a single case: it could well be just a coincidence. Include an assessment of how far it can be regarded as reliable. Remember it is only an anecdote.

Special types of case report

N=1 studies, or single-case designs, describe the effects of repeated periods of a treatment in a single patient with a chronic condition. The condition naturally has to be one that can only respond symptomatically and temporarily, and not one where the cause can be treated with lasting effects. In sophisticated forms of this design, the patient may be given a placebo control, the study can be randomised, and both the patient and the practitioner can remain masked. This design can provide strong evidence of an effect in that individual patient, which can be supported by a relevant literature review; however, the results in a single patient cannot be generalised to all patients with that condition.

Box Recommended section headings and contents for case reports

Title

Author(s), addresses and any affiliation

1. Abstract: Brief description of case; summary of previous literature; summary of the lesson
2. Description of the case:
 - Description of patient
 - Presentation and history of presenting condition
 - Physical examination
 - Any investigations
 - Diagnosis
 - Treatment, described using STRICTA guidelines
 - Outcome, and its evolution over time especially final resolution
3. Literature search: what search terms were used and which databases. Briefly, what were the findings in previous reports
4. Discussion:
 - This may include the relevant literature, any hypothesis, comments on the diagnostic process/course of illness, and the outcomes
5. Summary

Other aspects of case reports for Acupuncture in Medicine

Patient consent

By their nature, case reports are highly individual, and are likely to be re-published in other ways including the internet and the general media. Therefore, there is a chance that the patient's family, colleagues, friends or acquaintances may see the report and recognise the patient. The Editorial Board wants to avoid breaching medical confidentiality, and we insist on having the patient's consent before publishing case reports. A consent form is provided at the Journal's website. We do not insist that the patient should see the actual wording of the report because this is difficult where the patient does not speak English. However, the report must be written in such a way as to avoid offending the sensitivities of any reasonable patient.

Peer review policy

Case Reports are not investigations and generally do not make scientific claims, therefore are not normally subject to double peer review. If, however, they cover a specialised condition or application of acupuncture, and another expert in this area is available, a review will be requested. The author will be requested to make (or be consulted about) the inevitable editorial revisions that are generally found to be necessary with articles submitted to *Acupuncture in Medicine*.

Conclusion

Case reports are particularly valuable in specialist clinical areas such as acupuncture, pointing out possible new hypotheses or new adverse events. They can also be used to report rare but serious events that have been described previously, in order to illustrate their frequency, and to illuminate the personal experiences of the wider side of clinical practice. *Acupuncture in Medicine* welcomes case reports of good quality. Constraints on writing case reports include finding time, working in isolation, and lack of experience at the task. This article reproduces and develops a set of guidelines that was previously published, with the aim of helping authors to write thorough but succinct reports in a structured manner.

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