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523 - EFFECT OF ACUPUNCTURE AND EXERCISE THERAPY ON MUSCULAR STRENGTH, LYMPHEDEMA, AND QUALITY OF LIFE IN BREAST CANCER SURVIVORS

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Introduction: The continuous advancement in the early detection and treatment of breast cancer has significantly reduced mortality and, consequently, increased the number of survivors with treatment side effects that affect the quality of life, such as lymphedema, loss of upper limb strength, shoulder dysfunction, decreased functional capacity, flexibility, and joint mobility. Exercise therapy is a recognized practice for the rehabilitation of these disorders; however, acupuncture needs to be better evaluated to compare its equivalence with classical therapy. **Objective:** The aim of this study was to compare three distinct rehabilitation treatments (exercise therapy, acupuncture, and Stiper[®]) in women undergoing breast cancer surgery, assessing strength, lymphedema, and quality of life. **Methods:** In total, 79 women with pain above 3 on the visual analog scale (VAS) and with more than 90 days of surgery were included. The research was approved by the Research Ethics Committee (CEP) of the Universidade Federal de São Paulo/Hospital São Paulo on May 13, 2016, under number 1.543.582 and registered in the Clinical Trials Registry on January 11, 2016, with number NCT02798263. They were divided into three groups that received weekly treatment for 10 weeks: group I (G1) treated with standard, predefined exercise therapy, based on stretching of the cervical muscles, shoulder girdle, and shoulder ROM exercises with a duration of 30 min; group II (G2) treated with 30 min of acupuncture using predefined points; and group III (G3) treated with the same acupuncture points as group II, however, using the Stiper[®] (silicon oxide micronized quartz pellet) in place of needles. **Results:** In all, 67 patients completed the treatment, being 26 from G1, 23 from G2, and 18 from G3. There was an improvement in upper limb muscle strength over time in all groups, except for abduction and internal rotation movements. During treatment, there was no increase in the number of patients with lymphedema and there was no statistical difference between the groups. Regarding the EORTC QLQ-C30 quality-of-life questionnaire, 9 of the 15 factors analyzed showed significant differences between sessions. The factors that did not have significant differences between the three groups were social function, nausea and vomiting, dyspnea, loss of appetite, constipation, and diarrhea. **Conclusion:** The rehabilitation of physical dysfunctions in women who survived breast cancer through exercise therapy, acupuncture, and Stiper[®] in upper limb muscle strength, lymphedema, and quality of life proved to be effective, without superiority between groups. Thus, acupuncture showed equivalence of results when compared with exercise therapy, thus being an effective approach for the rehabilitation of these women.

Keywords: breast neoplasms; exercise therapy; acupuncture; muscle strength; lymphedema; quality of life.