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Conflicts of interest: None to report.
https://doi.org/10.1016/j.jopan.2019.03.005

Response to "The Effect of Neiguan Point (P6) Acupressure With Wristband on Postoperative Nausea, Vomiting, and Comfort Level: A Randomized Controlled Study" from Moran et al

To the Editor:

We have read with interest the randomized controlled study from Ünülü and Kaya[1] about the effect of Neiguan point (P6) acupressure with wristband on postoperative nausea, vomiting, and comfort level. Authors conclude that because of its effectiveness and feasibility, wristband P6 acupuncture point acupressure application is a great alternative to pharmacologic methods in the gynecologic surgery population.

We have some concerns about the data analysis in the article regarding the nausea variable. On the basis of the data presented in Table 4 of Ünülü and Kaya,[1] there were no differences in the presence of vomiting along the study between control and experimental groups. However, statistically significant differences were found in the intensity of nausea with use of a visual analog scale between the two studied groups. These differences were present at baseline (0 to 2 hours) ($P < .001$) with higher intensity of nausea in the control group. Authors indicate that these differences in the intensity of nausea are in favor of the experimental group. However, the data analysis does not allow to confirm such assumption. First, as authors have observed differences between groups from the beginning till the end, how can authors assure that such differences were because of the intervention? By simple comparisons using the Mann-Whitney *U* test authors cannot interpret that such differences are because of the treatment. An approach that is often more practical is to use analysis of covariance, which has high statistical power and adjusts each subject's follow-up measurement according to their baseline measurement. Second, authors have failed to correctly analyze the within results. There is not only a need of statistically significant difference between the groups, but also within the group from the baseline to some point (often the end) in the follow-up. There is no within group analysis in this study. The need of a within and between group analysis could be avoided by the authors by a crossover design, but it was not the design.

We regrettably disagree with the conclusions of Ünülü and Kaya as the analysis of the data presented does not prove that the wrist P6 acupuncture point acupressure application with wristband is effective neither for prevention of nausea occurring in the postoperative period nor for prevention of vomiting occurring in the postoperative period.

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Conflict of interest: None to report.
https://doi.org/10.1016/j.jopan.2019.01.007