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Traditional Chinese medicine for chronic fatigue syndrome: A systematic review of randomized clinical trials



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KEYWORDS

Chronic fatigue syndrome;
Traditional Chinese medicine;
Systematic review;
Randomized clinical trials

Summary

Background: There is no curative treatment for chronic fatigue syndrome (CFS). Traditional Chinese medicine (TCM) is widely used in the treatment of CFS in China.

Objective: To evaluate the effectiveness and safety of TCM for CFS.

Methods: The protocol of this review is registered at PROSPERO. We searched six main databases for randomized clinical trials (RCTs) on TCM for CFS from their inception to September 2013. The Cochrane risk of bias tool was used to assess the methodological quality. We used RevMan 5.1 to synthesize the results.

Results: 23 RCTs involving 1776 participants were identified. The risk of bias of the included studies was high. The types of TCM interventions varied, including Chinese herbal medicine, acupuncture, qigong, moxibustion, and acupoint application. The results of meta-analyses and several individual studies showed that TCM alone or in combination with other interventions significantly alleviated fatigue symptoms as measured by Chalder's fatigue scale, fatigue severity scale, fatigue assessment instrument by Joseph E. Schwartz, Bell's fatigue scale, and guiding principle of clinical research on new drugs of TCM for fatigue symptom. There was no enough evidence that TCM could improve the quality of life for CFS patients. The included studies did not report serious adverse events.

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Conclusions: TCM appears to be effective to alleviate the fatigue symptom for people with CFS. However, due to the high risk of bias of the included studies, larger, well-designed studies are needed to confirm the potential benefit in the future.

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Introduction

Chronic fatigue syndrome (CFS) is a disorder characterized by unexplained and persistent fatigue, impaired memory or concentration, post exercise malaise/tiredness, sleep disturbances, musculoskeletal pain, and several other somatic complaints.¹ US Centers for Disease Control and Prevention (CDC) is offering a clinical definition (1994) of CFS, which was based on Holmes and Fukuda scoring and evaluating systems.¹ The pathogenesis of CFS is still not clear, but studies showed that multifactorial disease pathways might be contributing factors of its complex symptoms and mechanisms.² Studies reported that the prevalence rate of CFS in western countries ranged from 0.2% to 2.6%.^{3,4} Similarly, the rates were 1.9% in Beijing and 3% in Hong Kong, China.⁵

Currently, no curative treatments are available for CFS. There are some encouraging evidences showing that CFS patients might benefit from graded exercise therapy,⁶ cognitive behavior therapy⁷ and rehabilitation programs.⁸ Patients with CFS in China can be referred to TCM therapies. A Cochrane systematic review in 2009⁹ evaluated the effectiveness of traditional Chinese herbal medicine (CHM) in treating idiopathic chronic fatigue and chronic fatigue syndrome. However, this systematic review set strict inclusion criteria which required control groups applying placebo or conventional standard of care, and finally no studies fulfilled the criteria. Besides herbal medicine, TCM covers a broad range of medical therapies which are customized and tailored according to TCM theories, and related to the symptoms and signs of individual patient.¹⁰ These therapies include CHM, acupuncture, moxibustion, massage (tuina), Qigong, cupping, Tai Chi.

The objective of this review is to evaluate the effectiveness and adverse events from available studies of TCM therapies on treating and managing patients with CFS.

Materials and methods

Standard protocol registrations

This systematic review was registered in PROSPERO, and the registration identifier of the protocol is CRD42013005965.¹¹

Search strategy and study selection

The following six online databases were searched for relevant studies from their inception to September 2013: PubMed, the Cochrane Central Register of Controlled Trials (CENTRAL), China National Knowledge Infrastructure (CNKI), Chinese Scientific Journals Database (VIP), Chinese Biomedical Database (Sino-Med), and Wanfang Database. The following searching terms as abstract

terms and MeSH terms were used individually or combined including "traditional Chinese medicine", "herbal medicine", "acupuncture", "tuina", "qigong", "tai chi", "massage", "chronic fatigue syndrome", "CFS", "randomly", "trial", "randomised" and "randomized". The search strategy for PubMed can be found in Appendix S1, and other search strategies can be available through contacting corresponding author. No language restriction was applied.

Two authors (YYW and XXL) identified studies which met the inclusion criteria. Any disagreements on studies to be included were resolved by discussion or a third author (JPL) was consulted.

Inclusion and exclusion criteria

Type of study

We included all relevant randomized controlled trials, irrespective of blinding, publication status or language. Quasi-randomized trials were excluded.

Type of participants

Participants met the diagnostic criteria of the US CDC definition (1994)¹ for CFS. There were no limitations on gender, age, the disease course and severity.

Type of intervention

We included any kind of TCM therapies used alone or in combination that was compared with placebo or no intervention, conventional medicine, or general non-specific treatments such as vitamins, adenosine triphosphate (ATP). Co-intervention was allowed if they were applied in both arms. We excluded studies that applied TCM in both intervention and control groups.

In this review, TCM is defined as a broad range of medical practice sharing common theoretical concepts and tradition in China, such as herbs, acupuncture and other acupoint stimulation, moxibustion, massage or qigong.¹⁰

Type of outcomes

Primary outcomes. Fatigue was reported by a validated tool (e.g. Chalder's fatigue scale). The fatigue scores of post-treatment were compared between the intervention and control groups.

Secondary outcomes.

- (a) Quality of life measured by validated instruments;
- (b) Adverse events.

Data extraction. Data were extracted independently by two authors (XXL and HL) using a self-developed data extraction form. Disagreement was resolved by discussion. The following information was extracted: study population, participant demographics and baseline characteristics; details

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