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Review

Medical indications for acupuncture: Systematic review[☆]

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ABSTRACT

Acupuncture is a medical procedure with a very wide range of indications according to the WHO. However the indications require robust scientific evidence to support them. We have conducted a systematic review (2010–2015) in order to define in which pathologies acupuncture can be an effective strategy, STRICTA criteria that aim to set up acupuncture clinical trials standard criteria were defined in 2010. Only systematic reviews and meta-analyses of good or very good methodological quality according to SIGN criteria were selected. Its main objective was to evaluate the effectiveness of acupuncture in the management of any disease. Most of the final 31 selected reviews focus on chronic pain-related diseases, mainly in the disciplines of neurology, orthopaedics and rheumatology. Current evidence supports the use of acupuncture in the treatment of headaches, migraines, back pain, cervical pain and osteoarthritis. The remaining pathologies still require further good quality studies.

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Indicaciones médicas de la acupuntura: revisión sistemática

RESUMEN

La acupuntura es un procedimiento médico con un abanico de indicaciones muy amplio según la OMS. Sin embargo, toda indicación requiere hoy en día una sólida evidencia científica. Para ello, llevamos a cabo una revisión sistemática desde 2010, fecha de aparición de los criterios STRICTA que normalizaron los ensayos clínicos en el campo de la acupuntura, hasta 2015. Se seleccionaron las revisiones y los metaanálisis de buena o muy buena calidad metodológica según los criterios SIGN y que tuvieran como objetivo principal evaluar la eficacia de la acupuntura en el manejo de cualquier patología. La mayor parte de las 31 revisiones finales trataban sobre enfermedades que cursaban con dolor, principalmente de carácter crónico en las áreas de neurología, traumatología y reumatología. La evidencia actual sustenta su indicación en el tratamiento de las cefaleas, migrañas, lumbalgias, cervicalgias y artrosis. El resto de patologías aún requieren mayores estudios para poder establecer firmes conclusiones.

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Introduction

The word "acupuncture" comes from the Latin *acus*, "needle", and *punctura*, "puncture". Although this term comes from Latin, the

concept of inserting sharp objects in specific areas of the body with a therapeutic purpose goes back thousands of years, before our *lingua mater* appeared, as evidenced by the tattoos and marks studied in the *Tyrolean Iceman* dating back to around 3300 BC, although it is interesting that they were found in Europe and not in Asia.¹

The so-called "western medical acupuncture" is based on classical acupuncture, branch of traditional Chinese medicine, but takes a step forward by using current anatomical and pathophysiological knowledge, under the rigour required by evidence-based medicine.²

The number of publications on acupuncture has experienced a hyperbole since the STRICTA criteria appeared in 2010.³ These criteria, part of the CONSORT group, have standardized the design

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of randomized clinical trials (RCTs) and therefore the number of quality publications in refereed journals of high impact in literature has grown exponentially.⁴

Meta-analyses and systematic reviews are being carried out from these RCTs in order to establish solid scientific evidence to support a correct therapeutic indication.⁵ Thus, consensus documents and clinical practice guidelines are being developed, either by scientific societies or health regulatory agencies in order to ensure proper medical practice.^{6,7}

The objective of this article is in harmony with the 2014–2023 WHO programme on dissemination and integration of acupuncture as a universal basic benefit in health: to strengthen the efficacy and appropriate indications of this medical procedure.⁸

For this we have conducted a systematic review of existing evidence to help determine in what uses has acupuncture proven its effectiveness.

Methods

Search strategy

A search was conducted for articles in MEDLINE/PubMed, *The Cochrane Library and Centre for Reviews and Dissemination – HTA Database* bibliographic database in the period from 1st January 2010 till 31st August 2015, using a search strategy focused on the terms "acupuncture" and "review". The first pre-selection of items once all duplicates were removed was made from the corresponding title and abstract. All shortlisted reviews were reviewed by 2 independent reviewers and their quality was analysed following the systematic review criteria defined by SIGN.⁹ Disagreements between reviewers were resolved by consensus.

Inclusion criteria

Of the selected articles, only systematic reviews and metaanalyses that met the inclusion criteria were included:

 Systematic reviews or meta-analyses of good or very good quality according to the criteria established by SIGN.⁹

- Analyzed variable: efficacy of acupuncture versus placebo, sham acupuncture or usual treatment, in any type of pathology.
- Publication language: Spanish, French and English.

Narrative reviews and systematic reviews of low methodological quality were excluded.

Results

Selection of studies

From 707 reviews identified in the used databases, 144 references were selected from titles and abstracts. The complete reading of the shortlisted studies and their methodological quality assessment entailed the inclusion of a total of 31 systematic reviews of good or very good quality (Fig. 1).

Rheumatology, neurology and traumatology are the 3 medical specialties that have a greater number of reviews identified, followed by obstetrics, gynaecology and psychiatry. There are also some good quality reviews in endocrinology, paediatrics, pulmonology, urology, cardiology, ophthalmology and digestive system (Table 1).

Characteristics of the selected reviews

All selected reviews use a wide range of databases to identify studies, more than 5, and analyse commonly used databases such as PubMed, Medline, CINAHL, EMBASE, PsycINFO or DARE. Together they include search engines that are more specialized in specific diseases or alternative medicine (AMED), or eastern databases specific for countries such as China, Korea or Japan. All of them selected only RCTs, being placebo, usual treatment or sham acupuncture the intervention compared to acupuncture. It should be noted that most RCTs are not blind to the intervention, and the sample size is usually small (20–50 patients). However, the reviews that include various RCTs can meta-analyse the effect of acupuncture on samples that in many cases exceed 1000 patients, reaching a maximum sample size of 17,922 patients in the Vickers et al. review, ¹⁰ in which the effect of acupuncture on chronic pain is analysed.

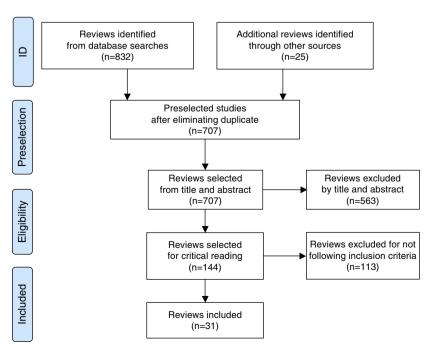


Fig. 1. Flowchart of reviews.

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